

Drug and Alcohol Awareness Class

Outline for Training

- I. Impact of Drug/Alcohol Abuse on Society and Industry
 - A. National and Regional Statistics on Prohibited Drug/Alcohol Use
 - B. How Drug Use Affects Industry
 - Safety
 - Personal Health
 - Work Environment
- II. Response From the Federal Government and FTA
 - A. Drug Free Work Place Act
 - B. Prevention on Prohibited Drug/Alcohol Use in Transit Operations
49 CFR Part 653
 - C. FTA Policy on Prohibited Drugs
 - D. Voluntary Action Center Policy – Tom Zucker
- III. Safety Personal Health and Work Environment Effects of the NIDA 5
 - Marijuana Cocaine Opiates Amphetamines Phencyclidine
- IV. Manifestations and Behavioral Clues That May Indicate Prohibited Drug/Alcohol Use of the NIDA 5
 - Marijuana Cocaine Opiates Amphetamines Phencyclidine
- V. Common Over the Counter Medications
- VI. Common Prescription Drugs
- VII. Procedures and Protections of the FTA Prohibited Drug/Alcohol Program
- VIII. QUESTIONS AND ANSWERS**

Workplace Issues and Substance Abuse

- Data reported by the IL Dept of Human Services indicates that **1** in every **5** IL workers has an alcohol or drug abuse problem
- At least 70% of those employed admit drug use on the job
- Of the employees aged 18 – 40; 14 – 35% would test positive for illicit drugs on any given day

Workplace Issues and Substance Abuse

- Absenteeism, increased health care costs and decreased productivity due to alcohol and other substance abuse cost Illinois companies about \$1,000 per employee each year
- Drug impaired employees function at approximately 67% of their work potential and receive 3 times the average level of sick benefits

Workplace Issues and Substance Abuse Cont.

- 20% of industrial fatalities have a drug and alcohol connection
- An employee under the influence of drugs or alcohol is 5 times more likely to file a workman's compensation claim

» *Substance abuse costs **YOU***

- **Numerous studies conclude that substance abuse costs the American economy \$25 - \$60 billion per year**

Personal and Health Issues

- One out of every ten adults has a serious problem with drugs and alcohol or both
- Alcoholism, drug addiction and their effect is the third highest cause of death of people of all ages
- The leading cause of death for people 35 and under is accidents. The most common thread that factors into accidental death, is the presence of alcohol or drugs in the system
- A minimum of 1 in 20 births in the US has been severely impacted by the presence of alcohol and/or drugs in mother or father at the time of conception, gestation or delivery

Opiates

Heroin, Smack, “Pain Pills”

Codeine, Demerol, Vicodin

- Depressant:
 - Opiates – derived from the resin of a poppy plant
 - Morphine, Codeine, and Vicodin are legally prescribed for pain
 - Heroin has no approved medical use in the US.
 - Methods of abuse: |
 - Heroin can be injected (mainlining), snorted or smoked
 - Chasing the Dragon – heating heroin on aluminum foil the heroin will boil and vaporize and the user will then inhale the fumes
 - Codeine and Morphine are usually injected or pills

Opiates Effect - Mental

- Depend on the opiate used, the dose and the way the drug is taken
 - Short lived state of euphoria sometimes called “rush” described as similar to a sexual experience
 - After the “rush” the narcotic kicks in
 - Drowsiness, slurred speech, slowed heart rate, breathing and brain activity
 - “nod” a stuporous condition bordering on passing out
- Addiction:
 - Opiates have an unusually high potential for abuse and addiction

Opiates Effects - Physical

- Skin Infections
- Inability to stay awake
- Irregular heart rate/blood pressure
- Irregular menstrual cycles in women
- Depressed: appetite, thirst, reflexes
- Increase tolerance for pain
- Decreased sexual pleasure

Opiates Signs and Symptoms

- Lethargy
- Lack of motivation
- Drowsiness
- Flushed Appearance
- Shallow Breathing
- Needle marks and/or open sores on body

Marijuana

Pot, Dope, Grass, Weed

- Depressant, Stimulant, and hallucinogenic
 - No approved medical use in the US
 - FDA has approved synthetic THC capsules for treatment of nausea and appetite loss of chronically ill patients
- THC – delta-9-tetra-hydrocannabinol
 - Is the “drug” in marijuana
- Comes from the hemp plant, with odd # of leaves
- In “ready to smoke form”, looks like dried, chopped oregano

Marijuana

- Inexpensive
 - Cost is \$1 - \$2 per joint of \$100 - \$300 an ounce
- Methods of use:
 - Usually smoked-joint, rolled cigarettes, can be smoked w/pipe or bong
 - It can be ingested through food (brownies)

Marijuana Effects - Mental

- Euphoric Feeling
- Increased sense of well being
- Lack of motivation
- Lowered inhibition
- Talkativeness

Marijuana Effects – Physical

- Dry mouth and throat
- Increased appetite
- Dulled reflexes

- Increased heart rate
- Damage to lungs and pulmonary system
 - 1 marijuana cigarette is equal to 25 commercial cigarettes

- Impaired sexual development and fertility; including abnormal sperm production and menstrual irregularities

Marijuana

Signs and Symptoms

- Chronic fatigue and lack of motivation
- Distinctive odor
- Impaired coordination, concentration, and memory
- Slowed speech
- Irritating cough, chronic sore throat
- Lackadaisical, “I don’t care” attitude
- Reddened eyes (often masked by eye drops and glasses)
- Impaired tracking and visual distance
- Delayed decision making
- Distortions in time estimation

Marijuana

Workplace Issues

- 3 or more joints a week smoker is **never** free from the effects of marijuana acting on the brain
- Changes in mental functions are so subtle the user doesn't know he/she can no longer safely work
- A 500 – 800% increase in THC potency makes smoking 3 to 5 joints a week today equivalent to 15 – 40 joints a week 10 to 15 years ago
- Combining alcohol or other depressants/stimulants with marijuana can produce a **quadruple effect**, increasing the impairing consequences of both

PCP

Angel Dust, Acid, Krystal Joints, Peace Pills

- Acts like a Depressant; but isn't
- Acts like a Stimulant; but isn't
- Acts like a Hallucinogen; but isn't
- Acts like a Narcotic; but isn't

- All 4 classes of drugs combined

PCP - History

- Originally intended to be the next generation of anesthetic drugs, it would produce unconsciousness without compromising breathing or heart rhythm.
 - Severe reactions including convulsions, hysteria, and hallucinations
 - Never approved for human use but was approved for veterinary drug for anesthesia and tranquilization
- PCP is cut into almost any other drug that is more expensive and scarce

PCP - History

- Present form came into existence in the early 60's
 - Initiated in San Francisco, as a tablet w/peace symbol
- PCP is relatively easy and inexpensive to make
- PCP is cut into almost any other drug that is more expensive and scarce
- It is usually sold as a white crystalline powder, but can be in capsules and tablet form

PCP Mild Dosage

Physical/Mental Effects

- Impaired coordination
- Slurred speech
- Relaxation
- Distortions of body image, time and space
- INTENSE EUPORIA
- ANXIETY – even at low doses
 - Can develop into panic, paranoia, and depression
 - Severity of is determined by users mental state prior to use

PCP – Moderate Dosage

Physical/Mental Effects

- More intense physical reaction
 - Heart rate increase
 - Blood pressure increases
 - Body temperature rises
 - Nausea

- Anesthetic effect kicks in
 - No pain
 - Drowsiness
 - Zombie walking blank stare and disjointed walk

PCP Large Dosage Physical/Mental Effects

- Blood pressure drops – drastically
- Breathing becomes shallow and irregular
- Muscles are rigid
- Eyes vibrate
- Great risk for erratic and violent behavior due to increasing panic
- User can experience convulsions and slip into a coma possible end result - DEATH

PCP Dangers

- “Bad trips”, unpleasant psychological reactions that may include panic, confusion suspicion, anxiety and loss of control
- Flashbacks, the user may experience psychedelic effects long after use of the drug ends
- Chronic users report problems with memory, speech and concentration
 - Can last for 6 months to 1 year AFTER last use

PCP – Signs and Symptoms

- Severe mood swings
- Visual or aural hallucinations
- Emotional disorders
- Schizophrenic behavior

Cocaine

C, Coke, Blow, Snow, Flake, Rich Man Drug

- Stimulant
 - Derived from the leaves of the coca plant
 - Prescribed by a physician as an anesthetic
- Approximately 50 billion people have tried cocaine

Cocaine

Methods of Use

- Inhale
 - Snorted through a thin straw like object from a smooth surface
 - Effects take several minutes to kick in
- Smoke
 - Freebasing: mixing and smoking powdered cocaine with sodium bicarbonate. The high lasts 5 – 10 minutes and is followed by a severe low
 - Crack: An inexpensive purified form of cocaine which is processed into small chunks. Crack is smoked when the rock is heated and the vapors are inhaled. Intense euphoric effect is noted within 10 seconds and last about 10 – 15 minutes

Cocaine Effects

- Brief intense euphoria and competence
- Stimulates central nervous system
- Elevated blood pressure, body temperature, pulse, and respiratory rate
- Dilates the pupils
- Causes extreme excitability and anxiety
- Feeling of well-being – followed by depression
- Produces sleeplessness and chronic fatigue
- Runny nose, horse voice
- Profuse sweating and dry mouth
- Paranoia and hallucinations

Cocaine – Sign and Symptoms

- Dilated pupils
- Paranoia
- Erratic Behavior
- Loss of appetite
- Restlessness
- Irritability
- Needle marks/open body sores

Cocaine

Work Related Issues

- No Show
- Miss deadlines
- Excessive excuses
- Highs and lows in productivity
- Borrowing money or complaints of money problems

Amphetamines

Speed, Uppers, Black Beauties, Pep Pills, No Doz, Ecstasy

Methamphetamines

Meth, Ice, Crank, Crystal, Chalk

- Stimulant
 - Chemically manufactured drugs which stimulate the central nervous system
- Caffeine, no-doz, colas & chocolates are mild amphetamines
- Some cold pills have amphetamines as an ingredient

Amphetamines

History

- First invented for a nasal decongestant in 1930's
- People found a way to make an ingestible amphetamine
- Prescription amphetamines
 - Ritalin-for ADD
 - Some diet pills

Amphetamines

Effects

- Produces feelings of alertness and euphoria
- Increase heart rate and blood pressure
- Dilates pupils
- Enables the user to go without sleep for relatively long periods of time
- Causes distorted thinking

Amphetamines

Patterns of Use

- Pills
- Inhaled
- Injected

Amphetamines

Dangers

- Dizziness, headaches, blurred vision and sweating
- Loss of coordination, tremors, convulsions, physical collapse
- Decreased appetite can cause anorexia and malnutrition
- Sudden blood pressure increase from injections resulting in fever, stroke or heart failure
- Nervousness, irritability and drastic mood swings
- Panic/paranoid thoughts
- Hallucinations

Ecstasy

- Similar to Methamphetamine, methylenedioxyamphetamine (MDA) and mescaline
- Known to cause brain damage
 - Attacks serotonin that has a direct roll if regulating mood, aggression, sexual activity, sleep and sensitivity to pain
- Increasingly popular
- Produces feelings similar to LSD without hallucinations
- Increases visual and acoustic sensory perceptions
- Heightens ones sense of well-being
- Cases of over-exertion, followed by heart failure, convulsions and/or death have occurred

Alcohol

Liquor, Cocktails, Spirits, Booze

- Although total consumption has decreased, alcohol remains the number one drug of abuse in America

Alcohol

- Made from the natural reaction of fermenting sugar with yeast spores
- Depressant
 - Affects the body by slowing down the central nervous system
 - Found in many over the counter meds and prescriptions

Alcohol

- Rate of metabolism
 - 2/3 of a standard drink per hour
- Standard drink
 - 1 oz 80 proof liquor
 - 4 oz wine
 - 12 oz beer

Alcohol – How many Drink

- 1/3 of Americans drink very little or nothing at all
- Of the remaining 2/3
 - 30% consume 2-3 per week
 - 20% consume 1-2 per day
 - 10% consume 4-10 per day
 - 10% consume over 10 per day

Alcohol Effects

- Initially acts as a stimulant, invigorating thought and activity
- Produces feelings of relaxation, reduced anxiety, lowered inhibitions and mild euphoria
- As consumption increases, it can cause aggressive tendencies, progressive stages of sedation and in very large quantities – coma
- Physical symptoms may include: shakiness, puffiness, broken blood vessels, large middle section (beer belly), poor skin color, constricted pupils
- Dulled mental processes
- Impairs the brain's ability for self control
- Lack of coordination and reflex action
- Slurred speech

Alcohol Dangers

The chronic consumption of alcohol
Average of three servings per day of
Beer (12 oz)
Whiskey (1 oz)
wine (4 oz)

OVER TIME MAY result in the following health hazards

- Dependency Physical/Physiological
- Toxic damage to liver, heart, pancreas and gastrointestinal tract and kidneys
- Fatal respiratory or heart failure following excessive use
- Increased susceptibility to disease
- Spontaneous abortion and neonatal mortality
- Birth defects (est. 54% alcohol related)

Alcohol

Typical Progression

- Drinking to relieve tension
- Increase in tolerance
- Desire to continue drinking when others stop
- Uncomfortable in situations when there is no alcohol
- Occasional memory lapses after heavy drinking
- Preoccupation with alcohol
- Secret irritation when individual's drinking is discussed
- Lying about drinking
- Hiding liquor/sneaking drinks
- Feeling guilty about drinking
- Increased memory blackouts

Alcohol Progression cont....

- Tremors and early morning drink
- Promises and resolutions fail repeatedly
- Loss of other interests
- Unable to discuss problems
- Family, work, money problems
- Avoid family, friends, drink alone
- Physical and moral deterioration
- Urgent need for morning drinks
- Persistent remorse

Alcohol Progression Cont.

- Impaired thinking and memory loss
 - Decrease in alcohol tolerance
 - Loss of family
 - Unable to work
-
- This is the typical progression of alcohol abuse.
The steps are as unique as the individual.

Department of Transportation (D.O.T.) Required Tests

- Pre employment
- Random
- Post Accident
- Return-to-duty testing
- Follow-up testing
- Reasonable suspicion

***This is a urine drug screen
All tests are reviewed by a
Medical Review Officer***

The Omnibus Transportation Employee Testing Act of 1991

Requires alcohol and drug testing of safety sensitive employees in the aviation, motor carrier, railroad, and mass transit industries

The rate of random screens is determined by the Department of Transportation (D.O.T)

The rate for 2003 is

50% drug

10% alcohol

Medical Review Officer

- Sole purpose is to protect employee from “false positives”
- Reviews all NIDA drug tests
 - Accuracy of chain of custody form
 - Non negatives – contact donor
 - Possible interview over the phone
 - Possible physical exam

Pre Employment

- Drug Test
- As of August 2001, breath alcohol test are permissible if conducted unilaterally
- Must be done before the start of safety sensitive duty
 - If a covered employee has not performed a safety sensitive job for 90 consecutive calendar days, regardless of reason, AND the employee has NOT been in a random pool during that time.
A pre employment test is required.

Random

- Purpose: To prevent prohibited drug and alcohol use

Start date

January 1, 1996 for everyone

Random pull

Occurs throughout the year

Jan-Dec

- Done without predictability
- This is a computer generated random pool!

Random cont.....

- Photo ID required
- Notified before, during or after performing safety sensitive duty
- Notification
 - Supervisor informed by OSAC coordinator
 - Supervisor notifies employee
 - Employee should proceed immediately for test

Random Cont.....

- Employees on vacation, laid off, and seasonal work, or extended medical leave are exempt
- Can be pulled for one/both tests
- Employee has equal chance of being selected at every selection
- Refusal equals a positive reading of .04
- If positive, SAP must assess the employee

Post Accident Testing

- Under D.O.T. Regulations a post accident test is done as soon as practical following the incident
- Test is required under 655.44
 - Human fatality
 - Injury requiring medical attention
 - Driver and any other safety sensitive employee whose actions may have contributed to the accident
 - Any employee whose performance could have contributed to the accident as determined by the employer using the best information available at the time

Post Accident Testing

- Non NIDA (regulated) test can be performed under company policy

Post Accident Testing - Drug

- Controlled substance (drug test) must be conducted within 32 hours
 - If the test is not administered within 32 hours, the employer must cease attempts to test and document why the test was not performed

Post Accident Testing - Alcohol

- Alcohol test must be conducted within 2 hours of the accident
 - If not administered within 2 hours, the employer must document the reason for the delay
 - If not administered within 8 hours, the employer must cease attempts to test and document why the test was not administered

Reasonable Suspicion

- The supervisor's or employer's determination that reasonable suspicion exists must be made on concurrent, articulable observations concerning the appearance, behavior, speech, or body odors of the driver
- Specific training is required under 655.43
- Employee may be tested for either drugs or alcohol or both

Return to Duty Testing

- Required after a positive drug or alcohol test
- Must be performed **BEFORE** employee returns to safety sensitive duty

Follow – Up Testing

- Upon determination of a SAP that employee needs assistance in resolving problems with alcohol or drug misuse
- The SAP determines random follow up testing schedule
- Required minimum of 6 test in the first 12 months
- The individual requiring Follow Up testing is part of the random pool as well

Alcohol Test

- *Can be for Pre Employment, Post Accident, Reasonable Suspicion, Return to Duty or Follow Up*
 - Random: A driver is tested for alcohol only while performing safety sensitive functions, just before or just after performing safety sensitive functions
 - Pre Employment must be unilateral to take away the temptation to pick and choose
 - Post Accident – within 2 hours, if not possible, not applicable after 8 hours

Alcohol Test - Procedure

- *Breath* alcohol only no blood
- Test administered by breath alcohol technician – BAT
- Result immediate
- First test is a screen
- If results are .02 or higher a confirmation test completed within 20 minutes of screen to eliminate false positives i.e.: mouthwash/mint consumption

Positive Results

- Results of .02 - .039
 - The driver can't leave premises without being driven by another person
 - Can't perform safety sensitive duties including driving until the next shift (min of 8 hours and a reading below .02)

Positive Results

- Results greater than 4.0
 - Employee can't leave without being driven by another person
 - Employee must be referred to a SAP

Thank You for Your Time and
Attention to My Program

Please Call Me If You Have Any
Questions

Reasonable Suspicion Testing

Reasonable Cause

Definition: facts, physical and mental signs, symptoms and behaviors, or patterns of behavior leading a trained supervisor to reasonably conclude the observed condition and/or behavior is caused by a prohibited substance

Reasonable Suspicion Testing Cont.

- Establishing reasonable cause
 - Signs & symptoms of substance abuse
 - Basic steps towards establishing reasonable cause
 - Documentation
 - Conclusion
- **NOTE:** each sign & symptom, by itself, may point to other problems besides drug and alcohol abuse
- When a pattern begins to develop, you need to be alert and act quickly

Reasonable Suspicion Testing Cont.

- It is **NOT** your responsibility as managers/supervisors to diagnose
- Your responsibility is to
 - Provide a safe environment for all employees
 - Take action, which may include
 - Referral for help
 - Drug/alcohol testing

Reasonable Suspicion Testing Cont.

- Must be observed by a supervisor or company official trained in accordance with 49 CRF 655.43
- Alcohol testing-must be based on specific, contemporaneous, articulable observations concerning the appearance behavior, speech, or body odors of the driver
- Controlled substances testing-all of the above applies, but the decision to test maybe based on observations of the withdrawal effects of chronic drug abuse

Why Would a Supervisor Not Implement the Policy?

- Does not believe in it
- Does not feel supported or empowered
- Does not know it
- Scared to lose or spoil relationship w/employee
- Takes too much time
- Doesn't want to give the employee a bad reputation

Things to Remember and Questions to Ask in Reasonable Cause Situations

- Was the employee treated with dignity?
- Did the interview take place in a setting that respected the employee's privacy?
- Did the employee understand the facts pertaining to the issue?
- Were the facts presented in an objective manner?
- Was the drug test conducted with integrity and quality?

- How was the employee treated in the collection process?
- Were quality procedures used to assure chain of custody and analytical reliability?
- Was the information handled with confidentiality?
- Was information communicated on a strict “need to know” basis?
- Was the incident properly documented, detailing the objective evidence leading to a reasonable cause decision?

Thank You for Your Time

Please Call Us at

309-298-2141

If You Have Any Questions or
Comments About This
Presentation