

**BOROUGH OF HANOVER, YORK COUNTY, PENNSYLVANIA**

**EMPLOYEE GUIDE**

**TO CDL DRUG AND ALCOHOL TESTING**

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The Borough of Hanover, York County Pennsylvania drug and alcohol testing policies adhere to the United States Department of Transportation (DOT) regulations to all changes in the 49 CFR Part 40, which are effective January 1, 2018.

**JANUARY 1, 1995**  
**Revised January 2002**  
**& January 1, 2018**

## EMPLOYEE ORIENTATION

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PROBLEM STATEMENT:

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A person operating a motor vehicle after using even small amounts of alcohol or other drugs is likely to experience the following symptoms of an impaired driver:

- √ Reaction time is slower due to depressant effect of alcohol or drugs on the brain.
- √ Normal instant decision-making, i.e., to brake or maneuver, is delayed for an instant, and that confusion may cause a serious accident.
- √ Over-reacting, due to stimulating effects of drugs, may cause skidding, jack-knifing, or a rollover to your own vehicle and deadly consequences to other motorists.
- √ A driver's usual concentration on watching ahead and being in a defensive driving frame of mind may be replaced by daydreaming.
- √ The driver may be tense or nervous from the physical withdrawal effects of alcohol or other drugs and can react with an outburst of anger and dangerous driving from the driving of others.
- √ The driver may also be in a state of anxiety or depression over a multitude of personal or family problems caused by his/her alcohol or other drug use and not be able to concentrate on driving.
- √ The driver may fall asleep behind the wheel as a result of the mental and physical fatigue brought on by repeated alcohol or other drug episodes.
- √ The driver's actual vision may be blurred or distorted (seeing double) by the use of alcohol or other drugs.
- √ The drug itself may make a driver overly confident or aggressive and impair good judgment as to when to yield or extend highway courtesy.

## SECTION I

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## OVERVIEW OF FEDERAL RULES

### SECTION 1: OVERVIEW OF FEDERAL RULES

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#### OVERVIEW OF DRUG & ALCOHOL RULES

##### I. APPLICABILITY

A. Applies to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the commercial drivers license (CDL) requirements.

B. Commercial motor vehicle is one use to transport passengers or property if it:

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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 vehicle weight rating of 26,001 or more pounds; or
  3. Is designed to transport sixteen (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 and is required to be placarded.
  5. Off-the-road construction equipment and pick-up trucks are not covered under regulations.
- C. Employer who employs himself/herself as a driver must comply with both the employer and employee requirements.
- D. These Federal rules preempt any State and Local law, rule, regulation, or order. However, State or Local governments can establish policies that exceed these requirements.
- E. Applies to every person employed by the Hanover Borough, covered under the Contract, if management / immediate supervisor feels probable, reasonable, and justifiable cause to believe that a person's job performance is impaired, therefore requiring that person to be tested.

II. **STARTING DATE FOR TESTING PROGRAMS:    JANUARY 1, 1995**

III. **PROHIBITIONS FOR DRIVERS**

A.     Alcohol

1.     Upon a test result of 0.02 - 0.039 the employee would be removed from safety sensitive duties for a minimum of 24 hours. Upon a test result of 0.04 or greater, the employee would be removed from safety-sensitive duties until situation is reviewed by SEAP.
2.     No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment. In addition, prescription, non-prescription drugs and materials containing alcohol are not allowed to be carried in the CDL vehicle unless it is manifested.
3.     No driver shall use alcohol while performing safety-sensitive functions.
4.     No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.

5. No driver required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident, or until (s)he undergoes a post-accident test, whichever occurs first.

B. Controlled Substances

1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substances.
2. Prescription and non-prescription drugs are not allowed to be carried in the CDL vehicle unless it is manifested.
3. Only exception is when use is under physician order and does not impair ability to operate a CDL motor vehicle. Documentation in the form of the attached Employee Notification of Medications by the employee's physician is required.

IV. **TESTS REQUIRED FOR ALCOHOL AND CONTROLLED SUBSTANCES**

A. Pre-employment

1. Controlled substances testing must be done prior to first time a driver performs safety-sensitive functions for an employer. Currently, alcohol testing is not required. Exceptions to this rule follow:
2. Employer is not required to administer a controlled substances test required by A(1) of this section if:
  - a) The driver has participated in a DOT drug testing program within the previous thirty (30) days; and
  - b) While in that program was tested for controlled substances within the past six (6) months (from the date of application with the employer); or
  - c) Participated in a random controlled substances testing program for the previous twelve (12) months (from the date of application); and
  - d) The employer can ensure that no prior employer of the driver known to the employer has records of any violation of the DOT rules within the previous six (6) months.

B. Post-Accident

1. Testing is required when an accident involves a fatality; the driver receives a moving violation citation arising from the accident in which a vehicle must be towed or an injury requires treatment away from the scene.

2. Alcohol test must be done within eight (8) hours post accident. If driver is not tested within two (2) hours, the employer shall prepare and maintain on file a record stating the reason a test was not promptly administered. Driver must remain available and refrain from consuming alcohol for the entire eight (8) hour post-accident period or until he/she is tested, whichever comes first. It is employee's responsibility to immediately inform supervisor of accident so proper procedures can be implemented. It is supervisor's responsibility to take employee, if necessary, for testing.
3. Controlled substance testing must be done within thirty-two (32) hours post accident. If the driver has not been tested within thirty-two (32) hours, the employer shall prepare and maintain on file a record stating the reason a controlled substances test was not promptly administered.

C. Random

1. Annual percentage rate of alcohol testing will be twenty-five (25%) percent.
2. Annual percentage rate of controlled substances testing will be fifty (50%) percent.
3. Alcohol and controlled substances tests must be unannounced and spread reasonably throughout the calendar year.

D. Reasonable Suspicion

1. Employer shall require alcohol and/or controlled substances test when certain observations are made by a supervisor as to a driver's appearance, behavior, speech, or body odor.
2. Person making this determination must have received certain training under the employer's program.

E. Return-to-duty

1. Alcohol test with resulting concentration of less than 0.02 required, or;
2. Controlled substances test with a verified negative result.

F. Follow-up to Rehabilitation

1. Driver subject to minimum of six (6) unannounced follow-up for alcohol and/or controlled substances tests within the first twelve (12) months of return to duty.

V. **CONSEQUENCES FOR DRIVERS WHO TEST POSITIVE FOR CONTROLLED SUBSTANCES AND ALCOHOL**

- A. Removal from safety-sensitive function defined as:

1. 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 employer.
  2. All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSR's), or otherwise inspecting, servicing or conditioning any commercial motor vehicle at any time.
  3. All time spent at the driving controls of a commercial motor vehicle.
  4. All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in the sleeper berth).
  5. 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 the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
  6. All time spent performing the driver requirements associated with an accident.
  7. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.
- B. Required evaluation and testing before return to safety-sensitive function.
- C. Other alcohol-related restrictions:
1. No driver who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but not less than twenty-four (24) hours following the test.
  2. No employer action can be taken against a driver based solely on test results showing an alcohol concentration less than 0.02.

**SECTION II**

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**ALCOHOL/DRUG REFERENCE GUIDE**

## **SECTION II: ALCOHOL/DRUG REFERENCE GUIDE**

### **EMPLOYEE AWARENESS**

#### **Use This Information to Identify Alcoholism or Other Drug Dependency**

The following information has been purposefully designed to help you decide whether or not you are an alcoholic and/or drug dependent. We use the terms “alcoholic” and “alcoholism” as indicative of primary “drug of choice” and do not exclude the use of other drugs. In fact, alcohol may slip into second or third place in one’s choice of drugs during a given period of time but, generally, it returns as the “primary drug of choice”. It doesn’t make any difference what your drug of choice may be. Any mood-altering drug can cause most of the effects noted in this information.

So, when you do find yourself thinking about your drinking or drug use, don’t put it aside. . . look honestly at the facts.

**If, due to your drinking or drug use, you are experiencing any one of these life problems, you could be an alcoholic or drug dependent person:**

- EMOTIONAL . . . . .** You can’t understand what’s wrong or you’ve said or done things you’re ashamed of.
- PHYSICAL . . . . .** You don’t feel as well as you should.
- RELATIONSHIPS . . . . .** You’ve hurt people you care about.
- FAMILY . . . . .** You’ve broken too many promises.
- EMPLOYMENT . . . . .** You know you could do a better job.
- LEGAL . . . . .** You got or just missed getting a D.U.I.
- SPIRITUAL . . . . .** You’re losing your values and feelings.

**In other words, alcohol or other drugs are interfering with your life!**

**DID YOU KNOW THAT . . .**

An alcoholic is a person with a disease - alcoholism - not a person who is immoral, weak or stupid. Anybody can be an alcoholic. Drinking alcohol causes alcoholism **if** the right biological conditions exist.

If you find yourself “defending your right to drink” you may be in active denial of a life threatening disease - alcoholism.

Alcoholism and other drug dependence is a progressive disease. Continued drinking or drug use fosters continued life problems to the point that life becomes unmanageable. Denial is the major block towards recovery. Denial progresses with continued use. . .the denial system becomes stronger. . .feeds the illness. . .causes the affected person to become seriously ill.

**HERE ARE SOME BASIC EXAMPLES OF DENIAL.  
ARE YOU FAMILIAR WITH ANY OF THEM?**

“No Big Deal”

Claiming that you do drink, but in such a manner that you admit to less of what you really drink, such as: “I only have a few beers, big deal” OR balking at the fact that drinking or drug use is causing you or anyone else any problems, such as: “Yeah, so what if I drink or smoke a joint, I’m not hurting anyone.”

“Pointing the Finger”

Accusing someone else of being the cause of your behavior, such as: “If you didn’t nag me so much, I wouldn’t have to drink” OR claiming that situations cause you to drink such as: “Don’t bug me, I have enough problems at work, I don’t need you giving me more problems.”

“The Problem is. . .”

Providing reasons other than drinking/drugging to explain the cause or consequences of use, such as: “I know I have missed a lot of work lately, but I just can’t seem to shake this flu.”

“Everybody Drinks in this Job. . .”

Providing a self-serving analysis of drinking behavior such as: “The nature of my work is such that I am responsible for entertaining business associates. Drinking, of course is involved.” OR “I enjoy a drink in the company of friends and family gatherings.”

**ANSWER THE FOLLOWING QUESTIONS - BEFORE, DURING AND AFTER  
DRINKING OR DRUG USE - AND CONSIDER THE FACTS:**

1) **Do you often feel depressed?**

**FACT:** Alcohol, as a central nervous system depressant, quite literally can cause you to “cry in your beer”. Other drugs also do the same when the “high” wears off.

2) **Do you find that you experience anger or rage with little or no reason?**

**FACT:** Alcohol and other drugs can create acute effects that are not predictable to the user or anyone else. Chemically-induced mood swings create behavior problems for everyone concerned with the person.

**3) Do you do things or say things that you too often regret?**

**FACT:** Alcohol and other drugs can cause a dramatic change in a person's perception of others and cause inappropriate (and sometimes violent) reactions to otherwise inoffensive conversation and events. It can cause a person to behave in ways that are totally opposite of their usual self.

**4) Do you find yourself too often isolated from your family and friends?**

**FACT:** Drinking/drug use creates a conflict with priorities. . .the more important it becomes, the less important family and friends become.

**5) Do you feel you 've lost any feelings toward your spouse?**

**FACT:** Alcohol/drugs anesthetizes one's feelings - it overwhelms any relationship as it becomes the central focus in one's life.

**6) Do you too often feel nervous or irritable?**

**FACT:** Alcohol reduces blood sugar levels. When alcohol is present in the body, the liver automatically concentrates on metabolizing it and a drop in sugar is likely. Symptoms include: hunger, weakness, nervousness, sweating, headache and tremors. The long-term effects of other drugs are increased anxiety, moodiness and irritability.

**7) Do you suffer from loss of appetite?**

**FACT:** Alcohol is one of the most frequent causes of stomach problems. Any use of alcohol stimulates production of hydrochloric acid and irritates the stomach's lining.

**8) Do you experience difficulty in concentrating?**

**FACT:** The alcohol found in beer, wine and whiskey is called "ethanol". Ethanol is the liquid form of ether - the anesthetic used by many dentists. Ethanol qualifies alcohol as a drug. Alcohol lowers the activity of the brain and interferes in normal functioning. **Alcohol is alcohol.** One-half (1/2) ounce of pure alcohol is found in a twelve (12) ounce can of beer, six (6) ounce glass of wine and one (1) ounce of hard liquor. So, any alcohol impairs judgment and concentration. Other drugs such as marijuana or cocaine create short-term memory loss.

**9) Do you experience sexual problems?**

**FACT:** Alcohol can interfere with the physiological ability for sex. Shakespeare said it best: "It provokes the desire - but takes away the performance". In "provoking the desire", it may lower inhibitions to the point of releasing sexual desires (or fantasies) that are unacceptable to one's sexual partner. This in turn may cause the alcoholic to seek fulfillment of these new-found "needs" through affairs or through prostitutes. This action creates more guilt and inhibits future sexual performance, thus, continuing the cycle. It can also lead to AIDS.

**10) Do you make promises to your family which are seldom kept?**

**FACT:** Making frequent promises results from the person's attempt to make up for bad behavior as well as impending loss of love, respect and acceptance. Breaking promises is a direct result of alcohol or drugs taking priority in life.

**11) Do you usually eat your meals out, after the family has eaten, or not at all?**

**FACT:** As alcoholism progresses it effects normal eating habits. Simply put, the alcoholic becomes malnourished as a result of drinking more and eating less. Food contains vitamins, minerals and other essential substances, alcohol does not. The alcoholic's absence at family meals, again, is a result of drinking taking priority and also an attempt to avoid possible confrontation by the spouse or family regarding drinking.

**12) Is too much of your time spent sleeping late in the morning or napping?**

**FACT:** As the person continues to drink or drug, sleep disturbances are intensified. As a result of fatigue and in an effort to recover from the loss of necessary sleep for functioning, the affected person sleeps late or naps great amounts of time away. The combination of continued drinking or drug use and inappropriate sleeping patterns can result in chronic insomnia.

**13) Are your children afraid of you or do they avoid you?**

**FACT:** Continued drinking or drug use causes emotional and behavioral dysfunction for the affected person as well as anyone involved in their lives. The unpredictable behavior of an alcoholic or drug dependent parent witnessed by a child causes insecurity, fear, confusion, and anger.

**14) Is your marriage or relationship in jeopardy?**

**FACT:** It has been estimated that seventy (70%) percent of divorce is the direct result of alcoholism.

**15) Have you ever been hospitalized as a result of drinking?**

**FACT:** It has been estimated that over sixty-five (65%) percent of all hospital admissions are alcohol-related. The symptoms vary in degrees from minor injuries; physical warnings . . . cuts, sprains, broken bones, concussions, gastritis, vomiting, diarrhea, hyperventilating, heart palpitations. . . to major acute/chronic illness. . . convulsions, heart attacks, pancreatitis and cirrhosis.

**16) Have you ever been or nearly been arrested for D.U.I.?**

**FACT:** Alcohol has a direct effect on anyone's capacity to operate a vehicle. Because alcohol is a drug, it has the power to interfere with reflexes, judgment and concentration.

**17) Does anyone in your family have a drinking problem?**

**FACT:** Children of alcoholics are at high-risk of contracting the disease. Research has proven that alcoholism is a generational illness which runs rampant in many families.

**18) Have you ever been late or absent from work due to your drinking?**

**FACT:** Absence from work due to drinking or drug use is a sign of a later stage problem. It is proof positive that one's drinking or drug use has taken on such importance that it now interferes (and jeopardizes) one's ability to earn a living.

**19) Do you feel that you could do a much better job at work than you do?**

**FACT:** If your job or career has been a rewarding experience for you and a major portion of your self-esteem comes from your employment, it is a crushing blow to discover that you can no longer "deliver" what you're capable of.

**Doesn't it make sense to seek professional advice if you think that you may have an alcohol or other drug problem? Be good to yourself!**

Call: 1-800-692-7459.

## **ALCOHOL**

**Alcohol is a class of chemical compounds, one of which is ethyl alcohol.**

### **Effects**

As alcohol is carried through the bloodstream, it produces effects similar to those produced by ether, an anesthetic. Even in a person who has had only one (1) or two (2) drinks, the depressant effects of alcohol may become evident through physical changes - a general slowing down of overall brain function, judgment, alertness, coordination, and reflexes. Furthermore, even relatively light consumption of alcohol may result in some attitude and/or behavior changes. For example, a person who is under the influence of alcohol may evidence uncharacteristic hostility, or may take risks that he or she usually would not consider such as driving recklessly.

When alcohol is used in combination with other drugs, the physical effects can be serious and, in some cases, life-threatening. For instance, when used with a depressant drug or an antihistamine, alcohol can intensify the effects of that particular drug. Some drug-alcohol interactions - particularly those involving antibiotics - may produce extreme discomfort in the form of nausea, sweating, severe headache and convulsions.

Alcohol is an addicting substance. It is estimated that one (1) out of every eight (8) or ten (10) people who drink alcoholic beverages eventually will become dependent on the substance and use it compulsively. Tolerance, or the ability to drink increasing quantities of alcohol without obvious effects, may develop with use of the substance over a period of time. Some clues to addiction may include loss of control over quantity consumed once drinking begins, memory blackouts, and uncharacteristic problems with family, school, work or the law.

Heavy consumption of alcohol on a regular basis can lead to serious physical problems. Fatty liver, pancreatitis, chronic gastritis, and cirrhosis are serious consequences of alcohol abuse that clearly contribute to the characterization of alcoholism as a fatal disease. A person who

stops drinking after prolonged and heavy use of alcohol may suffer from severe withdrawal symptoms.

### **IMMEDIATE EFFECTS**

- ◇ Odor on breath
- ◇ Initial stimulation followed by depressed nervous system
- ◇ Flushed skin
- ◇ Glazed appearance of eyes

### **CHRONIC AND LONG-TERM EFFECTS**

- ◇ Nutritional deficiencies and sleeping difficulty
- ◇ Impaired short term memory/ability to concentrate
- ◇ Slowed reaction time/impaired motor skills
- ◇ Brain and nervous system damage
- ◇ Liver damage, pancreas and kidneys
- ◇ Digestive problems (gastric ulcer)
- ◇ Higher likelihood of stroke, coronary problems and cancer

### **\*EFFECTS OF ALCOHOL ON DRIVING\***

A person operating a motor vehicle after drinking any amount of alcohol is likely to experience the following:

#### **IMPAIRED REACTION TIME AND IMPAIRED MOTOR COORDINATION**

- ◇ Reaction time is slowed resulting in delayed braking
- ◇ Thinking and reflexes slow, making accidents more likely in unexpected situations
- ◇ Over-reaction in steering resulting in swerving around other vehicles

#### **REDUCED CONCENTRATION**

- ◇ Memory is impaired and learning processes slowed
- ◇ Remembering sequences of number or directions can be difficult
- ◇ Usual concentration on defensive driving is replaced by daydreaming

#### **TENDENCY TO TAKE UNNECESSARY RISKS**

- ◇ Impaired judgment makes it more likely that driver will take unnecessary risks
- ◇ May also occur due to false sense of security

#### **POSSIBILITY OF REACTING WITH ANGER TOWARD OTHER MOTORISTS**

- ◇ As blood alcohol level decreases, agitation may cause outbursts of anger

#### **EUPHORIC HIGH FOLLOWED BY A PERIOD OF STUPOROUS INACTIVITY**

- ◇ Daydreaming occurs and attention is diverted
- ◇ Possibility of accidents is increased due to sluggishness and inattention

### **VISUAL DISTORTION**

- ◇ Blurred and/or double vision occurs as with any depressant drug

## **MARIJUANA**

**Marijuana is classified as a Schedule I Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. Origin: Plant-cannabis sativa. Common street names: grass, weed, pot, reefer, lid, joint, loco weed, dope, Thai stick, Mary Jane and roach. Concentrated resin: hash, hashish.**

### **Effects**

When marijuana is inhaled, the first effects are usually felt within a few minutes. The effects proceed to peak in a time from ten (10) minutes to a half (1/2) hour, and remain for approximately two (2) to three (3) hours. Generally, the effects of marijuana are time-limited and will dissipate as the drug wears off. The active ingredient, THC, is stored in body fat and is retained for several weeks. Specific physical effects of the drug include elevation of blood-pressure and pulse rate, coughing, dryness of the mouth and throat, slight decrease in body temperature, sudden appetite, and swollen red eyes.

It is important to note that an individual's physical and psychological experiences with marijuana depend to some degree on three (3) variables: 1) Strength or potency of the marijuana itself; 2) The individual's psychological state prior to use; and 3) The setting in which the substance is used. A first-time or inexperienced marijuana user may experience a panic reaction further characterized by paranoia. The user's feelings may range from general suspicion to intense fear of losing control.

The mood-altering property of this substance creates distortions of time, reality, and perception, often impairing short-term memory. For example, the marijuana user may not remember what he or she was thinking or talking about only minutes after a thought or conversation occurs. It has been found that marijuana adversely affects a person's concentration, reflexes and motor skills, and that it has the effect of speeding up but fragmenting thought processes.

It has been found that frequent, long-term use of marijuana can affect the user in a variety of ways. Some studies show that this substance may create or aggravate certain dysfunctions related to thinking, learning and recall. Marijuana may also impair a person's ability to drive or do other things that require physical and intellectual capacities. The marijuana user may become listless, tired, inattentive, careless about personal grooming, withdrawn, and apathetic about activities and friends that were once important to him or her.

### **IMMEDIATE EFFECTS:**

- ◇ Reddened eyes
- ◇ Increased heart rate
- ◇ Dry mouth and throat

### **CHRONIC AND LONG-TERM EFFECTS:**

- ◇ Reduction in efficiency of the respiratory, cardiovascular, reproductive and immune system
- ◇ Impaired short-term memory
- ◇ Altered sense of time
- ◇ Slowed reaction time
- ◇ Reduced ability to concentrate
- ◇ Impaired motor skills

## **\*EFFECTS OF MARIJUANA ON DRIVING\***

### **IMPAIRED REACTION TIME**

Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.

### **IMPAIRED SHORT-TERM MEMORY**

The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.

### **REDUCED CONCENTRATION**

Inability to display continuous attention or handle a confusing situation. There is a difficulty with quick decisions to avoid accidents.

### **IMPAIRED TRACKING**

The act of keeping track of another moving vehicle is significantly diminished. Tracking can be affected up to ten (10) hours after use.

### **DISTORTED TIME AND DISTANCE SENSE**

The ability to perceive accurately the passage of time is adversely affected. The user typically overestimates the time that has elapsed.

### **LACK OF CONTROL OF VEHICLE VELOCITY AND PROPER POSITIONING**

Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.

### **LENGTHENED GLARE RECOVERY AND BLURRED/DOUBLE VISION DISTORTED VISUAL AND DEPTH PERCEPTION**

Confusion is created about traffic movement and appropriate drive response.

## **COCAINE**

Cocaine is classified as a Schedule II Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. Origin: Leaves of the erthroxylon coca plant. Crack is a form of cocaine. Common street names: coke, flake, snow, crack.

## Effects

When cocaine is snorted or injected, the effects are usually felt within a few minutes and last less than an hour. Even when taken in relatively low doses, cocaine may produce accelerated heartbeat and respiration rate, an increase in body temperature, dilated pupils, and perspiration. As a result of these physical effects, the user is then likely to experience a sudden increase in alertness and energy, followed by a general feeling of well-being and loss of appetite. This temporary sense of mental and physical well-being may then be followed by an episode of depression. Other effects of cocaine on the individual will be based on the user's expectations, circumstances of use, personal history of other substance use and/or abuse, and whether or not the cocaine used has been "cut" with other substances or chemicals. When cocaine is injected or smoked, the user is likely to feel an immediate "rush" of intense euphoria accompanied by the effects just mentioned. Users who inject or smoke the substance run the risk of developing infection or hepatitis from contaminated equipment. Users who smoke the substance "freebase" are risking cardiac arrhythmia, convulsions, seizures, and suppression of breathing.

The seemingly positive effects of this substance make it a very seductive one. But when cocaine is used in large doses over a long period of time, it can actually create or intensify feelings of anger, restlessness, paranoia, and fear. Some cocaine users, in fact, lose their sense of reality and begin to see, hear and feel things that are only products of their imagination. The lack of food and sleep often associated with cocaine use is likely to complicate and intensify the effects of the drug itself. Long-term use of the substance may depress the function of the nervous system to the point that the brain, in effect, forgets to tell the heart to pump and the lungs to breathe, seizures and death may follow.

### IMMEDIATE COCAINE EFFECTS

- ◇ Euphoria
- ◇ Dilated pupils
- ◇ Increase in blood pressure, heart rate, respiration rate and body temperature

### CHRONIC AND LONG-TERM EFFECTS

- ◇ Short attention span
- ◇ Irritability, anxiety and depression
- ◇ Seizure and heart attack
- ◇ Loss of appetite and sleeplessness
- ◇ Hallucinations of touch, sight, taste and/or smell

### \*EFFECTS OF COCAINE ON DRIVING\*

#### LAPSES IN ATTENTION AND CONCENTRATION

Driving awareness is adversely affected regardless of the amount used.

#### AGGRESSIVE BEHAVIOR

The common signs are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overreacts to minor traffic irritations.

### **TENDENCY TO OVERREACT AND OVERCOMPENSATE**

Acceleration, braking, shifting, etc. are affected by over-stimulating reflexes.

### **IMPAIRED MOTOR COORDINATION**

A decrease in hand-steadiness and eye/hand coordination affects proper driving response.

### **PERIODS OF LOSS OF CONSCIOUSNESS**

This is the result of fatigue due to lack of sleep and food.

### **FALSE SENSE OF ALERTNESS AND SECURITY**

Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.

### **DISTORTED VISION AND DIFFICULTY IN SEEING**

The pupils are so dilated that sunlight or bright headlights cause pain and discomfort. Glare recovery is also affected.

### **AUDITORY AND VISUAL HALLUCINATIONS**

Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.

### **PROFOUND DEPRESSION, ANXIETY, IRRITABILITY AND RESTLESSNESS**

Cocaine is a fast-acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the "high", the lower the "low".

## **NARCOTICS (INCLUDING "OPIOIDS")**

**Opioids** include codeine, heroin, morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone. (Reference DOT 49 CFR Part 40 effective January 1, 2018.)

Narcotics are classified as Schedule I, II, III, and V Controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act. Origins are 1) Resin from the seed pod of the Asian Poppy or synthetic, manufactured for use in pain relief. Common street names: heroin, horse, smack, junk, scag, stuff and opium, morphine, codeine.

### **Effects**

Narcotics cause a depression of the central nervous system that is characterized by drowsiness, clouding of mental processes, apathy, and a slowing of reflexes and physical activity. Many people report that narcotics give them an overall sense of detachment from physical pain and the surrounding environment; some people report experiencing a "high" or a rush of euphoria with narcotic use. Other common effects include nausea, vomiting, constriction of the pupils, constipation, lack of response to pain, depression of respiration rate, and lethargy.

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Tolerance to narcotics develops with continued use. All narcotics are considered addicting substances, but heroin is considered the most potent of these drugs. Withdrawal from narcotics is an uncomfortable and sometimes complicated process that requires medical supervision. Because of the potency and fast-acting properties of these drugs, withdrawal symptoms begin only eight (8) to twelve (12) hours after the last doses of the substance is taken. Typical symptoms of withdrawal for narcotics include frequent yawning, "goose flesh" skin, watery eyes, runny nose, dilated pupils, and body chills. Although rare, complications of withdrawal from narcotics may lead to convulsions and other medical emergencies.

### **IMMEDIATE EFFECTS**

- ◇ Relaxation and induced sleep
- ◇ Reduction of pain
- ◇ Decrease in size of pupils
- ◇ Cold, moist and bluish skin

### **CHRONIC AND LONG-TERM EFFECTS**

- ◇ Restlessness, nausea and vomiting
- ◇ Breathing slows down, and death may occur
- ◇ User may go "on the nod" going back and forth from feeling alert to drowsy
- ◇ Loss of appetite
- ◇ Addiction even with occasional use
- ◇ Infections of the heart lining and valves, skin abscesses and congested lungs
- ◇ Infections from unsterile solutions, illness such as liver disease, tetanus, serum hepatitis and AIDS from use of needles.

### **\*EFFECTS OF NARCOTICS ON DRIVING\***

#### **EFFECTS OF INTOXICATION**

These effects are similar to those produced by alcohol abuse.

#### **FALSE SENSE OF SECURITY**

This state of mind will cause the driver to take more chances and risks.

#### **EUPHORIC HIGH FOLLOWED BY A PERIOD OF STUPOROUS INACTIVITY**

The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.

#### **DIFFICULTY IN FOCUSING**

The pupils are so constricted (pinpoint) that vision is impaired.

#### **VISUAL DISTORTION**

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Blurred and/or double vision occurs as it does with any depressant drug.

### **COMA**

This creates an obvious safety risk.

## **PHENCYCLIDINE (PCP)**

**PCP is classified as a Schedule I Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. Origin: First developed as an anesthetic in the 1950's, but withdrawn from market because of effects. Now solely manufactured illegally. Common street names: angel dust, hog, mist, crystal, peace pill, tranq., animal tranq.**

### **EFFECTS**

Even in relatively small doses, PCP is capable of producing a “high” in the user, with an accompanying increase in blood pressure, respiration, and pulse rate. Other physical effects of the drug are likely to include sweating, dizziness, flushing of the face, loss of coordination, slurred speech, and muscle rigidity. While the effects of this substance have not yet been systematically explored, PCP is thought to be an addicting substance. Large doses of the substance may cause convulsions and an overall depression of the central nervous system that resembles a coma-like state. Depending on the amount, frequency, and method of PCP use, this drug may be responsible for significant emotional changes in the user. The psychological effects of PCP use often mimic primary symptoms of schizophrenia. For example, the user may feel threatened and fearful without apparent cause, and he or she may develop an ongoing suspicion of others (paranoia). The PCP user may also exhibit extreme excitability and/or hostility that may erupt in episodes of violence.

### **IMMEDIATE PCP EFFECTS**

- ◇ Increased heart rate and blood pressure
- ◇ Flushing, sweating, dizziness and numbness

### **CHRONIC AND LONG-TERM EFFECTS**

- ◇ Stimulation (speeding up) of body functions (may also act as a depressant, pain killer, anesthetic, or hallucinogenic drug)
- ◇ Change in user's perception of own body and other forms
- ◇ Changes in speech, muscle coordination and vision
- ◇ Slowing of body movements
- ◇ Dulled sense of touch and pain
- ◇ “Spacing out” of time
- ◇ Death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain
- ◇ Signs of paranoia, fearfulness and anxiety

### **\*EFFECTS OF PCP ON DRIVING\***

#### **A FEELING OF OWNING THE ROAD**

The user feels that he/she is the superior being on the road.

**SENSE OF INVULNERABILITY AND POWER**

This causes the driver to take more risks on the road.

**AGGRESSIVE BEHAVIOR**

This drug creates a very aggressive, hostile and violent driver with very little patience and no fear of death.

**AUDITORY AND VISUAL HALLUCINATIONS**

This creates the likelihood of the driver reacting to something not there, causing a collision.

**VISUAL DISTORTION**

Blurred and/or double vision can occur.

**CONVULSIONS, COMA AND/OR DEATH**

This creates the obvious possibility of a collision

**IMPAIRED COORDINATION & DULLED SENSES**

Loss of perception of time. Time appears to slow down.

**AMPHETAMINES**

(Reference definition of Amphetamines in DOT CFR Part 40, effective January 1, 2018.)

**Amphetamines are classified as Schedule II controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act, and include amphetamine, dextroamphetamine, and methamphetamine. Common street names: speed, white crosses, hearts, co-pilots, bennies, dexies, crystal, meth.**

**Effects**

Given their ability to stimulate the release of adrenaline, amphetamines cause body systems to operate at an increased rate. A related and common effect of these drugs has contributed to their popularity over the years; it appears that amphetamines can reduce appetite while maintaining or even increasing energy level. Over a period of time, however, this chemically stimulated reduction in appetite can lead to malnutrition. Furthermore, people who lose weight through the use of amphetamines are likely to regain that weight soon after pill use ceases, particularly if their eating habits have not otherwise changed.

When used consistently and in high doses, these stimulant drugs may cause serious problems typically associated with long periods of wakefulness. For example, users may develop symptoms of paranoia, or experience unusual sensations, or they may have hallucinations. The physical effects of prolonged use of amphetamines - particularly when taken by injection - can

result in amphetamine psychosis (symptoms of severe mental disorder) and damage the liver, heart and circulatory system.

### **IMMEDIATE AMPHETAMINE EFFECTS**

- ◇ Increased heart rate and respiration
- ◇ Increased blood pressure
- ◇ Dilated pupils
- ◇ Dry mouth

### **CHRONIC AND LONG-TERM EFFECTS**

- ◇ Sweating, headache, blurred vision and dizziness
- ◇ Decreased appetite
- ◇ Sleeplessness/anxiety/depression
- ◇ Rapid or irregular heartbeat
- ◇ Tremors/loss of coordination
- ◇ Physical collapse/brain damage
- ◇ Amphetamine psychosis: hallucinations, delusions or paranoia.

### **\*EFFECTS OF AMPHETAMINES ON DRIVING\***

(Very similar to the effects of cocaine/crack, except intensity decreases and duration increases.)

#### **OVER-ESTIMATION OF PERFORMANCE CAPABILITIES**

Driver takes more risks as the result of this attitude.

#### **ANXIETY, IRRITABILITY AND FREQUENT OVER-REACTION**

Minor irritations create angry driver reactions.

#### **EXTREME MENTAL AND PHYSICAL FATIGUE**

This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.

#### **FOOD AND SLEEP DEPRIVATION**

Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where he/she is going.

### **ACCESS TO HELP VIA SEAP**

Call: 800-692-7459  
TDD: 800-824-4306

Regular Hours: 7:30 AM to 5:00 PM, Monday through Friday

Evening, weekend and holiday coverage through a manned answering service. In an emergency the caller will be forwarded to the Case Manager on duty or will otherwise receive a call back at the start of the next workday.

- A. SEAP is available on a self-referral basis to all employees and their family members for consultation, information, evaluation and referral services.
- B. The caller has the right to confidentiality and, on a self-referral basis, control of the degree of involvement in the evaluation, referral and treatment process.
- C. A network of professional evaluators located conveniently throughout the Commonwealth provide a timely and effective plan of action to help resolve the problem.
- D. Most of the cost of treatment may be covered under the particular health plan elected by the employee. If finances are a barrier to accessing treatment, SEAP can work to assure that appropriate help is available.

## SECTION III

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### PROCEDURES FOR TESTING

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**NOTE:** The Notification Form should be filled out completely and taken to the collection site.

## **PROCEDURES FOR DRUG TESTING**

The collection of your urine will be conducted under the procedures required by mandatory regulations of the Department of Transportation. These regulations allow for individual privacy unless there is a reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site person(s) will take precautions to ensure that your specimen is not adulterated or diluted during the collection procedure. Your specimen collection must also follow strict chain of custody and security procedures.

### **IN ADDITION:**

- ◇ **Photo identification must be presented** at the collection site or personal individual identification is necessary.

- ◇ You will be asked to remove any unnecessary outer garments such as a coat and jacket. All personal belongings like briefcases will remain with the outer garments. You may retain your wallet.
- ◇ You will be instructed to wash and dry your hands prior to providing a specimen.
- ◇ Your specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- ◇ After handing the specimen bottle to the collector, you should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.
- ◇ If the collection site person has reason to believe that you may have altered or substituted the specimen, the person will notify a higher level supervisor. Should you tamper, adulterate or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a same gender collection site person.
- ◇ You will be asked to initial the identification label on the specimen you provided.
- ◇ After the laboratory analysis, the results will be forwarded to the Medical Review Officer working for your employer. Prior to making a final decision to verify a positive test result to your employer, the Medical Review Officer will give you an opportunity to discuss the test results and submit medical documentation of legally prescribed medications. You can request split sample testing within seventy-two (72) hours, but you will be removed from safety-sensitive functions while split sample testing is being done.
- ◇ The MRO will contact the employee directly to discuss a positive result. If, after making all reasonable efforts the MRO is unable to reach the individual, the MRO will contact the designated employer representative who will direct the employee to contact the MRO as soon as possible. If the employee does not contact the MRO as directed, after five (5) days, the MRO may verify a positive test to the employer. If the employer also cannot contact the employee directly, the employer may place the employee on medical leave pending contact.
- ◇ The results of the drug test will be released to your employer. The results are made known to the Medical Review Officer and a management official having the authority to take action with you for drug use. The results of the drug test will not be released to anyone other than your employer without your written consent.

## **CONSEQUENCES OF A POSITIVE URINE DRUG TEST RESULT**

An employee must be removed from safety-sensitive duties if he/she has a positive drug test. The removal cannot take place until the Medical Review Officer (MRO) has interviewed the employee and determined that the positive drug test resulted from the unauthorized use of a controlled substance. The following is required before an employee may return to safety-sensitive duties:

- ◇ Compliance with any required rehabilitation.

- ◇ The employee takes a return-to-duty test with a verified negative test result.
- ◇ Follow-up testing to monitor the employee's continued abstinence from drug use will be required. A minimum of six (6) unannounced tests in the first twelve (12) months of your return to duty.

Any treatment or rehabilitation would be provided in accordance with the employer's policy or labor/management agreements.

**NOTE:** The attached Notification Form should be filled out completely and taken to the collection site.

## **PROCEDURES FOR BREATH ALCOHOL TESTING**

your breath alcohol test will be conducted under the procedures required by mandatory regulations of the Department of Transportation. Evidential breath testing is reliable and highly accurate at detecting low alcohol concentrations.

### **PROCEDURES:**

- ◇ Photo identification must be presented at the testing site, i.e., photo ID or identification by an authorized representative.
- ◇ The breath alcohol technician (BAT) will complete Step I on the Breath Alcohol Testing Form. You will be asked to complete Step II and sign the certification. Refusal to sign this certification will be regarded as a refusal to take the test.
- ◇ An individually-sealed mouthpiece will be opened and attached to the evidential breath testing device (EBT). You will be asked to blow forcefully into the mouthpiece for at least six (6) seconds or until the EBT indicates that an adequate amount of breath has been obtained.
- ◇ The BAT will show you the displayed results of the screening test and record the results on the testing form. If the result is a breath alcohol concentration of less than 0.02, the BAT will date the form and sign the certification in Step III. You will be asked to sign the certification and fill in the date in Step IV.
- ◇ If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed.
- ◇ Prior to the confirmation test, you will be instructed not to eat, drink, put any object or substance into your mouth, and, to the extent possible, not belch during a waiting period before this confirmation test. This instruction is for your benefit as these actions could lead to an artificially high reading. The test will be conducted at the end of the waiting period, even if the above instructions have been disregarded.

- ◇ This waiting period begins with the completion of the screening test and shall not be less than fifteen (15) minutes. The confirmation test will be conducted within twenty (20) minutes of the completion of the screening test.
- ◇ Prior to the confirmation test, the EBT will be cleared and a new mouthpiece will be used. The above procedures will be followed.
- ◇ The confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based. The results will not be released to anyone other than your employer without your written consent.

### **CONSEQUENCES OF A POSITIVE BREATH ALCOHOL TEST RESULT**

Upon a test result of 0.02 - 0.039 breath alcohol level, the employee would be removed from safety-sensitive duties for a minimum of twenty-four (24) hours. Retest is not required.

Upon a test result of 0.04 breath alcohol level or greater, the employee will be removed from safety-sensitive function until, at a minimum, they have completed the following:

- ◇ Undergone substance abuse evaluation and, where necessary, rehabilitation. A substance abuse professional determines that the employee has successfully complied with any required rehabilitation.
- ◇ Complete a return to duty test with a result of less than 0.02 blood alcohol level.

If rehabilitation is determined to be necessary, you will be required to undergo at least six (6) unannounced follow-up alcohol and controlled substance tests within the first twelve (12) months of your return to duty.

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