South Carolina Department of Transportation

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COMMERCIAL DRIVER'S LICENSE ALCOHOL AND DRUG POLICY

SCOPE AND PURPOSE

It is the policy of the South Carolina Department of Transportation (SCDOT) to ensure a safe, healthful working environment for SCDOT employees and the public it serves, and to prevent accidents and injuries resulting from the misuse of alcohol or the abuse of controlled substances by employees who are required to possess a commercial driver's license.

SCDOT intends to fully comply with the Omnibus Transportation Act of 1991 and federal regulations (49 CFR Parts 1, 40, 382, and 383). Compliance with this policy is a condition of continued employment with SCDOT.

Employees who have questions about this policy should contact their immediate supervisor. For additional information contact the SCDOT drug and alcohol program manager. All forms referenced in this document can be found on the Occupational Safety and Health Office website.

DEFINITIONS – See federal regulations 49 CFR Part 40 and Part 382.

APPLICABILITY

Federal law requires alcohol/drug testing of applicants and employees who are required to possess a commercial driver's license (CDL) and carry out safety-sensitive functions (49 CFR Parts 40, 382, 383).

Persons who are required to hold a commercial driver's license are (49 CFR Part 382.107)

1. operators of a vehicle over 26,001 pounds gross vehicle weight rating (GVWR);
2. operators of a vehicle that has a GVWR of more than 26,001 pounds, including a towed unit with a GVWR of more than 10,000 pounds;
3. operators of a vehicle intended to carry 16 or more passengers including the driver; and
4. operators of a vehicle of any size that carries hazardous materials in quantities requiring that a Hazmat placard be posted on it.

Safety-sensitive functions include (49 CFR Part 382.107)

1. all time at any employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;

2. all time inspecting equipment as required by 49 CFR Parts 392.7 and 392.8 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 in operation;
4. all time, other than driving time, in or upon any commercial motor vehicle;
5. all time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. all time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

The required hours of compliance are (49 CFR Parts 382.205, 382.207, 382.209, 382.213)

1. A driver shall not consume alcohol while on duty.
2. A driver shall not consume alcohol four hours prior to on-duty time.
3. A driver shall not consume alcohol up to eight hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.
4. A driver shall not report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is at the instruction of a physician who has advised the driver that the substance does not adversely affect the ability to safely operate a commercial motor vehicle.

TYPES OF TESTING/CIRCUMSTANCES FOR TESTING

All tests performed under this section shall be completed using a USDOT chain of custody form. Controlled substance urine testing and alcohol breath testing shall be performed following the requirements of 49 CFR 40. SCDOT will not collect urine from an unconscious employee in order to conduct a drug test. However, if an employee normally voids through self-catheterization, the employee is required to provide a specimen in that manner. If the employee declines to do so, this constitutes a refusal to test.

1. Pre-Employment Testing – All applicants applying for positions requiring a commercial driver's license (CDL), as well as current employees transferring into positions that require a CDL, will be subject to pre-employment controlled substance testing. The substances that will be tested for include amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP). Employees whose job descriptions are changed/updated, for which a CDL is required, will also be subject to pre-employment testing prior to the start of the safety-sensitive position.

   Pre-employment testing will be conducted once an applicant or employee is selected for a position requiring a CDL but prior to the actual hire date and performance of any safety-sensitive functions of the job.

2. *Pre-Driving Test – If an applicant/employee's pre-employment drug test is conducted more than 30 days prior to obtaining a CDL learner's permit, the employee must be tested again for controlled substances before beginning any safety-sensitive functions as a student driver.*

3. Random Testing – Employees who are required to possess a CDL are subject to random, unannounced alcohol and controlled substance testing throughout the year. Random testing shall be conducted in accordance with and as mandated by 49 CFR 382.305. Rates of testing shall be in accordance with and as mandated by Federal Motor Carrier Safety Administration guidelines published on a yearly basis.

4. Post-Accident Testing – Any CDL driver who is involved in an accident involving a commercial motor vehicle operating on a public road in commerce and/or who was performing a safety-sensitive function shall perform alcohol and controlled substance testing when (Note: test must be performed on a USDOT chain of custody form.)

    a) the accident involved the loss of human life; or
    b) a citation was issued to the commercial motor vehicle driver under state or local law for a moving traffic violation arising from the accident if the accident involved
        (i) bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
        (ii) one or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

Type of Accident Involved	Citation issued to the CMV driver?	Test must be performed by employer?
Human fatality	YES	YES
	NO	YES
Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	*YES**
Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	*YES**

Post accident testing required under the SCDOT Drug-Free Workplace Policy, even though not required by federal regulations.

For after-hours post-accident or reasonable suspicion testing, refer to the Occupational Safety and Health Office website for instructions. An on-call representative will locate a facility or have someone come to the donor to complete the necessary testing.

All post-accident alcohol tests required by 49 CFR Part 382.303 that are not administered within two hours following the accident require the employer to document and maintain on file a record (Failure to Perform Required Tests, Form ACS-8) stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the accident, the employer shall cease attempts to administer an alcohol test and prepare and maintain the same record.

All post-accident controlled substance tests required by 49 CFR Part 382.303 that are not administered within 32 hours following the accident require the employer to cease

attempts to administer a controlled substances test, and prepare and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered.
A driver who is subject to post-accident testing must remain readily available for such testing or may be deemed to have refused to submit to testing.

A driver who is subject to post-accident testing must be immediately removed from performing any safety-sensitive function pending the results of the alcohol and/or drug test.

5. Reasonable Suspicion Testing – A CDL driver shall submit to an alcohol test and/or a controlled substance test when the trained supervisor and/or agency official has reasonable suspicion to believe that the driver has violated the prohibitions listed in the "Prohibited Behavior" section of this policy. The determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, and/or body odors of the driver, and documented on a Reasonable Suspicion Documentation Form (Form ACS-6). The observations may include indications of the chronic and withdrawal affects of controlled substances (49 CFR Part 382.307).

   A driver may be directed by the employer to undergo reasonable suspicion testing while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

   All reasonable suspicion alcohol tests required by 49 CFR Part 382.303 that are not administered within two hours following the determination require the employer to document and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the determination, the employer shall cease attempts to administer an alcohol test and prepare and maintain the same record.

   All reasonable suspicion controlled substance tests required by 49 CFR Part 382.307 that are not administered within 32 hours following the determination require the employer to cease attempts to administer a controlled substances test, and prepare and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered.

   The supervisor(s) and/or agency official(s) who made the observations leading to reasonable suspicion testing shall document the observations on a Reasonable Suspicion Documentation Form (Form ACS-6) within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier. The document shall be signed and the written record shall be kept by the alcohol and drug program manager.

   If an employee is tested for controlled substance misuse due to reasonable suspicion, he/she shall be suspended without pay pending the results of the test. If the test returns a negative test result, the employee will receive back pay for the period of suspension.

6. Return-to-Duty Testing and Follow-Up Testing

   SCDOT is not obligated to (and by the inclusion of this provision in this policy does not undertake or commit to any obligation under this policy to) reinstate, retain and/or

rehire any driver who violates any USDOT/SCDOT prohibition or requirement concerning drugs or alcohol.

Testing will be administered in accordance with 49 CFR 40 Subpart O.

Should SCDOT elect to consider reinstating or rehiring a driver who violates any USDOT and/or company prohibition concerning drugs or alcohol, before he/she will be permitted to return to duty, that driver will be required to (1) be evaluated by a substance abuse professional who will determine what assistance the driver needs in resolving problems associated with alcohol misuse or controlled substances use, *(2) execute SCDOT's Return to Duty Agreement,* (3) pass a USDOT return-to-duty drug and/or alcohol test under direct observation. For an alcohol test with 0.04 or greater, a driver must undergo a return-to-duty test prior to performing a safety-sensitive function. The test result must indicate a breath alcohol concentration of less than 0.02. For a positive controlled substance test, a driver must undergo a return-to-duty test prior to performing a safety-sensitive function. The test must indicate a verified negative result for drug use.

Such drivers must also be further evaluated to determine their compliance with any rehabilitation program if prescribed by the substance abuse professional. *In addition to penalties imposed by USDOT, any driver who refuses to execute the return to duty agreement, who fails to fully cooperate and comply with the substance abuse professional rehabilitation program, who refuses to submit to a return to duty test, or who tests positive will be considered unqualified to perform a safety-sensitive function and immediately discharged.*

Should SCDOT elect to reinstate or rehire a driver determined by the substance abuse professional to be in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the driver must remain in full compliance with the provisions above and must meet all other requirements of the position, and will be subject to a minimum of six unannounced follow-up tests under direct observation over the twelve months after returning to duty. At the direction of the substance abuse professional, the driver may be required to submit to further unannounced directly observed testing for up to five years.

In addition to any penalties imposed by the USDOT, a driver who refuses to be tested or fails to successfully continue or complete any rehabilitation program prescribed by the substance abuse professional, or who tests positive will be considered unqualified to perform a safety-sensitive function, immediately suspended without pay, and subject to SCDOT discipline, up to and including termination.

PROHIBITED BEHAVIOR

As required by CFR 49 Part 382 and SCDOT

1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. No employer having actual knowledge that a driver has an alcohol concentration of 0.04 or greater shall permit the driver to perform or continue to perform safety sensitive functions (Part

382.201) *SCDOT requires that the employee be immediately suspended without pay pending approval of the recommendation for termination*.

2. 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 for an employer, including driving a commercial motor vehicle, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following administration of the test (Part 382.505). *SCDOT requires that the employee be immediately removed from the safety-sensitive position and suspended without pay for the remainder of that day and an additional five business days.*

3. No driver shall use alcohol while performing safety-sensitive functions. No employer having actual knowledge that a driver is using alcohol while performing safety-sensitive functions shall permit the driver to perform or continue to perform safety sensitive functions (Part 382.205).

4. No driver shall perform safety-sensitive functions within four hours after using alcohol. No employer having actual knowledge that a driver has used alcohol within four hours shall permit a driver to perform or continue to perform safety-sensitive functions (Part 382.207).

5. No driver required to take a post-accident alcohol test under Part 382.303 shall use alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first (Part 382.209).

6. No driver shall refuse to submit to a post-accident alcohol or controlled substances test required under Part 382.303, a random alcohol or controlled substances test required under Part 382.305, a reasonable suspicion alcohol or controlled substances test required under Part 382.307, or a follow-up alcohol or controlled substances test required under Part 382.311. No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions (Part 382.211).

7. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in Part 382.107, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. No employer having actual knowledge that a driver has used a controlled substance shall permit the driver to perform or continue to perform a safety-sensitive function. An employer may require a driver to inform the employer of any therapeutic drug use (Part 382.213 a, b, c).

8. No driver shall report for duty, remain on duty, or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances. No employer having actual knowledge that a driver has tested positive or has adulterated or substituted a test specimen for controlled substances shall permit the driver to perform or continue to perform safety-sensitive functions (Part 382.215).

9. *No employee shall provide another employee a sample of urine to use as a substitute in a controlled substance test. Doing so will result in immediate suspension without pay pending approval of the recommendation for termination.*

10. *No employee shall adulterate, substitute, or attempt to falsify a specimen for a controlled substance test. Doing so will result in immediate suspension without pay pending approval of the recommendation for termination.*

REQUIREMENT THAT EMPLOYEE INFORM EMPLOYER OF CONTROLLED SUBSTANCES USE

An employee shall inform his/her supervisor of any controlled substances use that could adversely affect his/her ability to safely perform his/her duties. In such event, the Department may require the employee to provide a statement from a licensed medical practitioner to verify the employee's need to use a controlled substance and that the use of the controlled substance will not affect his/her ability to safely perform his/her duties. An employee's failure to notify his/her supervisor may result in disciplinary action under the offenses of negligent or willful violation of policy as outlined in the Department's Disciplinary Action Policy. Since circumstances may vary, before any disciplinary action is taken under this part, the supervisor shall consult with the SCDOT Office of Human Resources, Employee Relations Unit.

CONTROLLED SUBSTANCES CONSEQUENCES

Positive Test Results

Applicants who test positive for a controlled substance will not have an offer of employment extended to them and they will be referred to a substance abuse professional in their local area if they possess a CDL. Applicants may not qualify for employment with SCDOT for a period of two years from the date of the positive test result unless proof of successful completion of the USDOT return-to-duty process is provided.

CDL employees who test positive for controlled substances will be immediately

1. *suspended without pay, pending approval of the recommendation for termination;*
2. referred to a substance abuse professional in their local area; and
3. *disqualified from SCDOT employment for a period of two years from the date of the positive test result unless proof of successful completion of the USDOT return-to-duty process is provided.*

Supervisors should document all actions on Form ACS-5, Consequences of Prohibited Conduct.

Notification Procedures for Positive Controlled Substance Test Results

In the event a test confirms the use of controlled substances by an employee, the medical review officer (MRO) will make all reasonable efforts to contact the employee regarding the test. When employee/MRO contact is made, the MRO will discuss the test result with the employee to verify the result. If the result is verified positive, the MRO will advise the employee that he/she may request that the second part of the urine collected during the test (split sample) be tested for confirmation of the substances found in the initial test. Should the employee desire analysis of

the split sample, he/she has 72 hours from the date notified in which to make a request directly to the MRO for a test of the split specimen. The MRO will immediately notify the employer if the employee requests a split sample test.

If the MRO is unable to contact the employee, the MRO will contact the designated employer representative (DER) who will make reasonable effort to contact the employee. The DER must attempt to contact the employee immediately. When the DER speaks with the employee, he/she will advise the employee to contact the MRO immediately, but in no case longer than 72 hours. The DER must also inform the employee of the consequences of failing to contact the MRO within 72 hours. The DER will advise the MRO the employee has been notified. Failure by the employee to contact the MRO as instructed is a violation of the regulations and will result in termination under the Department's Disciplinary Action Policy.

If the employee is unavailable, the DER must continue to make a reasonable effort to contact the employee, consisting of three documented attempts within 24 hours. If the DER is unable to contact the employee after making a reasonable effort, he/she must leave a message by any means practical. This may include telephone contact, voice mail messages, e-mail messages, or certified letter. The DER must document the dates and times of these efforts on a Medical Review Officer Notification, Form ACS-7, and notify the MRO of the dates and times of the attempted contacts.

The MRO will notify the employer of the following employee information:

1. The name of the individual who was tested.
2. The type of test that was given, e.g., random, reasonable suspicion, follow-up, etc.
3. The verified results of a controlled substances test, either positive or negative. If positive, the identity of the controlled substance for which the test was verified positive will be disclosed.

Once the MRO notifies the agency official of a verified positive test result, the supervisor or agency official shall notify the employee of the positive result, including which controlled substances were verified positive.

Split Sample Procedures

If a positive, adulterated, or substituted test result is cancelled because the split specimen analysis cannot be performed, the MRO will require that another test be performed under direct observation. The employee shall remain on suspension pending the outcome of the new test.

If the analysis of the split sample fails to confirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the initial test and report the cancellation and the reasons for it to the federal Office of Drug and Alcohol Policy and Compliance (ODAPC). If the canceled test is a return-to-duty test, the employee must be retested and receive a negative result before he/she can return to duty.

If the analysis of the split sample fails to confirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, or if an observed test is required and the result is verified negative, the employee shall then return to his/her regular work without disciplinary action being taken by the Department. The employee will receive all back pay and accrued leave

for the regular duty time for which he/she was required to be absent pending the results of the test**.**

Invalid Test Procedures

If the laboratory reports that a specimen is invalid and the medical review officer cannot determine a valid medical reason, additional testing of the specimen under direct observation may be required by the medical review officer. If additional testing is recommended by the medical review officer, the Department will have such testing done, with minimal advance notice given to the employee and/or applicant. If additional testing is not recommended or is inconclusive, the medical review officer will not require that another test be performed under direct observation.

Dilute Test Results of Controlled Substance Testing

Current employees or applicants who receive a negative dilute result will be treated as a negative result and no further action will be required unless the medical review officer directs an employee or applicant to be re-tested under observed conditions. If the medical review officer makes this determination, an immediate re-test must be conducted.

Positive dilute results as determined by the medical review officer will be treated in all cases as positive results and positive sanctions will apply.

Refused Controlled Substance Testing

A refusal by a CDL applicant/employee to submit to controlled substance testing under the provisions of this policy will have the same consequences as a positive test result. CDL applicants/employees are considered to have refused a controlled substance test under the following circumstances:

1. expressly refusing to submit to testing;
2. engaging in conduct that clearly obstructs the testing process;
3. failing to immediately report for testing after receiving notification;
4. failing to remain readily available for testing;
5. failing to provide adequate urine for the controlled substance test without a valid medical reason;
6. when the testing laboratory, collector, or medical review officer determine the sample has been adulterated or substituted;
7. failing to follow the instructions to raise and lower clothing and turn around during an observed collection;
8. possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
9. failing to permit a monitored or observed urine collection;
10. failing to undergo a medical examination or evaluation as directed by the medical review officer; or
11. admitting to the collector or medical review officer that the specimen has been adulterated or substituted.

ALCOHOL TESTING CONSEQUENCES

Positive Test Result

If the initial alcohol screening test is 0.02 or higher, the breath alcohol technician will direct the employee to take a confirmation test. The confirmation test must be administered at least fifteen minutes after the initial screening but no later than thirty minutes after the initial screening.

A driver who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform or continue to perform safety-sensitive functions for an employer, including driving a commercial motor vehicle, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following administration of the test (49 CFR Part 382.505). *SCDOT requires that the employee be immediately removed from the safety-sensitive position and be suspended without pay for the remainder of that day and an additional five business days. Supervisors should document all actions on Form ACS-5, Consequences of Prohibited Behavior.*

Before returning to work after the suspension, the driver must undergo a return-to-duty alcohol test, with results indicating an alcohol concentration of less than 0.02.

A driver who is found to have an alcohol concentration of 0.04 or greater will immediately be removed from their safety-sensitive function, s*uspended without pay pending approval of the recommendation for termination,* and referred to a substance abuse professional. Supervisors should document all actions on Form ACS-5.

A driver will be disqualified from SCDOT employment for a period of two years from the date of the positive test unless proof of successful completion of the USDOT return-to-duty process is provided. SCDOT reserves the right to deny employment for two years even with the USDOT return-to-duty process completed. With documentation, the driver must enter into a return-to-duty agreement with SCDOT and will follow testing guidelines mandated by the substance abuse professional, which shall include a minimum of six follow-up tests in the first twelve months following the return to duty. The substance abuse professional may, at their discretion, direct the testing to continue for up to sixty months after the driver returns to duty.

Refused Testing

Drivers that refuse alcohol testing when directed will immediately be removed from their safety-sensitive function and *suspended without pay pending approval of the recommendation for termination. Supervisors should document all actions on a Form ACS-5*. A refusal to test includes

1. expressly refusing to submit to testing;
2. engaging in conduct that clearly obstructs the testing process;
3. failing to immediately report for testing after receiving notification;
4. failing to remain readily available for testing; or
5. failing to provide adequate breath sample without a valid medical reason.

EMPLOYEE REQUESTS FOR ASSISTANCE

SCDOT has a strong commitment to the health and well-being of its employees and strongly encourages employees who may have substance abuse problems to seek assistance. Employees may request assistance through their immediate supervisor, the SCDOT Office of Human Resources, and/or the alcohol and drug program manager. The employee will be referred to a local alcohol and drug abuse service/substance abuse professional. Employees who make a request for assistance prior to any directive to report for testing, prior to performing a safety-sensitive function, and prior to an arrest for any drug-related offense will not be subject to drug/alcohol policy consequences. The employee will be required to use their annual leave and/or leave without pay until there is documented successful completion of an alcohol or drug abuse treatment program. The employee will be required to sign a return-to-duty agreement and must follow all requirements of that agreement. Failure to follow all requirements will result in suspension pending the recommendation for termination. The employee will be subject to return-to-duty testing and follow-up testing guidelines.

CONFIDENTIALITY OF RECORDS

The results of all alcohol and controlled substances tests will be considered confidential and will be maintained in a secure location with controlled access. In accordance with USDOT regulations, SCDOT will provide access to facilities, property, and records to USDOT agency representatives and to officials involved in any action that arises by or on behalf of the employee. Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances. SCDOT is required to provide information about test results (including refusals to submit to testing) when authorized by the driver in writing, or as may otherwise be required by federal or state law. Additionally, as a condition of being hired by SCDOT, the driver will be required to provide SCDOT with written authorization to obtain past test results from other USDOT-regulated companies for which the driver was employed in a safety-sensitive position within the previous 36 months (49 CRF 382.405, 382.413).

Driver alcohol and controlled substance test records will be released only:

1. to the driver, upon his/her written request;
2. upon request of a USDOT agency with regulatory authority over SCDOT;
3. upon request of state or local officials with regulatory authority over SCDOT;
4. upon request by the United States Secretary of Transportation;
5. upon request by the National Transportation Safety Board (NTSB) as part of an accident investigation;
6. upon request by subsequent employers upon receipt of a written request by a covered driver;
7. when ordered by a court of law;
8. in a lawsuit, grievance, or other proceeding if it was initiated by or on behalf of the complainant and arising from results of the tests; or
9. upon written consent by the driver authorizing the release to a specified individual.

All records will be retained for the time period required in 49 CFR 382.401.

REQUIRED TRAINING AND MATERIAL

See Appendix A for training materials.

Applicants and Employees

All employees must receive educational material regarding the following:

- alcohol and illegal drugs,
- federal requirements for CDL employees, and
- CDL alcohol and drug testing programs and procedures.

Federal law requires that CDL employees sign for receipt of this material. A copy of the acknowledgement page will be placed in the driver's confidential testing file.

Supervisors

Supervisors of employees who hold commercial driver's licenses must attend reasonable suspicion training in accordance with federal regulations. This training will assist managers in detecting the physical, behavioral, speech, and performance indicators of probable drug and/or alcohol misuse. This training must be completed prior to directing a CDL employee to reasonable suspicion testing. Managers must receive one hour of illegal drug training and one hour of alcohol training, which covers physical, behavioral, speech, and performance indicators of probable illegal drug or alcohol misuse.

INQUIRIES FROM PREVIOUS EMPLOYERS

Applicants/employees selected for positions that require a CDL must complete a Release of Information Form (Form ACS-3). The form authorizes SCDOT to obtain drug and alcohol history for the three years prior from any previous USDOT-regulated employer(s). Information that will be obtained from the previous employer(s) is as follows:

- alcohol tests with a result of 0.04 or higher alcohol concentration;
- verified positive drug tests;
- refusals to be tested (including verified adulterated or substituted drug test results);
- other violations of USDOT agency drug and alcohol testing regulations; and
- with respect to any employee who violated a USDOT drug and alcohol regulation, documentation of the employee's successful completion of USDOT return-to-duty requirements.

This information should be obtained within fourteen days from the start of employment. Requested information may be received in any written form (e.g., fax, e-mail, letter, etc.) that ensures confidentiality. If requested information is not received, a record showing the efforts to obtain the information must be maintained.

Violations Reported by Previous Employers

Applicants/employees must not be permitted to perform safety-sensitive duties if information received from previous employers indicates they have tested positive for alcohol or illegal drugs

or have refused testing within the past three years, until information is received showing they have:

- been evaluated by a substance abuse professional,
- completed any required counseling,
- successfully completed a return-to-duty test, and
- been subject to follow-up testing.

If the above information is not received, the applicant will not be extended an offer of employment and/or will be terminated from current employment.

REQUESTS FROM FUTURE EMPLOYERS

CDL information for former SCDOT employees will be given to any employer who properly requests it in accordance with federal regulations 49 CFR Part 40. Written authorization must be received from former employees prior to releasing any information. All requests should be forwarded to the SCDOT alcohol and drug program manager.

APPENDIX A – TRAINING MATERIALS

ALCOHOL

Alcohol is the most widely abused of all drugs and belongs to the class of drugs known as depressants. Depressants affect the central nervous system, slowing down mental functions and depressing the pulse rate, blood pressure, respiration, and other bodily functions.

Alcoholism is a progressive disease that typically passes through four symptoms:

1. Craving – a strong need, or compulsion, to drink.
2. Loss of control – inability to limit one's drinking on any given occasion.
3. Physical dependence – withdrawal symptoms as nausea, sweating, shakiness, and anxiety occur when alcohol is stopped after a period of heavy drinking.
4. Tolerance – the need to drink greater amounts of alcohol in order to "get high."

Approximately 79,000 deaths each year in the United States are attributable to excessive alcohol use. This make excessive alcohol use the third leading lifestyle-related cause of death in the nation. In 2005, over 1.6 million hospitalizations and over 4 million emergency room visits were for alcohol-related conditions (Source: Centers for Disease Control and Prevention).

Signs and Symptoms

Typical Sources – beer, wine, and hard liquors.

Physical Symptoms – odor on breath; slurred speech; very bloodshot/watery eyes; poor balance/coordination; sleepy or stuporous gaze; possibly constricted pupils; greatly impaired driving ability; impaired judgment; inability to divide attention; lowered inhibitions; changes in sleep patterns.

Behavioral Symptoms – excessive use of mouthwash or mints to cover odor of alcohol; focus on alcohol-related activities; hidden drinking; morning drinking; drinking before attending an activity that includes drinking; drinking instead of eating; chronic, unjustifiable problems with family, employer, or other drivers; excessive irritability and impatience; extreme change in personality.

Personal Health, Safety, and the Work Environment

In 2007, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics, which is less than 1 percent of the 159 million self-reported episodes of alcohol-impaired driving among U.S. adults each year (Source: Centers for Disease Control and Prevention). Half of the 306 child passengers ages fourteen and younger who died in alcohol-related crashes in 2006 were riding with drivers who had blood alcohol contents of 0.08 or higher. In 2006, forty-five children ages fourteen and younger who were killed as pedestrians or bicyclists were hit by alcohol-impaired drivers. In 2007, there were 12,988 deaths in alcohol-related driving crashes (Source: National Institute on Drug Abuse).

General Health Effects – reduced coordination and reflex action; impaired vision and judgment; depressed genital reflexes and increased sexual dysfunction/impotency (in spite of reduced inhibitions); vitamin/mineral deficiencies resulting from improper diet; increased risk of miscarriage/premature birth/birth defects; ruptured veins; high blood pressure; damage to

stomach, pancreas, brain cells, esophagus, and/or liver; increased danger of auto/boating accidents; slips/trips/falls; fire; drowning; becoming a victim of violence/crime/murder.

Safety and the Work Environment – Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body (increasing with each additional drink) and resulting in an accident rate of up to six times the rate for an unimpaired individual. It takes an average person (150 pounds) about one hour to process one serving of an alcoholic beverage from the body.

Overdose Effects – unconsciousness, amnesia, blackouts, impotency, coma, death.

Withdrawal Syndrome – Alcohol withdrawal can be fatal. Symptoms include sleep disturbance, sweating and tremors, convulsions, coma, and heart failure. The alcoholic requires professional medical attention during withdrawal.

MARIJUANA

According to the National Survey on Drug Use and Health, in 2006, 14.8 million Americans ages twelve or older used marijuana at least once in the month prior to being surveyed, which is similar to the 2005 rate. Also in 2006, approximately 6,000 people per day used marijuana for the first time, which is 2.2 million Americans. Of these, 63.3 percent were under age 18. Marijuana use remains at unacceptably high levels, with more than 40 percent of high school seniors reporting use at least once in their lifetimes (Source: National Institute on Drug Abuse). Regardless of any state or local statutes permitting the use of marijuana or tetrahydrocannabinol (THC), such use (including a prescription by a licensed physician) violates federal statutes.

Signs and Symptoms

Evidence of Presence – plastic bags; smoking papers; roach clip holder; small pipes of bone, brass, or glass; smoking bongs; distinctive odor (like burning rope).

Physical Symptoms – reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for non-smokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heart beat; slowed speech; impaired motor coordination; altered perceptions; increased appetite.

Behavioral Symptoms – impaired memory; time/space distortion; feeling of euphoria; panic reactions; paranoia; "I don't care" attitude; false sense of power.

Personal Health, Safety, and the Work Environment

Marijuana produces a pleasant euphoria or "high," commonly followed by drowsiness. Intoxication temporarily impairs concentration, learning, and perceptual-motor skills. Thus, for at least four to six hours after a dose of marijuana, drivers function with reduced abilities. Preliminary studies suggest that performance is impaired long after the acute subjective effects have ended. Experienced pilots in a flight simulator were impaired for at least twenty-four hours after a dose, long after the subjective high had disappeared. Functional impairments are less well understood in cases of prolonged, heavy marijuana use, because although THC accumulates in the body, behavioral and physiological tolerance develops.

General Health Effects – Chronic marijuana smoking causes emphysema-like conditions. One "joint" is the cancer causing equivalent of one-half to a full pack of tobacco cigarettes. Marijuana

is commonly contaminated with the fungus Aspergillis, which can cause serious respiratory tract and sinus infections. Chronic marijuana smoking causes changes in brain cells and brain waves. Long-term brain damage is likely to occur. The active chemical, THC, and sixty other chemicals in marijuana tend to concentrate in the ovaries and testes. Chronic smoking of marijuana in males causes a decrease in the male sex hormone and an increase in the female sex hormone, which can lead to female sex characteristics, including breast development. Chronic smoking of marijuana in females causes a decrease in fertility and an increase in male hormones. THC has been linked with malformations of the brain, spinal cord, forelimbs, liver, and spine, and visual problems.

Safety and the Work Environment – Regular use can cause delayed decision making; diminished concentration; impaired short-term memory; impaired signal detection (ability to detect a flash of light); impaired tracking (the ability to follow moving objects with the eyes); and visual distance measurements. 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 (or any other safety-sensitive work) very dangerous.

Overdose Effects – aggressive urges; anxiety; confusion; fearfulness; hallucinations; heavy sedation; immobility; mental dependency; panic; paranoia; unpleasant/distorted body image.

Withdrawal Syndrome – sleep disturbance; hyperactivity; decreased appetite; irritability; gastrointestinal distress; salivation; sweating; and tremors.

COCAINE

Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride ("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.

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. Cocaine first produces psychomotor and autonomic stimulation, with a euphoric subjective "high." Larger doses may induce mental confusion or paranoid delusions, and serious overdoses cause seizures, respiratory depression, cardiac arrhythmia, and death.

Cocaine abusers, even if they do not use at work, often report vocational impairment due to exhaustion; they use the drug until late at night. Among chronic users, exhaustion, lethargy, and mental depression appear, and the stimulant effect may seem progressively weaker. But the drug is highly reinforcing; repeated experiences with it tend to drive further episodes of self-administration. Many patients say that although the drug no longer produces much "high," they are unable to abstain.

Signs and Symptoms

Evidence of Presence – 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; 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.

Personal Health, Safety, and the Work Environment

General Health Effects – may upset chemical balance of the brain; speed up the aging process; cause irreparable damage to critical nerve cells; cause the heart to beat faster and harder, rapidly increasing blood pressure; cause spasms of blood vessels in the brain and heart, leading to strokes and heart attacks. 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. Medical intervention for overdoses in such cases usually proves ineffective.

Safety and the Work Environment – Regular use can cause the following effects: paranoia and hallucinations; hyperexcitability and overreaction to stimulus; difficulty in concentration; wide mood swings. Withdrawal leads to depression and disorientation. 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 greatly increase potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions. The cost of maintaining cocaine dependency frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.
Overdose effects – agitation; increase in body temperature; hallucinations; convulsions; death.

Withdrawal Syndrome – apathy; long periods of sleep; depression; irritability; disorientation.

AMPHETAMINES / METHAMPHETAMINES

In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms including pill, capsule, tablet (ingested), powder (snorted), and liquid (injected). 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 plastic bags.

These synthetic drugs are much less widely abused than cocaine or marijuana. The stimulant effects of amphetamine and methamphetamine are similar to those of cocaine, but last longer. A single therapeutic dose enhances attention and performance, but performance deteriorates as the effects wear off, or with repeated dosing.

These stimulant drugs are useful in treating narcolepsy and attention deficit disorder, and are sometimes prescribed for depression that has not responded to other treatments. The drugs cause anorexia, but tolerance quickly develops, limiting their merit for treating obesity. Because of the abuse risk, medical boards in several jurisdictions have formally determined that it is inappropriate to treat obesity with these drugs for more than a few weeks. However, a tested individual producing a confirmed positive should be carefully queried about prescribed medications.

Signs and Symptoms

Evidence of Presence – most frequently: pills, capsules, tablets, envelopes, bags, vials for storing. 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 dosage level).

Behavioral Symptoms – confusion; panic; talkativeness; hallucinations; restlessness; anxiety; moodiness; false sense of power and confidence; "amphetamine psychosis," which might result from extended use.

Personal Health, Safety, and the Work Environment

General Health Effects – "amphetamine psychosis," resembling schizophrenia, users may see, hear, and feel things that do not exist (hallucinations); have irrational thoughts or beliefs (delusions); and feel as though people are out to get them (paranoia). Regular use produces strong psychological dependence and increasing tolerance to the drug. The euphoria increases impulsive and risk taking behavior, such as bizarre and violent acts. Intoxication may induce a heart attack or stroke due to spiking of the blood pressure. Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels. Lack of sleep, weight loss, and depression also result from regular use. Users who inject drugs can get serious and life-threatening inflections, lung or heart disease, and/or kidney damage.

Safety and the Work Environment – Regular use can cause restlessness, anxiety, moodiness, false sense of power. Extended use can cause hallucinations, delusions, paranoia, brain damage. A false sense of alertness can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness and become dependent. While limited doses cause short term mental/physical improvement, greater use impairs functioning. Amphetamine hangover effects are a danger in safety-sensitive positions.

Overdose Effects – agitation, hallucinations, convulsions, death, increase in body temperature.

Withdrawal Syndrome – apathy, long periods of sleep, depression, disorientation, irritability.

OPIATES, OPIOIDS, MORPHINE, CODEINE, HEROIN, OTHERS

Natural and natural derivatives include opium, codeine, and heroin (semi-synthetic). Synthetics include mepedrine (Demerol) oxymorphone (Numorphan). Opiates may be taken in pill form, smoked, or injected, depending on the type of narcotic used.

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.

Since the body metabolizes codeine to morphine, both substances may occur in urine following the use of codeine. The medical review officer must find that urine containing morphine, or morphine and codeine, does not demonstrate drug abuse unless other signs are also present, such as needle tracks; signs of intoxication or withdrawal; moderate, non lethal, "flu"-like abstinence syndrome with nausea, diarrhea, coryza, occasional vomiting, weakness, malaise, gooseflesh,

and dilated pupils. However, the metabolite 6-monoacetylmorphine in urine comes only from heroin; this compound confirms illicit drug use.

Signs and Symptoms

Evidence of Presence – needles; syringe caps; eyedroppers; bent spoons; bottle caps; rubber tubing (used in the preparation for and injection of the drug); 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, apathy, stupor, euphoria.

Personal Health, Safety, and the Work Environment

General Health Effects – Intravenous needle users have a high risk for contacting hepatitis and AIDS due to sharing of needles. Because opiates increase tolerance to pain, individuals may underestimate the extent of injuries, leading to failure to seek medical attention after an accident. Because the effects of opiates are multiplied when used in combination with other depressant drugs and alcohol, overdoses are more likely.

Safety and the Work Environment – Regular use can cause the following effects: depression, apathy, wide mood swings, slowed movement, slower reflexes, high physical/ psychological dependence. The apathy caused by opiates results in an "I don't really care" attitude toward performance. Physical effects, depression, fatigue, and slowed reflexes raise the potential for accidents.

Overdose Effects – slow/shallow breathing, clammy skin, convulsions, coma, death.

Withdrawal Syndrome – watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, sweating.

PCP (PHENCYCLIDINE)

PCP is not used in medicine and does not occur in nature. PCP's use as a human anesthetic was discontinued because it produced psychotic reactions, and its more prolonged use as a veterinary tranquilizing agent has also stopped. Thus, the drug has no therapeutic role, and is strictly illegal.

PCP is commonly sold as a creamy, granular powder (brown or white) and is 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 smoked in marijuana, tobacco, or other leafy materials.

The behavioral reinforcement is striking, considering the drug's pronounced adverse effects. The psychosis that sometimes develops with intoxication may be long-lasting, and there are suggestions of personally and cognitive changes persisting for months after chronic use. Its toxicity has given it a bad reputation even among drug users. It remains a popular drug of abuse in some cities, notably Washington, DC; Los Angeles; and Baltimore.

Signs and Symptoms

Evidence of Presence – foil or paper packets; stamps (off of which PCP is licked); injection paraphernalia (needles, syringes, and tourniquets); leafy herbs (for smoking).

Physical Symptoms – dilated or floating pupils; blurred vision; nystagmus (jerky eye movements); drooling; muscle rigidity; profuse sweating; decreased sensitivity to pain; dizziness; drowsiness; impaired coordination; 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.

Personal Health, Safety, and the Work Environment

General Health Effects – There are four phases of PCP abuse:

1. Phase 1 – Acute toxicity: can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perceptions are common.
2. Phase 2 – Toxic psychosis: while this phase does not always follow the first, users may experience visual and auditory delusions, paranoia, and agitation.
3. Phase 3: Drug induced schizophrenia: may last a month or longer
4. Phase 4: Drug induced depression: suicidal tendencies and mental dysfunction can last for months.

Safety and the Work Environment – Regular use can cause the following effects: irreversible memory loss; personality changes; thought disorders; hallucinations. Extreme mental/anesthetic effects create high potential for accidents and overdose emergencies. Because the effects are aggravated by other depressant drugs such as alcohol, overdose potential is high. PCP-induced hallucinations may be misdiagnosed as LSD-induced. The standard treatment for LSD-induced hallucinations is Thorazine, which when administered with PCP can be fatal. Distortions in perception and potential visual and auditory delusions make performance unpredictable and dangerous in safety-sensitive positions. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous in any safety sensitive position.

Overdose Effects – longer, more intense "trip" episodes; psychosis; coma; death.

Withdrawal Syndrome – None reported.

WORKPLACE TRENDS FOR ALL CATEGORIES

Employed drug abusers cost their employers approximately twice as much in medical and workers' compensation claims as their drug-free coworkers.

South Carolina Department of Transportation

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DRUG-FREE WORKPLACE POLICY

PURPOSE AND GOAL

The South Carolina Department of Transportation (SCDOT) is committed to protecting the safety, health, and well-being of all employees and other individuals in SCDOT's workplace. This policy has been developed in accordance with the federal Drug-Free Workplace Act of 1988 and S.C. Code Ann. 44-107-10 (1991). SCDOT recognizes that alcohol abuse and drug use pose a significant threat to its goals. SCDOT has established a drug-free workplace program that balances the Department's respect for individuals with the need to maintain an alcohol- and drug-free environment.

This organization encourages employees to voluntarily seek help with drug and alcohol problems.

COVERED WORKERS

All individuals who conduct business for SCDOT, apply for positions, or conduct business on SCDOT property are covered by SCDOT's drug-free workplace policy. SCDOT's policy includes, but is not limited to, executive management, managers, supervisors, full-time employees, part-time employees, temporary employees, off-site employees, contractors, volunteers, and interns.

APPLICABILITY

SCDOT's drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for SCDOT. Therefore, this policy applies during all working hours, whenever conducting business or representing SCDOT, while on call or paid standby, while on Department property, and at SCDOT-sponsored events.

PROHIBITED BEHAVIOR

It is a violation of SCDOT's drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter

medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor) to avoid unsafe workplace practices.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of SCDOT's drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Doing so will result in appropriate disciplinary action, up to and including termination.

No employee shall report for duty or remain on duty while having an alcohol concentration of 0.04 or greater. No employer having actual knowledge that an employee has an alcohol concentration of 0.04 or greater shall permit the employee to remain on duty. SCDOT requires that the employee be immediately suspended without pay pending the recommendation for termination.

No employee who is found to have an alcohol concentration of 0.02 or greater, but less than 0.04, shall perform or continue to perform job functions for an employer, nor shall an employer permit the employee to perform or continue to perform job functions. SCDOT requires that the employee be immediately removed from the position and be suspended without pay for the remainder of that day and an additional five business days.

No employee shall use alcohol while performing job functions. No employer having actual knowledge that a employee is using alcohol while performing job functions shall permit the employee to perform or continue to perform job functions.

No employee shall refuse to submit to a post-accident alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, or a follow-up alcohol or controlled substances test. No employer shall permit an employee who refuses to submit to such tests to perform or continue to perform job functions. Refusing to test carries the same disciplinary actions as testing positive.

No employee shall report for duty or remain on duty when the employee uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the employee that the substance will not adversely affect the employee's ability to safely operate a motor vehicle. No employer having actual knowledge that an employee has used a controlled substance shall permit the employee to perform or continue to perform job functions.

No employee shall report for duty or remain on duty if the employee tests positive or has adulterated, substituted, or attempted to falsify a test specimen for controlled substances. No employer having actual knowledge that an employee has tested positive or has adulterated, substituted, or attempted to falsify a test specimen for controlled substances shall permit the employee to perform or continue to perform job functions.

No employee shall provide another employee a sample of urine to use as a substitute in a controlled substance test. Doing so will result in immediate suspension without pay pending the recommendation for termination. No employer having actual knowledge of employees sharing urine shall permit either employee to perform or continue to perform job functions.

No employee shall operate any SCDOT vehicle or equipment at any time, including while on call or after hours, under the influence of alcohol or controlled substances. Any test results obtained in accordance with the arrest of any employee for operation of any vehicle while engaged in the performance of work for SCDOT under the influence of alcohol or controlled substances may be utilized for purposes of disciplinary action.

Any employee who is found to have violated this policy, including but not limited to the prohibited behaviors in this section, will immediately be suspended without pay pending the recommendation for termination unless otherwise noted in this policy as a consequence.

REFUSED CONTROLLED SUBSTANCE/ALCOHOL TESTING

A refusal by an employee to submit to controlled substance test or alcohol test under the provisions of this policy will have the same consequences as a positive test result. Employees are considered to have refused a controlled substance test under the following circumstances:

- expressly refusing to submit to testing;
- engaging in conduct that clearly obstructs the testing process;
- failing to immediately report for testing after receiving notifications;
- failing to remain readily available for testing;
- failing to provide adequate urine for the controlled substance test without a valid medical reason (employee will be required to undergo a "shy bladder" exam by an approved physician);
- failing to provide an adequate breath sample without a valid medical reason (employee will be required to undergo a "shy lung" exam by an approved physician);
- when the testing laboratory, collector, or medical review officer (MRO) determine that the sample has been adulterated or substituted;
- failing to follow the instructions to raise and lower clothing and turn around during an observed collection;
- possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
- failing to permit a monitored or observed urine collection or follow the observer's instructions;
- admitting to the collector or MRO that the specimen has been adulterated or substituted;
- failing to undergo a medical examination or evaluation as directed by the MRO or designated employer representative.

NOTIFICATION OF CONVICTIONS

Any employee who is convicted of a criminal drug violation must notify SCDOT in writing within five calendar days of the conviction. SCDOT will take appropriate action within thirty days of notification. Federal contracting agencies will be notified when appropriate.

SEARCHES

Entering SCDOT property constitutes consent to searches and inspections. If an employee is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a

search or inspection at any time. Searches can be conducted of lockers, desks, workstations, vehicles, and equipment.

DRUG TESTING

To ensure the accuracy and fairness of SCDOT's testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a medical review officer, including the opportunity for an employee who tests positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. All tests conducted under this policy will be completed on non-USDOT chain of custody forms, which are at the testing facilities or held by the alcohol and drug program manager.

All drug-testing information will be maintained in a separate confidential file.

Each employee, as a condition of employment, will be required to participate in post-accident, follow-up, return-to-duty, and reasonable suspicion testing upon selection or request of management. The substances that will be tested for are amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana/THC), cocaine, opiates, synthetic opiates, methadone, phencyclidine (PCP), propoxyphene, and alcohol. Testing for the presence of alcohol will be conducted by analysis of breath. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine.

Reasonable Suspicion Testing

An employee shall submit to an alcohol test and/or a controlled substance test when the trained supervisor and/or agency official has reasonable suspicion to believe the employee has violated the prohibitions listed in the "Prohibited Behavior" section of this policy. The determination that reasonable suspicion exists includes, but is not limited to: 1) specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, and/or body odors of the employee; 2) indicators of chronic use and/or withdrawal effects; 3) credible reports from viable sources, as determined by SCDOT, claiming personal observation and/or other knowledge of an employee violating this behavior; and 4) other information reasonably leading SCDOT to the conclusion that a drug test is necessary to determine if a violation of policy has occurred.

Determination of reasonable suspicion must be documented on a Reasonable Suspicion Documentation Form (Form ACS-6). The supervisor(s) and/or agency official(s) who made the observations leading to reasonable suspicion testing shall document the observations within twenty-four hours of the observed behavior or before the results of the test are released, whichever is earlier. The document shall be signed and the written record shall be kept by the alcohol and drug program manager.

All reasonable suspicion alcohol tests required by this section that are not administered within two hours following the determination require the employer to document and maintain on file a record (Form ACS-8, Failure to Perform Required Tests) stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the determination, the employer shall cease attempts to administer an alcohol test and prepare and maintain the same record.

All reasonable suspicion controlled substance tests required by this section that are not administered within thirty-two hours following the determination require the employer to cease attempts to administer a controlled substances test, and prepare and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered.

If an employee is tested for controlled substance misuse due to reasonable suspicion, he/she shall be suspended without pay pending the results of the test.

Post-Accident Testing

Any employee who is involved in an accident involving an SCDOT vehicle and/or equipment operating on a public road and/or property, or on SCDOT property, and/or who was performing a job-related function shall undergo alcohol and controlled substance testing when one or more of the following occurs (Note: the test must be performed on a non-USDOT chain of custody form.):

1. The accident involved the loss of human life.
2. The total amount of damage combined and/or to either vehicle meets or exceeds $1,000.00.
3. The employee was at fault or contributed.
4. A citation was issued under state or local law for a moving traffic violation arising from the accident if the accident involved

    a. bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
    b. one or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

All post-accident alcohol tests required by this section that are not administered within two hours following the accident require the employer to document and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the accident, the employer shall cease attempts to administer an alcohol test and prepare and maintain the same record.

All post-accident controlled substance tests required by this section that are not administered within thirty-two hours following the accident require the employer to cease attempts to administer a controlled substances test, and prepare and maintain on file a record (Form ACS-8) stating the reasons the test was not promptly administered.

Any employee who is subject to post-accident testing must remain readily available for such testing or may be deemed to have refused to submit to testing.

Any employee who is subject to post-accident testing must be immediately revoked of their driving privileges pending the results of the alcohol and/or drug test.

Any employee who is subject to post-accident testing shall not drive to the testing facility; they must be driven by another SCDOT employee.

Return-to Duty-Testing and Follow-Up Testing

SCDOT is not obligated to (and by the inclusion of this provision in this policy does not undertake or commit to any obligation under this policy to) reinstate, retain and/or rehire any employee who violates any SCDOT prohibition or requirement concerning drugs or alcohol.

Should SCDOT elect to consider reinstating or rehiring an employee who violates any SCDOT prohibition concerning drugs or alcohol, before he or she will be permitted to return to duty, that employee will be required to:

1. Be evaluated by a substance abuse professional who will determine what assistance the employee needs in resolving problems associated with alcohol misuse or controlled substances use.
2. Execute SCDOT's return-to-duty agreement.
3. Pass a non-USDOT return-to-duty drug and/or alcohol test.

For an alcohol test of 0.04 or greater, an employee must undergo a return-to-duty test prior to performing any job function. The test result must indicate a breath alcohol concentration of less than 0.02. For a positive controlled substance test, an employee must undergo a return-to-duty test prior to performing any job function. The test must indicate a verified negative result for drug use.

Such employees must also be further evaluated to determine their compliance with any rehabilitation program if prescribed by the substance abuse professional. Any employee who refuses to execute the return-to-duty agreement, who fails to fully cooperate and comply with the substance abuse professional program, who refuses to submit to a return to duty test, or who tests positive will be immediately discharged.

Should SCDOT elect to reinstate or rehire an employee determined by the substance abuse professional to be in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the employee must remain in full compliance with the provisions above and must meet all other requirements of the position, and will be subject to a minimum of six unannounced follow-up tests over the twelve months after returning to duty. At the direction of the substance abuse professional, the employee may be required to submit to further unannounced testing for up to five years.

Dilute Test Results of Controlled Substance Testing

"Negative dilute" test results for current employees will be treated as a negative result and no further action will be required. The medical review officer may direct an employee to be retested under observed conditions. If the medical review officer makes this determination, an immediate retest must be conducted.

"Positive dilute" test results will be treated in all cases as positive results, and positive test result sanctions will apply.

CONSEQUENCES

One of the goals of SCDOT's drug-free workplace policy is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious:

- If an employee violates the policy, he or she will be subject to disciplinary action, up to and including termination.
- Any employee who tests positive for controlled substances will be immediately suspended without pay pending the approval of the recommendation for termination.
- Any employee who tests between 0.02 and 0.039 on a breath alcohol test will be suspended without pay for five days if it is the first positive in five years. If there is a second violation at this level within five years, the employee will be immediately suspended without pay pending the approval of recommendation for termination.
- Any employee who tests 0.04 or greater will be suspended without pay, pending approval of the recommendation for termination.

Any employee will be immediately suspended without pay, pending the approval of the recommendation for termination, if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, or sends an imposter, provides a sample for another employee, will not sign the required forms, or refuses to cooperate in the testing process in such a way that prevents completion of the test.

ASSISTANCE

SCDOT has a strong commitment to the health and well-being of its employees and strongly encourages employees who may have substance abuse problems to seek assistance. Employees may request assistance through their immediate supervisor, the Office of Human Resources, and/or the alcohol and drug program manager. The employee will be referred to a local substance abuse professional. Employees who make a request for assistance prior to any directive to report for testing, prior to performing any job functions, and prior to an arrest for any drug-related offense will not be subject to drug/alcohol policy consequences. The employee will be required to use their annual leave and/or leave without pay until there is documented successful completion of an alcohol or drug abuse treatment program. The employee will be required to sign a return to duty agreement and must follow all requirements of that agreement. Failure to follow all requirements will result in suspension pending the recommendation for termination. The employee will be subject to return-to-duty testing and follow-up testing guidelines.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

CONFIDENTIALITY

All information received by SCDOT through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know to be in compliance with relevant laws and management policies.

SHARED RESPONSIBILITY

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play. All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs. In addition, employees are encouraged to

- make working in a safe environment a priority,
- support fellow workers seeking help, and
- report dangerous behavior to their supervisor.

It is the supervisor's responsibility to

- inform employees of the drug-free workplace policy,
- observe employee performance,
- investigate reports of dangerous practices,
- document negative changes and problems in performance,
- counsel employees as to expected performance improvement, and
- clearly state the consequences of policy violations.

TRAINING

Communicating SCDOT's drug-free workplace policy to both supervisors and employees is critical to SCDOT's success. To ensure all employees are aware of their role in supporting SCDOT's drug-free workplace program

- all employees will receive a written copy of the policy,
- the policy will be reviewed in orientation sessions with new employees,
- the policy and assistance programs will be reviewed at safety meetings,
- posters and brochures are available on the United States Department of Labor website,
- employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees,
- every supervisor will receive mandatory training to help him/her recognize and manage employees with alcohol and other drug problems.

TRAINING MATERIALS

ALCOHOL

Alcohol is the most widely abused of all drugs and belongs to the class of drugs known as depressants. Depressants affect the central nervous system, slowing down mental functions and depressing the pulse rate, blood pressure, respiration, and other bodily functions.

Alcoholism is a progressive disease that typically passes through four symptoms:

1. Craving – a strong need, or compulsion, to drink.
2. Loss of control – inability to limit one's drinking on any given occasion.
3. Physical dependence – withdrawal symptoms as nausea, sweating, shakiness, and anxiety occur when alcohol is stopped after a period of heavy drinking.
4. Tolerance – the need to drink greater amounts of alcohol in order to "get high."

Approximately 79,000 deaths each year in the United States are attributable to excessive alcohol use. This make excessive alcohol use the third leading lifestyle-related cause of death in the nation. In 2005, over 1.6 million hospitalizations and over 4 million emergency room visits were for alcohol-related conditions (Source: Centers for Disease Control and Prevention).

Signs and Symptoms

Typical Sources – beer, wine, and hard liquors.

Physical Symptoms – odor on breath; slurred speech; very bloodshot/watery eyes; poor balance/coordination; sleepy or stuporous gaze; possibly constricted pupils; greatly impaired driving ability; impaired judgment; inability to divide attention; lowered inhibitions; changes in sleep patterns.

Behavioral Symptoms – excessive use of mouthwash or mints to cover odor of alcohol; focus on alcohol-related activities; hidden drinking; morning drinking; drinking before attending an activity that includes drinking; drinking instead of eating; chronic, unjustifiable problems with family, employer, or other drivers; excessive irritability and impatience; extreme change in personality.

Personal Health, Safety, and the Work Environment

In 2007, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics, which is less than 1 percent of the 159 million self-reported episodes of alcohol-impaired driving among U.S. adults each year (Source: Centers for Disease Control and Prevention). Half of the 306 child passengers ages fourteen and younger who died in alcohol-related crashes in 2006 were riding with drivers who had blood alcohol contents of 0.08 or higher. In 2006, forty-five children ages fourteen and younger who were killed as pedestrians or bicyclists were hit by alcohol-impaired drivers. In 2007, there were 12,988 deaths in alcohol-related driving crashes (Source: National Institute on Drug Abuse).

General Health Effects – reduced coordination and reflex action; impaired vision and judgment; depressed genital reflexes and increased sexual dysfunction/impotency (in spite of reduced inhibitions); vitamin/mineral deficiencies resulting from improper diet; increased risk of miscarriage/premature birth/birth defects; ruptured veins; high blood pressure; damage to

stomach, pancreas, brain cells, esophagus, and/or liver; increased danger of auto/boating accidents; slips/trips/falls; fire; drowning; becoming a victim of violence/crime/murder.

Safety and the Work Environment – Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body (increasing with each additional drink) and resulting in an accident rate of up to six times the rate for an unimpaired individual. It takes an average person (150 pounds) about one hour to process one serving of an alcoholic beverage from the body.

Overdose Effects – unconsciousness, amnesia, blackouts, impotency, coma, death.

Withdrawal Syndrome – Alcohol withdrawal can be fatal. Symptoms include sleep disturbance, sweating and tremors, convulsions, coma, and heart failure. The alcoholic requires professional medical attention during withdrawal.

MARIJUANA

According to the National Survey on Drug Use and Health, in 2006, 14.8 million Americans ages twelve or older used marijuana at least once in the month prior to being surveyed, which is similar to the 2005 rate. Also in 2006, approximately 6,000 people per day used marijuana for the first time, which is 2.2 million Americans. Of these, 63.3 percent were under age 18. Marijuana use remains at unacceptably high levels, with more than 40 percent of high school seniors reporting use at least once in their lifetimes (Source: National Institute on Drug Abuse). Regardless of any state or local statutes permitting the use of marijuana or tetrahydrocannabinol (THC), such use (including a prescription by a licensed physician) violates federal statutes.

Signs and Symptoms

Evidence of Presence – plastic bags; smoking papers; roach clip holder; small pipes of bone, brass, or glass; smoking bongs; distinctive odor (like burning rope).

Physical Symptoms – reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for non-smokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heart beat; slowed speech; impaired motor coordination; altered perceptions; increased appetite.

Behavioral Symptoms – impaired memory; time/space distortion; feeling of euphoria; panic reactions; paranoia; "I don't care" attitude; false sense of power.

Personal Health, Safety, and the Work Environment

Marijuana produces a pleasant euphoria or "high," commonly followed by drowsiness. Intoxication temporarily impairs concentration, learning, and perceptual-motor skills. Thus, for at least four to six hours after a dose of marijuana, drivers function with reduced abilities. Preliminary studies suggest that performance is impaired long after the acute subjective effects have ended. Experienced pilots in a flight simulator were impaired for at least twenty-four hours after a dose, long after the subjective high had disappeared. Functional impairments are less well understood in cases of prolonged, heavy marijuana use, because although THC accumulates in the body, behavioral and physiological tolerance develops.

General Health Effects – Chronic marijuana smoking causes emphysema-like conditions. One "joint" is the cancer causing equivalent of one-half to a full pack of tobacco cigarettes. Marijuana

is commonly contaminated with the fungus Aspergillis, which can cause serious respiratory tract and sinus infections. Chronic marijuana smoking causes changes in brain cells and brain waves. Long-term brain damage is likely to occur. The active chemical, THC, and sixty other chemicals in marijuana tend to concentrate in the ovaries and testes. Chronic smoking of marijuana in males causes a decrease in the male sex hormone and an increase in the female sex hormone, which can lead to female sex characteristics, including breast development. Chronic smoking of marijuana in females causes a decrease in fertility and an increase in male hormones. THC has been linked with malformations of the brain, spinal cord, forelimbs, liver, and spine, and visual problems.

Safety and the Work Environment – Regular use can cause delayed decision making; diminished concentration; impaired short-term memory; impaired signal detection (ability to detect a flash of light); impaired tracking (the ability to follow moving objects with the eyes); and visual distance measurements. 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 (or any other safety-sensitive work) very dangerous.

Overdose Effects – aggressive urges; anxiety; confusion; fearfulness; hallucinations; heavy sedation; immobility; mental dependency; panic; paranoia; unpleasant/distorted body image.

Withdrawal Syndrome – sleep disturbance; hyperactivity; decreased appetite; irritability; gastrointestinal distress; salivation; sweating; and tremors.

COCAINE

Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride ("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.

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. Cocaine first produces psychomotor and autonomic stimulation, with a euphoric subjective "high." Larger doses may induce mental confusion or paranoid delusions, and serious overdoses cause seizures, respiratory depression, cardiac arrhythmia, and death.

Cocaine abusers, even if they do not use at work, often report vocational impairment due to exhaustion; they use the drug until late at night. Among chronic users, exhaustion, lethargy, and mental depression appear, and the stimulant effect may seem progressively weaker. But the drug is highly reinforcing; repeated experiences with it tend to drive further episodes of self-administration. Many patients say that although the drug no longer produces much "high," they are unable to abstain.

Signs and Symptoms

Evidence of Presence – 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; 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.

Personal Health, Safety, and the Work Environment

General Health Effects – may upset chemical balance of the brain; speed up the aging process; cause irreparable damage to critical nerve cells; cause the heart to beat faster and harder, rapidly increasing blood pressure; cause spasms of blood vessels in the brain and heart, leading to strokes and heart attacks. 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. Medical intervention for overdoses in such cases usually proves ineffective.

Safety and the Work Environment – Regular use can cause the following effects: paranoia and hallucinations; hyperexcitability and overreaction to stimulus; difficulty in concentration; wide mood swings. Withdrawal leads to depression and disorientation. 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 greatly increase potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions. The cost of maintaining cocaine dependency frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.
Overdose effects – agitation; increase in body temperature; hallucinations; convulsions; death.

Withdrawal Syndrome – apathy; long periods of sleep; depression; irritability; disorientation.

AMPHETAMINES / METHAMPHETAMINES

In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms including pill, capsule, tablet (ingested), powder (snorted), and liquid (injected). 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 plastic bags.

These synthetic drugs are much less widely abused than cocaine or marijuana. The stimulant effects of amphetamine and methamphetamine are similar to those of cocaine, but last longer. A single therapeutic dose enhances attention and performance, but performance deteriorates as the effects wear off, or with repeated dosing.

These stimulant drugs are useful in treating narcolepsy and attention deficit disorder, and are sometimes prescribed for depression that has not responded to other treatments. The drugs cause anorexia, but tolerance quickly develops, limiting their merit for treating obesity. Because of the abuse risk, medical boards in several jurisdictions have formally determined that it is inappropriate to treat obesity with these drugs for more than a few weeks. However, a tested individual producing a confirmed positive should be carefully queried about prescribed medications.

Signs and Symptoms

Evidence of Presence – most frequently: pills, capsules, tablets, envelopes, bags, vials for storing. 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 dosage level).

Behavioral Symptoms – confusion; panic; talkativeness; hallucinations; restlessness; anxiety; moodiness; false sense of power and confidence; "amphetamine psychosis," which might result from extended use.

Personal Health, Safety, and the Work Environment

General Health Effects – "amphetamine psychosis," resembling schizophrenia, users may see, hear, and feel things that do not exist (hallucinations); have irrational thoughts or beliefs (delusions); and feel as though people are out to get them (paranoia). Regular use produces strong psychological dependence and increasing tolerance to the drug. The euphoria increases impulsive and risk taking behavior, such as bizarre and violent acts. Intoxication may induce a heart attack or stroke due to spiking of the blood pressure. Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels. Lack of sleep, weight loss, and depression also result from regular use. Users who inject drugs can get serious and life-threatening inflections, lung or heart disease, and/or kidney damage.

Safety and the Work Environment – Regular use can cause restlessness, anxiety, moodiness, false sense of power. Extended use can cause hallucinations, delusions, paranoia, brain damage. A false sense of alertness can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness and become dependent. While limited doses cause short term mental/physical improvement, greater use impairs functioning. Amphetamine hangover effects are a danger in safety-sensitive positions.

Overdose Effects – agitation, hallucinations, convulsions, death, increase in body temperature.

Withdrawal Syndrome – apathy, long periods of sleep, depression, disorientation, irritability.

OPIATES, OPIOIDS, MORPHINE, CODEINE, HEROIN, OTHERS

Natural and natural derivatives include opium, codeine, and heroin (semi-synthetic). Synthetics include mepedrine (Demerol) oxymorphone (Numorphan). Opiates may be taken in pill form, smoked, or injected, depending on the type of narcotic used.

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.

Since the body metabolizes codeine to morphine, both substances may occur in urine following the use of codeine. The medical review officer must find that urine containing morphine, or morphine and codeine, does not demonstrate drug abuse unless other signs are also present, such as needle tracks; signs of intoxication or withdrawal; moderate, non lethal, "flu"-like abstinence syndrome with nausea, diarrhea, coryza, occasional vomiting, weakness, malaise, gooseflesh,

and dilated pupils. However, the metabolite 6-monoacetylmorphine in urine comes only from heroin; this compound confirms illicit drug use.

Signs and Symptoms

Evidence of Presence – needles; syringe caps; eyedroppers; bent spoons; bottle caps; rubber tubing (used in the preparation for and injection of the drug); 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, apathy, stupor, euphoria.

Personal Health, Safety, and the Work Environment

General Health Effects – Intravenous needle users have a high risk for contacting hepatitis and AIDS due to sharing of needles. Because opiates increase tolerance to pain, individuals may underestimate the extent of injuries, leading to failure to seek medical attention after an accident. Because the effects of opiates are multiplied when used in combination with other depressant drugs and alcohol, overdoses are more likely.

Safety and the Work Environment – Regular use can cause the following effects: depression, apathy, wide mood swings, slowed movement, slower reflexes, high physical/ psychological dependence. The apathy caused by opiates results in an "I don't really care" attitude toward performance. Physical effects, depression, fatigue, and slowed reflexes raise the potential for accidents.

Overdose Effects – slow/shallow breathing, clammy skin, convulsions, coma, death.

Withdrawal Syndrome – watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, sweating.

PCP (PHENCYCLIDINE)

PCP is not used in medicine and does not occur in nature. PCP’s use as a human anesthetic was discontinued because it produced psychotic reactions, and its more prolonged use as a veterinary tranquilizing agent has also stopped. Thus, the drug has no therapeutic role, and is strictly illegal.

PCP is commonly sold as a creamy, granular powder (brown or white) and is 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 smoked in marijuana, tobacco, or other leafy materials.

The behavioral reinforcement is striking, considering the drug's pronounced adverse effects. The psychosis that sometimes develops with intoxication may be long-lasting, and there are suggestions of personally and cognitive changes persisting for months after chronic use. Its toxicity has given it a bad reputation even among drug users. It remains a popular drug of abuse in some cities, notably Washington, DC; Los Angeles; and Baltimore.

Signs and Symptoms

Evidence of Presence – foil or paper packets; stamps (off of which PCP is licked); injection paraphernalia (needles, syringes, and tourniquets); leafy herbs (for smoking).

Physical Symptoms – dilated or floating pupils; blurred vision; nystagmus (jerky eye movements); drooling; muscle rigidity; profuse sweating; decreased sensitivity to pain; dizziness; drowsiness; impaired coordination; 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.

Personal Health, Safety, and the Work Environment

General Health Effects – There are four phases of PCP abuse:

1. Phase 1 – Acute toxicity: can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perceptions are common.
2. Phase 2 – Toxic psychosis: while this phase does not always follow the first, users may experience visual and auditory delusions, paranoia, and agitation.
3. Phase 3: Drug induced schizophrenia: may last a month or longer
4. Phase 4: Drug induced depression: suicidal tendencies and mental dysfunction can last for months.

Safety and the Work Environment – Regular use can cause the following effects: irreversible memory loss; personality changes; thought disorders; hallucinations. Extreme mental/anesthetic effects create high potential for accidents and overdose emergencies. Because the effects are aggravated by other depressant drugs such as alcohol, overdose potential is high. PCP-induced hallucinations may be misdiagnosed as LSD-induced. The standard treatment for LSD-induced hallucinations is Thorazine, which when administered with PCP can be fatal. Distortions in perception and potential visual and auditory delusions make performance unpredictable and dangerous in safety-sensitive positions. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous in any safety sensitive position.

Overdose Effects – longer, more intense "trip" episodes; psychosis; coma; death.

Withdrawal Syndrome – None reported.

BARBITURATES

Barbiturates were first used in medicine in the early 1900s and became popular in the 1960s and 1970s as treatment for anxiety, insomnia, and seizure disorders. With the popularity of barbiturates in the medical population, barbiturates as drugs of abuse evolved as well. Barbiturates were abused to reduce anxiety, decrease inhibitions, and treat unwanted effects of illicit drugs. Barbiturates can be extremely dangerous because the correct dose is difficult to predict. Even a slight overdose can cause coma or death. Barbiturates are also addictive and can cause a life-threatening withdrawal syndrome.

There are many different barbiturates. The primary difference among them is how long their effects last. The effects of some of the long-acting drugs may last up to two days. Others are very short-acting; their effects last only a few minutes.

Barbiturates can be injected into the veins or muscles, but they are usually taken in pill form. The street names of commonly abused barbiturates describe the desired effect of the drug or the color and markings on the pill.

Signs and Symptoms

Physical symptoms – Like alcohol, barbiturates are intoxicating. During the stage after mild intoxication, the user's speech may be slurred and a loss of coordination may become noticeable. Stumbling and staggering are common. Other symptoms include shallow breathing, fatigue, frequent yawning, and irritability.

Behavioral symptoms – Barbiturates have several effects on behavior depending on the dose. In low doses barbiturates reduce anxiety, respiration, blood pressure, heart rate, and rapid eye movement (REM) sleep. In higher doses barbiturates can actually act like a stimulant. These effects may be caused by depression of inhibitory brain circuits. In other words, barbiturates at these doses act to remove inhibitory behavior.

Personal Health, Safety, and the Work Environment

General Health Effects – A major problem with barbiturates is that they may lead to tolerance and dependence. Tolerance occurs when greater and greater amounts of the drug are required to get the desired effect. For example, if barbiturates are used to help a person sleep, over time, a greater dose of the drug will be needed to get the person to sleep. Dependence occurs when a person feels like he or she must use the drug and withdrawal symptoms occur when the person stops using the drug.

Safety and the Work Environment – Driving and other activities requiring muscle coordination can be impaired for up to a day after a single dose. Some barbiturates can be detected in a user's urine sample days or even weeks after the drug was consumed.

Overdose Effects – Barbiturates can lead to excessive sedation and cause anesthesia, coma, and even death. Barbiturate overdoses may occur because the effective dose of the drug is not too far away from the lethal dose.

Withdrawal Syndrome – anxiety, insomnia, seizures, nausea, stomach problems, hallucinations.

BENZODIAZEPINES

The benzodiazepine family of depressants is used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and prevent seizures. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses. Of the drugs marketed in the United States that affect central nervous system function, benzodiazepines are among the most widely prescribed medications. Fifteen members of this group are presently marketed in the United States, and about twenty additional benzodiazepines are marketed in other countries.

Signs and Symptoms

Physical Symptoms – Signs of chronic drug abuse can be very nonspecific and include changes in appearance and behavior that affect relationships and work performance. Warning signs in children include abrupt changes in mood or deterioration of school performance. Chronic abuse of benzodiazepines can lead to the following symptoms that mimic many of the indications for using them in the first place: anxiety, insomnia, anorexia, headaches, weakness.

Behavioral Symptoms – A person who becomes dependent on a benzodiazepine will feel an intense craving for it and get sick if they do not take it. They may also need to take more and more of the drug to get the same feeling that a smaller dosage used to provide. Sudden discontinuation of the drug may cause withdrawal symptoms such as shaking, nervousness, insomnia, upset stomach, vomiting, rapid heartbeat, sweating, and (sometimes) sensitivity to bright lights or loud noises. Some people have seizures or hallucinations. Studies indicate that 3 percent to 41 percent of alcoholic persons report they abused benzodiazepines at some time, often to modulate intoxication or withdrawal effects. The contemporary alcoholic is usually a multiple drug user. As many as 80 percent of alcoholics under the age of thirty have been addicted to or use at least one other drug

Personal Health, Safety, and the Work Environment

General Health Effects – Benzodiazepines are commonly abused. This abuse is partially related to the toxic effects they produce and also to their widespread availability. They can be chronically abused or, as seen more commonly in hospital emergency departments, intentionally or accidentally taken in overdose. Death and serious illness rarely result from benzodiazepine abuse alone; however, they are frequently taken with either alcohol or other medications. The combination of benzodiazepines and alcohol can be dangerous.

Benzodiazepines have also been used as a "date rape" drug because they can markedly impair and even abolish functions that normally allow a person to resist or want to resist sexual aggression or assault. In recent years, the detection and conviction of people involved in this has increased dramatically. The drug is usually added to alcoholic or other drinks in powder or liquid form and can be hard to taste.

Safety and the Work Environment – Drugs acting on the brain can alter perception, cognition, attention, balance, coordination, reaction time, and other faculties required for safe driving. The effects of specific drugs of abuse differ depending on their mechanisms of action, the amount consumed, the history of the user, and other factors.

Prescription Drugs: Many medications (e.g., benzodiazepines and opiate analgesics) act on systems in the brain that could impair driving ability. In fact, many prescription drugs come with warnings against the operation of machinery, including motor vehicles, for a specified period of time after use. When prescription drugs are taken without medical supervision (i.e., when abused), impaired driving and other harmful reactions can result.

Overdose Effects – High doses of benzodiazepines can produce more serious side effects. Signs and symptoms of acute toxicity or overdose may include drowsiness, confusion, dizziness, blurred vision, weakness, slurred speech, lack of coordination, difficulty breathing, coma, and death.

Withdrawal Syndrome – Despite their many helpful uses, benzodiazepines can lead to physical and psychological dependence. Dependence can result in withdrawal symptoms and even seizures when they are stopped abruptly. Dependence and withdrawal occur in only a very small percentage of people taking normal doses for short periods. The symptoms of withdrawal can be difficult to distinguish from anxiety. Symptoms usually develop three to four days after the last use, although they can appear earlier with shorter-acting varieties.

PROPOXYPHENE

Structurally, propoxyphene is a relative of the synthetic narcotic methadone. It is prescribed in two forms, propoxyphene hydrochloride and propoxyphene napsylate, for relief of mild to moderate pain. Aside from slight differences – the napsylate form (or N-form) of propoxyphene is more slowly absorbed in the body and so has a longer duration of action – the two drugs are identical. Both are found in a number of prescription pain medications, including:

- Darvon and Darvon-N (propoxyphene only)
- Darvon with ASA, Darvon-N with ASA (with aspirin)
- Darvocet, Darvocet-N, Wygesic (with acetaminophen)
- Darvon Compound, Darvon Compound-65 (with aspirin and caffeine)

Propoxyphene is prescribed and sold as a mild analgesic for pain that does not respond to aspirin. Since it is most often prescribed for relief of pain, propoxyphene can easily be misused, particularly when relief does not appear to be fast or forthcoming.

The gap between a therapeutic dose of propoxyphene and an overdose is small. This margin of safety is so slight that as little as four times the standard dose can trigger a dangerous slowing of breathing and heart rate. Six times a therapeutic dose can cause seizures and symptoms of toxic psychosis. Propoxyphene's small safety margin shrinks further if the drug is taken with alcohol or other depressants.

Signs and Symptoms

Physical Symptoms – Propoxyphene can cause confusion, clumsiness and unsteadiness. Some users feel nervousness and restlessness. Some also feel lightheadedness, while others experience fainting spells. Headaches, nausea, and vomiting are common. If used for a long period of time, propoxyphene can cause constipation.

Behavioral Symptoms – Propoxyphene, when abused, is taken orally or chewed. It may also be crushed into a fine powder, and snorted like cocaine or dissolved in water to be injected like heroin. Propoxyphene causes a persistent dryness in the mouth despite drinking a lot of fluid. Appetite decreases; therefore, weight loss is noticeable. Since propoxyphene causes gastrointestinal effects, it is common for users to retain their urine. The continuous state of constipation due to unnecessary and prolonged use of the drug may lead to diverticulitis. Analgesia, or the loss of sensation of pain, can occur. Recreational users can also suffer from mood swings. Bouts of euphoria, which can reduce inhibition and cause uncharacteristic behavior, are followed by feelings of depression as the effects of the drug recede. Others may act as if intoxicated, exhibiting slurred speech, impaired balance, or poor coordination.

Personal Health, Safety, and the Work Environment

General Health Effects – Propoxyphene has a high risk of fatal overdose. Heavy doses of caffeine (found in Darvon Compound and Darvon Compound-65) can cause jitteriness, insomnia, and anxiety, which some users relieve by taking tranquilizers or sleeping pills, further compounding the risk of overdose. Symptoms of overdose are similar to other narcotic overdoses, and include convulsions, stupor, pinpoint pupils, respiratory depression, and coma. Propoxyphene overdoses are often deadly because they happen so quickly. One study has shown that 20 percent of fatal overdoses occur in the first hour after ingesting the drug.

Safety and the Work Environment – Prescription drugs act on systems in the brain that could impair driving ability. In fact, many prescription drugs come with warnings against the operation of machinery, including motor vehicles, for a specified period of time after use. When prescription drugs are taken without medical supervision (i.e., when abused), impaired driving and other harmful reactions can also result. The Food and Drug Administration (FDA) is requiring the manufacturers of propoxyphene to strengthen product labeling, emphasizing the risk of fatal overdose with its use.

Overdose Effects – extreme drowsiness, pinpoint or dilated pupils, confusion, cold and clammy skin, blue lips, weak pulse, slow or uneven heart rate, shallow breathing, fainting, or breathing that stops.

Withdrawal Syndrome – Withdrawal symptoms after either abrupt cessation or fast tapering may occur and include agitation, restlessness, anxiety, insomnia, tremor, tachycardia, hallucinations, psychosis, abdominal cramps, vomiting, sweating, and seizures.

METHADONE

Methadone was originally synthesized by German scientists during World War II for use as an analgesic (painkiller). It was introduced into the United States in 1947 as an analgesic, but is now primarily used for the treatment of addiction to narcotics. Methadone is usually available as a liquid, which should be swallowed. Tablets and injectable ampoules are sometimes prescribed. Methadone prescribed to control narcotic addiction is often diverted and made available illegally.

Signs and Symptoms

Physical Symptoms – Side effects associated with methadone include pruritus (severe itching), nausea, constipation, confusion, sedation, and respiratory depression. Signs of use include excess sweating and flushing, shallow breathing, hallucinations or confusion, chest pain, dizziness, fainting, and a rapid or pounding heartbeat. Less serious methadone side effects may include anxiety, nervousness, or restlessness; sleep problems (insomnia); weakness or drowsiness; dry mouth; nausea; vomiting; diarrhea; constipation; loss of appetite; or decreased sex drive or impotence.

Caution should be taken with initiation of therapy and dosage increases because severe toxicities may not become apparent for two to five days. Side effects such as sedation and respiratory depression are increased when methadone is combined with alcohol or other drugs.

Behavioral Symptoms – Some warning signs of methadone addiction include taking more than the recommended dose, obtaining the drug illegally through street sales, and the use of methadone in combination with other drugs. If a person begins to use methadone in order to get high they are likely to be on the path toward addiction. Addiction symptoms include cravings, an obsession with the drug, withdrawal symptoms, and an increasing tolerance. Tolerance to the methadone "high" may develop in about two weeks. A user must then increase their dose in order to keep achieving a high, beginning the cycle of substance addiction.

Personal Health, Safety, and the Work Environment

General Health Effects – Methadone addiction is caused by long term intake of methadone, Prescribed for patients with severe pain, such as those with serious injuries or those who have undergone major surgery, methadone works in the brain to decrease the sensation of pain and to mute the emotional response to pain. Available as tablets, dispersible tablets, liquid, and liquid concentrate, it is generally taken every 3-4 hours for severe pain and every 6-8 hours for chronic pain. Unlike the immediate high from many opiates, methadone's narcotic effect is delayed, which makes it extremely dangerous and easy for methadone addiction to occur.

Methadone is also used as a replacement therapy for opiate dependency. A legal dependency (methadone) is substituted for an illegal dependency (heroin). Methadone is only available in government-approved drug treatment clinics, and patients must go to these clinics every day to obtain their medication.

Safety and the Work Environment – Prescription drugs act on systems in the brain that could impair driving ability. In fact, many prescription drugs come with warnings against the operation of machinery, including motor vehicles, for a specified period of time after use. When prescription drugs are taken without medical supervision (i.e., when abused), impaired driving and other harmful reactions can also result.

Overdose Effects – Overdose symptoms may include extreme drowsiness, pinpoint pupils, confusion, cold and clammy skin, weak pulse, shallow breathing, fainting, or breathing that stops.

Withdrawal Syndrome – lightheadedness, sneezing, vomiting, delusions, paranoia, elevated blood pressure, suicidal ideation, nausea, diarrhea, fever, chills, aches and pain, tremors, depression, prolonged insomnia, delirium, hallucinations, agitation, and anxiety.

WORKPLACE TRENDS FOR ALL CATEGORIES

Employed drug abusers cost their employers approximately twice as much in medical and workers' compensation claims as their drug-free coworkers.