

TDOT - TBR Supervisor Training



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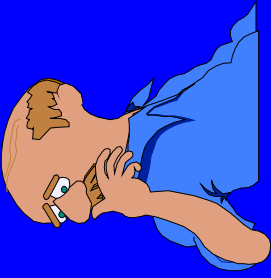
- What Does it Cost? Is the Problem Real ?
- Review of Policy
- Drugs/Alcohol - Signs and Symptoms
- The Disease of Addiction
- When to Do Reasonable Suspicion Testing
- Tips for Reasonable Suspicion Testing
- Confrontation Techniques - Dos and Don'ts
- Video and Scenarios



What Does it Cost?

- Abusers Give About 67 Cents on the Payroll \$
- 5 Times More Likely to Have an Accident
- 16 Times More Likely to be Absent From Work
- Use 3 Times as Many Sick Benefits
- 5 Times as Likely to Seek Worker's Comp Claim
- Plus Things That We Can't Measure:
 - Theft, waste, management headaches, etc.





Is the Problem Real? Who Uses Drugs?

- Marijuana - 11 Million Users Last Month
- Cocaine - 1.75 Million Users
- Heroin - 130,000 Users
- 75 % are Employed
- White (8.3%), Black (6.5%), Hispanic (5.6%)
- 18 - 25 y/o (12.4%), 26-34 y/o (8.6%), >35 (5.4%)
- Male (56%), Female (46%)



Keys to an Effective Program

- Written Policy with Prohibitions
- Training for Supervisors
- Collection Procedures
- Testing at SAMHSA Certified Lab
- Medical Review of Results
- EAP/SAP



Refusal to Submit

- Conduct that Clearly Obstructs Collection
 - Leaves the Collection Area
 - Refuses to Cooperate
 - Substitution
 - Adulterants
- Cannot Provide a Sample
 - Shy Bladder
 - Shy Lung



Types of Testing

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow-Up





Post Accident Testing

- **As soon as practicable following an occurrence involving a CMV on a public road:**
 - Involving the loss of human life
 - Who receives a citation and the accident involved:
 - Bodily injury resulting in immediate medical treatment away from the scene
 - Disabling damage requiring vehicle to be towed





Timeframe Post Accident Testing

- **Alcohol tests**
 - Within 2 hours, record explaining why not
 - Within 8 hours, record explaining why not
- **Controlled Substance tests**
 - Within 32 hours, record explaining why not



Random Testing

- **2005 Random Testing Rates**
 - Controlled substances – 50%
 - Alcohol testing – 10%
 - Unannounced - Donors proceed immediately to site
 - Before, during, and immediately after safety sensitive function
 - Reasonably spread throughout calendar year
- **For TDOT**
 - Donors escorted by Supervisor



Which Drugs?

- Amphetamines
- Cocaine Metabolite
- Marijuana (THC)
- Opiates
- Phencyclidine (PCP)



Marijuana



Marijuana

- Loud Talking and Bursts of Laughter
- Sleepiness in Later Stages
- Forgetfulness in Conversation
- Reduced Concentration and Coordination
- Inflammation in Whites of Eyes
- Pupils Likely to Be Dilated
- Munchies / Hunger
- Odor Similar to Burnt Rope on Clothing or Breath
- Tendency to Drive Cars Slowly, Below Speed Limit
- Distorted Sense of Time and Distance



Cocaine "Crack"



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Cocaine “Crack”

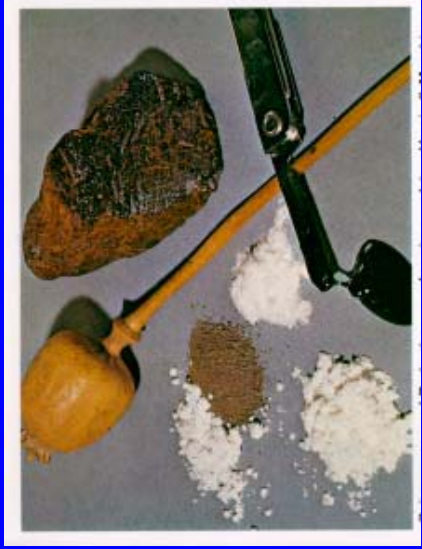
- Dilated Pupils
- Dry Mouth and Nose / Frequent Lip Licking
- Excessive Restless Activity / Difficulty Sitting Still
- Lack of Interest in Food or Sleep
- Irritable, Argumentative, Nervous / Severe Shifts in Mood
- Talkative (Conversation Often Lacks Continuity)
- Subjects Change Rapidly
- Runny Nose/ Nosebleeds / Chronic Nasal Problems
- Extremely Sensitive to Loud Noises. This Sensitivity Can Create Paranoia Which Leads to an Inability to Concentrate on Tasks



Opiates – Codeine / Morphine



Heroin



Opiates

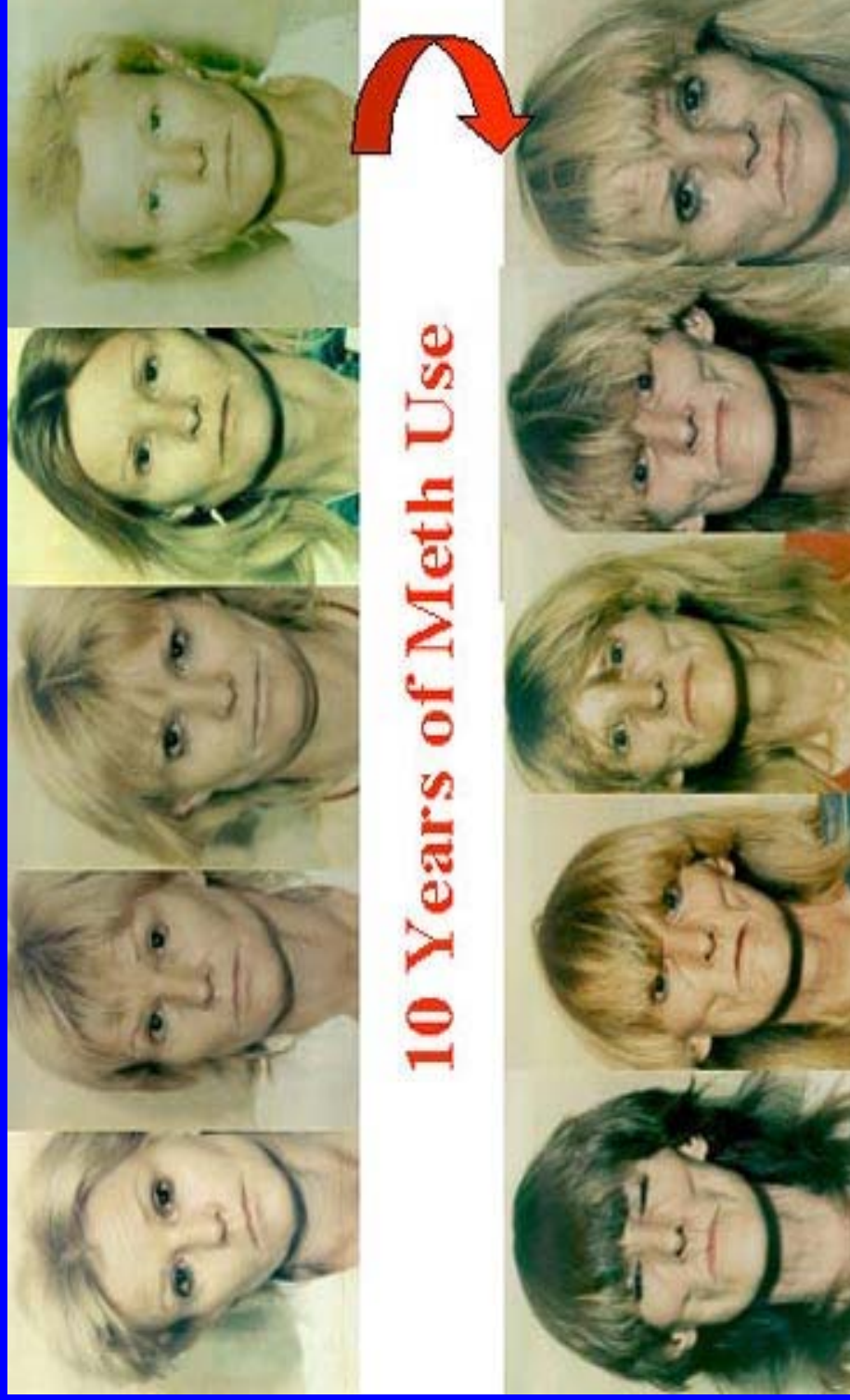
- Mental Dullness
- Lethargy and Drowsiness
- Going Back and Forth From Alert to Drowsy
- Cold, Moist Skin or "Gooseflesh"
- Scratches Frequently
- Slurred Speech
- Constricted Pupils That Fail to Respond to Light
- If Injected, Needle Tracks or Scars
- Paraphernalia (Syringes, Spoons, Medical Droppers, Bent Spoons, Metal Bottle Caps, Small Glassine Bags or Foil Packets)



Methamphetamine



Methamphetamine



Amphetamines

- 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
- Alertness, Wakefulness, Mood Elevation
- Loss of Appetite, Exhaustion
- Sense of Power and a False Sense of Security



PCP “Angel Dust”

- Unpredictable Behavior With Mood Swings Including Self-destructive Behavior
- 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
- Non-communicative Mask-like Facial Appearance
- Hallucinations
- Synaesthesia (See Sounds, Smell Colors)
- Inability to Concentrate on Tasks Can Cause Accidents



Alcohol

- Classified as a Depressant
- 60 -70 % of the Population Drinks
- 11 Million “Heavy Drinkers”
- Abuse May Lead to Physical & Psychological Dependence
- Absenteeism is 4-8 times Higher in Alcoholics
- Alcohol Claims over 100,000 Lives Annually



Which is More Intoxicating?

- Beer
 - $12 \text{ oz} \times 5\% = 0.6 \text{ oz}$ of ethanol
- Wine
 - $5 \text{ oz} \times 12\% = 0.6 \text{ oz}$ of ethanol
- Distilled Spirits (80 proof)
 - $1.5 \text{ oz} \times 40\% = 0.6 \text{ oz}$ of ethanol
- Thus, all Drinks Contain the Same Amount of Ethyl Alcohol (0.6 oz)



Alcohol

- Absorbed Through Stomach and Small Intestine
- Takes 3-5 Minutes to Reach the Brain
- Takes About 30 - 60 Minutes For Absorption
- Food May Slow Absorption
- Body Eliminates Alcohol at the Rate of a Drink Every Hour and a Half
 - **ONLY Time Works to Eliminate Alcohol**
 - **NOT Cold Shower, Coffee, Exercise**



Measurement of Alcohol

(DOT Approved Methods)

- **Breath**
 - **Approved Method for DOT Testing**
 - **.02 Remove from Duty for 24 Hours**
 - **.04 Disciplinary Action**
 - **Values are Equal to Blood**
 - **Operators Must Meet Strict Training Requirements**
- **Saliva**
 - **Approved for for DOT Screen Only**
 - **Positives Must be Confirmed by Breath**



ALCOHOL EFFECTS

(.030-.120)



- Mild Euphoria
- Sociability
- Increased Self Confidence
- Decreased Inhibitions
- Loss of Attention
- Impaired Judgement/Control
- Incooordination/Impairment
- Loss of Efficiency

I'll have 2 beers!



ALCOHOL EFFECTS

(.090 - .250)



- Emotional Instability
- Loss of Critical Judgement
- Impaired Perception/Memory
- Impaired Balance
- Sensory Motor Impairment
- Increased Reaction Time
- Drowsiness
- Reduced Vision

I'll have 6 beers!



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Addiction

- 47 million people addicted to cigarettes
- 14 million addicted to alcohol
- 14 million addicted to drugs other than alcohol



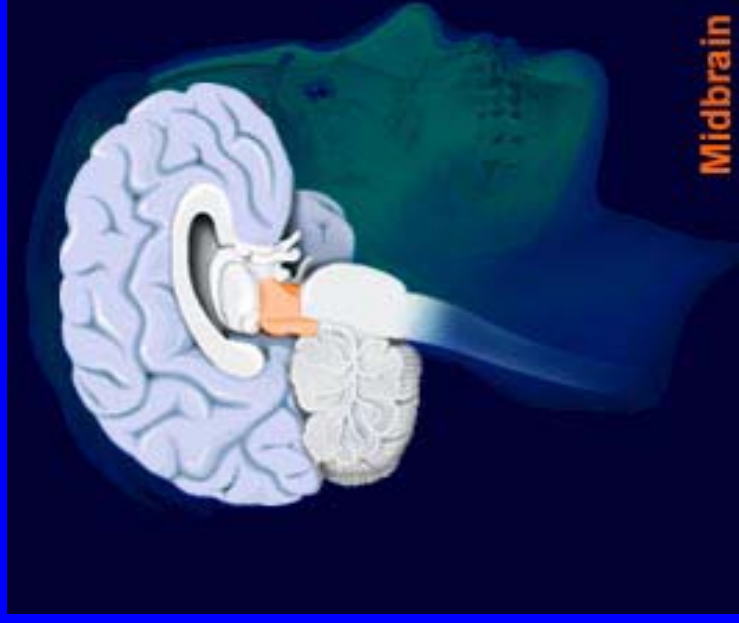
Addiction

- No-one checks “alcoholic” or “drug addict” as their career choice.
- No-one gets into recovery because they are having too much fun.



Addiction

- Fight
- Flight
- Food
- Fluids
- Feelings
- Flirt
- Faith



Being on Drugs vs. Reality



Warning Signs of Alcohol Abuse

- Denial/Increased Consumption/Tolerance
- Drinking Alone/Guilty/Sneaky Drinking
- Loss of Pride in Work/Loss in Productivity
- Blackouts/Can't Remember Certain Events
- Personality Changes/Lies
- Increased Dependency/To Get Through the Day
- Tries to Quit and Fails/Alcohol Takes Over
- Problems with Family/Finances/Work/Sickness



Warning Signs of Addiction

- C - Control Control or Cutback Use?
- A - Anger Angry if Confronted ?
- G - Guilt Guilty About Use ?
- E - Eye Opener Use in Morning ?
- It is not hard to STOP - It is difficult to Stay STOPPED



Requirements for Reasonable Suspicion Testing (CFR 382.307)

- Specific
- Contemporaneous
- Articulable
 - Documentation
- Concerning:
 - Appearance
 - Behavior
 - Speech
 - Body Odors



Tips for Confrontation

- Speak to the Employee Directly
- Interview in a Private Location
- Show Concern for Employee
- Listen to Employee - Do NOT Play Counselor
- Discuss Job Performance and Expectations
- Review Policy Requirements
- Develop Performance Expectations



Communication Barriers

Employee Response

- Denial
- Threats
- Rationalization
- Angry Outbursts
- Emotional
- Hostile
- Stay Calm
- Uphold Policy
- Focus on Work
- Avoid Excuses
- Allow Time
- Avoid Pressure



Confrontation DO's

- DO Act Calmly
- DO Act Objectively
- DO Be Consistent in Applying Drug Policy
- DO Document All Disciplinary Actions
- DO Stick to Job Performance
- DO Keep All Discussions Confidential
- Document / Document/Document



Confrontation Don'ts

- Don't Play Favorites
- Don't Ignore Troubled Employees
- Don't Get Emotional / Don't Argue
- Don't Accuse/Judge
- Don't Physically Touch (Battery)
- Don't Force to Be Confined Against Will
- Don't Play Counselor/Diagnose
- Don't Back Down
- Don't Discuss Unless There is "Need to Know"



Reasonable Suspicion Testing

- Step 1 : Removal of Employee to Private Area
 - Step 2: Interview/Discuss/Assess
 - Step 3: Drive Employee to Collection Site
 - Step 4: Perform Test
 - Step 5: Drive Employee Home
 - Step 6: Documentation
- < 24 hours later**

Recommended before leaving work



Scenario #1

You the Supervisor have observed a driver blowing smoke out of the window of his truck. As you walk over to the cab, the aroma of marijuana is in the air. You immediately ask the driver to come into your office where you confront him/her with the facts, that they are being referred for a reasonable suspicion test, and that they must immediately accompany you to the collection site.

The driver becomes very defensive and denies that anything occurred and encourages you to “Look the Other Way”. As you persist, the driver refuses to go for the test and suggests that he go for a test “In the Morning”. You were startled by the driver’s refusal and readily agree to meet him at the test site first thing tomorrow morning.



Scenario #2

A coworker reports overhearing a conversation between 2 drivers which seems to suggest that they have both been cited for drunk driving offenses. Their personnel files have numerous instances of their being late to work. You try to contact them to ask why a “Load was Late” and get no response for 2 hours. How do you handle this ?



Scenario #3

Three years ago an employee tested positive for illegal drug use after undergoing a reasonable suspicion test. Company policy permitted the employee to return to work after seeing a Substance Abuse Professional (SAP). Up until a month ago, he has not missed a day of work and is always on time. Since then he has been late 4 times and absent 2 Mondays in the last 2 weeks. What do you do?



Scenario #3 (Continued)

In addition to these symptoms, you notice that on each of his breaks the last 2 weeks you observe him drinking from a thermos bottle and a fellow supervisor reports that he smells alcohol on his breath on several occasions ? Now, What do you do?



Scenario #4

Joe has been a driver with the state for 10 years. Today you notice that he is very lethargic and several of his coworkers have observed him dozing on the job. In the cab you notice a prescription container that is labeled “May cause drowsiness”. When confronted he looks at you with a glazed look at says that he has not been getting much sleep lately. What do you do?



Questions ?

