

GRAND TRAVERSE COUNTY
CONTROLLED SUBSTANCES and ALCOHOL POLICY
page 1

PURPOSE OF THE POLICY

This alcohol and controlled substances policy, herein referred to as "**the policy**", has been established by **Grand Traverse County**, herein referred to as "**the company**", to address the adverse impact of employee substance abuse on the health, productivity and the safe environment of the work place, to include our nation's public highways. The policy is applicable to every person who operates a commercial motor vehicle on public roadways under the company's authority, and who is subject to the commercial driver license requirements of the Federal Motor Carrier Safety Regulations. The policy is designed to assist in the protection of the health and well-being of the driver, the general public, and the company's property and assets, as well as the property and assets of our clients and customers.

All drivers are hereby notified that compliance with this policy and Federal Motor Carrier Safety Regulations, CFR 49 Parts 40 and 382, are among conditions required for continued employment, or to continue as an independent contractor, with the company.

This policy or any of its terms is not intended to create a contract of employment or to contain the terms of any contract of employment. The company retains the sole right to change, amend or modify any term or provision of this policy without notice.

This policy is effective January 1, 2002, and supersedes all prior policies relating to alcohol and controlled substances.

Alcohol and Drug Testing Program Administrator
FMCSR 382.601(b)(1)

The person designated to monitor, facilitate and answer questions pertaining to this policy for the company is **Sally Dreves**.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 2

Federal Motor Carrier Safety Regulations (FMCSR)

Every driver employed by or contracted to the company has been issued a copy of the Federal Motor Carrier Safety Regulations, herein referred to as **FMCSR**. Many times, the policy will refer to FMCSR and specific references will be made to actual regulations (i.e. FMCSR 382.601 (b)(1) as used on page 1.) These references are made to assist you in locating the actual regulation and to keep the length of this policy reasonable. If you have problems locating a particular regulation, or do not understand it, don't hesitate to ask the designated company spokesperson named on page J of this policy for assistance.

Definitions

For the purpose of this policy the term "**Company Premises**" includes:

- I. All premises and locations owned by, leased by, or under the control of the company, including all parking lots, lockers, and storage areas;
2. All premises and locations at which work is performed by the company or any of its employees or which are assigned to the company for its use or any of its employees by any client or customer including all parking lots, lockers, and storage areas.
3. All automobiles, aircraft, trucks and other vehicles owned by, leased by, used by, or otherwise under the control of the company or any of the company's clients or customers.

For definitions of the following terms, refer to FMCSR 382.107

Actual knowledge	Alcohol
Alcohol concentration (or content)	Alcohol use
Commerce	Commercial Motor Vehicle
Confirmation (or confirmatory) drug test	Confirmation (or confirmatory) validity test
Confirmed drug test	Controlled Substances
Consortium/Third Party Administrator (C/TPA)	
Designated Employee Representative (DER)	
Disabling Damage	DOT Agency
Driver	Employer
Licensed medical practitioner	Performing (a safety-sensitive function)
Positive Rate	Refuse to submit
Safety-sensitive function	Screening test (also known as initial test)
Stand-down	Violation rate

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 3

Drivers Subject to Testing FMCSR 382.103

As discussed earlier, this policy and FMCSR Part 382 applies to every person who operates a commercial motor vehicle on public roadways and is subject to the commercial driver's license requirements of FMCSR Part 383.

Drivers will be subject to alcohol testing only while they are performing a safety-sensitive function as defined in FMCSR 382.107 and any of those on-duty functions set forth in FMCSR 395.2 -**On-Duty time**, paragraphs I through 7. Drivers may be directed by the employer to only undergo reasonable suspicion testing for alcohol 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.

Prohibited Conduct

Prescription medications: In addition to the prohibitions on controlled substances use and alcohol misuse, discussed in more detail below, drivers taking medications prescribed by a licensed health care professional familiar with the driver's work related responsibilities must report such use to their supervisor, department manager, or the alcohol and drug testing program administrator. The company reserves the right to require drivers taking prescription medications to provide written documentation from the prescribing physician indicating that they are aware of the driver's work related responsibilities and that the medication will not interfere with the driver's ability to perform safety-sensitive functions. The company also reserves the right to seek additional opinions from qualified medical personnel concerning the potential effects of the prescribed medication on a driver's ability to perform safety-sensitive functions. The company reserves the right to prohibit a driver from performing safety-sensitive functions while they are taking prescription medications. Any such prohibition will be without prejudice and the driver will be allowed to return to duty upon ceasing to use the medication or when sufficient information, provided by qualified medical personnel, leaves no doubt that the driver's ability to perform his/her safety-sensitive duties will not be adversely affected.

Alcohol concentration: FMCSR 382.201 prohibits a driver from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

On-duty use of alcohol: FMCSR 382.205 prohibits a driver from using alcohol while performing safety-sensitive functions.

Pre-duty use of alcohol: FMCSR 382.207 prohibits a driver from performing safety-sensitive functions within four hours after using alcohol.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 4

Prohibited Conduct - continued

Use of alcohol following an accident: FMCSR 382.209 prohibits a driver required to take a post-accident alcohol test under FMCSR 382.303 from using alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

Refusal to submit to a required alcohol or controlled substances test: FMCSR 382.211 prohibits a driver from refusing to submit to a post-accident alcohol or controlled substances test required under FMCSR 382.303, a random alcohol or controlled substances test required under FMCSR 382.305, a reasonable suspicion alcohol or controlled substances test required under FMCSR 382.307, or a follow-up alcohol or controlled substances test required under FMCSR 382.311.

Controlled substances use: FMCSR 382.213 prohibits a driver from reporting for duty or remaining 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 FMCSR 382.107, who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.

FMCSR 382.213(c) ALLOWS AN EMPLOYER TO REQUIRE A DRIVER TO INFORM THE EMPLOYER OF ANY THERAPEUTIC DRUG USE. The company exercises this option in our previous policy statement on Prescription medication.

Controlled substances testing: FMCSR 382.215 prohibits a driver from reporting for duty, remaining on duty, or performing any safety-sensitive function, if the driver tests positive or has adulterated or substituted a test for controlled substances.

It should also be noted that each of the regulations cited as prohibiting a driver from certain acts, equally prohibits the employer from permitting the driver to perform or continue to perform safety-sensitive functions if the employer has actual knowledge that the driver has violated that prohibition.

Other Prohibitions

Contraband: While not specifically prohibited by FMCSR 382, the possession, concealment, transportation, promotion, purchase and/or sale of the following items is strictly prohibited on all company premises:

- Alcohol
- Controlled substances
- Designer Drugs
- Firearms, weapons, explosives and ammunition.
- Drug paraphernalia
- Stolen Property
- Radar Detector

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 5

Other Prohibitions - continued

Client/customer rules: While not addressed in FMCSR, the breaking of rules and requirements of the company's clients and customers is prohibited.

TESTS REQUIRED FMCSR 49CFR-Part 382 Subpart C Pre-employment testing FMCSR 382.301

Prior to the first time a driver performs a safety-sensitive function for an employer, the driver shall undergo testing for controlled substances. No employer shall allow a driver to perform safety-sensitive functions until the driver has been administered a controlled substances test, and has received a test result from the medical review officer indicating a verified negative test result. *Although the 382.301 (b) & (c) do allow for an exception on pre-employment controlled substances testing under certain circumstances, it is the policy of the company to have all drivers tested under our program. The company will not accept a drug test result obtained from a previous employer or other source in lieu of a pre-employment test administered within our program.*

Post-accident testing FMCSR 382.303

As soon as practicable following an occurrence involving a commercial motor vehicle, operating on a public road in commerce, each employer shall test for alcohol and controlled substances each surviving driver 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 under State or local law for a moving traffic violation arising from the occurrence that is determined to be an accident.

If a driver is involved in an accident that results in the loss of human life he/she must submit to alcohol and controlled substance testing regardless of the circumstances of the accident. Otherwise if the accident results in one of the vehicles involved being towed from the scene, or someone being transported for immediate medical attention, the driver must be tested for alcohol and controlled substances only if he/she were issued a citation for a moving violation in conjunction with the accident. In other words, if there is no fatality and the driver was not issued a citation for a moving violation arising from the accident, the driver does not have to be tested.

It is critical that the driver notify the company as soon as possible after an accident so the needed steps can be taken to comply with FMCSA 382.303. **Failure to notify the company in a timely and accurate manner will subject the driver to severe discipline up to and including termination.**

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 6

TESTS REQUIRED - continued Post-accident testing- continued

Alcohol tests: If a test is required, the employer must make an attempt to have the driver tested within two hours following the accident. **If the driver knows he/she must be tested, he/she should request the law enforcement officers on the scene perform an alcohol test. The results of tests administered by law enforcement officers will be accepted and no further alcohol testing will be required.** If the test is not completed within two hours, the company must continue to attempt to have the driver tested for up to eight hours after the accident. If the driver has not been tested for alcohol within eight hours of the accident, the company will cease to attempt to administer the test. *Remember, that the driver is prohibited from using alcohol for eight hours following an accident, or until he/she undergoes a post-accident alcohol test.*

Controlled substances tests: If a test is required, it must be administered within 32 hours following the accident. Although the time allowed to administer the controlled substances test seems generous when compared with the alcohol testing requirements, it is critical that the driver communicate the details of the accident to the company as quickly and completely as possible so the company can determine if a test is needed and make the arrangements needed to facilitate a test if one is needed.

FMCSR 382.303 (e) states "a driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care." Remember, a refusal to submit to testing is prohibited.

All drivers will be provided with the policies of the company regarding procedures and instructions for accident reporting and post-accident requirements, including the requirements of FMCSR 382.303, prior to operating a commercial motor vehicle for the company.

Random testing FMCSR 382.305

The selection of drivers for random alcohol and controlled substances testing will be made by a scientifically valid method as described in FMCSR 382.305(i). Drivers will be selected at a rate that insures compliance with FMCSR 382.305(f). **All random tests for alcohol and controlled substances will be unannounced and the drivers, when notified of their selection, will proceed to the appropriate test location immediately.** Random alcohol tests will be administered when the driver is performing a safety-sensitive function, just before the driver is to perform a safety-sensitive function, or just after the driver has performed a safety-sensitive function. The company will insure that the random tests for alcohol and controlled substances are spread out evenly through the year and that each driver will have an equal chance of being tested each time selections are made.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

Page 7

TESTS REQUIRED - continued

Reasonable suspicion testing

FMCSR 382.307

Alcohol tests: The company shall require a driver to submit to alcohol testing when a reasonable suspicion exists that the driver has violated the prohibitions of FMCSR Subpart B concerning alcohol. A driver may be subjected to reasonable suspicion alcohol testing only if the observations required by FMCSR 382.307 (a) are made 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 to perform safety-sensitive functions. ***Alcohol tests based on reasonable suspicion cannot be administered by the person who made the determination that reasonable suspicion exists.*** An alcohol test required by FMCSR 382.207 should be administered within two hours, but if not, the company will continue to attempt to test the driver for eight hours after the determination that reasonable suspicion exists. Once the determination has been made that reasonable suspicion exists, the driver will not be permitted to perform or continue to perform any safety-sensitive function until an alcohol test is administered and the driver's alcohol concentration measures less than 0.02 or twenty-four hours have elapsed following the determination. In the unlikely event that an alcohol test cannot be completed within eight hours of the determination that reasonable suspicion exist, the driver will be relieved from the performance of all safety-sensitive functions for a period of at least twenty-four hours and although there will be no confirmation of prohibited conduct, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. **Any disciplinary action based on less than a confirmed alcohol test result of 0.02, regardless of how compelling the evidence may be, will be based on the company's authority independent of the FMCSR Part 382.**

Controlled substances tests: 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 FMCSR Subpart B concerning controlled substances. Once the determination that reasonable suspicion exists is made, the driver will be relieved from the performance of all safety-sensitive functions, administered a controlled substances test in accordance with applicable Federal requirements immediately, and will not be allowed to return to the performance of safety-sensitive functions until such time that the company receives a verified negative test result from the medical review officer. A written record of the observations leading to a controlled substances reasonable suspicion test will be made 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 controlled substances test are released, whichever is earlier. In the unlikely event that a controlled substances test cannot be administered within 32 hours following the determination that reasonable suspicion exists, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. Any disciplinary action based on less than a confirmed positive controlled substances test, regardless of how compelling the evidence may be, will be based on the company's authority independent of the FMCSR Part 382.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

pageS

TESTS REQUIRED- continued

Reasonable suspicion testing - continued

Supervisor training: The person who makes the determination that reasonable suspicion exists must be trained to recognize the indicators of probable alcohol misuse and use of controlled substances in accordance with FMCSR 382.603. The determination that reasonable suspicion exists to require a driver to undergo alcohol or controlled substances testing must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. In the case of controlled substances determinations, these observations may include indications of the chronic and withdrawal effects of controlled substances. FMCSR 382.603 requires each employer to ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training shall cover the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. *The company has gone to great lengths to train those supervisory personnel and company officials who are authorized to make reasonable suspicion determinations. Those trained personnel have the authority to relieve a driver from the performance of safety-sensitive functions and begin the process of requiring a driver to undergo testing for alcohol, controlled substances, or both. However, it should be noted that the company will not tolerate abuses of that authority and any person found to have abused that authority will be subject to swift and severe disciplinary action.*

Return-to-duty testing

FMCSR 49CFR Part 40 Subpart O- 40.305

Alcohol tests: Each employer must ensure that before a driver returns to duty requiring the performance of safety-sensitive functions after engaging in conduct prohibited by FMCSR 382 Subpart B concerning alcohol, the driver shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

Controlled substances tests: Each employer must ensure that before a driver returns to duty requiring the performance of safety-sensitive functions after engaging in conduct prohibited by FMCSR 382 Subpart B concerning controlled substances, the driver shall undergo a return-to-duty controlled substances test with a verified negative result.

Return-to-duty testing can only be administered by an employer who wishes to allow a driver to return to duty after an evaluation of the driver by a qualified Substance Abuse Professional (SAP) in accordance with the provisions of Part 40 Subpart O.

Follow-up testing

FMCSR 49CFR Part 40 Subpart O- 40.307

Following any positive test for alcohol and/or controlled substances, each employer shall ensure that any driver they wish to allow to return to the performance of safety sensitive duties is subject to unannounced follow-up testing as directed by a Substance Abuse Professional (SAP) in accordance with the provisions of FMCSR 40.307 and 40.309.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 9

TESTING PROCEDURES Alcohol Testing FMCSR Part 40 Subparts J, K, L, M, & N

All testing will be conducted in strict compliance with FMCSR Part 40 Subpart C.

Testing Equipment: All alcohol tests will be conducted by qualified technicians using testing equipment that meet all of the guidelines set forth in FMCSR Part 40. The National Highway Traffic Safety Administration (NHTSA) publishes a Conforming Products List (CPL) and identifies on that list which devices have been approved for screening tests and for confirmation tests. All screening tests must be conducted using equipment and technology that appear on the CPL and have been approved for use in conducting screening tests. All confirmation tests must be conducted using equipment that appears on the CPL and has been approved for use in conducting confirmation tests.

Testing Locations: All alcohol testing will be done in a location that affords the individual being tested the maximum amount of visual and aural privacy possible, preventing unauthorized persons from seeing or hearing test results. The company reserves the right to choose the testing location, and may conduct tests on the company premises or direct drivers to other locations for testing depending on the circumstances.

Preparation for Testing: In preparing to test the driver, the technician performing the test will insure that the individual being tested is positively identified. The technician shall explain the testing procedure to the driver. *Although alcohol testing forms should be uniform, the testing procedures could vary somewhat from one testing method to another or from different testing devices.*

Procedures for screening tests: The driver must cooperate with the technician conducting the test. *Combativeness or failure to follow the instructions of the technician can be regarded as a refusal to take the test, which is prohibited by this policy and the FMCSR 382.211.* During the testing process the driver will be required to do certain things at the direction of the technician; these are listed below:

Complete Step 2 on the form, signing the certification.

Refusal to sign will be considered a refusal to take the test.

Sign and date the form in Step 4 when the test is completed if required.

Otherwise cooperate with the technician as required to complete the test.

The driver should be sure to obtain his copy (Copy 2) of the test.

Any test result indicating an alcohol concentration of less than 0.02 is a negative test and completes the testing process. No further testing for alcohol is authorized.

Any test result indicating an alcohol concentration of 0.02 or greater will require that a confirmation test be performed. If the confirmation test is to be performed by a different technician, the technician who conducts the screening test shall complete and sign the form and provide the driver with Copy 2 of the form.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 10

TESTING PROCEDURES- continued Alcohol Testing - continued

Procedures for confirmation tests: If the technician conducting the confirmation test is not the same technician who conducted the screening test, the new technician will be required to insure that the individual being tested is positively identified. The driver will be instructed not to eat, drink, put any object or substance in his/her mouth, and, to the extent possible, not belch during the waiting period before the confirmation test. The technician shall proceed with the test at the end of the waiting period, even if the employee has disregarded these instructions. The technician will note any failure or refusal on the part of the individual being tested to follow these instructions. This waiting period begins with the completion of the screening test and shall not be less than 15 minutes. This waiting period is for the benefit of the individual being tested; it is mandated to prevent any accumulation of mouth alcohol leading to an artificially high reading. *Again, any combativeness or failure to follow the instructions of the technician could be regarded as a refusal to take the test.*

In the event that the screening and confirmation tests results are not identical, the confirmation test result is deemed to be the final result upon which any action under FMCSR rules shall be based. Only designated representatives of the employer will have access to the results of a driver's alcohol test results and those results shall be stored so as to ensure that confidentiality is maintained.

Refusals to test and uncompleted tests: Refusal by a driver to sign the alcohol testing form (step 2) or otherwise cooperate with the testing process in a way that prevents the completion of the test shall be noted by the technician in the remarks section of the form. The testing process will be terminated and the technician will notify the employer of the refusal to test immediately. If a screening test cannot be completed, or if an event occurs that would invalidate the test, the technician shall, if practicable, begin a new screening or confirmation test, as applicable, using a new alcohol testing form.

All alcohol is the same: It should be noted that the results of an alcohol test are immediate. There is no laboratory or medical review officer involved in the process. The reason being that the consumption of and being under the influence of even small amounts of alcohol is prohibited by Federal Law. These prohibitions make no distinction between alcohol found in alcoholic beverages and alcohol found in cough medicine or mouthwash. *The regulations prohibit all alcohol. There is no such thing as acceptable or "medically allowable" alcohol.* It is important that you take this into consideration when you go to the store to buy over the counter medications that may contain alcohol. You would be well advised to seek the advice of a pharmacist or physician to assist you in locating medications that do not contain alcohol. In dealings with your doctors or dentist, you would be well advised to make them aware that you are a truck driver who is required to perform safety-sensitive functions as part of your job, and are prohibited by Federal Law from consuming, possessing or being under the influence of even small amounts of alcohol.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 11

TESTING PROCEDURES -continued

Controlled Substances Testing

FMCSR Part 40 Subpart B

All testing will be conducted in strict compliance with FMCSR Part 40 Subpart B.

The drugs: The employer is required by law to test for marijuana, cocaine, opiates, amphetamines and phencyclidine. Urine specimens collected for this purpose may only be used to test for those drugs listed above or any drug that the employer becomes required to test for at a future date. The laboratory is authorized by law to test for, in addition to the controlled substances listed, the presence of adulterants or the indications of substitution and dilution.

The laboratory: All controlled substance testing required by FMCSR Part 40 and Part 382 shall be done only at laboratories certified under The Department of Health and Human Services (DHHS) "Mandatory Guidelines for Federal Workplace Drug Testing Programs" and subsequent amendments thereto. The company reserves the right to use any of the laboratories so certified to conduct its testing.

The Medical Review Officer (MRO): The MRO shall be a licensed physician qualified in accordance with FMCSR 49CFR, Part 40, Subpart G, 40.121. All test results are reported by the laboratory to the MRO. Prior to making a final decision to verify **a positive test result** for an individual, the MRO shall give the individual an opportunity to discuss the test result with him/her. The MRO may verify a test as positive without having communicated directly with the individual if the conditions of outlined in 40.133 are met. Test results confirmed positive without contact may be appealed to the MRO provided a reasonable explanation is provided for the failure to contact the MRO on a timely basis.

Urine Collection Procedures: The company ensures that all urine collections, whether done on company premises or other location, will be conducted in strict compliance with FMCSR Part 40. Collections will be conducted by persons trained to be responsible for maintaining the integrity of the specimen collection and transfer process while carefully ensuring the privacy of the donor. All handling of the urine specimen from the time it is provided by the donor until the time it is sealed and secured for shipping will be done in the presence of the donor. The donor will certify this by signing the certification statement provided on the MRO's copy of the custody and control form.

Split sample collections: All urine specimens will be collected in accordance with split sample methods outlined in Part 40. In the event of a confirmed positive test result, the driver has the right to request, within 72 hours, that the split sample be tested at another DHHS approved laboratory. *Because of the additional expense of transporting the split sample to a second approved laboratory and the requirement that the confirmation be done by expensive gas chromatography, the cost of having the split sample tested is \$100.00. Because it is highly improbable that the second test will return a result different from the initial test, the company will require the driver to assume this cost, unless prohibited by law.*

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 12

TESTING PROCEDURES- continued Controlled Substances Testing - continued

Integrity & Confidentiality: By following the proper collection procedures in relationship to conducting the collection and transfer of the urine sample in the presence of the driver and requiring the driver to sign a certification statement asserting that the collection was done correctly, the urine containers were sealed with tamper evident seals in his presence, and that the information on the form and the seals is correct, the company can ensure that the results of the controlled substances test is attributed to the correct driver. Because the results of any drug screen are treated as highly confidential, being secured in a location with limited access to all company employees and sub-contractors, and transmitted from the MRO identifying the donor by Social Security Number and test number only, and are transmitted to a secure fax machine, the company can ensure that all test results are transmitted and maintained in a highly confidential manner.

Refusals to test: Any refusal on the part of the driver to cooperate with the collection site personnel in the completion of the collection process will be regarded as a refusal to take the test. **Refusal to submit to testing is prohibited by FMCSR 382.211.**

APPLICABILITY

FMCSR 382.103

The regulations mandating alcohol and controlled substances testing apply to every person who operates a commercial motor vehicle in commerce in any State, and is subject to the commercial driver's license requirements of FMCSR 383 or the Mexican or Canadian commercial driver license requirements.

Release of alcohol and controlled substances test information by previous employers, FMCSR 382.413 and 40.25. All drivers should be aware that once this policy goes into effect, the results of their alcohol and controlled substances tests will follow them to their next employer. All employers subject to these regulations (FMCSR 382 and 40) will be required to obtain from all driver applicants signed authorization allowing them to check the previous two years alcohol and controlled substances test results from all of the driver's previous employers, including any refusals to submit to testing. There will not be a segment of the employer population that is not subject to these rules. Every motor carrier, even a one truck owner/operator, will be required to comply with these regulations if he employs drivers that require a commercial driver's license. Within 30 days of hiring a new driver, employers will be required to complete their inquiries of previous employers. FMCSR 40.25 (e) states **If an employer obtains information that the employee has violated a DOT agency drug and alcohol regulation, the employer must not use the employee to perform safety sensitive functions unless the employer also obtains information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of Part 40 and DOT agency drug and alcohol regulations.** Problem drivers will no longer be able to hide behind a cloud of confidentiality; they must get help to continue driving.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 13

REFUSAL TO SUBMIT TO TESTING

FMCSR Part 382 & Part 40

As we have already discussed in the prohibitions area of this policy, FMCSR 382.211 prohibits all drivers from refusing to submit to an alcohol or controlled substances test that is required by FMCSR 382; and further prohibits the employer from permitting a driver who refuses to submit to required tests to perform or continue to perform safety-sensitive functions. **However, drivers should be aware that many acts could be regarded as a refusal to submit to testing. Drivers should avoid any action that could be regarded as a refusal to test, since the consequences arising from a refusal to test are as at least as severe as taking the test and returning a positive result.** Aside from a blatant refusal to submit to required testing, the following acts could be regarded as refusals to submit to testing:

- Quitting or resigning after being notified to submit to testing.
- Failure to proceed directly to a collection site as instructed.
- Combativeness or abusive behavior directed toward the testing technician.
- Failure to cooperate with or follow the instructions of the testing technician. Failure to provide sufficient urine for testing.
- Failure to provide sufficient breath for testing.
- Failure to remain "**readily available**" for testing in a post accident situation.
- Refusal to sign "step 2" on an alcohol testing form.

Consequences of a refusal to test: The consequences of refusing to submit to required testing is virtually the same as it would be for testing positive. After a refusal to test the employer is obligated by Federal Law to do the following:

Immediately remove the driver from the performance of all safety-sensitive functions.

Refer the driver to a substance abuse professional who shall determine what assistance, if any, the driver needs in resolving problems associated with alcohol misuse and controlled substances use.

Require the driver to complete the return-to-duty process outlined in Part 40 Subpart O before allowing the driver to return to duty, if the employer wishes to continue to use the driver.

The company, beyond the required actions mandated by Federal Law, hereby notifies all drivers that a refusal to test, regardless of the circumstances, disqualifies the driver from continued employment in the case of employee drivers and terminates the sub-contractor agreement of those independent contractor drivers operating under the company's authority. Furthermore, any cost associated with referral, evaluation and/or treatment shall be the sole responsibility of the driver/employee.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 14

CONSEQUENCES

Any driver found to have violated any of the prohibitions outlined in Subpart B of FMCSR 382 will be subject to various actions, some of which are mandated by Federal Law, and others which are based on the company's independent authority as an employer. Those actions that are mandated by Federal Law will be clearly referenced, as will those that are based on the employer's independent authority.

IMMEDIATE REMOVAL from SAFETY-SENSITIVE FUNCTIONS FMCSR382

Violations of Subpart B (PROHIBITIONS) of FMCSR 382. To review those prohibitions of FMCSR 382 Subpart B that were outlined on pages 3 through 5 of this policy, following is a list with FMCSR reference:

382.201	Alcohol Concentration
382.205	On-duty use
382.207	Pre-duty use
382.209	Use following an accident
382.211	Refusal to submit to a required alcohol or controlled substances test.
382.213	Controlled substances use
382.215	Controlled substances testing

Any driver found to have violated Subpart B FMCSR 382 must be immediately removed from the performance of any safety-sensitive function as a matter of compliance with Federal Law. Federal Law further mandates that those drivers found to be in violation of the prohibited conduct outlined in FMCSR 382 Subpart B cannot be returned to duty until such time that the driver has met the return-to-duty requirements of Part 40 Subpart O.

REFERRAL, EVALUATION, and TREATMENT FMCSR Part 40 Subpart O

Any cost associated with referral, evaluation, and treatment is the sole responsibility of the driver/employee.

Each driver who has engaged in conduct prohibited by Subpart B of FMCSR 382 shall be provided a list of Substance Abuse Professionals (SAPs) readily available to the employee and acceptable to the company, with names addresses and phone numbers. There will be no charge to the employee for compiling or providing this list.

Each driver who engages in conduct prohibited by Subpart B or FMCSR 382 shall be evaluated by a substance abuse professional (SAP) acceptable to the company and complete the return-to-duty requirements of Part 40 Subpart O before they can return to the performance of safety sensitive duties for the company or any subsequent employer. *Drivers should be familiar with all the regulations that effect their jobs but the company would like to encourage all our drivers to take the time to read and understand Subpart O.*

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 15

CONSEQUENCES -continued

Release of alcohol and controlled substances test information by previous employers.

It is very important that all drivers understand that the consequences of prohibited conduct can reach far beyond their employment or relationship with the company. FMCSR 382.413 requires all employers to obtain the alcohol and controlled substances testing history of all applicants. **An employer may not use a driver to perform safety-sensitive functions if the employer obtains information on the driver's alcohol test with a concentration of 0.04 or greater, verified positive controlled substances test result, or refusal to be tested by the driver, without obtaining information on a subsequent substance abuse professional evaluation and completion of the return-to-duty requirements of Part 40 Subpart O.**

Every alcohol and controlled substances test you take will follow you for at least two years.

ALCOHOL CONCENTRATIONS LESS THAN 0.04

FMCSR 382.505

No driver tested for alcohol 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.**

Although FMCSR 382.505(b) requires no further action beyond the 24 hour removal from the performance of safety-sensitive functions for an alcohol concentration of 0.02 or greater but less than 0.04, the company reserves the right to take more forcible action, otherwise consistent with law, based on its independent authority as an employer.

All of the consequences discussed so far are mandated by Federal Law. The company must comply, and insure driver compliance with those laws. Federal Regulations establish a minimum requirement for compliance and allow companies the flexibility to establish more stringent guidelines and enforce those more restrictive requirements under independent authority as long as they are otherwise consistent with law. The following portion of the policy will be dedicated to those CONSEQUENCES of violating the policy which are not actions mandated by Federal Law but actions based on the company's independent authority as an employer.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 17

COMPANY POLICY CONSEQUENCES

Disqualification from continued employment and/or termination of lease agreement.

Any violation of the prohibited conduct portion of this policy that calls for the removal of the driver from the performance of safety-sensitive functions shall also disqualify the driver from continued employment with the company or in the case of an independent contractor leased to the company and operating under the company's authority, shall terminate the agreement between the contractor and the company. Should the driver be an employee of an independent contractor, the agreement between the contractor and the company need not be terminated, however, that driver will be disqualified from operating any vehicle that is operated under the company's authority.

Other disciplinary action including written reprimands which will become a part of the driver's employment record, suspension, and termination of employment and/or lease agreement may be taken for any violation of the policy. In the case of alcohol concentration of 0.02 or greater but less than 0.04, the driver shall be removed from the performance of safety-sensitive functions for a minimum of 24 hours, as mandated by Federal Law, for the first such violation; any subsequent violation of this nature will disqualify the driver from further employment and/or terminate the lease agreement.

OTHER COMPANY POLICY CONSIDERATIONS

Public knowledge or suspicion of alcohol misuse or controlled substances use. The company reserves the right to test any driver for alcohol or controlled substances under its independent authority as an employer in situations where the driver's involvement with alcohol misuse or controlled substances use, whether real or implied, is a matter of public knowledge. Such situations could include an arrest involving alcohol or controlled substances, a conviction of an alcohol or drug related offense, behavioral changes reported by other employees or customers to the management of the company. **It should be clearly stated that the primary objective of such tests is to fulfill the company's commitment to safety to you, our other employees, our clients and the public. Any tests conducted under the company's independent authority will be conducted as NON-DOT tests and although the driver will be subject to the same consequences regarding continued employment with the company, the driver will not be subject to the DOT required consequences regarding SAP evaluation or the return-to-duty process of Part 40 Subpart O if their employment is terminated. The results of NON-DOT tests will not be shared with subsequent employers.**

RE-EMPLOYMENT WITH THE COMPANY

A driver who has had his/her employment or lease terminated because of violations of this policy, may apply for re-employment with the company, provided the company can insure that the driver has complied with Part 40 Subpart O. ***Re-employment with the company is not guaranteed but rather will be based on the driver's overall performance history with the company, including compliance with this policy. Re-employment with the company is not guaranteed under any circumstances.***

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 18

VOLUNTARY SELF-IDENTIFICATION POLICY FMCSR 382.121

Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of Parts 382 and 40 provided that the following conditions apply:

The admission is in accordance with this policy. The driver does not self-identify in order to avoid testing under the rules of 382. The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety sensitive function (i.e., prior to reporting for duty); and The driver does not perform a safety sensitive function until the company is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the guidelines set forth in this policy.

This policy prohibits the company from taking adverse action against an employee making a voluntary admission of alcohol misuse or controlled substances use within the parameters of this policy and FMCSR 382.121(a.)

Any voluntary self-admission must be made to the Alcohol and Drug Testing Program Administrator identified on page one of this policy. If the Program Administrator is not available, the self-admission should be made to the senior management official available.

(The employee making the self-admission will immediately be removed from the performance of safety sensitive duties and placed on administrative leave, without pay. The employee will be provided with a list of Substance Abuse Professionals acceptable to the company and will have two weeks to report back to the company with an initial report from a SAP on the list outlining treatment and/or educational recommendations. Failure to report back to the company within two weeks will result in the employee being terminated. Reporting back to the company with a SAP evaluation and a plan to pursue the treatment or educational recommendations will effectively extend the employee's status of being on administrative leave, without pay for the period of time needed to complete the recommended course of action.

Upon completion of the SAP's recommended course of action and release to return to duty, the driver must submit to a return-to-duty test for alcohol and/or controlled substances and return a negative result. At that time the driver will be allowed to return to the performance of safety sensitive duties but will be subject to follow-up testing at a rate of at least 6 follow-up tests in the next twelve months. The rate of follow-up tests could increase based on the recommendations of the SAP.

All costs associated with this program, including follow-up testing will be the sole responsibility of the employee. All follow-up testing under the self-identification program will be NON-DOT testing. Any positive tests during this program will be subject to the same consequences of any positive drug or alcohol test.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 19

ALCOHOL and DRUG EFFECTS

Federal regulations require employers to provide their employees with detailed discussion of the effects of alcohol misuse and controlled substances use on an individual's health, work, and persona/life and the signs and symptoms of alcohol misuse and/or a controlled substances problem. To facilitate this discussion the remainder of this policy presents background information on alcohol and drug effects.

EFFECTS of ALCOHOL

To most people, alcohol is considered a recreational beverage when consumed in moderation during social gatherings; it is a socially acceptable drug that has been consumed around the world for centuries. However, it becomes a dangerous substance of abuse when consumed for its physical and mood-altering effects. A depressant, alcohol slows down physical responses and progressively impairs mental functions. These effects are the primary contributing factors to the high rate of accidents that involve alcohol-affected individuals. The dangers posed by alcohol-impaired drivers were so great that Congress felt compelled to pass legislation mandating alcohol testing for individuals performing safety-sensitive functions, including CDL drivers, and established a blood alcohol content of .02 (1 drink) as a line drivers cannot cross while performing safety-sensitive duties.

SIGNS and SYMPTOMS of ALCOHOL USE

- * Dulled mental processes
- * Odor of alcohol on breath
- * Sleepy or stuporous condition
- * Slurred speech
- * Lack of coordination
- * Possible constricted pupils
- * Slowed reaction rate

NOTE: Except for the odor, these are general signs and symptoms of any depressant.

HEALTH EFFECTS

Chronic consumption of alcohol over time may result in the following health hazards: [For the purpose of this discussion, consuming an average of three servings per day of beer (12 oz.), whiskey (1 oz.), or wine (6 oz.) will be considered chronic consumption.]

- * Decreased sexual functioning
- * Dependency - Up to 10% of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic."
- * Fatal liver diseases
- * Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 19

EFFECTS of ALCOHOL - continued HEALTH EFFECTS - continued

- * Kidney disease
- * Pancreatitis
- * Spontaneous abortion and neonatal mortality
- * Ulcers
- * Birth defects- Up to 54% of all birth defects are alcohol related.

SOCIAL ISSUES

- * Two thirds of all homicides are committed by people who drink prior to the crime.
- * Two to three percent of the driving population is drunk beyond legal standards at any one time. This rate doubles at night and on weekends.
- * Two-thirds of all the people in this country will be involved in an alcohol-related vehicle accident during their lifetimes.
- * The rate of divorce and separation in families with alcohol dependency problems is seven times greater than average.
- * Forty percent of domestic court cases are alcohol problem related.
- * Alcoholics commit suicide fifteen times more frequently than other segments of the population.
- * More than sixty percent of burns, forty percent of falls, sixty nine percent of boating accidents, and seventy six percent of private aircraft accidents are alcohol related.

EVERY YEAR

- * **24,000 people will die** on the highway due to accidents involving a legally impaired driver. Another **12,000 people will die** on the highway due to the alcohol-affected driver.
- * **15,800 will die** in non-highway accidents that are alcohol related.
- * **30,000 will die** due to alcohol-caused liver disease.
- * **10,000 will die** due to alcohol-induced brain disease or suicide.
- * Up to another **125,000 will die** due to alcohol-related conditions or accidents.

Every year, up to 216,800 lives will be lost that can be directly attributed to alcohol-related conditions or accidents.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 20

EFFECTS of ALCOHOL - continued

WORKPLACE ISSUES

* It takes one hour for the average person to process one serving of an alcoholic beverage from the body.

* Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.

* A person who is legally intoxicated is **six times more likely to have an accident** than a sober person.

ALCOHOL-RELATED BIRTH DEFECTS

Although you may think that a discussion of birth defects is a little off base for truck drivers, the fact is that this issue is one that touches the lives of people from all walks of life without discrimination. Potential fathers, mothers, uncles, aunts and grandparents should all be aware of the dangers that drinking during pregnancy pose to our unborn children.

DEFINITIONS

Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation, and the only preventable cause among those three. Abstaining from alcohol during pregnancy can prevent FAS. FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as small head circumference, flattened mid-face, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.

Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birth weight, subtle behavioral problems or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.

INCIDENCE and RISK FACTORS

Nearly 5,000 babies, one in every 750, are born with FAS every year. FAS prevalence rates range from 1 in 1,000 to 1 in 200. FAE may affect 36,000 newborns each year.

One of every six women between the ages of 18 - 34 (peak childbearing years) may drink enough, either chronically or episodically, to present a hazard to an unborn infant. Alcoholic women are at the highest risk of bearing children with FAS.

FAS is prevalent in 9.8 of every 1,000 American Indians from a particular high-risk culture. Other Am. Indian populations have rates ranging from 1.3 to 10.3 per 1,000.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 21

EFFECTS of ALCOHOL - continued

ALCOHOL-RELATED BIRTH DEFECTS-continued

INCIDENCE and RISK FACTORS- continued

A daily average of one to two reported drinks is linked to decreased birth weight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at doses as low as one to two drinks weekly.

The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAS and FAE and the consequences of alcohol exposure.

There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy.

ECONOMIC FACTORS

Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were 510.5 million.

Women are now heavily targeted for marketing alcoholic beverages. Women spent 30 billion for alcohol in 1994, up from 20 billion in 1984.

PUBLIC HEALTH RECOMMENDATIONS

The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.

Women who breast-fed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.

Nine states and 18 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.

ALCOHOLISM

Alcoholism is a primary, chronic disease that is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences and distorted thinking (most notably denial.)

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 22

EFFECTS of ALCOHOL - continued

THE 9 SIGNS of ALCOHOLISM

- 1. Increase in alcohol tolerance.**
"I can drink them under the table."
- 2. Occasional or partial memory lapses.**
"Did I really do that last night."
- 3. Drinking beyond one's intentions.**
"Boy did I get smashed! I should have eaten something. "
- 4. Increased dependence on alcohol.**
"I can't wait- got to have a quickie."
- 5. Sneaking drinks.**
"I needed that extra one- who's to know?"
- 6. Preoccupation with alcohol.**
"Election day tomorrow- better pick up a bottle"
- 7. Resentful whenever one's drinking is discussed.**
"It's none of their business -I can handle it."
- 8. Futile, frustrating water-wagon attempts.**
"This time I've just got to do it- Just got to!"
- 9. Rationalizing loss of control.**
"If they had my problems, they'd drink too!"

ALCOHOL'S TRIP THROUGH the BODY

MOUTH and ESOPHAGUS Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

STOMACH & INTESTINES Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B-1, vitamin B-12, and amino acids.

BLOODSTREAM Ninety-five percent of the alcohol taken into the body is absorbed into the bloodstream through the lining to the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 23

EFFECTS of ALCOHOL - continued

ALCOHOL'S TRIP THROUGH the BODY- continued

PANCREAS Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. **One in every five people who develop this disease dies during the first attack.** Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

LIVER Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

HEART Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, disrupting its normal metabolism.

URINARY BLADDER and KIDNEYS Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

SEX GLANDS Swelling of the prostate caused by alcohol interferes with the ability of the male to perform and interferes with the ability to climax during intercourse.

BRAIN The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination, confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

CLOSING REMARKS on the EFFECTS of ALCOHOL

The purpose of this material is to inform you of the effects of alcohol consumption on your health, and your personal and professional life. Your personal life is certainly your business and it is not the intention of the company to intrude on your privacy. However, the company has a compelling responsibility to protect the safety of you, your co-workers, and the general public to the extent we can.

If you have any questions pertaining to this information or would like the company to assist you in obtaining additional information on the effects of alcohol, contact the Alcohol and Drug Testing Program Administrator, whose name appears on page one of this policy.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 24

EFFECTS of DRUGS

Unlike alcohol, the controlled substances that we are subject to being tested for are not legal, except in those situations where prescribed by a licensed physician. Earlier in this policy, a considerable amount of time was spent discussing the law as it pertains to drugs and transportation workers. The next several pages are dedicated to providing information on the signs and symptoms of controlled substance use and the health effects and workplace issues related to drug use.

MARIJUANA

Marijuana is one of the most underestimated drugs of abuse and certainly one of the most misunderstood. Marijuana is used for its mildly tranquilizing and mood and perception altering effects; it does not depress central nervous system reactions. Marijuana acts almost exclusively on the brain, altering the proper interpretation of incoming messages.

DESCRIPTION

* Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, **hashish** is a compressed, sometimes tar-like ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.

* Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.

* Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found in the possession of marijuana users. Smoking "bongs", large bore pipes for inhaling large volumes of smoke, can easily be made from soft drink can and toilet paper rolls.

SIGNS and SYMPTOMS of USE

- * **Reddened eyes (often masked by eyedrops)**
- * **Slowed speech**
- * **Distinctive odor on clothing**
- * **Lackadaisical "I don't care" attitude**
- * **Chronic fatigue and lack of motivation**
- * **Irritating cough, chronic sore throat**

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 25

EFFECTS of DRUGS- continued

MARIJUANA - continued HEALTH

EFFECTS

- * When smoked, marijuana has an irritating effect on the lungs. Chronic smoking causes emphysema-like conditions.
- * One marijuana cigarette (joint) contains cancer causing substances equal to one half to one pack of cigarettes.
- * Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- * One joint causes the heart to race and be overworked, creating extremely high risk to people with undiagnosed heart conditions.
- * Chronic marijuana smoking causes changes in the brain cells and brain waves, making the brain less healthy and causing it to not work as efficiently or effectively. Although researchers have not yet proven that long-term brain damage occurs, ongoing research indicates it most likely does.
- * Marijuana consumption lowers the body's immune system response, making users more susceptible to infection. The Federal government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

PREGNANCY PROBLEMS and BIRTH DEFECTS

- * The active chemical, tetrahydrocannabinol (THC), and sixty other related chemicals in marijuana focus in the ovaries and testes.
- * Chronic smoking of marijuana in males causes a decrease in the sex hormone, testosterone, and an increase in the female sex hormone, estrogen. The result is a lower sperm count, which leads to temporary sterility. Occasionally, the onset of female sex characteristics occurs in heavy users, including breast development.
- * Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- * Pregnant women who are chronic marijuana users have higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rates during the first few days of life.
- * THC causes birth defects in test animals, including malformations of the brain, spinal cord, forelimbs and liver as well as water on brain and spine.
- * One of the most common effects of prenatal exposure to cannabinoids is low birth weight.
- * The offspring of animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons have concluded that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the feet and hands.
- * Fetal exposure to marijuana may decrease visual functioning and cause other ophthalmic problems.

EFFECTS of DRUGS continued

MARIJUANA - continued

MENTAL FUNCTION

Regular use of marijuana can cause the following effects:

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

ACUTE / OVERDOSE EFFECTS

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

WORKPLACE ISSUES

- * THC is stored in body fat and slowly released over time. Marijuana has a long-term impact on performance.
- * The potency of marijuana (THC content) has increased 500 to 800% in the past several years, making three to five joints today equal to fifteen to forty in 1978.
- * Combining alcohol or other depressant drugs with marijuana can produce a multiplied effect, increasing the effects of both the marijuana and the depressant.

A CLOSING WORD on MARIJUANA

Due to the nature of marijuana, being stored and released over a long period of time, it's the most dangerous drug tested for in transportation, at least in terms of putting your livelihood in jeopardy. A single joint can linger in your system for many weeks, long after the initial effects of the drug have disappeared. Testing positive will cost you a lot of time and money, and make it difficult to find employment, since new laws make employers check the drug and alcohol testing history of applicants. Testing positive for marijuana will cost more drivers their jobs than all of the other drugs and alcohol combined.

EFFECTS of DRUGS- continued

COCAINE

Cocaine was once commonly used medically as a local anesthetic but is rarely used medically today. It is abused as a powerful physical and mental stimulant causing the entire nervous system to be energized, muscles to become tenser, the heart to beat faster and stronger, and the body to burn more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

DESCRIPTION

* The source of cocaine is the coca bush which is grown almost exclusively in the Mountains of northern South America.

***Cocaine Hydrochloride, or "snorting coke"** is a white or creamy colored, granular or lumpy powder that is chopped into a fine powder before it's used. It is snorted into the nose, rubbed on the gums or injected in veins. The effect is felt within minutes and usually lasts about 40 to 50 minutes per "line" (about 60 to 90 milligrams.) Paraphernalia most common to cocaine users include a single-edge razor blade, a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.

***Cocaine Base, or "rock, crack or free base"**, is a small crystalline rock the size of a small pebble. It boils at a very low temperature is up to 90% pure, and is not soluble in water. It is most commonly heated in a glass pipe and the vapor is inhaled; the effect is felt within seven seconds. Paraphernalia most common is a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.

Cocaine causes the strongest mental dependency of any drug known.

SIGNS and SYMPTOMS of USE

- * **Financial problems**
- * **Runny or irritated nose**
- * **Insomnia**
- * **Restlessness**
- * **Paranoia with hallucinations**
- * **Talkativeness**
- * **Frequent and extended absences from work assignments**
- * **Increased physical activity and fatigue**
- * **Isolation and withdrawal from friends and normal activities**
- * **Secretive behavior, frequent non-business visitors**
- * **Delivered packages, increased frequency of personal phone calls**
- * **Unusual defensiveness, anxiety, agitation**
- * **Formication (sensation of bugs crawling on skin)**
- * **High blood pressure, heart palpitations and irregular rhythm**
- * **Hyperexcitability and overreaction to stimulus**
- * **Wide mood swings**
- * **Difficulty in concentration**
- * **Dilated pupils and visual impairment**
- * **Hallucinations**
- * **Profuse sweating and dry mouth**
- * **Violent reaction to sudden noise**

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 28

EFFECTS of DRUGS - continued

COCAINE - continued

HEALTH EFFECTS

* Research suggests that regular cocaine use may upset the chemical balance of the brain, resulting in a speeding up of the aging process by causing irreparable damage to critical nerve cells. The onset of illnesses of the nervous system such as Parkinson's disease could also occur.

* Cocaine ingestion causes the heart to beat faster and harder rapidly increasing blood pressure. Additionally it causes spasms of blood vessels in the brain and heart and could cause vessels to rupture causing heart attacks and strokes.

* Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days with crack use or within several months when snorting coke. Cocaine caused the strongest mental dependency of any known drug.

* The success rates are lower in treatments for cocaine dependency than for other chemical dependencies.

* When taken in conjunction with depressant drugs, including alcohol, cocaine is extremely dangerous. Death due to overdose is rapid. The fatal effects of an overdose of cocaine are almost never reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.

WORKPLACE ISSUES

* *Extreme mood and energy swings create instability.*

* Lapses in attention and ignoring warning signals greatly increase the potential for accidents.

* The high cost of cocaine can lead to workplace theft and/or dealing.

* A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.

* Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

A CLOSING WORD on COCAINE

Although cocaine doesn't linger in a person's system as long as marijuana when detected it often raises more serious concerns from employers. Remember, that the law requires employers to educate themselves, their supervisors and their employees on the effects of . alcohol misuse and controlled substances use. They are not as easy to fool as they used to be. Employers are smarter than they used to be and frankly, old excuses just won't fool them any longer. The testing procedures followed by certified laboratories leave no doubt as to the accuracy of results and the employer knows it. When an employee tests positive for cocaine the employer knows they have an employee who has *recently used* the **most addictive drug known to man**. It is highly likely that the employee has a serious drug problem. If the employee is indeed addicted, treatment for cocaine addiction has proven to be less successful than other addictions. Faced with Federal regulations that require evaluation, treatment, and expensive follow-up testing, most employers will just opt out. And potential new employers will have access to your drug testing history, including the substances you tested positive for. **A positive drug test for cocaine could end your driving career.**

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 29

EFFECTS of DRUGS- continued

OPIATES

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling

DESCRIPTION

- **Natural and natural derivatives are opium, morphine, codeine, and heroin.*
- * Synthetic opiates include meperidine, marketed as Demerol; oxymorphone, marketed as Numorphan; and oxycodone, marketed as Percodan.
- * Opiates may be taken in pill form, smoked or injected depending on the type of narcotic used.

SIGNS and SYMPTOMS of USE

- * **Mood changes**
- * **Constricted pupils**
- * **Impaired coordination**
- * **Nausea, vomiting and constipation**
- * **Impaired mental functioning and alertness**
- * **Depression and apathy**
- * **Physical fatigue and drowsiness**

HEALTH EFFECTS

- * I-V needle users have a high risk of contracting hepatitis and AIDS due to the sharing of needles.
- * Narcotics increase pain tolerance which could result in people more severely injuring themselves or failing to seek medical attention after an accident due to lack of pain sensitivity.
- * The effect of narcotics is multiplied when used in combination with other depressant drugs and alcohol, causing an increased risk of an overdose.

SOCIAL ISSUES

- * *The U.S. has over 500,000 heroin addicts, most I-V needle users.*
- * An even greater number of medicinal narcotic dependent persons obtain their narcotics through prescriptions.
- * Because of tolerance, there is an ever increasing need for more narcotics to produce the same effect. **Strong mental and physical dependency occurs.**
- * The combination of tolerance and dependency creates an increasing financial burden for the user.

WORKPLACE ISSUES

- * Unwanted side effects such as nausea, dizziness and drowsiness place the user at a higher risk for accidents.
- * Although narcotics have a legitimate medical use, workplace use may cause impairment of physical and mental function.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 30

EFFECTS of DRUGS- continued

AMPHETAMINES

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

DESCRIPTION

***Amphetamine, or "speed,"** is usually sold in capsules or as white flat, double-scored "**mini bennies**" and is usually taken orally.

***Methamphetamine**, also known as "**meth,**" "**crank,**" or "**crystal**" is nearly identical in action to amphetamine. It is often sold as a creamy, white and granular powder of in lumps and is packaged in aluminum foil wraps or plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose.

SIGNS and SYMPTOMS of USE

- | | |
|--|-----------------------------------|
| * Hyperexcitability and/or restlessness | * Dilated pupils |
| * Increased heart rate and blood pressure | * Profuse sweating |
| * Heart palpitations and irregular beats | * Rapid respiration |
| * Confusion and/or Panic | * Inability to concentrate |
| * Talkativeness | |

HEALTH EFFECTS

- * Regular use of amphetamines produces strong psychological dependence and increasing tolerance to the drug.
- * High doses may cause toxic psychoses resembling schizophrenia.
- * Intoxication may induce heart attack or stroke due to spiking of blood pressure.
- * Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- * The euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- * Withdrawal from the drug may result in severe physical and mental depression.

WORKPLACE ISSUES

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

A CLOSING WORD on AMPHETAMINES

The use of amphetamines should never be necessary in transportation. Drivers must get proper rest to avoid fatigue and operate safely.

EFFECTS of DRUGS - **continued**

PHENCYCLIDINE (PCP)

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

DESCRIPTION

* PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folded paper packets.

* It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

SIGNS and SYMPTOMS of USE

- | | |
|-------------------------|----------------------------------|
| * Impaired coordination | * Severe confusion and agitation |
| * Extreme mood shift | * Muscle rigidity |
| * Dilated pupils | * Nystagmus (jerky eye movement) |
| * Profuse sweating | * Rapid heartbeat |
| * Dizziness | |

HEALTH EFFECTS

* The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.

* PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

* PCP hallucinations can easily be misdiagnosed as LSD induced, and then treated with Thorazine, which could cause a fatal reaction.

* Use can cause memory loss, personality changes, and thought disorders.

WORKPLACE ISSUES

* PCP abuse is less common today than in recent years and is not generally used in the workplace setting because of the severe disorientation that occurs.

* There are four phases to PCP abuse. The first, **acute toxicity**, can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, toxic psychosis, may cause users to experience visual and auditory delusions, paranoia and agitation. **Drug induced schizophrenia** is the third phase and may last a month or longer. The fourth phase, PCP induced depression is characterized by suicidal tendencies and mental dysfunction that can last for months.

CONTROLLED SUBSTANCES and ALCOHOL POLICY

page 32

This concludes our discussion of the specific substances that you are subject to testing for. Questions should be directed to the program administrator identified on page one.

INTERVENTION

If you have reason to believe that a fellow employee is performing safety-sensitive duties under the influence of alcohol or controlled substances, notify the program administrator confidentially. While the company does not expect you to inform on your co-workers, you too have a compelling responsibility to the safety of those around you, including the general public. Any information of this nature divulged to the program administrator will be treated with the highest level of confidentiality so as to protect both the accused and the accuser. If you witness behavior that leads you to believe that an employee may be under the influence turn it over the professional trained to handle these situations. There may be other reasons for a person to display symptoms such as illness, fatigue, family problems, or other reasons not readily apparent. The program administrator is trained to get to the bottom of abnormal behavior.

WHY SHOULD YOU REPORT STRANGE BEHAVIOR?

- * You could be saving the life of the employee you report.**
- * You could be saving the lives of others, even your own.**
- * The behavior of all the employees of the company reflects directly on the image of the company and its other employees.**
- * The public comes in contact with hundreds of drivers every day, but only seem to remember the bad ones.**

SHOULD YOU CONFRONT A SUSPICIOUS EMPLOYEE?

It is difficult to ask you to actively supervise your fellow employees when that is not part of your job, however there is certainly nothing wrong with "leading by example" and letting your fellow employees know where you stand on the subject of alcohol and drug use. Let it be known that you will not tolerate blatant violations of this policy and will report anyone foolish enough to violate in your presence. Do not get into an argument with another employee- pass it onto the program administrator.