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CITY OF SANTA MONICA

POLICY ON ALCOHOL USE AND CONTROLLED SUBSTANCES FOR CERTAIN HOLDERS OF COMMERCIAL DRIVER'S LICENSES

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SUBPART A – GENERAL

PURPOSE

The purpose of this policy is to protect employees and the public in complying with Federal Motor Carrier Safety Administration laws (49 CFR Parts 40 and 382), the California Drug-Free Workplace Act of 1991, and the City of Santa Monica Municipal Code Section 2.04.420(e) which prohibits employees from reporting for duty or being on duty while under the influence of alcohol or controlled substances; and to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by City drivers of commercial motor vehicles.

Reporting to work or being on duty at work while under the influence of alcohol or a controlled substance may be cause for removal, suspension, or demotion. The City has a comprehensive employee assistance program (EAP) available that offers confidential professional counseling to employees and their families regarding alcohol and controlled substance abuse.

SCOPE

The City's policy on drug and alcohol testing for commercial drivers' licenses applies to all persons who are applicants for or who are employed in positions with duties or activities that involve the requirement of a valid commercial drivers' license or licenses with hazardous materials endorsements; otherwise referred to herein as safety-sensitive functions.*

*Firefighters in a State like California allow the option of obtaining a non-commercial Class A or Class B restricted CDL allowing them to operate fire equipment only, and are, therefore, exempt.

DEFINITIONS

Accident requiring an alcohol and controlled substance test

1. A vehicle accident where a death has occurred.
2. Bodily injury to a person from a vehicle accident where immediate medical attention away from the accident scene was required.
3. One or more vehicles involved in the accident are damaged to the extent that they have to be towed from the accident scene.
4. Our driver receives a citation under State or local laws for a moving traffic violation arising from the accident.

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

Alcohol – a legal intoxicating agent in fermented beverages, ethyl alcohol, or other low molecular weight alcohols including methyl alcohol or isopropyl alcohol.

Alcohol Concentration – the alcohol in a volume of breath expressed in terms of grams per 210 liters of breath as indicated by an evidential breath test (EBT).

Alcohol Use – the drinking or ingestion of beverages, mixtures, mouthwashes, food, or medications that contain alcohol in any form is considered alcohol use.

Breath Alcohol Technician (BATs) – A qualified individual who instructs and assists applicants or employees in the procedures involved in obtaining a breath sample, and who then administers an evidential breath test (EBT).

Cancelled test (Alcohol) – a test that is declared invalid by a breath alcohol technician for inconsistencies in obtaining a breath sample, or when the grams per liter of alcohol obtained from the evidential breath test is significantly less than the target of 210 liters of breath.

Cancelled test (Drugs) – a test that has been declared by the physician, Certified Medical Review Officer (MRO) to be invalid. A cancelled test is neither positive nor negative. Further testing is required under pre-employment or return-to-duty protocol. Further testing may also apply to post-accident and reasonable suspicion cancelled tests, if appropriate.

CDL – acronym for a **Commercial Driver License**

Collector – A qualified individual who instructs and assists individuals at a test collection site who receives and makes an initial inspection of the specimen provided by the individual, and who initiates and completes the Custody and Control Form (CCF).

Commercial Driver – an applicant or employee who holds a valid commercial driver’s license and is able to fulfill the duties as a commercial driver as required for certain job classifications at the City on an as-needed basis, part-time basis, or as a full-time employee.

Commercial Vehicle – a single or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle 1) has a gross vehicle weight rating of 26,001 or more pounds, or 2) has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross weight rating of more than 10,000 pounds, or 3) is designed to transport 16 or more passengers, including the driver, or 4) is of any size and is used for hazardous material transportation as regulated by the Hazardous Material Transportation Act requiring placarding under those regulations.

Confirmatory Tests – a second test or analysis following an alcohol screening test or initial drug test analysis to ensure reliability and accuracy.

Consulting physician – a licensed physician, otherwise known as the medical review officer (MRO) retained by the City to provide advice on drug testing, interpret test results, interview employees to gather additional information that may be germane to the results, and report the facts and findings verbally and in writing to the City.

Controlled substance – any drug classified by the U.S. Drug Enforcement Agency (DEA) into the five schedules or classes on the basis of its potential for abuse, accepted medical use, and accepted safety for use under medical supervision.

Designated Employer Representative – A supervisor, law enforcement, or employee authorized by the City to take immediate action to remove an employee from performing as a commercial driver in a safety-sensitive function following a positive test, refusal to take a test under reasonable suspicion, or other drug and alcohol policy violation.

DHHS – Department of Health and Human Services – certifies drug testing laboratories and maintains a list of qualified laboratories for employers to use.

DOT – Department of Transportation - Oversees federal highway, air, railroad, and other transportation administration functions.

Driver of Commercial Vehicles – Any person who operates a commercial motor vehicle for the City, other than Fire Department apparatus requiring a non-commercial driver's license, including but not limited to full time, as-needed, or volunteer employees is considered a driver under this policy.

Drug Testing – Drug tests to be performed as required under the City's drug and alcohol testing policy include marijuana, cocaine, amphetamines, opiates, and phencyclidine.

Evidential Breath Testing – (EBT) Device – A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath under DOT Part 40 and placed on the NHTSA's Conforming Products List.

Federal Motor Carrier Safety Administration – FMCSA is the regulatory agency that requires alcohol and controlled substance testing of drivers who are required to have a valid commercial driver's license (CDL).

FHA – Federal Highway Administration

FTA – Federal Transit Administration - The FTA supports locally planned and operated public mass transit systems throughout the United States.

Invalid Drug Test – The result of a urine drug test that contains an unidentified adulterant or interfering substance that prevents the laboratory from completing / obtaining a valid test result. The result of a urine drug test that has abnormal values in accordance with DHHS guidelines.

Medical Review Officer - MRO – A licensed physician responsible for receiving laboratory drug test results, who has knowledge of substance abuse disorders, and has the appropriate certification and medical training to interpret and evaluate an individual's confirmed drug and / or validity test results together with an individual's medical history and any other relevant biomedical information.

Positive Alcohol Test – A positive alcohol test is the concentration of alcohol in the blood that is greater than allowed by Federal law. Currently, that level is equal to or greater than **0.04%*** for commercial drivers. ***Grams per 100 milliliters of blood, per 210 liters of breath, or 67 milliliters of urine.**

Post-Accident Testing – A drug and alcohol test is required of commercial drivers when a death has occurred, there is bodily injury requiring immediate medical attention away from the scene and/or one or more vehicles have to be towed from the scene and our driver receives a citation for a moving traffic violation.

Pre-employment Testing – A drug and alcohol test conducted after acceptance of a position by the applicant and before his or her first day of work. Passing these tests is one of the conditions of employment. **This test also applies to current employees who are in the process of obtaining a commercial driver’s license for the first time or reapplying for one after a period of commercial license inactivity. The results of a negative test must be obtained before the employee may use a commercial vehicle on public streets.**

Demonstration of Successful Compliance – A written notice from a substance abuse professional or treatment specialist indicating the applicant / employee is no longer dependent on a drug or alcoholic substance and able to effect safe and productive work.

Random Testing – a drug and alcohol testing protocol whereby drivers with commercial licenses are randomly selected periodically without notice to participate.

Reasonable Suspicion – Based on a trained supervisor’s observations under reasonable suspicion, a drug and / or alcohol test is warranted when the signs and symptoms of drug and / or alcohol abuse are being displayed by an employee.

Refusal to submit - – Employee behaviors that include a verbal declination to submit a breath or urine sample for testing, fails to provide an adequate breath or urine sample when able to, conduct that clearly obstructs the collection process, leaving the scene of an accident before a test can be administered, leaving the collection site before samples are taken, failure to permit observed or monitored collection of samples when required.

Safety Sensitive Functions – the operation of equipment subject to having a valid commercial driver’s license are considered ‘safety sensitive functions’ and are positions held by those employees who perform work that requires the possession of a valid commercial driver’s license.

Screen Test Technician (STT) – A person who instructs and assists employees in the alcohol testing process and operates an alcohol screening device, such as a breath or saliva device, other than an EBT (evidential breath test).

Split Specimen – In drug testing, the employee’s urine specimen is split into two samples. The first sample is the primary test sample and the second sample is retained by the laboratory for subsequent retesting at a different laboratory per request of the employee.

Substance Abuse Professional – A qualified individual who evaluates employees who have violated a Department of Transportation (DOT) drug and alcohol regulation and makes recommendations concerning education, treatment, return-to-duty, follow-up testing, and aftercare protocols.

RESPONSIBILITIES

The Human Resources Department will cover all pre-employment screening requirements of this policy and act as the liaison with medical testing facilities and the Medical Review Officer physician for those test results and results of other test protocols; namely post accident testing, random testing, reasonable suspicion testing, follow-up testing, and return-to-duty testing.

During business hours and where applicable, the Human Resources Department may schedule other test protocols with a medical testing facility. Departments may elect to set appointments for other test protocols on their own or with the assistance of the Human Resources Department during normal business hours, but will have to handle off-hour post accident, random, and reasonable suspicion testing on their own, in accordance with City protocols, directly with a medical testing facility.

Departments are required to provide a one hour training session to employees affected by this policy; and will include a copy of this policy with an explanation of the requirements and the ramifications of violating this policy. An employee signature verifying receipt of this policy and training must occur before the commencement of any alcohol or controlled substance test.

The Human Resources Department will coordinate training for supervisory personnel on the effects of drug and alcohol abuse, including the recognition of the signs and symptoms of drug and alcohol abuse which would grant them authority to send an employee exhibiting these signs and symptoms for drug and alcohol testing under reasonable suspicion.

REQUIREMENT FOR NOTICE

Before performing an alcohol or controlled substance test the City (i.e. an employee in a supervisory role) shall notify the driver that an alcohol and/or a controlled substance test is required under the provisions of this policy.

EMPLOYEE ADMISSION OF ALCOHOL AND CONTROLLED SUBSTANCE

Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation, and treatment requirements provided that:

1. The driver does not self-identify in order to avoid testing under the requirements of the City's Alcohol and Controlled Substance Use Policy.
2. The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e. prior to reporting for duty).
3. The driver does not perform a safety sensitive function until the City is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.
4. Admission is in accordance with the City's established voluntary self-identification program which prohibits the City from taking adverse action against an employee making a voluntary admission of alcohol misuse or controlled substance use; whereby the City will allow the employee sufficient opportunity to seek evaluation, education, or treatment independently or in concert with the City's EAP (Employee Assistance Program) to establish control over the employee's alcohol or controlled substance abuse. Furthermore, the City will permit the employee to return to safety sensitive function duties only upon successful completion of an educational or treatment program as determined by a drug and alcohol abuse evaluation expert, i.e. employee assistance professional, substance abuse professional, or a qualified drug and alcohol counselor.
5. This will not preclude the appointing authority (Department Head) from taking disciplinary action for misconduct that occurred whether or not as a result of the alcohol or substance abuse or from placing an employee on a Last Chance Agreement in lieu of disciplinary action (see Consequences of Positive Test Results section below).
6. To ensure compliance, the City requires prior to an employee participating in a safety sensitive function that the employee, after completing all of the above evaluation, educational, and treatment programs, submit to a return-to-duty test with a result indicating an alcohol concentration of less than 0.02% and / or a controlled substance test with a negative result. As an option, the City may incorporate employee monitoring through follow-up unannounced testing to prevent accidents and injuries resulting from the misuse of alcohol or controlled substances.

SUBPART B – PROHIBITIONS

Alcohol concentration – No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function while under the influence of alcohol at a concentration of 0.04% or greater.

On-Duty Use - No driver shall use alcohol while performing a safety sensitive function. Actual knowledge of driver alcohol use will automatically suspend safety sensitive driving duties.

Pre-Duty Use – No driver shall perform a safety sensitive function within four (4) hours after having used alcohol. Actual knowledge of driver alcohol use within four (4) hours will automatically suspend safety sensitive driving duties.

Use following an Accident – No driver, when required to take a post-accident alcohol test, shall use alcohol for 8 hours following the accident, or until he or she submits to a post-accident test, whichever occurs first.

Refusal to Submit to a required alcohol or controlled substance test - No driver shall refuse to submit to a post accident, random, reasonable suspicion, return-to-duty, or follow-up alcohol, or controlled substance test. **Failure to submit to testing will be handled in the same manner as a “positive test” carrying with it disciplinary action up to and including termination.**

Controlled Substances Use - No driver shall report to duty or remain on duty requiring the performance of a safety sensitive function under the influence of drugs or controlled substances / prescription drugs that may adversely affect driving ability. Drugs prescribed by a physician that do not impair a driver’s ability to perform safety sensitive functions are acceptable. **It is the driver’s responsibility to inform their supervisor when prescription medicines or over-the-counter medicines they are taking prohibit them from performing safety sensitive functions.**

Controlled Substances Testing - No driver shall report to duty, remain on duty, or perform safety sensitive functions if the driver has tested positive for an alcohol sample over the limit or for drugs / controlled substances.

SUBPART C – TESTS REQUIRED

NOTE: If a drug or alcohol test is determined to be positive for prohibited substances, the City (or Medical Review Officer) will offer the employee the opportunity to have his/her original split sample tested. If the split sample test results are negative, the City shall bear the cost of the test. If the split sample results are positive, the driver shall bear the cost of the test.

PRE-EMPLOYMENT TESTING REQUIREMENTS AND PROCEDURES

1. Prior to the first time a prospective driver performs a safety sensitive function for the City of Santa Monica, the driver shall submit test specimens for alcohol and controlled substances testing. This procedure cannot be circumvented for any reason and applies to new hires who hold a CDL or current employees who are obtaining a CDL for the first time or after a period of license inactivity.
2. A prospective driver must exhibit an alcohol concentration level test result lower than 0.04% and a controlled substance test result from a physician medical review officer indicating a negative test result before the City will allow a driver to operate a commercial motor vehicle in a safety sensitive function.
3. **The Human Resources Department shall obtain, pursuant to a prospective driver's written consent, their testing history within the preceding two (2) years;** to include the prospective driver's alcohol test results having a concentration over 0.04%, a positive drug test, a positive controlled substance test, and / or refusals to submit to alcohol or controlled substance testing maintained by previous employer(s). If this information cannot be obtained before the driver performs safety sensitive functions for the City of Santa Monica, the information must be obtained and reviewed no later than thirty (30) calendar days after the first time a driver performs safety sensitive functions for the City. **If the driver refuses to provide written consent for the City to obtain testing history, he/she will not be allowed to perform safety sensitive functions. Failure to have completed or complied with an SAP's recommended education and/or treatment plan or program could cause an individual to be disqualified from the selection process or from continued employment. Individuals who fail to comply with the terms of the mandated return-to-duty and follow-up program may also be deemed unqualified for employment.**
4. No driver shall be permitted to perform a safety sensitive function after thirty (30) calendar days if this information has not been obtained or reviewed. The information must still be obtained even if the driver stops performing safety sensitive functions.
5. The Human Resources Department must provide to the previous employer(s) the driver's specific, written authorization for the release of any and all information described in paragraph 3 above. The release of any and all information must be done in a manner that ensures confidentiality. The Human Resources Department shall hold and maintain any and all records as confidential records with respect to each individual employer contacted.

6. If a driver's test history indicates any positive test results over the limit for alcohol concentration, controlled substance tests, refusals to be tested, follow-up testing, and return-to-work duty testing then the driver **may not** drive a commercial motor vehicle in a safety sensitive function until the driver can show proof of successfully completing a substance abuse program or successful completion of counseling with an alcohol, drug, or controlled substance abuse professional. Related information, such as return-to-duty and follow-up random test results, must also be provided as required by law.
7. Prior employer test history will not be required for employees who have not held a commercial driver's license (CDL) within the two years prior to obtaining a CDL through the City of Santa Monica.

POST-ACCIDENT TESTING

1. As soon as practicable following an accident involving a commercial motor vehicle, the City of Santa Monica requires that the driver (City employee) involved in the accident be tested for alcohol and controlled substances under the following conditions:
 - a. The City driver was performing a safety sensitive function with respect to the operation of the vehicle, if the accident involved the loss of human life; or
 - b. Bodily injury to a person from a vehicle accident where immediate medical attention away from the accident scene was required, or
 - c. One or more vehicles involved in the accident are damaged to the extent that they have to be towed from the accident scene, and
 - d. The City's driver receives a citation under State or local laws for a moving traffic violation arising from the accident. **NOTE:** If the driver is cited within 8 hours of an incident, both DOT controlled substance/drug and alcohol tests will be administered. Should the citation be issued after 8 hours, but within 32 hours, of the incident, then only a post-accident controlled substance/drug test shall be required.
2. **Alcohol Tests** – if a test is required by this section and is not administered within two (2) hours following the accident, the responsible Department shall prepare a record stating the reasons the test was not promptly administered and sent to Human Resources to be maintained on file. If an alcohol test is required by this section and is not administered within eight (8) hours following the accident, the Department will cease attempts to administer an alcohol test and shall prepare and send the same record to Human Resources who will maintain it on file. Records on file shall be submitted to the Federal Motor Carrier Safety Administration (FMCSA) upon request.
3. **Controlled Substance Tests** - If a controlled substance test is required by this section and is not administered within thirty-two (32) hours following the accident, the Department will cease attempts to administer a controlled substance test and shall prepare and send the same record to Human Resources who will maintain it on file. Records on file shall be submitted to the Federal Motor Carrier Safety Administration (FMCSA) upon request.

4. **Drivers** who are subject to post-accident testing shall remain readily available for such testing or may be deemed by the City to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or prohibit a driver from leaving the scene for the period necessary to obtain assistance in responding to the accident, or to obtain emergency medical care.
5. **The City** shall provide drivers with the necessary post-accident information, procedures and instructions, prior to the driver operating a commercial motor vehicle, so that drivers will be able to comply with the requirements of this section.
6. **Results** - the results of a breath or blood test for the use of alcohol, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to applicable Federal, State, or local controlled substances testing requirements, and that the results of the tests are obtained by the City.
7. **Results** – the results of a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to applicable Federal, State, or local controlled substances testing requirements, and that the results of the tests are obtained by the City.
 - a. **Exception:** *This section does not apply to an occurrence involving only boarding and alighting from a stationary motor vehicle; an occurrence involving only the loading or unloading of cargo; or an occurrence in the course of operation of a passenger car or multipurpose passenger vehicle(as defined in 571.3 of this title) by the City unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with FMSCA 177.823 of this title.*
 - b. **Criminal vs. Administrative processes:** *If the City's driver is taken by the police to be tested for drugs and/or alcohol, those tests are typically used as evidence if criminal proceedings follow. In order to pursue the case administratively (i.e. internal City disciplinary processes), a supervisor will accompany the employee so that separate specimen can be obtained by the City through its standard DOT collection process so that the sample can be tested outside of the criminal process. If an employee is detained by the Santa Monica Police Department (SMPD), a supervisor will be notified by the SMPD when the employee is ready to be released. The supervisor will make immediate arrangements to have the employee tested for controlled substances/drugs and alcohol within 8 hours of an incident or, if over 8 hours but less than 32 hours after an incident, for a controlled substance/drug test only.*

RANDOM TESTING

1. City employees who are required to drive a commercial vehicle as part of their duties must submit to random alcohol and controlled substance testing as required under this section.
2. The City's selection of drivers for random alcohol and controlled substance testing shall be made by a scientifically valid method such as a computer-based random number generator that is matched to a driver's employee identification number or social security number.
3. The minimum annual percentage rate for random alcohol testing shall be 10%* of the average number of commercial driver positions.
4. The minimum annual percentage rate for random controlled substance testing shall be 50%* of the average number of commercial driver positions.

***Note:** Each year the FHWA Administrator will publish in the Federal Register the minimum annual percentage rate for random alcohol and controlled substance testing based on the reported violation rate for the entire industry. The minimum annual percentage rate can go up or down.

5. The Human Resources Department shall randomly select a sufficient number of City commercial drivers each calendar year (based on the monthly pool of available commercial drivers) to meet at least the minimum requirements for random alcohol and controlled substance testing.
6. The Human Resources Department shall ensure that random alcohol and controlled substance testing are unannounced and the test dates are reasonably spread out throughout the calendar year.
7. A driver shall only be randomly tested for alcohol and controlled substances just before they are to perform a safety sensitive function, during the performance of a safety sensitive function, or just after they have ceased performing a safety sensitive function.
8. Each driver who has been notified that a random test for alcohol and/or controlled substances shall proceed immediately to the test location. If the driver is performing a safety sensitive function at the time of the notification, they may be relieved by another driver at that time and proceed to the test location.

REASONABLE SUSPICION TESTING

1. Drivers required to drive a commercial vehicle as part of their duties for the City must submit to reasonable suspicion testing when the City has reasonable suspicion to believe the driver has violated the prohibitions of the City's policy regarding being under the influence of alcohol while on duty.

2. The City's determination that reasonable suspicion exists that would require testing for alcohol shall be based on specific, contemporaneous, and articulated observations concerning the driver's appearance, behavior, and speech; or when the smell of alcohol from the driver is evident.
3. The City shall require a driver to submit to a controlled substance test when the Department affected has reasonable suspicion to believe the driver has violated the prohibition regarding controlled substances in this document. The Department's determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.
4. The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or City official who is trained in accordance with FMSCA 382.603.

The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the driver.

5. Alcohol testing is authorized only when the observations leading to a determination that testing is required are made just preceding, during, or just after the work day in which a driver is expected to be in compliance. If that occurs, a driver may be directed by a supervisor or City official to only undergo reasonable suspicion testing while the driver is performing a safety sensitive function, just before the driver is to perform a safety sensitive function, or just after the driver has ceased performing a safety sensitive function.
6. If an alcohol test is not administered within **two (2) hours** following the determination that an alcohol test is warranted under reasonable suspicion the City shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered.
7. If the alcohol test required by this section is not administered within **eight (8) hours** following the determination that an alcohol test is warranted under reasonable suspicion, the City shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test.
8. If a controlled substance test is not administered within **thirty-two (32) hours** following the determination that a controlled substance test is warranted under reasonable suspicion the City shall prepare and maintain on file a record stating the reasons the controlled substance test was not promptly administered.
9. If the controlled substance test required by this section is not administered within thirty-two (32) hours following the determination that a controlled substance test is warranted under reasonable suspicion, the City shall cease attempts to administer a controlled substance test and shall state in the record the reasons for not administering the test.

10. Notwithstanding the absence of a reasonable suspicion alcohol test under this section, **no driver shall report to duty or remain on duty requiring the performance of a safety sensitive function while the driver is under the influence of or impaired by alcohol** as shown by credible observations or indicators of alcohol misuse; nor shall the City permit the driver to perform or continue to perform safety sensitive functions until:
 - a. An alcohol test is administered and the driver's alcohol concentration is less than 0.02% or,
 - b. Twenty-four (24) hours have elapsed following the determination under this section that there is reasonable suspicion to believe the driver has violated the prohibitions of the City's policy regarding being under the influence of alcohol while on duty.
 - c. A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or City official who made the observations within 24 hours of the observed behavior; or before the results of the alcohol or controlled substances tests are released, whichever is earlier.
11. **No driver shall report to duty or remain on duty requiring the performance of a safety sensitive function while the driver is under the influence of or impaired by controlled substance(s)** as shown by credible observations, test results or indicators of controlled substance misuse; nor shall the City permit the driver to perform or continue to perform safety sensitive functions until further notice.

RETURN-TO-DUTY TESTING

A driver will have been required to seek counseling from a Substance Abuse Professional (SAP), followed the recommended treatment program to date, and submitted to a return-to-duty test for controlled substance(s) and/or alcohol in accordance with SAP direction. In the event that an employee can return to work (See Subpart E below):

1. The Human Resources Department shall ensure that before a driver returns to duty requiring the performance of a safety sensitive function after engaging in conduct prohibited under the alcohol policy, the driver shall undergo a return-to-duty alcohol test. The alcohol test result must indicate a level below 0.02% for the driver to return to duty and perform safety sensitive functions as a driver.
2. The Human Resources Department shall ensure that before a driver returns to duty requiring the performance of a safety sensitive function after engaging in conduct prohibited under the controlled substance policy, the driver shall undergo a return-to-duty controlled substance test. The controlled substance test result must be verified as negative for the driver to return to duty and perform safety sensitive functions as a driver.
3. Return-to-duty testing will be subject to direct observation collection procedures as noted below and which are provided in the Appendix of this policy.

FOLLOW-UP TESTING

1. Following a determination that a driver is in need of assistance in resolving their problems associated with the misuse of alcohol or controlled substances, the Human Resources Department shall ensure that the driver is subject to unannounced follow-up testing as directed by a substance abuse professional. The substance abuse professional can be associated with the City's employee assistance program (EAP) or with a medical facility.
2. Follow-up testing shall be conducted only when the driver is performing a safety sensitive function, just before the driver is to perform a safety sensitive function, or just after the driver has ceased performing a safety sensitive function. The driver will be subject to unpredictable, unannounced follow-up testing six times, at minimum, for at least one year following his/her return to duty.

MANDATORY DIRECT OBSERVATION COLLECTION PROCEDURES

In accordance with Department of Transportation rules (49 CFR Part 40.67(b)), direct observation of urine sample collections will be required for all return-to-duty and follow-up testing of any CDL driver who is preparing to return or has returned to work following completion of treatment with a Substance Abuse Professional and/or drug or alcohol treatment program. The mandatory Direct Observation (DO) will apply to anyone in these circumstances as of and after August 31, 2009.

Additional circumstances requiring direct observations are provided in the DOT's Direct Observation Procedures, which are attached to this policy.

BI-ANNUAL MEDICAL CERTIFICATE RENEWALS

The City will provide all commercial drivers' license holders with a bi-annual medical examination required by the Department of Motor Vehicles. The medical examination will include a non-DOT drug screen and an alcohol test, if the driver is driving a commercial vehicle on the day of the examination.

SUBPART D – HANDLING OF TEST RESULTS, RECORDS, RETENTION AND CONFIDENTIALITY

TEST RESULTS PROTOCOL, RECORDS RETENTION, CONFIDENTIALITY

1. The City shall maintain test records of alcohol misuse, controlled substances use, and prevention programs in a secure location with controlled access.
2. The City shall maintain records in accordance with the following schedule:
 - a. The following records shall be maintained for a **minimum of five (5) years**:
 - i. Records of a driver's alcohol test results indicating an alcohol concentration of 0.02% or greater.
 - ii. Records of driver verified positive controlled substances test results.
 - iii. Documentation of refusals to take a required alcohol or controlled substance test.
 - iv. Driver SAP evaluation and referrals
 - v. Records related to the administration of the alcohol and controlled substances testing programs.
 - vi. A copy each calendar year summary required by FMSCA 382.403.
 - b. The following records shall be maintained for a **minimum of 2 years**:
 - i. Records related to alcohol and controlled substances collection process, including calibration of evidential breath testing devices (EBTs).
 - c. The following records shall be maintained for a **minimum of 1 year**:
 - i. Records of negative and cancelled controlled substances test results and alcohol test results with a concentration of less than 0.02%.
 - d. The following records shall be maintained for an **indefinite period**:
 - i. Records related to the education and training of breath alcohol technicians, screening test technicians, supervisors, and drivers shall be maintained by the City while the individual performs the functions which require the training, and for two (2) years after ceasing to perform those functions.
3. Types of records
 - a. The following specific types of records shall be maintained by the City:
 - i. Records related to the collection process.
 - ii. Collection log books if used as a means of collecting data.
 - iii. Documents relating to the random testing selection process
 - iv. Calibration documentation for evidential breathing test devices.
 - v. Documentation of breath alcohol technician training.
 - vi. Documents generated in connection with decisions to administer reasonable suspicion alcohol or controlled substances tests.
 - vii. Documents generated in connection with decisions on post-accident tests.

- viii. Documents verifying existence of a medical explanation of the inability of a driver to provide an adequate breath sample or to provide a urine specimen for testing.
 - ix. A copy of each annual calendar year summary as required by FMSCA 382.403.
- b. Records related to a driver's test results:
- i. The City's copy of the alcohol test form including test results.
 - ii. The City's copy of the controlled substance test chain of custody and control form.
 - iii. Documents sent by the medical review officer (MRO) to the City.
 - iv. Documents related to the refusal of any driver to submit to an alcohol or controlled substances test
 - v. Documents presented by a driver to dispute the result of an alcohol or controlled substances test administered under this policy.
 - vi. Documents generated in connection with verifications of prior employers' alcohol or controlled substances test results that the employer:
 - 1. Must obtain in connection with the exception contained in FMSCA 382.301.
 - 2. Must obtain as required by FMSCA 382.413.
 - 3. Records related to other violations of this policy.
 - 4. Records related to evaluations.
 - vii. Records pertaining to a determination by a substance abuse professional concerning a driver's need for assistance.
 - viii. Records concerning a driver's compliance with recommendations of the substance abuse professional.
- c. Records related to education and training
- i. Material on alcohol misuse and controlled substance use awareness, including a copy of the City's policy on alcohol misuse and controlled substance use.
 - ii. Documentation of compliance with the requirements of FMSCA 382.601, including the driver's signed receipt of educational materials.
 - iii. Documentation of training provided to supervisors for the purpose of qualifying the supervisors to make a determination concerning the need for alcohol and controlled substances testing based on reasonable suspicion.
 - iv. Documentation of training provided to breath alcohol technicians.
 - v. Certification that any training conducted under this policy complies with the requirements for such training.
- d. Administrative records related to alcohol and controlled substances testing:
- i. Agreements with collection site facilities, laboratories, breath control technicians, screening test technicians, medical review officers, consortia, and third party service providers.
 - ii. Names and positions of officials and their role in the City's alcohol and controlled substances testing programs.
 - iii. Semi-annual laboratory statistical summaries of urinalysis.
 - iv. The City's alcohol and controlled substances testing policy and procedures.

e. Location of records:

- i. All records shall be maintained by the Human Resources Department and shall be made available for inspection at the Human Resources Department located at the City of Santa Monica City Hall within two (2) business days after a request has been made by an authorized representative of the Federal Motor Carrier Safety Administration.

REPORTING RESULTS IN A MANAGEMENT INFORMATION SYSTEM

The Human Resources Department shall prepare and maintain an annual calendar year summary of the results of the City's alcohol and controlled substances testing by **March 15th** of each year for the previous calendar year.

The summary shall remain on file at the Human Resources Department until such time a request is made from the Federal Motor Carrier Safety Administration.

ACCESS TO FACILITIES AND RECORDS

Except as required by law, or expressly authorized or required, the Human Resources Department will not release driver information that is contained in records that are required to be maintained under this policy.

A driver is entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including test results, in a timely manner.

Access to records and testing facilities shall be made available to any Federal Motor Carrier Safety Administration official, the DOT, Secretary of Transportation, or any State or local official with regulatory authority.

Records shall be made available to a subsequent employer upon receipt of a written request or release from the driver. The City shall be required to provide the information requested, regarding DOT program participation and drug/alcohol test results, within 30 days of receipt of the questionnaire.

The Human Resources Department may disclose information required to be maintained in this policy pertaining to a driver, the decision maker in a lawsuit, grievance, or other proceeding initiated by, or on the behalf of the individual.

The Human Resources Department shall release information regarding a driver's records as directed by the specific written request and consent of the driver authorizing release of the information to an identified person.

MEDICAL REVIEW OFFICER RESPONSIBILITIES

The Medical Review Officer shall be the medical facility Physician and/or the Director of the testing laboratory as the liaison with the Human Resources Department with regard to the testing protocols of this policy that includes pre-employment, post-accident, random, reasonable suspicion, return-to-duty, and follow-up testing.

The Medical Review Officer may report to the Human Resources Department using any communications device, but in all instances the Medical Review Officer shall complete and forward a signed, written notification within three (3) business days by to the Human Resources Department.

The Medical Review Officer shall clearly report:

1. The name of the driver / individual for whom the test results are being reported.
2. The type of test indicated on the custody and control form, (i.e. random, post-accident, or follow-up testing).
3. The date, time, and location of the test collection.
4. The identities of the persons or entities performing the collection, analysis of the specimens, and the person serving as Medical Review Officer for the specific test.
5. The verified results of a controlled substance test, either positive or negative, and if positive, the identity of the controlled substance.
6. That verified testing was done in accordance with all applicable guidelines acceptable to the Federal Motor Carrier Safety Administration.

The Medical Review Officer shall notify the Human Resources Department that they have made all reasonable efforts to contact the driver for notification when the driver could not be reached.

The Human Resources Department must, as soon as practicable, request the driver to contact the Medical Review Officer prior to dispatching the driver or within twenty-four (24) hours, whichever is earlier.

The Medical Review Officer shall maintain all dated records and notifications identified by an individual for a minimum of five (5) years for verified positive controlled substance test results.

The Medical Review Officer shall maintain all dated records and notifications identified by an individual identified by individual for a minimum of one (1) year for negative and cancelled controlled substance test results.

The Medical Review Officer shall not release information of individual controlled substance test results of any driver to any person without first obtaining a specific written authorization for the driver who was tested. This does not preclude the Medical Review Officer from disseminating information to the Human Resources Department or to any Federal, State, or local officials with regulatory authority.

SUBPART E - CONSEQUENCES OF POSITIVE TEST RESULTS

In the event the Human Resources Department receives confirmation of a positive drug or alcohol test from the City's physician and/or Medical Review Officer, a designated staff member of the Human Resources Department will notify the employee's department head of the test result(s). The department head may consult with the Human Resources Department, but will ultimately determine the appropriate level of action to take, which may include:

1. Removal from Safety Sensitive Functions

Upon notification that a driver has tested positive for alcohol and/or controlled substance(s), the City will immediately remove the driver from driving and from any safety sensitive function he/she may be assigned to perform, until further notice. If appropriate, the City may place the employee on an administrative leave of absence with pay until further action is taken.

2. Last Chance Agreement

Drivers whose test results are positive for alcohol and/or controlled substances while on duty, who agree to a prescribed treatment protocol from a Medical Review Officer physician or other professional qualified to prescribe or recommend a course of action designed to correct the aberrant behavior, may be granted a "**Last Chance**" agreement. In lieu of disciplinary action, the employee, upon successful completion of a prescribed or recommended treatment program, may be return to his/her safety-sensitive position with the stipulation that this is their "last chance" to perform safety sensitive function for the City, with **zero tolerance** for any future failure to adhere to the requirements of this policy.

Upon entering into the Agreement, the driver will be required to use appropriate accrued leaves during his/her absence from work. The driver will be required to meet the return-to-duty and follow-up testing protocols, as noted above in Subpart C.

3. Other Disciplinary Action

If a Last Chance Agreement is not warranted or justified, the City will not be precluded from pursuing disciplinary action when an employee violates this policy. The disciplinary action may include a written reprimand, demotion, suspension or termination of employment. Testing positive on any drug or alcohol test (including the initial return to work screen, follow-up random tests, DMV medical certificate renewal test, reasonable suspicion and/or post accident tests) will lead to a proposal of termination for violation of a Last Chance Agreement and applicable City policy, rules and regulations. At minimum, the City will provide contact information to a Substance Abuse Professional following a positive test result for drugs or alcohol.

SUBPART F - TRAINING OF SUPERVISORS AND DRIVERS

All drivers shall undergo a comprehensive training program on the effects of alcohol and controlled substances on the human body. The driver information training program is to last no less than one (1) hour, followed by questions drivers may have in order to satisfy their need to be fully informed and aware of the content of this policy.

Supervisors will receive additional training that includes how to identify the outward signs of abuse and when reasonable suspicion exists warranting the test of a driver. Supervisors will be given a copy of this policy, which includes in its appendices, current Fact Sheets on alcohol and specific controlled substances pertinent to this rule.

Supervisors and drivers are to sign individual acknowledgements of receipt and a dated training log indicating they have participated in the City's comprehensive training program and have received a copy of this policy for commercial drivers. Copies of the comprehensive training curriculum as well as the signed and dated training log will be maintained at the Human Resources Department indefinitely or, for two (2) years after the Supervisor is no longer with the City and/or not serving in a supervisory role.

APPENDIX A

Job classifications requiring a Commercial Class A or B license or license with endorsement for hazardous materials. Classifications which may require a Class A or B license, depending on the assignment, are asterisked.

Asphalt Crew Leader	Solid Waste Collections Supt
Beach Maintenance Supervisor	Solid Waste Crew Leader
Concrete Crew Leader	Solid Waste Equipment Operator
Concrete Finisher	Solid Waste Supervisor
Electrician II	Senior Mechanic
Equipment Operator II	Street Maintenance Supervisor
Equipment Operator III	Transfer Station Supervisor
Hazardous Materials Technician	Tree Trimmer*
Heavy Truck Driver	Wastewater Crew Leader
Maintenance Worker*	Water Construction Crew Leader
Maintenance Worker I - Asphalt	Water Leader
Maintenance Worker II-Asphalt	Water Maintenance Worker
Mechanic I	Water Prod/Treatment Operator
Mechanic II	Water Resources Technician
Motor Sweeper Operator	Water Supervisor- Construction
Pipe Fitter	
Sewer Maintenance Worker I	
Sewer Maintenance Worker II	

This policy does not preclude the City from adding or deleting classifications requiring a commercial license or licenses with endorsements. The determination of license requirements will be based on operational necessity.

Transit employees at the Big Blue Bus are covered under separate policy.

Employees who are not required to maintain a commercial driver's license or license with hazardous materials endorsement in the classifications above will be subject to the City of Santa Monica's general Anti-Substance Abuse Policy and Policy on a Drug-Free Workplace regardless of whether or not a driver's license of any kind is required.

APPENDIX B

DOT's Direct Observation Procedures Office of Drug and Alcohol Policy and Compliance U.S. Department of Transportation

1. DOT's 49 CFR Part 40 directly observed collections are authorized and required only when:
 - **The employee attempts to tamper with his or her specimen at the collection site.**
 - The specimen temperature is outside the acceptable range;
 - The specimen shows signs of tampering ~ unusual color/odor/characteristic; or
 - The collector finds an item in the employee's pockets or wallet which appears to be brought into the site to contaminate a specimen; or the collector notes conduct suggesting tampering.
 - **The Medical Review Officer (MRO) orders the direct observation because:**
 - The employee has no legitimate medical reason for certain atypical laboratory results; or
 - The employee's positive or refusal [adulterated/substituted] test result had to be cancelled because the split specimen test could not be performed (for example, the split was not collected).
 - **The test is a Follow-Up test or a Return-to-Duty test.**
2. The observer must be the same gender as the employee.
3. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container.
 - **The observer requests the employee to raise his or her shirt, blouse or dress / skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device.**
 - **If The Employee Has A Device: The observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of CCF. The collector notifies the DER. This is a refusal to test.**
 - **If The Employee Does Not Have A Device: The employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.**
4. Failure of the employee to permit any part of the direct observation procedure is a refusal to test.



APPENDIX C

SIGNS AND SYMPTOMS OF CONTROLLED SUBSTANCE AND ALCOHOL USE

Source:
Federal Motor Carrier Safety Administration
www.fmcsa.dot.gov

DETECTION PERIODS

Detection periods vary; rates of metabolism and excretion are different for each drug and use and vary by individual. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Drug and Detection Period

Amphetamines

Amphetamine 1 to 2 days

Methamphetamine 1 to 2 days

Cocaine

Benzoyllecgonine 2 to 3 days

Cannabinoids (Marijuana)

Casual Use Up to 7 days

Chronic Use Up to 30 days

Alcohol 12 to 24 hours

Opiates

Codeine Usually up to 2 days

Hydromorphone (Dilaudid) Usually up to 2 days

Morphine (for Heroin) Usually up to 2 days

Phencyclidine (PCP)

Casual Use Up to 8 days

Chronic Use Up to 30 days

ALCOHOL FACT SHEET

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).
- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.
- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.
- **Distinguishing Characteristics:** Pure ethanol (sold in some States as "grain alcohol") is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.
- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.
- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, "straight" liquor, glasses of wine). Alcohol is often consumed in combination with other beverages ("mixers"), either to make it more palatable or to disguise from others that alcohol is being consumed.
- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz. roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

BAC	Behavioral Effects
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality.
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time.
0.20-0.29%	Nausea, vomiting, double vision.
0.30-0.39%	Hypothermia, blackouts, anesthesia.
0.40-0.70%	Coma, respiratory failure, death.

- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

Signs and Symptoms of Use

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.

- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.

- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

Effects of Alcohol on the Individual

Physical Health Effects

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.
- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

Other Health Effects

- In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

One half of all traffic accident fatalities are alcohol-related.

The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.

Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.

Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.

Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.

Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

Effects on Driver Performance

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

Overdose Effects

- Unconsciousness, coma, death.

Withdrawal Syndrome

Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

References

Blum, Kenneth, "Handbook of Abusable Drugs," NY, Gardner Press, 1984.

Department of Health and Human Services, "Alcohol and Health: 7th Special Report to the U.S. Congress," Washington, DC, 1990.

AMPHETAMINE FACT SHEET

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

Description

- **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.
- **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
- **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.
- **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.
- **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.
- **Duration of Single Dose Effect:** 2 to 4 hours.
- **Detection Time:** 1 to 2 days after use.
- **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use

- **Evidence of Presence of Amphetamines:** Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.
- **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

Effects of Amphetamine Use on the Individual

Physical Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.
- Lack of sleep, weight loss, and depression also result from regular use.
- Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

Effects on Mental Performance

- Anxiety, restlessness
- Moodiness
- False sense of power.

Large doses over long periods can result in

- Hallucinations
- Delusions
- Paranoia
- Brain damage.

Effects on Driver Performance

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Overdose Effects

- Agitation • Convulsions
- Increase in body temperature • Death
- Hallucinations

Withdrawal Syndrome

- Apathy • Depression
- Long-term periods of sleep • Disorientation
- Irritability

Workplace Issues

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

COCAINE FACT SHEET

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.
- **Common Street Names:** Coke, crack, snow, blow, flake, "C", toot, rock, base, nose candy, snort, white horse.
- **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or "snorting coke" is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.
- **Paraphernalia:** Cocaine hydrochloridesingle-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine basea "crack pipe" (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.
- **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.
- **Duration of Single Dose Effect:** 1 to 2 hours.
- **Detection Time:** Up to 2 to 3 days after last use.
- **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate "reverse tolerance," in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Signs and Symptoms of Use

- **Evidence of Presence of Cocaine:** Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.
- **Physical Symptoms:** Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).

- **Behavioral Symptoms:** Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

Effects of Cocaine Use on the Individual

Physical Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than those of other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

Effects on Mental Performance

- Paranoia and hallucinations
- Hyperexcitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

Effects on Driver Performance

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Overdose Effects

- Agitation • Convulsions
- Increase in body temperature • Death
- Hallucinations

Withdrawal Syndrome

- Apathy • Depression
- Long periods of sleep • Disorientation
- Irritability

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

CANNABINOIDS (MARIJUANA) FACT SHEET

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

Description

- **Generic/Chemical Name:** Dronabinol, Marinol, Nabilone.
- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.
- **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydrocannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.
- **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.
- **Detection Time:** Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.
- **Dependency Level:** Evidence indicates moderate psychological dependence.

Signs and Symptoms of Use

- **Evidence of Presence of Marijuana:** Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.
- **Physical Symptoms:** Reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.
- **Behavioral Symptoms:** Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, "I don't care" attitude, false sense of power.

Effects of Marijuana Use on the Individual

General Health Effects

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

- The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.
- Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

Effects on Driver Performance

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

Overdose Effects

- Aggressive urges • Immobility
- Anxiety • Mental dependency
- Confusion • Panic
- Fearfulness • Paranoid reaction
- Hallucinations • Unpleasant distortions in body image
- Heavy sedation

Withdrawal Syndrome

- Sleep disturbance • Irritability
- Hyperactivity • Gastrointestinal distress
- Decreased appetite • Salivation, sweating, and tremors

Workplace Issues

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of *both* the depressant and marijuana.

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

OPIATES (NARCOTICS) FACT SHEET

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Description

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).

Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

- **Common Street Names:** Big M, micro, dots, horse, "H", junk, smack, scag, Miss Emma, dope, China white.

- **Distinguishing Characteristics:** Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.

- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).

- **Method of Intake:** Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.

- **Duration of Single Dose Effect:** 3 to 6 hours.

- **Detection Time:** Usually up to 2 days.

- **Dependency Level:** Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper "bindles" (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.

- **Physical Symptoms:** Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or "tracks," wearing long sleeves to cover "tracks", loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.

- **Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

Effects of Narcotics Use on the Individual

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Effects on Mental Performance

- Depression and apathy
- Wide mood swings
- Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

Effects on Driver Performance

The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

Social Issues

- There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Reference

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

PHENCYCLIDINE (PCP) FACT SHEET

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Description

- **Generic/Chemical Names:** Phencyclidine.
- **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.
- **Distinguishing Characteristics:** PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).
- **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as "angel dust." It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.
- **Duration of Single Dose Effect:** Days.
- **Detection Time:** Up to 8 days.
- **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

Signs and Symptoms of Use

- **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.
- **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.
- **Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

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 is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Effects on Mental Performance

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations

Effects on Driver Performance

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

Overdose Effects

- Longer, more intense "trip" episodes
- Psychosis
- Coma
- Possible death.

Withdrawal Syndrome

- None reported

Workplace Issues

- PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.