



***ALCOHOL AND DRUG ABUSE
POLICY HANDBOOK***

**ALCOHOL AND DRUG ABUSE POLICY
STATEMENT OF PURPOSE AND POLICY**

Drivers are an extremely valuable resource for

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business. Their health and safety is a serious company concern. Drug or alcohol use may pose a serious threat to driver health and safety. It is, therefore the policy of the company to prevent substance use or abuse from having an adverse effect on our drivers. The company maintains that the work environment is safer and more productive without the presence of alcohol. Illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug-free environment and to work with drivers free from the effects of alcohol and drugs. Drivers who abuse alcohol or use drugs are a danger to themselves, their coworkers and the company's assets.

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Highway Administration (FHWA) has issued regulations which require the company to implement a controlled substance testing program. The company will comply with these regulations and is committed to maintaining a drug-free and alcohol-free workplace. All drivers are advised that remaining drug and alcohol-free and medically qualified to drive are conditions of continued employment with the company.

Specifically, it is the policy of the company that the use, sale, purchase, transfer, possession or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on company premises, engaged in company business, while operating company equipment, or while under the authority of the company is strictly prohibited. FHWA states that mandatory testing must apply to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the CDL licensing requirement.

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all driver applicants for alcohol and drug use, and those drivers suspected of violating this policy who are involved in a U.S. Department of Transportation (DOT) reportable accident or who are periodically or randomly selected pursuant to these procedures. These procedures are designed not only to detect violations of this policy but to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants involved. Disciplinary action will, however, be taken as necessary.

Neither this policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. The company retains the sole right to change, amend or modify any term or provision of this policy without notice. This policy is effective January 1, 1996.

**ALCOHOL AND DRUG ABUSE POLICY
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**ADMINISTRATION GUIDE TO
*PERSONNEL
ALCOHOL AND DRUG TESTING PROCEDURES**

I. PURPOSE

The purpose of this administrative guide is to set forth the procedures for the implementation of controlled substances and alcohol testing of driver applicants and current drivers pursuant to the *Alcohol and Drug Abuse Policy. These procedures are intended as a guide only and are in no way intended to alter any existing relationship between

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and any driver.

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alcohol and drug program administrator designed to monitor, facilitate and answer questions pertaining to these procedures is company management.

II. DEFINITIONS

When interpreting and implementing these procedures, or the procedures required by the Federal Highway Administration (FHWA) controlled substance testing regulations, the following definitions apply:

“**Alcohol**” means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohol including methyl and isopropyl alcohol.

“**Alcohol concentration (or content)**” means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this part.

“**Collection site**” means a place where individuals present themselves for the purpose of providing breath, body fluid, or tissue samples to be analyzed for specified controlled substances. The site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and transportation or shipment of the samples to a laboratory.

“**Commercial motor vehicle**” means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. Has a gross weight rating of 26,001 or more pounds; or
3. Is designed to transport 16 or more passengers, including the driver; or

4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F.)

“Controlled substance” has the meaning assigned by 21 U.S.C. 802 and includes all substances listed on Schedules I through V as they may be revised from time to time (21 CFR 1308).

“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, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. For the purposes of pre-employment/pre-duty testing only, the term “driver” includes a person applying to an employer to drive a commercial motor vehicle.

“Accident” means a fatality, bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident or where one or more motor vehicles incurred disability damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

“Drug” means any substance (other than alcohol) that is a controlled substance as defined in this section and 49CFR part 40.

“FHWA” means the Federal Highway Administration, U.S. Department of Transportation.

“Owner-Operator(s)” means a driver(s) who has been contracted for services with the company. For the purposes of these procedures and the company’s Alcohol and Drug Abuse Policy, owner-operators are not to be considered employees, but will be required to participate in the company’s Alcohol and Drug Abuse Policy like all company employee drivers.

“Medical Review Officer” (MRO) means a licensed M.D. or D.O. with knowledge of drug abuse disorders that is employed or used by a motor carrier to conduct drug testing in accordance with this part.

“Performing (a safety-sensitive function)” means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

“Random selection process” means that alcohol and drug tests are unannounced; that on an annual basis testing shall equal or exceed twenty-five percent (25%) for alcohol tests and fifty percent (50%) for drug test percent (25%) for alcohol tests and fifty percent (50%) for drug test of the total number of drivers subject to testing of a motor carrier.

“Reasonable cause” means that the motor carrier believe the actions or appearance or conduct of a commercial motor vehicle driver who is on duty as defined below, are

indicative of the use of a controlled substance. **“Safety-sensitive function”** means any of those on-duty functions set forth in CFR 49 Section ¶395.2.

“On duty time” means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility from work and all responsibility for performing work. “On duty time” shall include:

1. All time a carrier or shipper plant, terminal or facility or other property or on any public property waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
2. All time inspecting, servicing or conditioning any commercial motor vehicle at any time;
3. All driving time;
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipment loaded or unloaded;
6. All time spent performing the driver requirements relating to accidents;
7. All time repairing, obtaining assistance, or remaining in attendance upon a disable vehicle.

III. SUBSTANCES PROHIBITED/PRESCRIPTION MEDICATIONS

- A. Alcohol use means the consumption of any beverage, mixture or preparation including any medication containing alcohol which, when consumed, causes an alcohol concentration in excess of those prescribed by Part 382 Subpart B (FMCSR) and Section IV of this policy.
- B. Controlled Substances: in accordance with FHWA rules, urinalysis will be conducted to detect the presence of the following substances;

Marijuana

Cocaine

Opiates

Amphetamines

Phencyclidine (PCP)

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMWA in accordance with the recommendations established by the FMCSR.

- C. Prescription Medications: Drivers taking legally prescribed medications issued by a licensed health care professional familiar with the driver’s work-related responsibilities must report such use to their immediate supervisor or dispatcher and may be required to present written evidence from the health care professional which describes the effects such medications may have on the driver’s ability to perform his/her tasks.

In the sole discretion of the Alcohol and Drug Program Administrator, a driver may be temporarily removed from a safety-sensitive position if deemed appropriate.

IV. PROHIBITIONS

A. Alcohol Prohibitions

The new alcohol rule prohibits any alcohol misuse that could affect performance of a safety-sensitive function, including:

1. Use while performing safety-sensitive functions.
2. Use during the 4 hours before performing safety-sensitive functions.
3. Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.
4. Possession of alcohol (prescription or over-the-counter), unless the packaging seal is unbroken.
5. Use during 8 hours following an accident or until he/she undergoes a post-accident test.
6. Refusal to take a required test.

NOTE: A driver found to have an alcohol concentration of 0.02 or greater, but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. The other consequences imposed by the regulations and discussed below do not apply. However, documentation of this test constitutes written warning that company policy has been violated, and the next occurrence could result in disqualification of a driver.

B. Drug Prohibitions

The regulations prohibit any drug use that could affect performance of safety-sensitive functions, including:

1. Use of any drug, except by doctor's prescription and then only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the CMV;
2. Testing positive for drugs; and
3. Refusing to take a required test.

All drivers will inform the alcohol and drug program administrator of any therapeutic drug use prior to performing a safety-sensitive function.

V. DRIVER APPLICANT AND CURRENT DRIVER TESTING

- ##### **A. Applicant Testing:** All driver applicants will be required to submit to and pass a breath alcohol test and a urine drug test as a condition of employment. Job applicants who are denied employment because of a positive test may reapply for employment after six months.

Offers of employment are made contingent upon passing the company's medical review, including the alcohol and drug test. Driver applicants who have reviewed firm employment, or incurring any costs associated with accepting employment with the company until after medical clearance have been received. All newly hired drivers shall be on a probationary status for 60 days, contingent upon medical clearance for illicit controlled substance or alcohol usage, as well as other conditions explained in the personnel policies. Under no circumstances may a driver perform a safety-sensitive function until a confirmed negative result is received.

Driver applicant drug testing shall follow the collection, chain-of-custody and reporting procedures as set forth in CFR 49 Part 40.

- B. Owner-operators: Owner-Operators engaged by the company are not employees of the company, nor are they to be considered as such under this policy. However, every owner-operator engaged to provide services to the company must agree to and successfully participate in the company's alcohol and drug testing program. All owner-operator agreements will be entered into by the company contingent upon the operators' successful completion of urinalysis and breath analysis under all phases of the company's program and are contingent upon the owner-operator's continued status as a medically qualified driver.

The term "driver" as used in these procedures includes owner-operators.

- C. Employee Drivers: Under all circumstances, when a driver is directed to provide either a breath test or urine sample (Appendix C) in accordance with these procedures, he/she must immediately comply as instructed. Refusal will constitute a positive result and the driver will be immediately removed from the safety-sensitive function and will be subject to further discipline or termination as appropriate.
- D. Testing of Employee Drivers: Employee drivers (including owner-operators) shall be subject to the following Alcohol and Drug Testing:

a. Reasonable Suspicion:

If a driver is having work performance problems or displaying behavior that may be alcohol or drug-related, or is otherwise demonstrating conduct that may be in violation of this otherwise demonstrating conduct that may be in violation of this policy where immediate management action is necessary, a supervisor or dispatcher with the concurrence of the alcohol and drug program administrator, will require that driver to submit to a breath test or urinalysis. The following conditions are signs of possible alcohol or drug use (not all-inclusive):

- Abnormally dilated or constricted pupils
- Glazed stare – redness of eyes (sclera)
- Flushed face

- Change of speech (i.e. faster or slower)
 - Constant sniffing
 - Increased absences
 - Redness under nose
 - Sudden weight loss
 - Needle marks
 - Change in personality (i.e. paranoia)
 - Increased appetite for sweets
 - Forgetfulness – performance faltering-poor concentration
 - Borrowing money from coworkers or seeking an advance of pay or other unusual display of need for money
 - Constant fatigue or hyperactivity
 - Smell of alcohol
 - Slurred speech
 - Difficulty walking
 - Excessive, unexplained absences
 - Dulled mental processes
 - Slowed reaction rate
- b. Supervisor or dispatcher must take action if they reasonably suspect a driver is using alcohol or drugs based on their observation of any of the above-listed conditions or other evidence of alcohol or drug use involving such drivers. A supervisor and dispatcher observing such conditions will take the following actions immediately.

REASONABLE SUSPICION

- Confront the employee involved and keep under direct observation until the situation is resolved.
- Secure the alcohol and drug program administrator's concurrence to observations; job performance and company policy violations must be specific.
- After discussing the circumstances with the supervisor or dispatcher the alcohol and drug program administrator will arrange to observe to talk with the driver. If he/she believes, after observing or talking to the driver, that the conduct or performance problem could be due to substance abuse, the driver will immediately be required to submit to a breath test or urinalysis. If the driver refuses to submit to testing for any reason, the driver will be informed that continued refusal will result in termination.
- Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from driving duties. All confiscated evidence will be receipted for by the signatures of both the receiving supervisor as well as the provider.
- If upon confrontation by the supervisor or dispatcher, the driver admits to use but requests assistance, the alcohol and drug

program administrator will arrange for assessment by an appropriate substance abuse professional (SAP).

- c. The supervisor or dispatcher shall within 24 hours or before the results of the controlled substance test are released, document the particular facts related to the behavior or performance problems and present such documentation to the alcohol and drug program administrator.
- d. The alcohol and drug program administrator will remove or cause the removal of the driver from the company-owned vehicle and ensure that the driver is transported to an appropriate collection site and hereafter to the driver's residence or, where appropriate, to a place of lodging. Under no circumstances will that driver be allowed to continue to drive a company vehicle or his/her own vehicle until a confirmed negative test result is received.
- e. If during the course of employment, the driver acknowledges a substance abuse problem and requests assistance, the problem may be treated as it if were an illness, subject to the provisions set forth below:

The decision to seek diagnosis and accept treatment for the substance abuse problem is the responsibility of the driver:

- Diagnosis and prescribed treatment of the driver's condition will be determined by health care professionals designated by the alcohol and drug program administrator in conjunction with the driver's physician; and
 - The driver might be placed on medical leave for a predetermined period recommended by those medical professionals if the SAP determines that such action is appropriated.
2. Post-Accident Testing: Currently, federal regulations place the burden of compliance with post-accident alcohol and drug testing regulations on the driver. Therefore, all drivers are required to provide a breath test and a urine specimen to be tested for the use of controlled substances "as soon as possible" after an accident. The driver shall remain readily available for such testing or may be deemed by the alcohol and drug program administrator to have refused to submit to testing. No alcohol may be consumed for 8 hours after the accident or until a test is conducted. If the driver is seriously injured and cannot provide a specimen at the time of the accident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her systems.

An accident is defined by FHWA regulations as an accident which results in the death of a human being or bodily injury to a person who as a result of the injury, immediately receives medical treatment away from the scene of the accident; or which has had one of the vehicles towed from the scene of the accident. Except

for a fatality accident, verification of the driver's responsibility in the above accident scenario must be established by a citation to the driver.

Drivers subject to post-accident testing are to contact the company safety department immediately following his/her involvement in an accident. The safety department will provide the name, location and phone number of the collection site, along with pertinent instructions and procedures to be followed.

Adherence by drivers to post-accident specimen collection requirements is a condition of continued employment. The failure of an owner-operator to comply with DOT post-accident and specimen collection rules will be considered a breach of his/her contract with

3. Return to Duty and Follow up Testing: Any driver returning to work following drug or alcohol rehabilitation will be subject to periodic unannounced testing for up to sixty (60) months. Before returning to work such drivers shall undergo an alcohol test with a result of less than a 0.02 BAC or receive a confirmed negative result from a controlled substance urinalysis test.
4. Random Testing: The company will conduct random testing for all covered drivers as follows:
 - a. A company-wide selection process which removes discretion in selection from any supervisory personnel will be adopted by the company. This process will select covered drivers through the use of a computerized program.
 - b. The random testing, once begun, will provide for alcohol testing of at least twenty-five percent (25%) and drug testing of at least fifty percent (50%) of all covered drivers.
 - c. The random testing will be reasonable spaced over any twelve (12) month period.
 - d. Once notified, a driver must proceed immediately to the as signed collection site.

VI. COLLECTION OF BREATH AND URINE SPECIMENTS AND LABORATORY ANALYSIS

- A. Breath alcohol testing will be conducted either on site or at a prearranged location by a qualified Breath Alcohol Technician according to CFR 49 Part 40 procedures. Refusal to complete and sign the testing form or refusal to provide breath will be considered a positive test and the driver will be terminated.
- B. Specimen Collection:

Specimen collection will be conducted in accordance with applicable state and federal law. The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in accordance with these procedures.

- C. Laboratory Analysis:
As required by FHWA regulations, only a laboratory certified by Department of Health and Human Services (DHHS) to perform urinalysis for the detection of the presence of controlled substances will be retained by the company. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance and scientific analytical methodologies.

VII. CONSEQUENCES; APPEAL OF TEST RESULTS

- A. Alcohol and drug abuse may not only threaten the safety and productivity of all employees at
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but cause serious individual health consequences to those who use them.
Attachment # 1 outlines several personal consequences which may result after abuse of controlled substances. Any confirmed actions prohibited by Part IV above, while performing a safety-sensitive function or refusing to take a breath test, will be grounds for disqualification as a driver.
- B. A driver testing positive for alcohol or drug use is subject to disqualification. Refusal to submit to testing will also be considered a positive.

Refusal may be defined as not providing a breath sample or urine as directed, neglecting to sign appropriate control forms, using alcohol within 8 hours of an accident, or engaging in conduct that clearly obstructs the testing process. Any driver testing positive of the presence of a controlled substance will be contacted by the company's MRO. The driver will be allowed to explain and present medical documentation to explain any permissible use of a drug. All such discussions between the driver and the MRO will be confidential. The company will not be a party to, or have access to matters discussed between the driver and the MRO. If medically supportable reasons exist to explain the positive result, the MRO will report the test result to the company as a negative.

Within 72 hours after the driver has been notified of a positive test result for drugs, he/she may request a retest of the split sample. This signed request will be provided to the MRO in writing, who will then initiate the new laboratory analysis. If a different result is detected by the subsequent laboratory, the test will be provided by the MRO and the company alcohol and drug program administrator will be notified. A retest may be initiated inappropriate.

VII. CONFIDENTIALITY

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicable employee. Drivers are entitled, upon written request with two (2) weeks following testing, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substance tests.

Collection of breath and urine samples must always be documented and sealed with a tamper-proof sealing system in the presence of the driver, to ensure that all tests can be correctly traced to the driver.

Drug test analysis from the DHHS approved laboratory will be forwarded directly to the Medical Review Officer assigned by the alcohol and drug program administrator.

Alcohol test results will be forwarded by the BAT to the alcohol and drug program administrator for confidential record keeping.

VIII. EMPLOYEE TRAINING PROGRAM

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will provide education and training for all employees covered by this policy. The program will include education and training on drug use for employees and supervisory personnel that meet the following requirements:

- A. Display and distribution of informational material.
- B. Display and distribution of a community service hot-line telephone number for assistance.
- C. Display and distribution of

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company policy regarding drug and alcohol use in the workplace.

- D. Training regarding the effects and consequences of drug use on personal health, safety and work environment.
- E. Training regarding manifestations and behavioral cues that may indicate drug and/or alcohol use and abuse.
- F. Supervisory personnel will receive at least sixty (60) minutes of training.
- G. Training given to employees and supervisory personnel must be documented.

APPENDIX A ALCOHOL AND DRUG EFFECTS

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work and personal life. This attachment is intended to help individuals understand the personal consequences of substance abuse.

ALCOHOL

Although used routinely as a beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

Health Effects

An average of three or more servings per day of beer (12 oz.) whiskey (1 oz.), or wine (6 oz.) over time, may result in the following health hazards:

- Dependency
- Fatal liver diseases
- Kidney disease
- Pancreatitis
- Ulcers
- Decreased sexual functions
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma
- Spontaneous abortion and neonatal mortality
- Birth defects

Social Issues

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2-3% of the driving population is legally drunk at any one time, this rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents and 76% of private aircraft accidents are alcohol-related.
- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- 30,000 people will die each year from alcohol caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150) to process one serving of alcohol from the body.

- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus:

Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines:

Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B(1), vitamin B(12) and amino acids.

Bloodstream:

95% of the alcohol taken into the body is absorbed in the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas:

Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease die during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

Liver:

Alcohol inflames the cell of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver, Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart:

Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys:

Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Glands:

Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain:

The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive in coordination: confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

DRUGS:

Marijuana

Health Effects

- Emphysema-like conditions.
- One joint of marijuana contains cancer-causing substances equal to ½ pack cigarettes.
- One joint causes the heart to race and be overworked. People with heart conditions are at risk.
- Marijuana is commonly contaminated with fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in Marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incident of stillborn births, early termination of pregnancy and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, deformities to the spinal cord, liver and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborn babies.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
 - delayed decision making
 - diminished concentration
 - impaired short-term memory
 - impaired signal detection
 - impaired tracking
 - erratic cognitive function
 - distortion of time estimation

Workplace Issues

- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects.
- Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

Cocaine

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormone associated with mood elevation.

Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's Disease could also occur.
- Cocaine causes the heart to beat faster, harder and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than other chemical dependencies.
- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapse in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

Opiates

Narcotic drugs which alleviate pain and depress body functions and reactions.

Health Effects

- IV needle users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increase pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk of an overdose.
- Because of tolerance, there is an ever increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the users.

Workplace Issues

- Side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental functions.

Amphetamines

Central nervous system stimulant that speeds up the mind and body.

Health Effects

- Regular use causes strong psychological dependency and increase tolerance.
- High doses may cause toxic psychosis resembling schizophrenia
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.

- Euphoric stimulation increases impulsive and risk taking behavior. Including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use of increasing fatigue, the short-term mental or physical enhancement reverses and becomes an impairment.

Phencyclidine (PCP)

Often used as large animal tranquilizer. Abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior and an inability to speak or comprehend.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced and treating with Thorazine, can be fatal.
- Irreversible memory loss, personality changes and thought disorders may result.

Workplace Issues

- Not common in workplace primarily because of severe disorientation that occurs.
- There are four phases to PCP abuse:
 - Acute toxicity causing combativeness, catatonia, convulsions and coma. Distortions of size, shape and distorted perception are common.
 - Toxic psychosis with visual and auditory delusions, paranoia and agitation.
 - Drug induced schizophrenia
 - Induced depression which may cause suicidal tendencies and mental dysfunction.

**APPENDIX B
DRIVER NOTIFICATION LETTER**

I certify that I have received a copy of and have read the above

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policy on Alcohol and Drug Testing Procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with

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I will seek assistance through the current alcohol and drug testing program administrator at my expense.

Signed

Date