

Employee Guide to a Drug Free Workplace



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Preface:

This manual is written in a simple question and answer format intended to cover required training for DOT covered employees and also state drug free workplace programs. In addition to this booklet, your company may supply you with the specifics of their drug free workplace policy which includes the drug and alcohol testing program. Your employer maintains the right to update or change the company policy and you should make sure that you have been given the most up to date policy by your company.

Common Abbreviations:

BAC	Blood Alcohol Concentration
BAT	Breath Alcohol Technician
BrAC	Breath Alcohol Concentration
COC	Chain of Custody Form
CCF	Custody and Control Form (same as COC)
CDL	Commercial Driver's License
CFR	Code of Federal Regulations
DER	Designated Employer Representative
DHHS	Department of Health and Human Services
DOT	U.S. Department of Transportation
EAP	Employee Assistance Program
EBT	Evidential Breath Testing Device
FAA	Federal Aviation Administration
FMCSA	Federal Motor Carrier Safety Administration
FRA	Federal Railroad Administration
FTA	Federal Transit Administration
MRO	Medical Review Officer
ng/mL	nanograms per milliliter
NHTSA	National Highway Traffic Safety Administration
RSPA	Research and Special Programs Administration
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Substance Abuse Professional
STT	Screening Test Technician

Why Test ?

What does Substance Abuse Cost Business?

Recent statistics show that substance abusers give only 67 cents on the payroll dollar. That means that abusers and non-abusers both are paid the same but substance abusers give only about 2/3 as much work. Also, substance abusers are 5 times more likely to have an accident at work and therefore 5 times as likely to seek a worker's compensation claim. They are 16 times more likely to be absent from work and use 3 times as many health benefits as non-abusers. Additionally, there is theft, waste and other headaches dealing with a substance abuser. If a co-worker is only doing 2 / 3 of the work, is absent more often, and is injured more often, guess who is picking up the slack? Coworkers may be working extra to "cover" for the substance abuser.

Is the Problem Real?

An estimated 22 million Americans in 2002 were classified with substance dependence or abuse. There were 14.6 million users of marijuana, 2 million users of cocaine, and 166,000 heroin users (SAMHSA Office of Applied Statistics, National Survey on Drug Use and Health, 2002). About 75% of current illicit drug users 18 and older are employed. Among full-time workers aged 18 to 49 years in 2000, 8.1 percent reported past month heavy alcohol use, and 7.8 percent reported past month illicit drug use. (National Household Survey on Illegal Drug Abuse Sept. 6, 2002).

What Does a Substance Abuser Look Like?

A good term for substance abuse is that it is an "Equal Opportunity Destroyer" – The disease of addiction is independent of age, ethnic group, financial status and gender. Past month illicit drug use broken down by age is as follows: 18 - 25 year olds (14.9%), 26 - 34 year olds (7.9%) and 35 - 49 year olds (5.5%), by race/ethnicity: white (8.7%), black (9.7%), Hispanic (7.2%). Past month illicit drug use by gender: male (9.2%) and female (5.9%). Addiction knows no boundaries.

I don't have a drug problem. Why should I be tested ?

The purpose of drug testing is to protect your safety and the public safety. If you are a DOT covered employee, testing is authorized under 49 CFR Part 40 as required under the Omnibus Transportation Testing Act of 1991. If you are not a DOT covered employee, your company values safety in the workplace and wishes to insure a safe and productive work environment.

Drugs and Alcohol - Use and Abuse

Alcohol

What about Alcohol ?

Over 62 % of the US population consumes alcohol with approximately 6.2% of adults working full time reported heavy drinking (5 or more drinks on 5 or more occasions/week). According to the 1999 Household Survey on Drug Abuse, alcohol is the most widely abused drug. There are over 19,000 deaths in the US each year NOT including motor vehicle fatalities (National Vital Statistics, Vol. 50 No.15).

What are the Effects of Alcohol ?

Alcohol is one of the most abused drugs in this country partly because it can be legally purchased. It acts as a central nervous system (CNS) depressant to slow the brain's response. It causes a mild "euphoria" and acts as the "social lubricant" to increase talkativeness, increase self-confidence and decrease inhibitions. It can lead to decreased attention and judgment with impairment and increased reaction time. At even higher levels disorientation and mental confusion, muscular incoordination, staggering and slurred speech may occur. At the highest levels, unconsciousness, coma, and even death can occur from alcohol intoxication.

What about Alcoholism?

The best definition of alcoholism is the continued use of alcohol despite adverse consequences. It may be the loss of time from work, loss of a job, breakup of the family, financial consequences, accidents at work, car accidents, health consequences or even death. Alcohol is the universal solvent.... It dissolves families, relationships, bank accounts, jobs, and health. The first step of the recovery process is to admit that *we* are powerless over alcohol and *our* lives have become unmanageable. In other words, *we* are not alone and there is hope.

How is Alcohol Absorbed and Metabolized ?

Alcohol is different than most drugs. It is a liquid and is rapidly absorbed by the stomach and small intestine. If you think about taking an aspirin for a headache, it has to be digested and broken down. Alcohol is different in that it does not have a capsule or pill to be broken down and converted into another drug. It begins to hit the brain in as little as 3 minutes. If there is food on the stomach, then the food will slow the absorption. If one drinks on an empty stomach, then there will be a more rapid rise in the blood alcohol concentration. Once absorbed, the alcohol is eliminated at a constant rate, approximately a drink every hour and a half. The best analogy is that your body is like a giant funnel. No matter how much alcohol is poured into your body, you can only get rid of a drink

every hour and a half. Only TIME will work to eliminate alcohol from the body. Contrary to popular myth, one cannot consume coffee, exercise, or anything else to get rid of alcohol in the body more rapidly.

Marijuana

What are the Signs of Marijuana Use?

- Rapid loud talking and bursts of laughter in early intoxication
- Sleepiness in later stages
- Forgetfulness in conversation
- Reduced concentration and coordination
- Inflammation in whites of eyes
- Pupils likely to be dilated
- Hunger
- Odor similar to burnt rope on clothing or breath
- Tendency to drive cars slowly, below speed limit
- Distorted sense of time passage
- Use or possession of paraphernalia (rolling papers, pipes, dried plant material, roach clips)

Driving experiments show that marijuana affects a wide range of skills needed for safe driving. Thinking and reflexes are slowed, making it hard for drivers to respond to sudden, unexpected events. Furthermore, a driver's ability to "track" through curves, brake quickly and maintain proper speed and distance between vehicles is affected. Research shows that these skills are impaired up to 24 hours after smoking a single marijuana cigarette.

- People who smoke marijuana regularly are never truly free of its effects.
- People who smoke marijuana are often never aware of how their actions affect the safety of others around them. Distorted space and time translates into unsafe work habits.
- People who combine marijuana with alcohol increase the effects of both.

What are Specific Health Risks Associated with Marijuana ?

The mind- altering chemical in marijuana is tetrahydrocannabinol (THC). Smoking marijuana seems to affect the structure of the brain associated with emotions, motivation, and the regulation of hormones. While permanent damage has yet to be proved, smokers often have memory problems caused when THC prevents the brain from transferring information from short-term to long-term memory storage. Other health risks include sore throats and upper respiratory problems such as bronchitis and shortness of breath. Marijuana smoke is also generally thought to be fifteen times more harmful to the lungs than cigarette smoke. It also contains some of the same ingredients as those in tobacco that cause emphysema and cancer. In women, THC may interfere with ovulation and

other hormone-related functions. In men, studies have proven that marijuana use results in reduced testosterone levels, which causes a decrease in sperm count. Studies also indicate THC may cause damage that interferes with the body's ability to fight disease, and lowers the body's resistance to infections and foreign agents.

What are the Effects of Marijuana?

The effects of marijuana on each person depend on the type of cannabis and how much THC it contains, the way the drug is taken (by smoking or eating), experience and expectations of the user, setting where the drug is used, and whether drinking or other drug use is also going on.

Some people feel nothing at all when they first try marijuana. Others may feel high (intoxicated and/or euphoric). It's common for marijuana users to become engrossed with ordinary sights, sounds, or tastes, and trivial events may seem extremely interesting or funny. Time seems to pass very slowly, so minutes feel like hours. Sometimes the drug causes users to feel thirsty and very hungry-an effect called "the munchies."

What Happens After a Person Smokes Marijuana?

Within a few minutes of inhaling marijuana smoke, the user will likely feel, along with intoxication, a dry mouth, rapid heartbeat, some loss of coordination and poor sense of balance, and decreased reaction time. Blood vessels in the eye expand, so the user's eyes look red. For some people, marijuana raises blood pressure slightly and can double the normal heart rate. This effect can be greater when other drugs are mixed with the marijuana; but users do not always know when that happens. As the immediate effects fade, usually after 2 to 3 hours, the user may become sleepy

How Long is Marijuana Detectable on a Urine Test?

THC in marijuana is strongly absorbed by fatty tissues in various organs. Generally, traces (metabolites) of THC can be detected by standard urine testing methods several days after a smoking session. However, in heavy chronic users, traces can sometimes be detected for weeks after they have stopped using marijuana.

Can I Test Positive from Second Hand Smoke?

Using the DOT cutoffs (50 ng/mL for screening and 15 ng/mL for confirmation) it is not possible to absorb enough marijuana smoke to cause a test to be positive. While it is true that one will absorb some of the smoke analogous to a non-smoker sitting in the smoking section of a restaurant, the levels will be so far below the cutoff that it will not produce a positive test. This was actually tested in the mid 1980's at the Addiction Research Center of the National Institute of Drug Abuse where drug free volunteers were passively exposed to marijuana smoke from 4 to 16 marijuana cigarettes for 1 hour a day for consecutive days in a small, unventilated room. The conclusion was that subjects would not unknowingly tolerate the noxious smoke conditions from such large amounts of

marijuana smoke and it would therefore no longer be “passive”. It was concluded from these studies that passive inhalation results in small amounts of THC in the body, the levels would not be enough to cause urine specimens from a non-marijuana user to test positive using a screening cutoff concentration of 50 ng/mL, which is the currently mandated cutoff under the federal guidelines for a drug free workplace.

How Does Marijuana Affect Driving?

Marijuana has adverse effects on many of the skills needed for driving a car. These effects may include difficulty in judging distances and delayed reactions to sights and sounds that drivers need to notice. There are data showing that marijuana plays a role in crashes. When users combine marijuana with alcohol, as they often do, the hazards of driving can be more severe than with either drug alone.

A study of patients in a shock-trauma unit who had been in traffic accidents revealed that 15 percent of those who had been driving a car or motorcycle had been smoking marijuana, and another 17 percent had both THC and alcohol in their blood. In Memphis, Tennessee, researchers found that, of 150 reckless drivers who were tested for drugs at the arrest scene, 33 percent showed signs of marijuana use, and 12 percent tested positive for both marijuana and cocaine.

How does Marijuana Affect the Brain?

THC disrupts the nerve cells in the part of the brain where memories are formed. This makes it hard for the user to recall recent events (such as what happened a few minutes ago), and so it is hard to learn while high. A working short-term memory is required for learning and performing tasks that call for more than one or two steps. Some studies show that when people have smoked large amounts of marijuana for many years, the drug takes its toll on mental functions. Among a group of long-time heavy marijuana users, researchers found that the people had great trouble when asked to recall a short list of words (a standard test of memory). People in that study group also found it very hard to focus their attention on the tests given to them.

It may be that marijuana kills some brain cells. In laboratory research, some scientists found that high doses of THC given to young rats caused a loss of brain cells such as that seen with aging. At 11 or 12 months of age (about half their normal life span), the rats' brains looked like those of animals in old age. Researchers are still learning about the many ways that marijuana could affect the brain.

Do Marijuana Users Lose Their Motivation?

Some frequent, long-term marijuana users show signs of a lack of motivation (amotivational syndrome). Their problems include not caring about what happens in their lives; no desire to work regularly; fatigue; and lack of concern about how they look. As a result of these symptoms, most users tend to perform poorly at work.

What is "Tolerance" for Marijuana?

"Tolerance" means that the user needs increasingly larger doses of the drug to get the same desired results that he or she previously got from smaller amounts. Some frequent, heavy users of marijuana may develop tolerance for it.

Cocaine "Crack"

What is the Difference Between "Crack" and Cocaine?

Cocaine is a local or topical anesthetic which over stimulates the brain. It is snorted (inhaled through the nose), injected, or, in its free-base form ("Crack"), smoked by inhaling its vapors. It is sometimes called coke, toot, and nose candy. In its free-base form ("Crack") it is sometimes called rock, crack, or base. The effects of the drug begin within minutes after entering the system and start with a brief intense euphoric feeling of well being, which peaks within 15 to 20 minutes and is followed by depression.

What are the Signs of Cocaine or "Crack" Use?

- Dilated pupils
- Dry mouth and nose
- Frequent lip licking
- Excessive restless activity
- Difficulty sitting still
- Lack of interest in food or sleep
- Irritable, argumentative, nervous
- Talkative (conversation often lacks continuity)
- Subjects change rapidly
- Runny nose
- Chronic cold or sinus/nasal problems
- Nosebleeds and use or possession of paraphernalia (glass vials, glass pipe, white crystalline powder, razor blades, syringes, needle marks)
- Experience severe shifts in mood.
- Extremely sensitive to loud noises. This sensitivity can create paranoia which leads to an inability to concentrate on tasks.

What are Some of the Health Risks of Using "Crack" or Cocaine?

Cocaine over stimulates the circulatory (heart), respiratory (lungs), and central nervous system (brain). Cocaine interferes with the natural chemical in the brain that stimulates and regulates the firing of nerve cells. Muscle spasms in various parts of the body can occur. Over stimulation of the nervous system can cause convulsions, which can lead to respiratory collapse and death. Long term crack (rock-like bits of cocaine that can be

smoked) users have also suffered permanent damage to the cortex, the part of the brain that is used to think.

Opiates (Narcotics)

What are Opiate Narcotics?

The opiate class of narcotics include morphine, codeine, and heroin. Synthetic opiates are hydrocodone, hydromorphone (Dilaudid[®]), oxycodone (Oxycontin[®], Percodan[®]), meperidine (Demerol[®]) and propoxyphene (Darvon[®], Darvocet[®]) and methadone, which is a synthetic opiate used for heroin detoxification. These drugs are used medicinally to relieve pain, but also have a high potential for abuse. Opiates tend to relax the user. A user will feel an immediate rush when the opiates are injected or smoked (heroin), but may soon experience other unpleasant side effects including restlessness, nausea, and vomiting.

What Are the Signs of Opiate Use?

- Mental dullness
- Lethargy and drowsiness
- Going back and forth from alert to drowsy
- Cold, moist skin or "gooseflesh"
- Scratches frequently
- Slurred speech
- Constricted pupils that fail to respond to light
- If injected, needle tracks or scars
- Paraphernalia (syringes, spoons, medical droppers, bent spoons, metal bottle caps, small glassine bags or foil packets)

What are Some of the Health Risks of Using Opiates (Narcotics)?

These drugs, including codeine, morphine, and common painkillers such as Demerol[®] and Darvon[®] are all legally manufactured from opium, a by-product of the poppy plant. Heroin, an illegally manufactured product of the poppy plant, as well as those legal narcotics, all find their way into the drug marketplace. When taken outside a doctor's care or for a long time if prescribed, the user risks mental and physical dependence in the form of prolonged lethargy, apathy, slurring of speech, and loss of judgment and self-control. All of these may result in convulsions, coma, nausea, diarrhea, vomiting, and malnutrition as the use of the drug replaces a balanced diet.

What about Poppy Seeds? I've Heard that They will cause a Positive Test for Opiates.

If you think it, heroin comes from poppies. Where do poppies come from? Poppy seeds !! The truth is that there is a small amount of morphine in a poppy seed. Several years ago

the DOT cutoff for opiates (morphine) was 300 ng/mL and individuals that ate poppy seeds were producing positive urine tests. The DOT quickly realized that there was a problem and in December of 1998 they raised the cutoff from 300 to 2000 ng/mL to eliminate poppy seeds from causing a problem. This issue reinforces the need to use an MRO to see if there is another possible explanation for a positive laboratory result.

Amphetamine and Methamphetamine

What are Amphetamines ?

Amphetamines are central nervous system stimulants, which may be taken orally, smoked, or injected. Amphetamines tend to increase alertness and physical activity. Amphetamines are used to counteract drowsiness, whether caused by lack of sleep, sleeping pills, other "downers", or alcohol. Methamphetamine (Crystal Meth, Ice, Crank) is made in a clandestine home made labs and is sometimes referred to as "Poor Man's Cocaine" since it is inexpensive to manufacture and the high can last a lot longer than cocaine. It can be very addictive.

What are Some of the Signs of Amphetamine Use?

- Dilated pupils
- Dry mouth and nose
- Bad breath
- Frequent lip licking
- Excessive restless activity
- Difficulty sitting still
- Lack of interest in food or sleep
- Irritable, argumentative, nervous
- Talkative (conversation often lacks continuity)
- Subjects change rapidly
- Alertness, wakefulness, mood elevation
- Loss of appetite, exhaustion
- Sense of power and a false sense of security.

What are the Health Risks of Using Amphetamines?

Amphetamines are central nervous system (brain) stimulants, which tend to throw off the body's rest and repair system. Hyperactivity and mental anxiety are common. Repeated high dosage results in lethargy, exhaustion, mental confusion, and paranoia. Abnormal movements may persist long after chronic stimulant use stops. Abuse can lead to physical problems such as heart attacks and strokes.

PCP “Angel Dust”

What is “Angel Dust” or PCP?

Phencyclidine (PCP), also commonly known as "angel dust", is an outlawed animal tranquilizer, which may be smoked, snorted, injected, or taken orally. PCP is known for its long term potential to create psychotic behavior, violent acts, and psychosis. For many users, PCP changes how they see their own bodies and almost everything around them.

What are Some of the Signs of PCP Use?

- Unpredictable behavior with mood swings from passiveness to violence for no apparent reason, possibly including self-destructive behavior
- Symptoms of intoxication
- Disorientation with agitation and violence if exposed to excessive sensory stimulation
- Fear, terror, rigid muscles, strange gait
- Deadened sensory perception, possibly unaware of severe injuries
- Pupils may appear dilated
- Non-communicative mask-like facial appearance
- Hallucinations
- Synaesthesia (see sounds, smell colors)
- Comatose if large amount consumed
- Inability to concentrate on tasks can cause accidents.
- Users are a potential safety risk.

What Are the Health Risks of Using PCP?

PCP or "angel dust" was originally manufactured as a human, then animal, tranquilizer and can cause violent and self-destructive behavior. "Dust" affects brain functions. Often it takes the user both out of reality and into a mind set that overrides the natural tendency to be cautious in dangerous circumstances. Consequently, users often place themselves in situations that may cause serious injury. They may become irrational and think themselves to be indestructible. Use may also result in blurred vision, diminished sensations, incoordination, muscle spasms, hallucinations and variable motor depression, which may lead to other aggressive or bizarre behavior. Blood pressure rises, and there may be sweating and salivation. High dose may lead to convulsions, coma, fever, and difficulty breathing which can lead to death.

Barbiturates

What are Barbiturates?

Barbiturates are prescription sedative hypnotic drugs used to treat anxiety, stomach (gastrointestinal) discomfort, pain, and sleep disorders, and longer acting barbiturates such as phenobarbital used to treat epilepsy. Some are short acting such as pentobarbital (Nembutal[®]), secobarbital (Seconal[®]); intermediate acting such as amobarbital (Amytal[®]), butalbital (Fiorinal[®], Fioricet[®], Esgic[®] and others) ; and long acting Phenobarbital (Donnatal[®] and many others).

What are the Signs of Barbiturate Use?

- Central nervous system depressant
- Mild intoxication (similar to alcohol)
- Slurred speech
- Lack of coordination
- Lethargy
- Headaches
- Sensations of numbness or tingling
- Dizziness
- Confusion
- Drowsiness

What are Some of the Health Risks of Using Barbiturates?

As with other sedative hypnotics, barbiturates can produce physical dependence and withdrawal. Barbiturates were first introduced in the early 1900's and in the 1970's barbiturate overdose was a leading cause of death. Due to the abuse and overdose potential, barbiturates can be very dangerous if taken in greater than prescribed dosages. These drugs are very dangerous when used in combination with other central nervous system (brain) depressant drugs such as alcohol. Overdose can result in severe depression of the central nervous (brain) system, cardiovascular (heart) system and respiratory (lungs) system , which can lead to death.

Benzodiazepines

What are Benzodiazepines?

Benzodiazepines are some of the most commonly prescribed drugs in the United States. They are sedative hypnotic drugs, which relieve anxiety with less harmful side effects than the barbiturates. The benzodiazepine class of drugs include: Diazepam (Valium[®]), Oxazepam (Serax[®]), Chlordiazepoxide(Librium[®]), Chlorazepate (Tranxene[®]),

Temazepam(Restoril[®]), Alprazolam (Xanax[®]), Triazolam (Halcion[®]), Lorazepam(Ativan[®]) and Prazepam (Centrax[®]).

What are the Signs of Benzodiazepine Use?

- Lethargy
- Sedation
- Motor incoordination
- Intellectual impairment
- Sleepiness
- Impaired speech
- Decreased anxiety
- Muscle relaxation
- Light headedness
- Confusion
- Disorganization of thought

What are Some of the Health Risks of Using Benzodiazepines?

They are relatively safe even at high doses which is why they are replacing the barbiturates as sedatives . Sedation and brain depression at high doses are enhanced with alcohol and other central nervous system depressants. These drugs have an abuse potential.

The Disease of Addiction

Why Does a Person Use Drugs in the First Place?

People have used drugs for millennia for the same reason...to change the way they feel. For some people, it is experimenting to feel more accepted such as a teenager at a party. For others, it is to feel less pain, such as a person who gets a prescription for pain medication after surgery. Regardless of the circumstances for first using, the drugs all have one thing in common ...they change the way you feel. Some people call it “getting high.”

When Does Using Drugs or Alcohol Become a Problem?

In the beginning, all drugs work. They effectively change the way you feel. Over time, however, you become more immune to the effects and it takes more of the drug(s) to get the same effect. This is called tolerance. After a while, you don't feel normal without the drug(s). This is called dependence. If you stop the drug(s), you will experience unpleasant symptoms. This is called withdrawal. Since it so uncomfortable to be without the drug(s), you will do anything to supply the habit. People will lie, cheat, steal,

prostitute themselves or their loved ones, rob others of their possessions and even commit crimes of violence in order to get their “fix”.

At some point, the drugs stop working and all seems hopeless. At this point, the only options are to be locked up (jail), covered up (dead) or sobered up. This state of being is aptly called addiction. The hope of drug testing programs is to help people get appropriate treatment before they get to this point or at least to let them know where to get help when they do.

Is Addiction a Disease?

The simplest answer is the health insurance companies will pay for treatment, and they don't pay for anything they don't have to! People are treated for this by doctors who are certified as Addictionologists. They are treated in medical facilities with nurses on staff.

One definition of a “disease” dates back to the earlier days of medicine where they said that if you give someone a substance and they become sick, and if you take the substance away they get better, but if given the substance again they get sick again, that means the substance is the cause of the illness. That applies to addiction very well.

When asked in grade school what they want to be when they grow up, all children say things like “fireman”, “doctor”, “teacher” or “cowboy”. No one says “Drug Addict”. No one “chooses” to be a drug addict or alcoholic just as no one chooses to have cancer. One model for cancer is an inherited genetic link. There is a similar model for addiction. What is known is that the gene(s) for addiction are passed on to the children, but there is no test for that at present. So the only way they know they have the gene(s) is by trial and error.

Since no one asks for this, but is treated by medical professionals, addiction is a disease in every sense of the word. When you consider the compulsive use of alcohol, drugs, nicotine, food, sex, work and exercise as addictions, it is, in fact, the number one disease in America.

Where Can I Go for Help?

There are many resources for help just like there are many hospitals for help with other diseases. The local Yellow Pages will have listings for treatment centers. A good way to find out what is available locally is to call Alcoholics Anonymous. That is a support group that helps people live a full and productive life with this disease. There is no cure just like with Diabetes, but there is much hope to have a happy life. As AA says” If you want to drink, that's your business. If you want to stop, that's ours”. Your company may also have an Employee Assistance Program (EAP).

What Makes an Effective Program?

Policy with Prohibitions – Your company should supply you with a drug free workplace policy and define what is considered prohibited conduct. Before you are allowed to perform safety sensitive functions, your employer will require a pre-employment drug test and it is required under DOT regulations to get verification of your drug and alcohol testing records from your previous employer. This booklet provides a general guide but for more any specifics you should consult your company policy and designated employer representative (DER) for questions and assistance.

What is Prohibited Conduct ?

The unauthorized (illegal) use, possession, sale or purchase of controlled substances while on company property including company jobsites, or in any company vehicle, or on company time or business, including breaks or lunch, paid or unpaid, on any shift is strictly prohibited. The use of alcohol, while on company property including company jobsites, or in any company vehicle, or on company time or business, including breaks or lunch, paid or unpaid, on any shift is strictly prohibited. Also, having the presence of detectable levels of alcohol or controlled substances in your body while at work is strictly prohibited .

Training – There are many safeguards in place to protect confidentiality and to insure an accurate testing process. Training is designed to give employees and supervisors the opportunity to go over these safeguards and thoroughly understand the company policy. Federal (DOT) Covered employees are not required to have any specific amount of training but should have opportunity to read and review the company policy and ask any questions. Supervisors are required to have 60 minutes of training on alcohol misuse and an additional 60 minutes on controlled substances. Many state (non-Federal) programs require at least one hour of annual training for employees and two additional hours for supervisors in order to recognize and handle reasonable suspicion situations. Consult with your DER to see what is required in your state.

Safeguards in Drug and Alcohol Testing

Drug Testing

The Specimen Collection Process

The collector must first confirm your identity by means of a government issued photo ID (e.g. drivers license). You will need to provide an SSN or employee ID in order to clearly identify you in cases where names (e.g. John Smith) can be the same or similar. There must be visual and aural privacy. Collection sites must follow a standard protocol, which

meets Federal Requirements and all collectors must be trained and certified. Each collection kit is individually wrapped and sealed and will be unwrapped in your presence. After you have given the specimen to the collector, everything that happens to the specimen such as temperature checking, pouring, and sealing with tamper evident seals will happen in your presence. The specimen will be poured and “split” from the original container into two vials (A and B). Both vials will be sealed with tamper-evident tape in your presence, which contains a unique identifying number linked to the Custody and Control Form. Once the seals have been placed on the vials, you will have the opportunity to initial them to verify that it is your sample. Once the paperwork is complete, the CCF and sealed specimens are placed into a tamper proof sealed bag and then sent to the laboratory. There are multiple copies of the CCF. Each copy has the same unique specimen ID number. For DOT covered employees there is a 5 part form: 1) Laboratory Copy 2) Medical Review Officer Copy 3) Collector Copy 4) Employer Copy and 5) Donor Copy. Under the DOT program, the laboratory copy does not have your name.

What Constitutes a Refusal to Test?

Refusal to test carries a very significant consequence and is considered prohibited conduct and may be grounds for disciplinary action up to and including termination of employment. The following incidents represent refusal to test:

- Conduct that Clearly Obstructs the Collection Process
- Leaving the Collection Area without permission
- Refusing to Cooperate with the Collector
- Substitution of a Specimen that is Not Urine
- Adding an Adulterant to the Urine

If a donor cannot provide a sample, the collector will allow the donor to drink up to 40 fluid oz. of water for up to three hours in an attempt to produce enough urine. In the event the donor still cannot provide a sample there may be a medical problem e.g. renal failure on dialysis, and the donor will need to see a physician. After the visit to the physician, the MRO will make the determination if a medical reason exists why a sample could not be provided. If no medical reason exists, the MRO will rule as a refusal to test.

Testing at a SAMHSA Certified Lab

There is a BIG difference in the quality of labs. The "gold" standard is a lab who is federally certified by SAMHSA which is the Substance Abuse and Mental Health Services Administration (formerly NIDA, National Institute on Drug Abuse). For all DOT covered employees, testing must be done in a SAMHSA certified lab. As you might imagine, it is extremely difficult to become a SAMHSA certified laboratory. There are very few SAMHSA certified labs since these labs must pass a rigorous inspection process and also perform well on proficiency tests (samples sent specifically to challenge the labs

competence). They must not only get the correct answer but also the correct quantitation of each drug that was found.

Receipt of Specimens

Laboratories maintain a high level of security with limited access to each area. Specimens are received in the original packages into the accessioning area of the lab. The packages are inspected to insure no signs of tampering, tamper proof bottle seals are intact and the identity number on the bottle seal matches the identity number on the custody and control form, and there is adequate volume. Specimens are poured into small portions (aliquots) for testing. The chain of custody is maintained for not only the original specimen bottles but also all portions used for testing. An additional identity number (accession number) may also be used. Specimens are maintained until the testing process is complete. Negatives are discarded and positives or non-negatives are stored in their original containers with the donor's initials for one year in frozen storage.

Explain the Testing Process

SAMHSA laboratories use an initial (screening) test and then confirm all positives by a second analytical technique. Certified laboratories use an immunoassay as the initial test followed by GC/MS (Gas Chromatography/Mass Spectrometry) as the "gold standard" confirmation technique, which is the standard process in a federally certified drug testing laboratory.

The screening immunoassay relies on an antibody present in the reagent directed toward the drug or its metabolite. The analogy is like a lock and key. The antibody is like the lock and the drug is like the key, and if there is a match then the initial test (immunoassay) is a presumptively positive. All presumptive positives on the initial test are re-poured from the original specimen bottle for confirmation by GC/MS. The GC/MS produces a molecular fingerprint unique and specific for each drug analogous to DNA fingerprinting which creates a unique pattern of identity. A specimen that is reported as positive will be retained in frozen storage for one year. Results are reported from the laboratory to a Medical Review Officer (MRO).

What Does the Medical Review Officer (MRO) Do?

An MRO is licensed physician whose role is to protect the individual rights of the employee in cases of a valid prescription or medical explanation. In that role, the MRO will review the documentation from the collection site and the laboratory results, interview the employee to explore any alternative medical explanations and order any additional testing necessary to insure an accurate test. The process of verifying test results protects the integrity of the entire drug testing process. Indeed the MRO has been called the "gatekeeper".

The MRO personally reviews all Positive, Adulterated, Substituted, or Invalid Test Results. Prior to making a final decision on a specimen that was reported positive, adulterated, substituted, or an invalid test result by the laboratory, the MRO gives the donor an opportunity to explain the test result to him personally. In carrying out this responsibility, the MRO evaluates alternative medical explanations. This action includes a personal telephone interview with the donor, review of the donor's medical history, and review of any other biomedical factors. The MRO personally reviews medical records made available by the donor when a result could have resulted from taking legally prescribed medication. Following verification of the laboratory test result, the MRO reports the verified result to the agency's designated representative. Verified positive tests are reported verbally with the name of drug(s). If a positive test is also dilute it is simply noted on the report since no additional action is required. If the test is negative and dilute, the employer may decide to re-collect another specimen. Verified adulterated specimens are reported by the MRO with the name of the adulterant. The MRO informs the DER that this represents a refusal to test. Verified substituted samples are reported by the MRO who verifies them as refusals to test. All verbally reported results are followed by a written report (email or fax).

What Happens to the Split Sample ?

A certified lab will maintain a positive sample in the original container for one year from the date of the test. They keep positive samples for just such a challenge. If it is a regulated sample (DOT), then the split sample is reserved to send to another laboratory for re-confirmation. If it is a non-regulated sample and there is no split, then a portion of the original specimen may be sent to another lab for re-confirmation. In all cases it should be sent to a certified lab. The MRO for the company should handle this request for the donor. For regulated samples, the donor has the right to request a retest for 72 hours from time of initial contact by the MRO. The cost of the split sample is usually paid by the employee.

Alcohol Testing

What are the Different Tests for Alcohol?

Alcohol is tested in blood, breath, saliva and urine. The results for blood and breath are equal; however, blood is not approved for federally regulated DOT tests. Saliva testing has also been approved by the DOT for screening purposes only but any positive screen must be confirmed by an approved breath alcohol device. Urine as a specimen is also not allowed under the DOT regulations. If testing is done in the private sector, then any of the tests may be used if consistent with the company policy and any applicable state regulations. The current DOT regulations provide for 2 decision points. If the breath alcohol is greater than 0.04 then the employee must be immediately removed from the safety sensitive duty and cannot return to duty until evaluated by a substance abuse professional (SAP) . If the breath alcohol is between 0.02 and 0.039, the employee must

be removed from the safety sensitive job for at least 8 hours or in the case of commercial motor vehicle drivers for 24 hours.

What Do Breath Alcohol Results Mean?

An approximate gauge is that a drink will cause a rise in the blood/breath alcohol of approximately 0.025 (150 lb. individual) but this depends on body weight. The body metabolizes alcohol at approximately the rate of a drink every hour and a half. See the table below. If a person has a drink and waits an hour and a half, it will be gone.

Chart of Blood Alcohol Concentrations - Number of Drinks										
BodyWeight(lbs.)	1	2	3	4	5	6	7	8	9	10
100	0.038	0.075	0.113	0.150	0.188	0.225	0.263	0.300	0.338	0.375
110	0.034	0.066	0.103	0.137	0.172	0.207	0.241	0.275	0.309	0.344
120	0.031	0.063	0.094	0.125	0.156	0.188	0.219	0.250	0.281	0.313
130	0.029	0.058	0.087	0.116	0.145	0.174	0.203	0.232	0.261	0.290
140	0.027	0.054	0.080	0.107	0.134	0.161	0.188	0.214	0.241	0.268
150	0.025	0.050	0.075	0.100	0.125	0.151	0.176	0.201	0.226	0.251
160	0.023	0.047	0.070	0.094	0.117	0.141	0.164	0.188	0.211	0.234
170	0.022	0.045	0.066	0.088	0.110	0.132	0.155	0.178	0.200	0.221
180	0.021	0.042	0.063	0.083	0.104	0.125	0.146	0.167	0.188	0.208
190	0.020	0.040	0.059	0.079	0.099	0.119	0.138	0.158	0.179	0.198
200	0.019	0.038	0.056	0.075	0.094	0.113	0.131	0.150	0.169	0.188
210	0.018	0.036	0.053	0.071	0.090	0.107	0.125	0.143	0.161	0.179
220	0.017	0.034	0.051	0.068	0.085	0.102	0.119	0.136	0.153	0.170
230	0.016	0.032	0.049	0.065	0.081	0.098	0.115	0.130	0.147	0.163
240	0.016	0.031	0.047	0.063	0.078	0.094	0.109	0.125	0.141	0.156

Note : Assumes all alcohol consumed within one hour / subtract approximately 0.015 per hour of drinking.

Can Mouthwash Interfere with a Breath Alcohol Test?

No, if it is done correctly. According to the DOT regulations, one must perform a confirmation test and wait 15 minutes to allow for the residual mouth alcohol to clear.

The breath alcohol test measures deep lung air and the residual mouth alcohol is gone in as little as 5 minutes, so that 15 minutes is plenty of time to wait and do the confirmation. Any positive by saliva must be confirmed by a breath alcohol device.

Can You Test Positive For Alcohol Due to Over- the-Counter Cough Medications?

It is possible. There are a number of brands that contain alcohol. In general, it would take a very large quantity of these medicines to test positive. Taken at recommended dosages there should be no cause for concern.

When Can I Be Tested?

What Types of Tests are Permitted?

- Pre-employment - A test that is done prior to performing safety sensitive functions generally done as part of the hiring process.

- Random - A test that is unannounced based on the random selection process in which each member of the population has an equal chance of being selected. Selections are spaced reasonably throughout the year. Typically this test is done just prior to, during, or immediately after an employee performs their safety sensitive function.

- Post Accident – A test which occurs following an accident based on the company’s definition of “accident” or the operating DOT mode as described above under definitions. For all DOT modes, the breath alcohol test should be completed within 2 hours (maximum allowed is 8 hours) and the urine drug collection must be completed within 32 hours after the accident.

- Reasonable Suspicion – A test conducted because a trained supervisor has reason to believe that an employee is actively using drugs or alcohol. The supervisor makes the decision based upon specific, contemporaneous, and articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

- Return to Duty – A test conducted after an employee has engaged in prohibited conduct e.g. a Positive, Refusal, Adulterated, or Substituted test and after being evaluated by a Substance Abuse Professional. Before an employee can return to safety sensitive duty the DOT rules require an evaluation by a SAP. Once the

SAP has released the employee to perform safety sensitive functions, the employer will require a return to duty test.

Follow Up Test –

A test conducted after an employee has seen a Substance Abuse Professional (SAP) and completed a Return to Duty Test. The SAP determines the duration and frequency of testing, a minimum of 6 unannounced tests a year up to a maximum of 5 years. These tests are in addition to any other required tests, e.g. random tests.

Once I Have Been Hired, When am I Subject to Testing?

You may be tested just prior to, during, or immediately after performing your safety sensitive function. Safety sensitive job function has been defined by various modes of DOT:

FMCSA – Trucking:

- a. All time at a carrier or shipper plant, terminal, facility, or other property, waiting to be dispatched, unless the driver has been relieved from duty by the company.
- b. All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSRs), or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- c. All time spent at the driving controls of a commercial motor vehicle.
- d. All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in a sleeper berth).
- e. All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate a vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
- f. All time spent performing the driver requirements associated with an accident.
- g. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

FTA – Transit:

- a. Operating a revenue service vehicle including when not in service

- b. Controlling Dispatch or movement of a revenue service vehicle
- c. Maintaining a revenue service vehicle or equipment

RSPA – Pipeline:

Operation, Maintenance, or Emergency – Response that is performed on a pipeline or LNG facility covered by 49 CFR part 192,193, or 195

FAA – Aviation:

A person who performs flight crewmember duties, flight attendant duties, flight instruction duties, aircraft dispatch duties, aircraft maintenance or preventive maintenance duties; ground security coordinator duties; aviation screening duties; and air traffic control duties.

FRA – Rail

A person who performs hours of service functions at a rate sufficient to be placed into the railroad's random testing program. Categories of personnel who normally perform these functions are engineers, conductors, signalmen, operators, dispatchers, and switchmen.



Federal Motor Carrier Safety Administration (FMCSA)

Covered employee: A person who *operates (i.e., drives)* a Commercial Motor Vehicle (CMV) weighing 26,001 pounds or greater, or is designed to transport 16 or more occupants (to include the driver); or is of any size and is used in the transport of hazardous materials that require the vehicle to be placarded.

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing is also required in accidents in which a vehicle is towed from the scene or in which someone is treated medically away from the scene; *and* a citation is issued to the CMV driver.

Reasonable-suspicion determination: One trained supervisor or company official can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: The employee cannot be returned to duty until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following the test.

Employee training: Employer must provide educational materials explaining drug and alcohol regulatory requirements and employer's policies and procedures for meeting regulation requirements. Distribution to each employee of these educational materials and the employer's policy regarding the use of drugs and alcohol is mandatory.

Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FMCSA.

Other: Drivers are prohibited from using alcohol for eight hours following an accident (as described above) or until they have undergone a post-accident alcohol test, whichever occurs first.



Federal Transit Administration (FTA)

Covered employee: A person who performs a revenue vehicle operation; revenue vehicle and equipment maintenance; revenue vehicle control or dispatch; Commercial Drivers License non-revenue vehicle operation; or armed security duties.

Types of tests for drugs: Pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: Any accident involving a fatality requires testing. Testing following a non-fatal accident is discretionary: If the employer can show the employee's performance could not have contributed to the accident, no test is needed.

Reasonable-suspicion determination: One trained supervisor can make the decision based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC retest must be below 0.02.

Employee training: Employer must provide education with display and distribution of informational materials and a community service hot-line telephone number, if available. One-hour of training on the effects and consequence of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. Distribution to each employee of the employer's policy regarding the use of drugs and alcohol is mandatory.

Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to FTA.

Other: Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.



Research and Special Programs Administration (RSPA)

Covered employee: A person who performs on a pipeline or liquefied natural gas (LNG) facility an *operation, maintenance, or emergency-response* function. that is performed on a pipeline or LNG facility covered by 49 CFR part 192,193, or 195.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Post-accident, reasonable suspicion, return-to-duty, and follow-up.

Definition of *accident* requiring testing: An accident is one involving gas pipeline facilities or LNG facilities or involving hazardous liquid or carbon dioxide pipeline facilities.

Reasonable-cause determination: One trained supervisor can make the decision based upon reasonable and articulable belief that the employee is using prohibited drugs on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug use.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: If the employer chooses to return the employee to covered service within 8 hours, the BAC retest must be below 0.02.

Employee training (Drugs): Employer must provide EAP education with display and distribution of informational materials; display and distribution of a community service hot-line telephone number; and display and distribution of the employer's policy regarding the use of prohibited drugs.

Employee Training (Alcohol): Employer must develop materials that explain policies and procedures (as well as names of those who can answer questions about the program) and distribute them to each covered employee.

Supervisor training: One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. One-hour training

is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable alcohol use.

Reportable employee drug and alcohol violations: No requirements to report violations to RSPA.



Federal Railroad Administration (FRA)

Covered employee: A person who performs *hours of service* functions at a rate sufficient to be placed into the railroad's random testing program. Categories of personnel who normally perform these functions are *engineers, conductors, signalmen, operators, dispatchers, and switchmen.*

Types of tests for drugs: Pre-employment, random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, reasonable cause, post-accident, return-to-duty, and follow-up.

Definition of accident requiring testing: FRA's post-accident testing rule goes well beyond normal Part 40 procedures (i.e., urine and blood from surviving employees and also tissue from deceased employees is collected). FRA regulation 49 CFR Part 219 Subpart C, stipulates the level of events requiring testing and who has to be tested. This testing, at FRA's contract laboratory, provides FRA with accident investigation and usage data.

Reasonable-suspicion determination: One trained supervisor can make the decision for alcohol testing based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. A decision to conduct a drug test requires two supervisors (only the on-site supervisor must be trained).

Reasonable-cause determination: Employers are authorized to use federal authority to test covered employees after specific operating rule violations and/or accidents which meet the criteria in 49 CFR Part 219 Subpart D.

Pre-duty alcohol use prohibitions: Four (4) hours prior to performance of duty.

Actions for BACs 0.02 – 0.039: The employee cannot be returned to duty until the start of the employee's next regularly scheduled duty period, but not less than 8 hours following the test.

Employee training: Employer must provide education materials that explain the requirements of the FRA rules as well as the railroad's policies and procedures with respect to meeting these requirements.

Supervisor training: One-hour of training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use and a second hour is required concerning alcohol use. A component of this training is that identification of these indicators requires a reasonable suspicion test. Additionally, one-hour of training is required covering post-accident determinations.

Reportable employee drug and alcohol violations: No requirements to report violations to FRA. Engineers, who are the only certificate holders in the rail industry, will have their certificates reviewed for suspension or revocation by the employer when a violation occurs.

Other:

Anyone with direct or immediate supervisory authority over an employee may not collect that person's urine, saliva, or breath.

Employers must provide a *voluntary referral program* which addresses an employee's substance abuse rehabilitation needs prior to a violation occurring and a *co-worker report program* which addresses violations identified by co-workers but before employers identify them. Both of these *self-help programs* guarantee that employees will retain their jobs if they cooperate and complete the required rehabilitation program. For an engineer who is in a voluntary referral program, the counseling professional must report the engineer's refusal to cooperate in the recommended course of counseling or treatment to the employer.



Federal Aviation Administration (FAA)

Covered employee: A person who performs flight crewmember duties, flight attendant duties, flight instruction duties, aircraft dispatch duties, aircraft maintenance or preventive maintenance duties; ground security coordinator duties; aviation screening duties; and air traffic control duties. Note: Anyone who performs the above duties directly or by contract for part 121 or 135 certificate holders, sightseeing operations as defined in 135.1(c), and air traffic control facilities not operated by the Government are considered covered employees.

Types of tests for drugs: Pre-employment, random, reasonable cause, post-accident, return to duty, and follow-up. Periodic testing for Part 67 medical certificate holders.

Types of tests for alcohol: Pre-employment (optional), random, reasonable suspicion, post-accident, return to duty, and follow-up.

Definition of accident requiring testing: Accident means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage. Testing must occur if employee's performance either contributed to the accident or cannot be completely discounted as a contributing factor of the accident. The decision not to test an employee must be based on a determination, using the best information available at the time of the determination, that the employee's performance could not have contributed to the accident.

Reasonable cause determination (drugs): Two of the employee's supervisors, one of whom is trained, shall substantiate and concur in the decision to test the employee. If the employer has 50 or fewer employees, a single trained supervisor can make the determination.

Reasonable suspicion determination (alcohol): A trained supervisor shall make the determination based upon specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech, or body orders.

Pre-duty alcohol use prohibitions: Eight (8) hours prior to performance of flight crewmember duties, flight attendant duties, and air traffic controller duties. Four (4) hours prior to performance of other duties.

Actions for BACs 0.02 - 0.039: If the employer chooses to return the employee to covered services within 8 hours, the BAC retest must be below 0.02.

Employee training (drugs): An employer must train all employees who perform safety-sensitive duties on the effects and consequences of prohibited drug use on personal health, safety, and work environment, and on the manifestations and behavioral cues that may indicate drug use and abuse. Employers must also implement an education program for safety-sensitive employees by displaying and distributing informational materials, a community service hot-line telephone number for employee assistance and the employer's policy regarding drug use in the work place which must include information regarding the consequences under the rule of using drugs while performing safety-sensitive functions, receiving a verified positive drug test result, or refusing to submit to a drug test required under the rule.

Employee training (alcohol): No training required. Employers must provide covered employees with educational materials that explain the alcohol misuse requirements and the employer's policies and procedures with respect to meeting those requirements. The information must be distributed to each covered employees and must include such information as the effects of alcohol misuse on an individual's health work, personal life, signs and symptoms of an alcohol problem; and the consequences for covered employees found to have violated the regulatory prohibitions.

Supervisor training (drugs): One-hour training is required on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. In addition, supervisors must receive employee training as defined above. Reasonable recurrent training is also required.

Supervisor training (alcohol): One-hour training is required on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

Reportable employee drug and alcohol violations:

Each employer must notify the FAA of any employee who holds a certificate issued under 14 CFR Parts 61 (pilots and flight and ground instructors), 63 (flight engineers and navigators), or 65 (air traffic control tower operators, aircraft dispatchers, airframe or power plant mechanics, and repairmen) who has refused to take a drug or alcohol test.

Medical Review Officers must notify the FAA of any employee or applicant who is required to hold a medical certificate issued under 14 CFR Part 67 and has a positive drug test result. An employer cannot permit an employee who is required to hold a medical certificate under part 67 to perform a safety-sensitive function to resume that duty until the employee has received a medical certificate or a special issuance certificate issued by the FAA Federal Air Surgeon *and* the employer has ensured that the employee meets the return to duty requirements in accordance with Part 40. [Medical certificates are not operating certificates but employees cannot continue to perform airman duties without a medical certificate or a special issuance medical certificate.]

Employers must notify the FAA Federal Air Surgeon of any safety-sensitive employee who is required to hold an airman medical certificate issued under 14 CFR Part 67 and

has any alcohol violation. An employer cannot permit an employee who is required to hold a medical certificate under part 67 to perform a safety-sensitive function to resume that duty until the employee has received a medical certificate or a special issuance certificate issued by the FAA Federal Air Surgeon *and* the employer has ensured that the employee meets the return to duty requirements in accordance with Part 40.

DEFINITIONS :

Adulterated specimen. A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

Alcohol. The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

Alcohol concentration. The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part. For non-Federal testing, a blood alcohol test expressed in terms of grams of alcohol per deciliter of blood may be performed.

Alcohol confirmation test. A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.

Alcohol screening device (ASD). A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

Alcohol screening test. An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

Alcohol testing site. A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.

Alcohol use. The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

Breath Alcohol Technician (BAT). A person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.

Cancelled test. A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

Chain of custody. The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).

Collection site. A place selected by the employer where employees present themselves for the purpose of providing a urine specimen for a drug test.

Collector. A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

Confirmation (or confirmatory) drug test. A second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite. For controlled substance testing confirmation testing means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. Gas chromatography/mass spectrometry (GC/MS) which is a molecular fingerprinting process is currently the only authorized confirmation method.

Confirmation (or confirmatory) validity test. A second test performed on a urine specimen to further support a validity test result.

Confirmation (or confirmatory) alcohol test for alcohol testing means a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. For DOT covered employees, only a breath alcohol test may be used as the confirmatory test.

Confirmed drug test. A confirmation test result received by an MRO from a laboratory.

Consortium/ Third-party administrator (C/TPA). A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers" for purposes of this part.

Designated employer representative (DER). An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs.

Dilute specimen. A specimen with creatinine and specific gravity values that are lower than expected for human urine.

DOT, The Department, DOT agency. These terms encompass all Department of Transportation (DOT) agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Research and Special Programs Administration (RSPA), and the Office of the Secretary (OST). These terms include any designee of a DOT agency.

Driver. means any person who operates a commercial motor vehicle. This includes, but is not limited to full-time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent contractors who operator a commercial vehicle at the request of the company. For the purposes of pre-employment/pre-duty testing only, the term driver includes a person applying to the company to drive a commercial motor vehicle.

Drugs. The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.

Employee. Any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing under this part, the term employee has the same meaning as the term "donor" as found on CCF and related guidance materials produced by the Department of Health and Human Services.

Employer. A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of this part.

Evidential Breath Testing Device (EBT). A device approved by NHTSA for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.

Initial drug test. The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial validity test. The first test used to determine if a specimen is adulterated, diluted, or substituted.

Invalid drug test. The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

Laboratory. Any U.S. laboratory certified by HHS/SAMHSA under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Medical Review Officer (MRO) means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's test result together with his or her medical history and any other relevant biomedical information, and is qualified under 49 CFR Part 40, as amended.

Performing (a safety-sensitive function) means when a driver is actually performing, or immediately just prior to or just after performing any safety-sensitive functions.

Primary specimen. In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section. Sometimes referred to as the "A" Bottle.

Refusal to submit (to an alcohol or controlled substance test) means that an employee (a) fails to provide adequate breath for testing without a valid medical explanation, (b) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing, or (c) engages in conduct that clearly obstructs the testing process.

Screening test (also known as initial test). In alcohol testing, it means an analytical procedure used to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In controlled substance testing, it means an immunoassay screen to eliminate "negative" urine specimens from further consideration.

Screening Test Technician (STT). A person who instructs and assists employees in the alcohol testing process and operates an ASD.

Specimen bottle. The bottle that, after being sealed and labeled according to the procedures in this part, is used to hold the urine specimen during transportation to the laboratory.

Split specimen. In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result. Sometimes referred to as the “B” Bottle.

Substance Abuse Professional (SAP). means a licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, qualified under 49 CFR Part 40, as amended. The SAP evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

Substituted specimen. A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

Third-party administrator (TPA) means an entity which, on behalf of the company, provides independent program administration services as required by DOT covered or non - covered companies to implement controlled substances and alcohol use and testing requirements.

Verified test. A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

EMPLOYEE GUIDE TO A DRUG FREE WORKPLACE BOOKLET

ACKNOWLEDGMENT OF RECEIPT FOR EDUCATIONAL MATERIALS

I HEREBY ACKNOWLEDGE that I have received and read this EMPLOYEE GUIDE TO A DRUG FREE WORKPLACE BOOKLET provided by my employer.

I further understand that I must abide by the terms of my employers Drug Free Workplace Policy as a condition of employment and that I have been provided the opportunity to get a copy of that policy. I understand that during my employment I may be required to submit to a controlled substances and/or alcohol test based on Department of Transportation (DOT) regulations, if applicable, and/or the company's requirements.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations, if applicable, and/or the Company's policy, and may result in disciplinary action, including suspension without pay or termination from the company. I further understand the consequences related to controlled substances misuse or alcohol misuse conduct as prohibited by company policy.

_____ Signature of Employee/Applicant	_____ Date
_____ Printed Name	_____ Social Security Number

