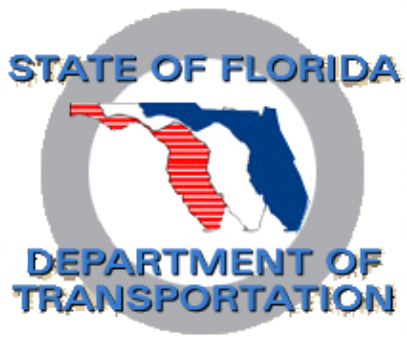
Clean, Sober and Safe

An Employee Drug Awareness Training
Video and Handbook



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History of Drug and Alcohol Testing for Transportation Safety-Sensitive Employees

According to the Drug Enforcement Agency, approximately 22 million Americans admitted to having tried cocaine by 1981. Marijuana was still in widespread use throughout the country, although at the time, cocaine was the most abundant illegal substance. Many people saw both cocaine and marijuana as benign, recreational drugs, and cocaine, in particular, was celebrated for its "pleasure-ability."

In the early 1980's, Columbian cocaine and marijuana traffickers chose Miami as the drug capital of the western hemisphere because of its accessibility by water and its cooperative international banks.

Within a short time, South Florida was overwhelmed by violent traffickers from South America. Florida's illegal drug trade quickly became our state's biggest industry and was worth $20 billion a year, according to the D.E.A. Administrator at that time, Peter Bensinger.

By 1983, it seemed cocaine was *everywhere.* Its prevalent use was exposed on television, glamorized in film, and analyzed in print. Yet Americans had no idea that another substance would soon steal the limelight and media attention from cocaine.

Introduced into larger cities between 1984 and 1986, crack cocaine, or crack, was known as "the poor man's coke," because it was a less expensive but more potent and addictive form of cocaine. Driven by high profits, crack distribution escalated in neighborhoods that experienced social and economic troubles.

According to the FBI's *Annual Crime Rate Report* in 1986, drug-related crimes had substantially increased--murders increased 19%, robberies 27%, and aggravated assaults 50%. The FBI attributed the increases to the introduction of crack cocaine to the inner cities.

By June 1986, media attention to illicit drug use, and particularly to crack cocaine, was at an all-time high, due, in part, to the fatal overdose of a promising young basketball player named Len Bias.

Our country was desperate for relief from the growing drug problem.

On a Sunday evening in September 1986, President and Mrs. Reagan gave an emotional, televised speech entitled “Campaign Against Drug Abuse.” During the speech, the president announced six initiatives his administration would take in the national crusade for a Drug Free America. The first was to “seek a drug free workplace at all levels of the public and private sector.”

The following day, President Reagan issued Executive Order 12564, the “Drug-Free Federal Workplace Program.” The order called for all federal employees to refuse illegal drugs and instructed each federal agency to set up programs to test for the use of illegal drugs by employees in sensitive positions.

First Lady Nancy Reagan joined her husband’s campaign against drug abuse. Perhaps most memorable was a phrase coined by Mrs. Reagan, “Just Say No.”

In late October 1986, the president signed the Anti-Drug Abuse Act of 1986. Its stated goal was to establish policies, priorities and objectives to eradicate illicit drug use, drug manufacturing and trafficking, and drug-related crime and violence, as well as drug-related health consequences in the United States.

The necessity for government intervention to ensure the safety of the public became abundantly clear when a tragedy occurred.

On January 4, 1987, just outside Chase, Maryland, an Amtrak train carrying 600 passengers collided with a Conrail freight locomotive. The accident injured 174 and killed 16.

Following an extensive investigation, it was determined that the actions of the Conrail engineer, Ricky Gates, contributed to the fatal accident. Engineer Gates and his brakeman had been smoking marijuana and ignored safety procedures, which caused the accident. Gates pled guilty to federal conspiracy charges brought on by his failure to cooperate with the investigation and his denial of the use of marijuana while on duty. He was sentenced to a five-year prison term for “manslaughter by locomotive” and a three-year term for conspiracy.

It was this accident that led Congress to pass the Drug-Free Workplace Act, which was signed into law by President Reagan on November 15, 1988. This act required recipients of any government funds to "maintain a drug-free workplace” and increased criminal penalties for offenses related to drug trafficking. Additionally, the act required employers who contract with or receive grants from federal agencies to certify that they will meet certain requirements for providing a "drug-free workplace.” Certification by grantees or contractors became a precondition of receiving a federal grant or contract as of March 18, 1989.

Although the tragedy of the Maryland train accident had fueled public support for the government's program to test employees for drugs, some challenged the Federal drug testing campaign as a dangerous invasion of privacy. U.S. Supreme Court Justice Thurgood Marshall stated that "compelling a person to produce a urine sample on demand . . . intrudes deeply on privacy and bodily integrity."

Nevertheless, the U.S. Supreme Court, in its first rulings on the drug-testing issue, upheld the constitutionality of the government regulations that required railroad crews involved in accidents to submit to prompt urinalysis and blood tests. U.S. Attorney General Dick Thornburgh stated, "The U.S. Supreme Court

has recognized that the Government can, and indeed should, take all necessary and reasonable steps to prevent drug use by employees in sensitive positions."

Sadly, another tragedy furthered the cause.

On August 29, 1991, a New York City subway accident occurred, killing 5 people and injuring nearly 200. Passengers reported that the train operator, Robert Ray, had been overshooting platforms and speeding on the entire run.

According to accident investigators, Ray had been running the train at 50 mph in a 10 mph zone and took the switch so fast that only the front of the first car made the crossover. The third and fourth cars ended up perpendicular to the tracks, shearing off support columns and split in half. The line suffered heavy damage, and service was disrupted for six days. The entire infrastructure, including signals, switches, track, roadbed, cabling, and 23 support columns, needed to be replaced.

Ray had a 0.21 blood alcohol level when tested 13 hours after the crash. According to police, Ray admitted he had been drinking all day, before going to work on the night shift, and had “passed out” at the throttle when the train hit a switch at four times normal speed.

Ray was given the maximum sentence of 15 years in prison for manslaughter.

As a direct result of the New York City subway accident, President George H. W. Bush signed the Omnibus Transportation Employee Testing Act in October 1991. This legislation changed the face of alcohol and other drug testing in our country. Mass transportation was specifically included in the new drug testing programs to override a court decision that the Federal Transit Administration lacked specific regulatory authority in this area.

On February 3, 1994, the U.S. Department of Transportation issued final drug and alcohol testing rules. The rules and regulations included directives on who is required to submit to drug and alcohol tests, how to conduct those tests and what procedures to use when testing, affecting all safety-sensitive transportation employees--roughly 12 million people. These rules are published as 49 Code of Federal Regulation Part 40, Procedures for Transportation Workplace Drug and Alcohol Testing.

The Five Prohibited Drugs

AMPHETAMINES

Both Amphetamines and the sub class Methamphetamines are stimulants that work directly on the central nervous system, increasing alertness and strength and decreasing hunger. Because of these effects, stimulants tend to be abused by dieters, long-distance drivers, and others who need to stay alert for long periods of time.

Stimulants may be taken by mouth, "snorted" (inhaled through the nose), or injected. When taken in tablet form, the effects last from 8 to 12 hours; when snorted or injected, the effect last 3-4 hours.

Methamphetamines

Methamphetamine use is currently plaguing our country. The process required to make methamphetamine is easier and more accessible than ever. An investment of a few hundred dollars in over-the-counter medications and chemicals can produce thousands of dollars worth of methamphetamines, and they can be made in a makeshift "lab" that can fit into a suitcase.

The effects of amphetamine and methamphetamine use include:

- Increased aggressiveness
- Paranoia
- Increased heart rate
- Increase in breathing rate and blood pressure
- Fever and sweating
- Blurred vision
- Impaired speech
- Dizziness and twitching

Chronic methamphetamine use can quickly deteriorate the mind and body.

COCAINE 

Cocaine is a naturally-derived central nervous system stimulant extracted and refined from the coca plant, which is grown primarily in the Andean region of South America. Cocaine is typically a white powder with a bitter, numbing taste. It is most often snorted, though it can also be injected and used orally. To "snort" cocaine, a razor blade is used to chop or “cut” the cocaine on a flat surface and then shaped into a line. A straw, rolled dollar bill, or tube is held to the nose and the line of powder is inhaled into the nose.

Cocaine users often develop nose and throat trouble due to the irritation caused to these passages when snorted. Bloody nasal discharge, runny nose, infections of the sinuses, and frequent coughing are common. Some users lose all sense of smell as a result of this practice.

Crack 

Crack is made by dissolving cocaine powder in water, adding baking soda, and boiling the mixture until a solid base separates from the solution. The solid is then dried and cut up into small nuggets ("rocks”), which are then heated, and the smoke is inhaled through a pipe or tube.

The effects of cocaine and crack use include:

- Increased heart rate
- Increased blood pressure
- Increased speed of respiration
- Decreased sleep and appetite
- Confusion
- Paranoia
- Hallucinations
- Impulsive behavior
- Irregular heartbeat

MARIJUANA

Marijuana is the dried leaves of the cannabis plant; Delta-9-tetrahydro-cannabinol (THC) is the psycho-active substance found in the cannabis plant. Marijuana use became widespread in the 1960's, and in the years since then, the drug's popularity has remained fairly constant. Marijuana is usually smoked by rolling the dried leaves in a very thin paper in the shape of a cigarette, commonly called a "joint." It can also be smoked in a pipe or a "bong." The smell produced by the smoke of marijuana is distinctively sweet.

Hash

Hashish or "hash" is a THC resin concentrate that is extracted from the cannabis plant and compressed into blocks. Pieces are then broken off, warmed up, and smoked in bongs or pipes, or mixed with marijuana to make joints.

The effects of marijuana and hashish use include:

- Sedation
- Increased pulse
- Disturbance in short-term memory
- Dry and bloodshot eyes
- Mild perceptual and sensory distortions
- Spontaneous laughter
- Sudden hunger
- Reduced attention span
- Dry mouth
- Slowed reaction time
- Mild impairment of cognitive and motor functions

In addition, chronic users of marijuana often develop what is known as "a-motivational syndrome," characterized by lethargy/low motivation to engage in productive work, boredom, mild depression, and difficulty in concentrating and remembering.

OPIATES

Opiates are drugs derived from opium, a black, sticky substance that is produced when the pod of the poppy plant is cut open. All opiates act in a similar manner, but the intensity of the effects (and, therefore, the abuse potential) differs from drug to drug.

Opiates are prescribed for their pain-killing abilities. Codeine is the least strong of the opiates and is often found in cough syrups and mild analgesics Morphine, a stronger form of opiate, is most often used to combat pain following surgery.

Heroin

Heroin is an illegal opiate. It can be snorted, injected, or smoked. It is a strong central nervous system depressant. Regular users develop levels of strong tolerance, allowing gradually increased dosages. In combination with other central nervous system depressants, heroin can kill experienced users, particularly if their tolerance to the drug has reduced or the strength of their usual dose has increased.

The effects of opiates use include:

- Euphoria
- Nausea
- Sleepiness
- A sense of peace
- Mental and physical addiction
- Suicidal thoughts
- Cold sweats
- Uncontrollable diarrhea

- Immobility
- Sleeplessness
- Abnormal body temperature and heartbeat
- Severe depression
-

PHENCYCLIDINE (PCP)

PCP was developed in the 1950's as a surgical anesthetic; however, when patients began to report hallucinations, its use in medicine was discontinued. Ten years later, PCP was introduced as a street drug and quickly gained a reputation of causing bad reactions and not worth the risk. After abusing PCP once, many people will not knowingly abuse it again. Others attribute their continued abuse to feelings of strength, power, invulnerability, and a numbing effect on the mind.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in tablets, capsules, and colored powders. It can be snorted, smoked, or ingested. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

The effects of PCP use include:

- Hallucinations
- Nausea
- Vomiting
- Blurred vision
- Rapid eye movement
- Drooling
- Loss of balance
- Dizziness
- Delusions
- Paranoia
- Disordered thinking
- Unpleasant psychological effects
- Violent or suicidal behavior

Acute drug reactions can last 4 to 6 hours, and the effects of PCP have a unique pattern: they "come and go"--the hallucination may suddenly become very strong, and then fade away, and then reoccur. The reason for this is that the drug is absorbed by a person's body fat, then released into the blood stream, then metabolized and released again, prolonging the drug's effects.

ALCOHOL

Alcohol is the most common, strong psychoactive used by humans. It has a long history of use, and its intoxicating effects are well-studied and documented. DOT alcohol testing regulations define alcohol as “the intoxication agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl or isopropyl alcohol.”

Nearly 60% of adults polled in a national survey said that they know people who have gone to work under the influence of alcohol. Other statistics have shown that 47% of work-related injuries and 40% of on-the-job fatalities involve alcohol, and 41% of all traffic fatalities involve alcohol. According to Alcoholics Anonymous, alcoholism has negatively impacted the lives of 1 in 4 Americans, and illnesses resulting from alcohol abuse represent the third leading cause of death in the United States.

The effects of alcohol consumption include:

- Decreased coordination
- Nausea
- Vomiting
- Reduced impulse control
- Emotional volatility (anger, violence, sadness, etc.)
- Dizziness and confusion
- Blackouts and memory loss at high doses,
- Brain and liver damage with heavy use, coma and death at extreme doses

Employee Testing Requirements

Adherence to the DOT drug and alcohol testing program is a condition of your employment. Refusal to submit to any required test is considered a violation of your agency's Substance Abuse Policy and DOT regulations.

Your employer is *required* to immediately remove you from safety sensitive functions following a positive drug or alcohol test result and in any circumstance where you refuse to be tested.

As a safety sensitive employee, you are subject to drug and alcohol testing:

- When you are hired for or transferred into a safety-sensitive position
- When you have been on an extended leave for a period of 90 days or more
- When you are randomly selected for testing
- When you are involved in an accident that meets the regulatory criteria to conduct testing
- When you are reasonably suspected of being under the influence of prohibited drugs or alcohol while on duty and a trained supervisor has referred you for testing
- When you are returning to safety sensitive duty after testing positive on a prior DOT-required test and have received evaluation and treatment by a Substance Abuse Professional
- When you are required to submit to follow-up testing as part of a Substance Abuse Professional's course of treatment

Employee Protections

All urine drug screenings are conducted by DOT-certified urine collectors. All alcohol testing is conducted using a saliva swab or an evidentiary breath alcohol machine (breathalyzer), administered by a DOT-certified technician. The analysis of all urine specimens is conducted in a laboratory certified by the U. S. Department of Health and Human Services.

If a DOT-required urine drug screening reveals a “positive” for one or more of the prohibited substances, a Medical Review Officer will contact you to determine if there is a legitimate medical explanation for the positive result (such as a prescription medication). If a prescription medication explains a positive result, the result will be reported to your employer as a negative.

You will be provided a copy of your employer’s Substance Abuse Policy, which will outline the testing program in greater detail. Additionally, your employer’s Drug and Alcohol Program Manager or Designated Employer Representative is your contact for questions or information regarding drug and alcohol testing.

The last 20 years have brought about substantial changes in the way our country views illegal drugs and alcohol. These changes have resulted in an increased awareness of the harmful effects that drugs and alcohol have on our society and on the detriment to public safety that is caused by those under the influence of drugs or alcohol.

DOT drug and alcohol testing regulations have made a significant difference in mass transit. In Florida, our transportation agencies have reported a "positive" testing rate of less than 1% for the last three years.

Researchers at the Center for Urban Transportation Research at the University of South Florida in Tampa believe that pre-employment testing deters those who regularly use prohibited drugs or misuse alcohol from applying for a safety sensitive position and that being subject to random testing serves as a continual reminder to all transportation employees that they must always remain ***Clean, Sober and Safe***.

Assistance

If you or someone you know struggles with an addiction to drugs or a dependency on alcohol, assistance is available from the resources provided below.

http://www.aca-usa.org/	The American Council on Alcoholism
http://www.phoenixhouse.org/Florida/	Phoenix House (FL based treatment)
(800) 527-5344	Alcohol Helpline
(800) COCAINE	Cocaine Helpline
(877)-A-LIFE-4U	Marijuana Helpline
(800) 662-HELP	National Drug and Alcohol Treatment