Tennessee opioid overdose fatalities rose to 1,263 in 2014, and health officials and lawmakers are worried what's to come.

Holly Fletcher, hfletcher@tennessean.com

At least 1,263 Tennesseans died last year from opioid overdoses, up 97 deaths from 2013 — a staggering statistic that points to growing abuse despite an array of measures to stem addiction.

It's an epidemic sweeping across the state, affecting people in both small towns and big cities.

More people died in 2014 from opioid overdose in Tennessee than in car accidents or by gunshots.

It's a public health crisis that worries state health officials, emergency room doctors, clinicians of all stripes and some lawmakers.

"I would like to think the rate of increase has slowed, but quite frankly the 2014 numbers don't really allow me to say that," said David Reagan, chief medical officer of the Tennessee Department of Health.

"It is at epidemic proportions in our state."

There were more than 100 deaths in Davidson, Knox and Shelby counties.

2011-2014

OVERDOSE DEATHS

Drug overdoses in Tennessee jumped from 16.6 percent per 100,000 deaths in 2011 to 19.3 percent per 100,000 deaths in 2014.

» 2014: 1,263
» 2013: 1,166
» 2012: 1,094
» 2011: 1,062

Tennessee Department of Health

OPID, 13A
OPIOID

CONTINUED FROM 1A

ties, while 25 other counties had 2 deaths. All but four counties had at least one overdose death in 2014.

Opioids are found in prescription painkillers such as Hydrocodone and Oxycodone. One such term is sometimes called "illicit heroin."—as well as heroin.

It's a problem that spans all ages, but the highest percentage of overdose deaths are found among young men ages 15-24, Reagan said. 

Reagan said in many cases the abuse of prescription painkillers escalates to heroin.

And it's not hard to get your fix. Prescription painkillers are either easily obtained illegally or on the street. A Hydrocodone pill costs $5-$7 per pill, Percocet is $7-$10 per pill, Oxycodone runs $30-$40 per pill, and Oxycontin can reach $80 per pill. Heroin is a less-expensive option, costing around $15 per bag, according to data from the Tennessee Bureau of Investigation.

Most people who become addicted to opioids didn't set out with the intention of being an abuser. For some a car wreck or a weekend accident that results in a bad back pain or disk back pain starts the cycle.

They never intended for that one incident to end up in dependency and addiction, Reagan said. "This wasn't their idea."

Dr. Richard Soper of the Center for Behavioral Wellness in Nashville said he once treated a woman who took her first opioid at age 12 when she fell into a coma and her grandmother gave her a prescription for pain.

Opioids rewire the brain specifically the mu, kappa and delta receptors over time. Some of the behavioral changes are irreversible or repairable, but others are not. People who take them "don't have the same psychobehavioral effect. They are not taking opioids, Reagan said.

Partners in Care, based in Chattanooga, said arrests are not the answer to the opioid epidemic, and that law enforcement should focus on people on the path to sobriety.

"Abuse of drugs doesn't discriminate" according to Bill Hassum, signed legislation in 2012 to expand the information tracked by the state's controlled substance database. Just days ago, the state began new oversight over pain management clinics.

One need tightening measure was set to take effect July 1, when medical directors of opioid prescribing offices will be required to be pain specialists. If not, practices with about 300 pain clinic doctors and roughly 120 pain specialists and addiction doctors attending to health department data.

New guidelines and treatment protocols were proposed in early summer in 2014 by both Hassum and a group of physicians. Doctors wanted to curb the number of pills they could be prescribed. Hassum sought to put an emphasis on treatment.

"It's been a step in the right direction. I think there may be some way to improve the current laws based on our experience," Reagan said.

The regulations, and increased partnership between pain management doctors, are having an impact on the available opioid prescriptions. It's also an unintended consequence: People are turning to heroin because it's cheaper.

The TBI is "very, very" conscious about the move toward heroin, said Tom Vlatko, as Farmer, special agent in charge of Dangers of Heroin on Drugs Task Force, who calls the trend "epidemic and a bad." It's less said because it, in some ways, validates our efforts in the prescription drug abuse part.

"We would not want them to go to heroin. We do not want them to go the street. It's not safe."

Yet, the state remains a leader in the number of overdose deaths per person.

"We're not at a point yet in our society that we have talked about end stage renal disease or diabetes as a stigmatization. It's still seen as a medical condition but not a social problem," Reade McFetridge of 615-259-8207 or on Twitter @hollyfletcher.

“IT IS AN EPIDEMIC OF BIBLICAL PROPORTIONS THAT WE NEED TO FIGHT ON EVERY FRONT,” Yager said.

“This just doesn’t play to the Western Way kids in the slums or in the inner cities. This is a country club as well,” Yager said. "We realize that, as a society, the abuse of drugs does discriminate regardless of whether you’re rich or poor or black or white.”

HOW PEOPLE DIED IN 2014

Drug overdose deaths are on the rise in Tennessee despite legislation to regulate pain clinics and controlled substances. 

Overdose deaths in 2014 topped 1,200, although health care officials think the actual number was higher.

- 1,224: Diabetes mellitus
- 1,599: Pneumonia and flu
- 1,262: Drug overdose
- 1,916: Firearm discharge
- 948: Vehicle accidents
- 634: Hypertension and kidney disease

Tennessee Department of Health

Source: Tennessee Department of Health

Source: Tennessee Bureau of Investigation

Henderson: 18
Hickman: 13
Huntington: 30
Jackson: 20
Knox: 123
Lawrence: 20
Lee: 13
Maury: 28
McDonough: 26
McMinn: 13
Monroe: 26
Putnam: 21
Rutherford: 35
Rutherford County
Simpson: 18
Smith: 18
Smyth: 20
Tennessee Department of Health

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PART 382
Controlled Substances and Alcohol Use and Testing

Applicability (382.103)
Drivers required to have a commercial drivers license (CDL), who operate a CMV as defined in Part 382 are subject to the controlled substance and alcohol testing rules. This requirement extends to those drivers currently covered by the rule, including interstate and intrastate truck and motor coach operations. This includes commercial motor vehicles operated by:

➤ For-hire and private companies
➤ Federal, State, local, and tribal governments
➤ Church and civic organizations
➤ Apiary (bee) industries

Exemptions (382.103)
➤ Drivers who are required to comply with the Federal Transit Administration’s (FTA) alcohol and controlled substance testing (49 CFR Parts 653 and 654)
➤ Drivers exempt from commercial driver’s license requirements by their issuing State
➤ Active duty military personnel

Definitions (382.107)
Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in interstate, intrastate, or foreign commerce to transport passengers or property if the vehicle:

➤ Has a gross combination weight rating of 26,001 pounds or more (11,794 kilograms or more) inclusive of a towed unit(s) with a gross vehicle weight rating of more than 10,000 pounds (4,536 kilograms); or
➤ Has a gross vehicle weight rating of 26,001 pounds or more (11,794 kilograms or more); or
➤ Is designed to transport 16 or more passengers, including the driver; or
➤ Is of any size and is used in the transportation of hazardous materials requiring placarding.

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

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

Before Employment (382.301 – Controlled Substances Only)
No employer shall allow a driver to perform a safety-sensitive function until they have received the negative controlled substance test result.

Post-Accident (382.303)
As soon as practicable following an accident involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol (within 8 hours) and controlled substances (within 32 hours) for each of its surviving drivers:

➤ Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
➤ Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

➤ Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
➤ 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.
Post-Accident:
Table for §382.303(a) and (b)

<table>
<thead>
<tr>
<th>Type of accident involved</th>
<th>Citation issued to the CMV driver</th>
<th>Test must be performed by employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human fatality</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bodily injury with immediate medical treatment away from the scene</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Disabling damage to any motor vehicle requiring tow away</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Random (382.305)
Companies are to randomly test drivers at a minimum annual percentage rate of 10% of the number of drivers for alcohol testing, and 50% for controlled substances testing. The random alcohol tests must be performed immediately prior, during or immediately after a driver has performed a safety-sensitive function as defined in 49 CFR section 382.107. All drivers must have an equal chance of being tested.

Reasonable Suspicion (382.307)
An employer shall require a driver to submit to an alcohol and/or controlled substance test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions concerning alcohol and/or controlled substances. The employer’s determination that reasonable suspicion exists to require the driver to undergo an alcohol and/or controlled substances test must be based on specific, coincidental, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The required observations shall be made by a supervisor or company official who is trained in accordance with 49 CFR section 382.603.

Return-to-Duty (382.309)
Each employer shall ensure that before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by Subpart B (Prohibitions) of Part 382 concerning alcohol or controlled substances, the driver shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 and/or the driver shall undergo a return-to-duty controlled substances test with a result indicating a verified negative result for controlled substances use.

Follow-Up (382.311)
The Substance Abuse Professional (SAP) will establish a follow-up testing plan. The employer must ensure that the follow-up testing plan is carried out. A minimum of six tests must be conducted in the first 12 months, and the driver may also be subject to follow-up tests during the 48 months of safety-sensitive duty following the first 12-month period.

Driver Awareness (382.601)
Every motor carrier shall provide educational materials explaining the requirements of the regulations as well as the employer’s policies regarding alcohol misuse and controlled substances abuse. At a minimum, detailed discussions should include:

- The identity of the person designated to answer drug and alcohol questions.
- Which drivers are subject to these requirements, what behavior is prohibited, and clarification of what a “safety-sensitive function” is.
- The circumstances under which a driver will be tested, and the procedures that will be used for testing.
- Explanations of the requirement that a driver submit to the testing, as well as what constitutes a driver’s refusal to submit to testing.
The consequences for drivers who have violated the testing requirements.

Information concerning the effects of alcohol misuse, and controlled substances abuse on health, work, and personal life.

What is required of the Motor Carrier if a driver tests positive?

Controlled Substance (382.501, 40.23)
When an employer receives notification of a verified positive controlled substance test result or a verified adulterated or substituted controlled substance test result, the employer must immediately remove the employee involved from any safety-sensitive functions. Do not wait to receive written verification confirming the test results or the result of a split specimen test.

Alcohol (382.501, 40.23)
When an employer receives an alcohol test result of 0.04 or higher alcohol concentration, the employer must immediately remove the employee involved from any safety-sensitive functions. Do not wait to receive written verification confirming the test results.

When the motor carrier receives an employee's alcohol test result showing an alcohol concentration of .02 to .039, the employer must immediately remove the employee from any safety-sensitive functions until the start of the employee's next regularly scheduled duty period; but not less than 24 hours following administration of the test.

General (382.309, 40.305)
Before an employer allows a driver to return to duty to perform a safety-sensitive function following certain prohibited conduct such as:

- a verified positive controlled substances test result;
- an alcohol result of 0.04 or greater;
- a refusal to submit to a test; or
- any other activity that violates provisions of the Prohibitions (Part 382, Subpart B) that driver must first be evaluated by a SAP, participate in any treatment program prescribed, and pass a controlled substances and/or alcohol return-to-duty test.

It is the motor carrier's responsibility to provide to the employee a list, including the names, addresses, and telephone numbers, of qualified SAPs as required by 49 CFR section 40.287.

As an employer, you may not alter a drug or alcohol test result transmitted to you by a Medical Review Officer (MRO), Breath Alcohol Technician (BAT), or Consortium/Third Party Administrator (C/TPA) as noted in 49 CFR section 40.23.

Drug and Alcohol Convictions While Operating a Noncommercial Vehicle (391.51)
Drivers should be made aware that certain drug and alcohol convictions in a noncommercial vehicle may affect their commercial driver's license status. See Part 383 of this CD-ROM or review 49 CFR section 383.51.

Recordkeeping Requirements (382.401)

General requirements.

Each employer must maintain records of its alcohol misuse and controlled substances use prevention programs in a secure location with controlled access. When requested by an authorized representative of FMCSA, the records must be made available at the principal place of business within two business days. See 49 CFR section 383.51.

If a record is required to be prepared, it must be retained. The following records must be maintained for a minimum of:

Five Years

- Records of alcohol test results indicating an alcohol concentration of 0.02 or greater;
- Records of verified positive controlled substances test results;
- Documentation of refusals to take required alcohol and/or controlled substances tests;
- Driver evaluation and referrals; or
- Calibration documentation of Evidential Breath Testing (EBT) devices;
- Records related to the administration of the alcohol and controlled substances testing program; and
- A copy of each annual calendar year summary if required by 49 CFR section 382.403.
Two Years
Records related to the alcohol and controlled substances collection process (except calibration of evidential breath testing devices) including:

▸ Random selection process records;
▸ Reasonable suspicion testing documentation;
▸ Post accident testing documentation; and
▸ Medical explanation for a driver’s inability to provide adequate sample.

One Year
▸ Records of negative and cancelled substances test results; and
▸ Alcohol test results with a concentration of less than 0.02.

Indefinite Period
Records must be maintained by the employer while the individual performs the functions which require the training and for two years after ceasing to perform those functions.

▸ All records related to the training and education of drivers, supervisors, breath alcohol technicians, and screening technicians;
▸ Employer’s testing policy; and
▸ Driver’s signed receipt for educational materials and policy received.


Form to Use
17 ................U.S. Department of Transportation (DOT) Alcohol Testing Form
Foreword:

Intent of the Tennessee Drug-Free Workplace Program

It is the intent of the general assembly to promote drug-free workplaces in order that employers in this state be afforded the opportunity to maximize their levels of productivity, enhance their competitive positions in the marketplace and reach their desired levels of success without experiencing the costs, delays and tragedies associated with work-related accidents resulting from drug or alcohol abuse by employees. It is further the intent of the general assembly that drug and alcohol abuse be discouraged and that employees who choose to engage in drug or alcohol abuse face the risk of unemployment and the forfeiture of worker's compensation benefits.*

*(from T.C.A. Section 50-9-101. Legislative intent.)
The Problem: Substance Abuse in the Workplace.*

- 60% of the world's production of illegal drugs is consumed in the U.S.
- Nearly 70% of current users of illegal drugs are employed.
- Nearly 1 in 4 employed Americans between the ages of 18 - 35 have illegally used drugs in the past year.
- 1/3rd of employees know of the illegal sale of drugs in their workplace.
- 20% of young workers admit using marijuana on the job.

Consider this....

90% of large businesses have drug-free workplace programs in place today, while only 5 to 10% of small and medium sized businesses have implemented similar programs. The irony here is that about 75% of employed Americans work for these small and medium sized businesses. Workers who want to avoid substance abuse policies at the large companies take their job search to the smaller businesses, and that's where they are today!

The Cost: Substance Abuse Adversely Affects Your Balance Sheet.*

Even though many employers choose to ignore the problem, substance abuse in the workplace has a real impact on their bottom line. Substance abuse drains more than $100 Billion from American businesses every year in ...

- **WORKERS’ COMPENSATION:** 38% to 50% of all Workers’ Compensation claims are related to substance abuse in the workplace; substance abusers file three to five times as many Worker’s Compensation claims.

- **MEDICAL COSTS:** Substance abusers incur 300% higher medical costs than non-abusers.

- **ABSENTEEISM:** Substance abusers are 2.5 times more likely to be absent eight or more days a year.

- **LOST PRODUCTIVITY:** Substance abusers are 1/3rd less productive.

- **EMPLOYEE TURNOVER:** It costs a business an average of $7000 to replace a salaried worker.

Companies who have a Drug-Free Workplace Program will find that an investment in education, prevention, and assistance programs pays dividends for both the employer & the employee.

FMCSA is considering going to a seven panel and possibly ten panel.

Hair testing may also be acceptable.
| Directory of National, State, & Local Resources |

### NATIONAL
- The Center for Substance Abuse Prevention's Workplace Helpline (CSAP) ........................................ 1-800-WORKPLACE
- National Clearinghouse for Alcohol and Drug Information ................................................................. 1-800-729-6686
- The Center for Substance Abuse Prevention's Drug Information, Treatment & Referral Hotline .................. 1-800-662-HHELP
  (Spanish-Espanol) .................................................................................................................. 1-800-66-AYUDA

### STATE
- Tennessee Department of Health Alcohol & Drug Abuse Service .............................................................. 615-741-1921
- Tennessee Alcohol & Drug Association-Statewide Clearinghouse ......................................................... 1-800-889-9789
- Tennessee Drug-Free Workplace Program ............................................................................................ 1-800-332-2606
- Tennessee Regional Safety Council ....................................................................................................... 615-329-3271

### LOCAL
- Bolivar - Quinco Mental Health Center Alcohol and Drug Services ....................................................... 901-658-6113
  - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ........................................ 1-800-636-6327
- Brentwood - Alcohol & Drug Services .................................................................................................. 615-790-6392
- Brownsville - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc .......................... 1-800-636-6327
- Chattanooga - Southeast Tennessee Private Industry Council, Inc ....................................................... 382-757-5013
  - Council for Alcohol and Drug Abuse Services, Inc ......................................................................... 423-757-5644
- Clarksville - North Tennessee Private Industry Council, Inc ................................................................. 615-551-9737
- Cleveland - Cleveland State Community College .................................................................................. 423-478-6240
- Columbia - Job Training Partnership Act Service Delivery Area 11 .................................................... 615-381-0006
- Cookeville - Upper Cumberland Human Resource Agency ..................................................................... 615-528-4127
- Dyersburg - Dyersburg State Community College .................................................................................. 901-297-5872
  - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ........................................ 1-800-636-6327
- Etowah - Woods Memorial Hospital District Resource Counseling Center ............................................ 423-263-3746
- Elizabethton - Alliance for Business and Training, Inc ........................................................................ 423-547-7500
- Hohenwald - Living Way, Inc .................................................................................................................... 615-986-7566
- Jackson - Job Training Partnership Act Service Delivery Area 12 ....................................................... 901-664-0950
  - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ................................. 901-664-6327
- Johnson City - Watauga Area Mental Health Center Alcohol and Drug Abuse Program .................... 423-928-9062
- Kingsport - Central Appalachian Services, Inc. Substance Abuse Services Tennessee ...................... 423-578-3946
- Kingsport - Job Training Partnership Act Service Delivery Area 4 ...................................................... 423-376-7999
- Knoxville - Knox County Community Action Committee ...................................................................... 423-544-6900
  - University of Tennessee Medical Center Alcohol and Drug Recovery Center .............................. 423-538-5550
- Lebanon - Cumberland Mental Health Center Alcohol and Drug Program ............................................ 615-444-4300
- Lexington - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc .......................... 1-800-636-6327
- Martin - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ............................... 1-800-636-6327
- Memphis - Private Industry Council for Memphis, Shelby, & Fayette Counties ................................. 901-576-6536
  - Genesis Treatment Centers, Inc ....................................................................................................... 901-761-9050
  - Memphis Drug and Alcohol Council, Inc ......................................................................................... 901-274-0056
  - Methodist/Lee Bonheur Behavioral Health Services ....................................................................... 901-276-5401
- Morristown - Walters State Community College Job Skills Training Center ........................................ 423-597-7034
  - Cherokee Health Systems Substance Abuse Treatment Program ............................................. 423-586-5031
- Murfreesboro - Alvin C. York Medical Center Substance Abuse Program ........................................... 615-893-1360
- Nashville - Nashville Career Advancement Center ................................................................................ 615-327-7000
  - Alcohol and Drug Council of Middle Tennessee, Inc .................................................................... 615-327-7000
  - Psychiatric Hospital at Vanderbilt ..................................................................................................... 423-482-4826
- Oak Ridge - Hope of East Tennessee, Inc ............................................................................................... 901-642-0521
- Paris - Carey Counseling Center Alcohol and Drug Abuse Program ................................................... 901-925-8619
- Savannah - Care of Savannah, Inc ........................................................................................................ 423-433-3480
- Sevierville - Overlook Center, Inc .......................................................................................................... 423-433-3480
- Tazewell - Cherokee Health Systems .................................................................................................... 901-925-8619
- Trenton - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ............................ 1-800-636-6327
- Tullahoma - Motlow State Community College .................................................................................... 615-455-9596
- Union City - Pathways of Tennessee, an affiliate of West Tennessee Healthcare, Inc ......................... 1-800-636-6327
- Local law enforcement officials .......................... Local labor attorneys .................................. Local Health Care Providers
What is a Drug?

A substance which when taken into the body changes the way the mind or body works.

A chemical substance, natural or artificial which when taken into the body can impair the ability of the person to operate a motor vehicle.
Methods of introducing / taking drugs into the body

**Ingestion** --swallowing, liquids, pills, capsules, food

**Inhaling** – Smoke, vapors, powders inhaled through the nostrils

**Injecting** – intravenous injection of liquid into the body
Categories of Drugs

Non-psychoactive – substances which in normal doses do not affect the brain (vitamins, minerals etc.)

Psychoactive – substances which do affect the brain

Medicines – Use for the prevention, diagnosis or treatment of disease and can be both non-psychoactive and/or psychoactive
Classifications of Drugs

- Narcotic analgesics (pain killers)
- CNS (central nervous system) depressants
- CNS (central nervous system) stimulants
- Hallucinogens
- Inhalants
- Cannabis (marijuana)
- Phencyclidines
- Over the counter drugs
Factors that modify drug effects

- Body weight and metabolism
- Age
- Sex
- Route of administration
- Time of administration rate of inactivation and excretion
- Tolerance
- Physiological variables
- Pathological state
- Milieu (environment or setting)
- Genetic factors
- Drug interaction
- Dosage schedules for chronic medication
Factors Affecting Drug Effects

- Frequency
- Dosage
- Length of use
- Adulterants
DOT Five Panel Test

- Marijuana (cannabis) – includes hashish and hash oil
- Cocaine – including powdered cocaine and rock or “crack” cocaine
- Amphetamines, methamphetamines – “crystal”, “crank”, “ice”.
- Opiates – pain killers including opium, codeine, morphine, demerol, darvon, percocet, herion
- Phencyclididine – angel dust, PCP
- Alcohol
FMCSR 392.4

- It is illegal for a driver to be on duty and possess, be under the influence of or use any; Schedule I substance, an amphetamine or any formulation thereof, a narcotic drug or any derivative thereof or, any other substance to a degree which renders the driver incapable of safely operating a motor vehicle. (392.4)
FMCSR 392.5

- It is illegal for a CMV driver to possess alcohol in the CMV unless it is manifested as part of the load (Part 392.5)
- It is illegal for a CMV driver to consume alcohol 4 hours prior to going on duty
- A CMV driver may not operate a CMV with any measurable alcohol in their system (.02 bac)
- A CMV driver is legally impaired with a bac (breath alcohol content of .04 or greater)
Alcohol

The most abused drug in the world!

It is legal to consume alcohol
It is a part of every culture and society
Alcohol is a CNS depressant
It is very addictive
Breath alcohol is the only accepted method of testing by FMCSA.

Breath and Blood alcohol is the same and a police officer can order a blood alcohol test.

Post accident alcohol testing must be done within 2 hours and no more that 8 hours after an accident that would require post accident testing.
Effects of Alcohol on the Body

There is the same alcohol content in a:

- 12 oz beer
- 5 oz glass of wine
- 1 ½ oz of whiskey

The body eliminates alcohol at the rate of one drink per hour

<table>
<thead>
<tr>
<th>BAC Level</th>
<th>Common Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>.50</td>
<td>Death</td>
</tr>
<tr>
<td>.40</td>
<td>Coma</td>
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<tr>
<td>.30</td>
<td>Alcohol Poisoning</td>
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<tr>
<td>.08</td>
<td>Presumptive evidence of impairment</td>
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<tr>
<td>.04</td>
<td>level of impairment for commercial drivers</td>
</tr>
<tr>
<td>.02</td>
<td>Measurable alcohol in system</td>
</tr>
</tbody>
</table>
Alcohol Concentration and Impairment

A reading of .05 Breath Alcohol Content (BrAC) is equal to the consumption of approximately one cocktail, one five ounce glass of wine or one 12 ounce glass of beer in a one hour period.

<table>
<thead>
<tr>
<th>BrAC</th>
<th>Observable Behavior</th>
<th>Impairment Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.01 – 0.05</td>
<td>None</td>
<td>Ability to make good judgments affected.</td>
</tr>
<tr>
<td>0.03 – 0.12</td>
<td>Euphoria</td>
<td>Diminution of attention, judgment, and control. Sensory-motor impairment, slowed information processing.</td>
</tr>
<tr>
<td>0.09 – 0.25</td>
<td>Excitement</td>
<td>Loss of critical reasoning skills. Impairment of perception, memory and comprehension.</td>
</tr>
<tr>
<td>0.18 – 0.30</td>
<td>Confusion</td>
<td>Mental confusion, exaggerated emotions, stumbling, slurred speech.</td>
</tr>
<tr>
<td>0.25 – 0.40</td>
<td>Stupor</td>
<td>Breakdowns in motor control.</td>
</tr>
<tr>
<td>0.35 – 0.50</td>
<td>Coma</td>
<td>Unconsciousness.</td>
</tr>
<tr>
<td>0.450+</td>
<td>Death</td>
<td>Death occurs through loss of involuntary muscle function (breathing stops).</td>
</tr>
</tbody>
</table>

---

**Chart: Alcohol Concentration in the Body**

- **"EMPTY" STOMACH**
- **"FULL" STOMACH**

Food in the stomach slows down the flow of alcohol into the bloodstream since it blocks the flow into the intestines. This can appreciably slow down the intoxicating effect of alcohol on the brain.
Drunk driving is a crime. More importantly, it is a crime with thousands of victims. Nearly 17,000 Americans are killed and more than 500,000 are injured each year in alcohol-related traffic crashes. Drunk driving costs Americans more than $50 billion each year in economic losses. Drunk driving is no accident.

An individual has choices — a choice to drink, a choice to drink to impairment, and a choice of whether or not to drive. Drunk driving fatalities, injuries, crashes and arrests can be prevented if people make responsible choices. The information contained in this brochure is intended to educate individuals, to encourage them to make right choices and to encourage others to make right choices. The result — our nation's roadways become safe and sober, lives are saved and hopes and dreams fulfilled. Make your celebration one you'll live to remember.
**Signs of drug/alcohol intoxication**

- **Pupil size** – dilated open to let more light in, constricted to restrict the amount of light. Drugs change the normal reaction of the pupils.

- **Nystagmus** – involuntary jerking of the eyeball caused by both alcohol and some drugs. Nystagmus can be both horizontal and vertical.
Most Common Drugs and Their Effects
Marijuana

- Short term memory loss
- Hypersensitivity, paranoia
- Impaired judgment and skills, especially driving
- Energy, drive and motivation can all be reduced with long term use
- Even though some states have “legalized Marijuana it is illegal for a driver of a commercial motor vehicle to use marijuana, even with a prescription.
MARIJUANA AND DRIVING IN COLORADO

THE BASICS

- Under federal law it is still illegal to use and possess marijuana (THC). However, these barriers were removed in January 2014 from Colorado law for individuals age 21 and older.
- In Colorado, it is illegal to consume marijuana on any public roadway.
- Any amount of marijuana consumption will put you at risk for DUI — more than $10,000 in costs.

MARIJUANA IN VEHICLES

- Colorado’s open containers law applies to marijuana. It is illegal to transport marijuana in the passenger area of a vehicle if it is in an open container, container with a broken seal, or if there is evidence marijuana has been consumed.
- Impaired drivers with children present in the vehicle will also be charged with child abuse.

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MARIJUANA CAN LEAD TO DUI

ANY AMOUNT OF MARIJUANA CONSUMPTION PUTS YOU AT RISK

ARRESTS

- Drug-related impaired driving arrests are based on observed impairment by law enforcement officers.
- Many of these Colorado officers have advanced training to detect impairment from a variety of substances.

PROSECUTION

- After an arrest, a blood test will determine the amount of active THC in a person’s blood.
- An active THC level of 5 nanograms or more can serve as evidence of impairment.
- Officer-observed impairment without a blood test can also serve as evidence.
- Refusing a blood test results in the installation of an ignition interlock device for two years and level two alcohol education and therapy, regardless of a criminal conviction.

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range, you must then attempt to correct the problem by following the procedures outlined in §40.208.

1. In such a case, you must continue your efforts to correct the problem for five business days before you report the result.

2. When you have obtained the correction, or five business days have elapsed, report the result in accordance with §40.97(a).

9. If you determine that a CCF that fails to meet the requirements of §40.45(a) (e.g., a non-Federal form or an entrusted Federal form was used for the collection), you must attempt to correct the use of the improper form by following the procedures of §40.205(b)(2).

1. In such a case, you must retain the specimen for a minimum of 5 business days from the date on which you initiated action to correct the problem.

2. If the problem is not corrected, you must reject the test and report the result in accordance with §40.97(a)(3).

(b) If the CCF is marked indicating that a split specimen collection was collected and if the split specimen does not accompany the primary, has leaked, or is otherwise unavailable for testing, you must still test the primary specimen and follow appropriate procedures outlined in §40.177(b) regarding the unavailability of the split specimen for testing.

1. The primary specimen and the split specimen can be redesignated (i.e., Bottle B is redesignated as Bottle A, and vice-versa) if:

(ii) The primary specimen appears to have leaked out of its sealed bottle and the laboratory believes a sufficient amount of urine exists in the split specimen to conduct all appropriate primary laboratory testing; or

(iii) The laboratory opens the split specimen instead of the primary specimen, the primary specimen remains sealed, and the laboratory believes a sufficient amount of urine exists in the split specimen to conduct all appropriate primary laboratory testing; or

(iv) The primary specimen seal is broken but the split specimen remains sealed and the laboratory believes a sufficient amount of urine exists in the split specimen to conduct all appropriate primary laboratory testing.

§40.83 What drugs do laboratories test for?

As a laboratory, you must test for the following five drugs or classes of drugs in a DOT drug test. You must not test “DOT specimens” for any other drugs:

(a) Marijuana metabolites.
(b) Cocaine metabolites.
(c) Amphetamine.
(d) Opiate metabolites.
(e) Phencyclidine (PCP).

§40.87 What are the cutoff concentrations for drug tests?

(a) As a laboratory, you must use the cutoff concentrations displayed in the following table for initial and confirmatory drug tests. All cutoff concentrations are expressed in nanograms per milliliter (ng/mL). The table follows:

<table>
<thead>
<tr>
<th>Initial test analyte</th>
<th>Initial test cutoff concentration</th>
<th>Confirmatory test analyte</th>
<th>Confirmatory test cutoff concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana metabolites</td>
<td>250 ng/mL</td>
<td>THCA¹</td>
<td>15 ng/mL</td>
</tr>
<tr>
<td>Cocaine metabolites</td>
<td>150 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiate metabolites</td>
<td>2000 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine/Morphine²</td>
<td>10 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-ACMC</td>
<td>25 ng/mL</td>
<td>Compounds</td>
<td></td>
</tr>
<tr>
<td>Amphetamine³</td>
<td>250 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA⁴</td>
<td>500 ng/mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA).

DOT Interpreting—§40.83

Question: If the primary laboratory must redesignate bottle B for bottle A, can the laboratory test the specimen if only 15 mL of urine is present in the redesignated bottle A?

Answer:

(a) The Department permits specimen redesignation only in limited circumstances — one such occurrence would be if the A specimen has leaked in transit, leaving only the B specimen to be tested.

(b) In such a case, the laboratory should test the redesignated specimen despite the fact that, under normal circumstances, a sufficient amount of specimen would not have been available for testing.

[73 FR 43594, Aug. 23, 2008; 73 FR 56670, June 25, 2008; 75 FR 39107, Sept. 27, 2010]
Cannabis affects driving skills.

Khiabani HZ, Christophersen AS, Mørland J.

Abstract
Delta (9)-tetrahydrocannabinol (THC), the most important psychoactive substance in cannabis, is frequently detected in blood from apprehended drivers suspected for drugged driving. Both experimental and epidemiological studies have demonstrated the negative effects of THC upon cognitive functions and psychomotor skills. These effects could last longer than a measurable concentration of THC in blood. Culpability studies have recently demonstrated an increased risk of becoming responsible in fatal or injurious traffic accidents, even with low blood concentrations of THC. It has also been demonstrated that there is a correlation between the degree of impairment, the drug dose and the THC blood concentration. It is very important to focus on the negative effect of cannabis on fitness to drive in order to prevent injuries and loss of human life and to avoid large economic consequences to the society.

The effect of cannabis compared with alcohol on driving.

Sewell RA¹, Poling J, Sofuoglu M.

Abstract
The prevalence of both alcohol and cannabis use and the high morbidity associated with motor vehicle crashes has lead to a plethora of research on the link between the two. Drunk drivers are involved in 25% of motor vehicle fatalities, and many accidents involve drivers who test positive for cannabis. Cannabis and alcohol acutely impair several driving-related skills in a dose-related fashion, but the effects of cannabis vary more between individuals than they do with alcohol because of tolerance, differences in smoking technique, and different absorptions of Delta(9)-tetrahydrocannabinol (THC), the active ingredient in marijuana. Detrimental effects of cannabis use vary in a dose-related fashion, and are more pronounced with highly automatic driving functions than with more complex tasks that require conscious control, whereas alcohol produces an opposite pattern of impairment. Because of both this and an increased awareness that they are impaired, marijuana smokers tend to compensate effectively while driving by utilizing a variety of behavioral strategies. Combining marijuana with alcohol eliminates the ability to use such strategies effectively, however, and results in impairment even at doses which would be insignificant were they of either drug alone. Epidemiological studies have been inconclusive regarding whether cannabis use causes an increased risk of accidents; in contrast, unanimity exists that alcohol use increases crash risk. Furthermore, the risk from driving under the influence of both alcohol and cannabis is greater than the risk of driving under the influence of either alone. Future research should focus on resolving contradictions posed by previous studies, and patients who smoke cannabis should be counseled to wait several hours before driving, and avoid combining the two drugs.

PMID: 19340636 [PubMed - indexed for MEDLINE]  PMCID: PMC2722956  Free PMC Article
Cocaine

- Effects are immediate or within a few minutes
- Feeling of false confidence
- Stimulates the Central Nervous System
- Elevates heart rate, while constricting the arteries to the heart, can cause heart attack
- Deteriorates the membranes of the nose and lungs
Can cause damage to the brain, heart and liver.
Amphetamines

- Relieves fatigue
- Decrease appetite
- In large doses- high blood pressure and heart rate, dizziness, fever, convulsions, blurred vision and loss of coordination
- Long term use can cause acne, malnutrition and frequent illness.
- Hyperactivity, restlessness, anxiety, panic
- Cycle of highs and lows
- Irritability and aggressiveness
Methamphetamines

- Highly addictive
- Bizarre and/or violent behavior
- Effects are similar to crack
- New methods of making “meth” shake and bake.
METH DESTROYS YOUR BODY
METH USE IS NOT SOMETHING YOU CAN HIDE

Brain damage lasts for years, even after use has stopped. Other side effects are anxiety, paranoia, increased aggression and irritability, dizziness, hallucinations, seizures and memory loss.

Gums turn black and teeth rot.

Increased risk of heart attack and stroke.

Skin becomes dry and gray. Many users experience the sensation of bugs crawling under their skin. The toxic chemicals cause a terrible body odor.

Liver, intestines and stomach can bleed internally.

Loss of appetite, resulting in extreme weight loss and malnutrition.

Loss of weight and muscle tissue may cause kidneys to fail. Transplant may become necessary.

Bones become brittle and break more easily.

- SEIZURES
- BODY ODOR
- DRY, GRAY SKIN
- NERVOUSNESS AND SWEATING
- HEART ATTACK AND STROKE
- AGGRESSION AND IRRITABILITY
- ANXIETY AND PARANOIA
- MEMORY LOSS
- DIZZINESS
Opiates

- Drowsiness
- Lowered breathing
- Constricted pupils and nausea
- Withdrawals can be severe and painful, including cramps, chills and fever
- Mood swings
- It is illegal for a commercial vehicle driver to use opioids, even with a prescription. (Hydrocodone, Alprazolam, Oxycodone, Zolpidem/Ambien, Tramadol)
- Impaired thinking ability
- Change in lifestyle and personal appearance
Hallucinogen

- No physical addiction, but can cause psychological dependence and brain damage
- Poor perception of time and distance
- Sudden bizarre changes, possible violence or panic
- Loss of concentration and memory
- Can experience several intense emotions at once.
Alcohol

- Alcohol is a poison that kills cells in the brain, heart, liver, and pancreas.
- Causes stomach irritation, and bleeding ulcers.
- Causes cirrhosis of the liver.
- Causes brain damage and severe overdose can cause death due to respiratory failure and alcohol poisoning.
Alcohol is an unique drug in that it effects every organ in your body, and long term abuse can cause total deterioration.

- Dependence
- Denial
- Rationalization
- Decreased self control or increased aggressiveness
- Dulling of the senses and drowsiness
- Mood swings
- Poor judgement, coordination and memory loss
Addiction can lead to theft or dealing in order to support a habit.

A drug trafficking conviction will most likely keep you out of a Commercial Motor Vehicle the rest of your life.
GENERAL SYMPTOMS AND SIGNS OF DRUG ABUSE

SKIN:
Jaundice
Cyanosis
Flushing
Discoloration of fingers
Tracks
Scarred areas
Abscesses
Ankle edema
Gooseflesh
Sweating
Rash
Tattooing of injection sites

CARDIOVASCULAR:
Arrhythmias
Hypotension
Shock
Rapid pulse
Chest pain (angina)

MUSCULOSKELETAL:
Muscle wasting
Muscle cramps and spasms
Tremors
Muscle jerks, aches and Pains

EYE, NOSE AND THROAT:
Red eye
Tearing
Septal ulceration
Salivation
Dilated pupils
Runny nose
Breath odor
Laryngeal spasm

NEUROLOGICAL:
Headache
Drowsiness
Coma
Insomnia
Stupor

GASTROINTESTINAL:
Nausea and vomiting
Ravenous appetite
Loss of appetite
Constipation
Diarrhea
Abdominal cramps

PSYCHIATRIC:
Unpredictability & Impulsivity
Amotivational
Panic & Anxiety states
Bizarreness
Paranoia
Deliria
Confusion
Hallucinations
Delusions
Depressions
Suicidal behavior
Behavioral toxicity
Prolonged psychotic Break

RESPIRATORY:
Bronchitis
Lung infections/diseases
Astratic attacks
Chest pain
SIGNS AND SYMPTOMS OF DRUG INTOXICATION

**OBSERVABLE EFFECTS**

**AMPHETAMINES:**
- Dilated pupils
- Dry mouth

**COCAINE:**
- Dilated pupils
- Redness and irritation to nasal area by insufflation (chronic)

**ALCOHOL:**
- Gait ataxia
- Uncoordinated
- Nystagmus
- Slurred and incoherent speech
- Drowsiness
- Droopy eyelids
- Sluggishness

**BARBITURATES:**
- Gait ataxia
- Nystagmus
- Strabismus
- Thick, slurred speech

**NARCOTIC ANALGESICS:**
- Constricted pupils
- Droopy eyelids
- Sedation-nodding (new)
- Poor motor coordination (new)
- Vomiting (new)

**CLINICAL CHARACTERISTICS**

- Dilated pupils
- Increased blood pressure
- Increased pulse rate
- Hyperreflexia
- Dry mouth
- Evidence of malnutrition (chronic)
- Bruxism (chronic)

- Dilated pupils
- Increased respirations
- Increased pulse rate
- Redness and irritation to nasal area by insufflation (chronic)

- Gait ataxia
- Uncoordinated
- Nystagmus
- Slurred and incoherent speech
- Drowsiness
- Droopy eyelids
- Sluggishness
- Evidence of malnutrition (chronic)

- Gait ataxia
- Nystagmus
- Strabismus
- Thick, slurred speech

- Constricted pupils
- Droopy eyelids
- Depressed reflexes
- Decreased respiratory rate
- Sedation-nodding (new)
- Poor motor coordination (new)
- Vomiting (new)
(continue)

**OBSERVABLE EFFECTS**

**CANNABIS:**
Marked redness of the conjunctivae

**CLINICAL CHARACTERISTICS**

Marked redness of the conjunctivae
Increase in heart rate
Increase in systolic blood pressure
Tremor
Transient muscular rigidity

**LSD:**
Dilated pupils
Piloerection

Dilated pupils
Rapid heart rate
Rise in body temperature
Piloerection
Decreased muscular coordination
Fine tremor of fingers and hands

**MESCALINE:**
Dilated pupils
Vomiting

Dilated pupils
Increased pulse rate
Increased blood pressure
Hyperreflexia
Nausea or vomiting

**INHALANTS:**
Nystagmus
Gait ataxia
Loss of balance
Slurred speech
Disorientation or confusion
Odor of substance being used

Nystagmus
Gait ataxia
Loss of balance
Slurred speech
Disorientation or confusion

**PHENCYCLIDINES:**
Nystagmus
Gait ataxia
Blank stare appearance
Muscle rigidity
Difficulty with speech

Nystagmus
Increased blood pressure
Gait ataxia
Blank stare appearance
Muscle rigidity
Difficulty with speech
Indicators of Substance Abuse
And Alcohol Misuse

Physical Indicators

- Observed using alcohol or drugs
- Stumbling or similar evidence of lack of physical coordination
- Seems unsteady, sways, holds on to things for support
- Staggered walking pattern
- Bloodshot, watery, glassy eyes
- Dilated pupils
- Jerky eye movements
- Tremors of fingers or hands
- Flushed, sweaty or pale appearance
- Hyperactivity, excessive energy (usually without much accomplished)
- Lethargic, sleepy, “spaced out”
- Frequent respiratory infections
- Frequent runny nose, sniffing
- Smell of alcohol on breath
- Smell of alcohol on body
- Smell of excessive perfume/cologne
- Smell of excessive mouthwash/breath sprays/compulsion about bad breath
- Altered depth perception
- Slowed reaction time
- Poor perception of time and distance
- Marked change in appearance
- Declining attention to personal hygiene
- Sleeping on the job
- Visible physical deterioration
- Use of sunglasses at inappropriate times
Signs of Performance Deterioration Checklist

These behaviors should be checked off as observed, then documented on a Significant Incident Log, or if warranted, Significant Incident Form. If they meet the requirements of the DOT’s Operating Administration Definition regarding Reason Suspicion, immediate testing action should be taken.

Supervisor’s Name

Employee’s Name

Observed Day ________________ Date ________________ Time ________________ a.m. / p.m.

Attendance Indicators

_______ Excessive use of sick days
_______ Absences frequently occur on Mondays and Fridays
_______ Absences frequently occur after pay day
_______ Frequent instances of arriving late
_______ Frequent instances of leaving company grounds
_______ Calling in sick just as shift begins instead of calling ahead
_______ Late after lunch/long lunch breaks
_______ Leaves early
_______ Peculiar/repetitive/improbable excuses or vaguely defined Illnesses
_______ Unusual incidence of unscheduled short term (2-3 days) absences (with or without medical explanation)
_______ Unexplained disappearances from the job site
_______ Increased trips to the rest room
_______ Increased number and length of coffee breaks
_______ Frequent requests to leave work early for various reasons
_______ Eats lunch in a car or other isolated area
_______ Ignores warning signs from supervisors about absences
Performance Indicators

- Difficulty remembering to follow-through on tasks
- Excuses for not doing requested tasks
- Failing to meet deadlines
- Improbable excuses for poor performance
- Growing cynicism about work
- Alternate periods of high and low enthusiasm for work
- Inconsistent record keeping
- Difficulty in acknowledging or even recalling mistakes
- Assignments take longer than necessary to complete
- Excessive use of the telephone
- Poor quality of work assignments
- Complaints about the employee's attitude by co-workers
- High accident rate at work
- Accidents off the job that affect job performance
- Difficulty in accepting feedback; overly defensive response
- Withdrawal from responsibility
- Blaming of others for inability to complete tasks or for other problems
- Asking co-workers to cover for mistakes
- Memory problems
- Unusual questions
- Familiar procedures performed incorrectly
- Unable to perform usual routine tasks
- Cluttered work area
- Sloppy, incomplete paperwork
- Significant contrast between past and current performance
- Slow, inefficient
- Lowered productivity
- Erratic work pace
- Errors in judgment
- Details neglected
- Careless handling and maintenance of machinery and equipment
- Taking risks to raise productivity following periods of low achievement
- Disregard for safety of colleagues
- Decreased concentration
Behavioral Indicators

- Unusual frequency of heightened emotional state: angry, threatening, non-communicative, resistant, hostile, violent, crying, etc.
- Inappropriate emotional outbursts
- Change in personality
- "Chip on the shoulder" attitude
- Mood swings, especially if they follow a pattern
- Declining ability to handle stress
- Hostile, blaming response to feedback
- Insistence that no problem exists
- Overreaction to real or implied criticism
- Difficult to get along with
- Temper tantrums
- Inappropriate behavior at meetings
- Inappropriate behavior at company functions
- Avoiding and withdrawing from peers
- Trouble with the law
- Conflict with co-workers
- Exaggerated behavior (finds humor in strange situations, argues over minor issues)
- Borrows money from co-workers
Speech Indicators

- Slurred speech
- Incoherent, rambling speech
- Rapid/babbling speech
- Nonsense patterns
- Change in usual speech pattern
- “Thick-tongue”
- Non-communicative
- Slobbering
- Resisting communication
**OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD**

**DRIVER'S NAME**

**ADDRESS OF INCIDENT:**
- Street
- City
- State
- Zip Code

**DATE OBSERVED**

**TIME OBSERVED**
- FROM _______ a.m.  p.m.
- TO _______ a.m.  p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307* Reasonable Suspicion Testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with § 382.603* determines that reasonable suspicion exists.

Reasonable suspicion determined for:
- ☐ Alcohol
- ☐ Drugs

Mark items that apply and describe specifics:

1. **WALKING/BALANCE:**
   - Stumbling
   - Swaying
   - Sagging at knees
   - Feet wide apart

2. **SPEECH:**
   - Shouting
   - Whispering
   - Slurred
   - Slobbering

3. **ACTIONS:**
   - Resisting communications
   - Fighting/insubordinate
   - Hyperactive

4. **EYES:**
   - Bloodshot
   - Watery
   - Closed
   - Droopy

5. **FACE:**
   - Pale
   - Sweaty

6. **APPEARANCE/CLOTHING:**
   - Dishheveled
   - Messy
   - Stains on clothing

7. **BREATH:**
   - Alcoholic odor
   - Faint alcohol odor
   - No alcohol odor
   - Marijuana odor

8. **MOVEMENTS:**
   - Fumbling
   - Hyperactive
   - Jerky
   - Slow

9. **EATING/CHewing:**
   - Gum
   - Candy
   - Mints
   - Tobacco

Other observations:

Did employee admit to using drugs or alcohol?  ☐ Yes  ☐ No

When: __________________________  Substance: __________________________

How much: __________________________  Where taken: __________________________

**WITNESSED BY:**

Signature __________________________  Title __________________________  Preparation Date: ________  Time: ________ a.m.

Signature __________________________  Title __________________________  Preparation Date: ________  Time: ________ a.m.

**THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.**

EMPLOYER RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE
§ 382.307 Reasonable suspicion testing.

(a) An employer shall require a driver to submit to an alcohol test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of subpart B of this part concerning alcohol. The employer's determination that reasonable suspicion exists to require the driver to undergo an alcohol test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver.

(b) An employer shall require a driver to submit to a controlled substances test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of subpart B of this part concerning controlled substances. The employer's determination that reasonable suspicion exists to require the driver to undergo a controlled substances test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.

(c) The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or company official who is trained in accordance with Sec. 382.603. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the driver.

(d) Alcohol testing is authorized by this section only if the observations required by paragraph (a) of this section are made during, just preceding, or just after the period of the work day that the driver is required to be in compliance with this part. A driver may be directed by the employer to only 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.

(e) (1) If an alcohol test required by this section is not administered within two hours following the determination under paragraph (a) of this section, the employer shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test required by this section is not administered within eight hours following the determination under paragraph (a) of this section, the employer shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test.

(2) Notwithstanding the absence of a reasonable suspicion alcohol test under this section, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until:

(i) An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or

(ii) Twenty four hours have elapsed following the determination under paragraph (a) of this section that there is reasonable suspicion to believe that the driver has violated the prohibitions in this part concerning the use of alcohol.

(3) Except as provided in paragraph (e)(2) of this section, no employer shall take any action under this part against a driver based solely on the driver's behavior and appearance, with respect to alcohol use, in the absence of an alcohol test. This does not prohibit an employer with independent authority of this part from taking any action otherwise consistent with law.

(f) A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or company official who made the observations, within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.
## Drug Retention Times in the Body

All retention times are approximate

<table>
<thead>
<tr>
<th>Drug</th>
<th>Retention Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Ethanol:</td>
<td>1 hour per drink</td>
</tr>
<tr>
<td></td>
<td>Depends on body size (assumes a body metabolizes at the rate of 1 drink per hour)</td>
</tr>
<tr>
<td>Amphetamines:</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Barbiturates:</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Short acting (e.g. Secobarbital)</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Long acting (e.g. Phenobarbital)</td>
<td>1–3 weeks</td>
</tr>
<tr>
<td>Benzo diazepines:</td>
<td>1–14 days</td>
</tr>
<tr>
<td>(Librium, Valium)</td>
<td></td>
</tr>
<tr>
<td>Marijuana (THC):</td>
<td></td>
</tr>
<tr>
<td>Infrequent (smokes monthly)</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Moderate (smokes weekly)</td>
<td>3 days to a week</td>
</tr>
<tr>
<td>Heavy (smokes 3 times weekly to daily)</td>
<td>Approximately 30 days after cessation.</td>
</tr>
<tr>
<td>Cocaine:</td>
<td></td>
</tr>
<tr>
<td>Powdered cocaine</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Crack</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Methaqualone:</td>
<td>1–7 days</td>
</tr>
<tr>
<td>(Quaalude generally no longer available)</td>
<td></td>
</tr>
<tr>
<td>Opiates:</td>
<td>2–3 days</td>
</tr>
<tr>
<td>Codeine, Morphine, Heroin, Dilaudid</td>
<td></td>
</tr>
<tr>
<td>Phencyclidine:</td>
<td>1–7 days</td>
</tr>
<tr>
<td></td>
<td>Heavy use may cause 30 day retention.</td>
</tr>
</tbody>
</table>

Approximate retention time reflects the varying rates at which drugs in the bloodstream are metabolized (broken down into other compounds) and excreted from the body. Interpretation of Retention Time must take into account the user's physical condition, fluid intake, method and frequency of drug ingestion. Because of these variables, the values presented are only to be used as a general guideline.
Loss Control Disclaimer
Gary Holbrook Safety Services LLC

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