



City Manager's Approval: \_\_\_\_\_

## THE CITY OF POMONA

### ADMINISTRATIVE POLICIES AND PROCEDURES

### **SUBSTANCE ABUSE**

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#### **I. PURPOSE**

To eliminate substance abuse and its effects in the workplace. While the City has no intention of intruding into the private lives of our employees, involvement with drugs and alcohol off the job can take a toll on job performance and employee safety. The City's concern is that employees are in a condition to perform their duties safely and efficiently, in the interest of their fellow workers and the public, as well as themselves. The presence of drugs and/or alcohol on the job, and/or the influence of these substances on employees during working hours, is inconsistent with this objective.

#### **II. APPLICABILITY**

This policy applies to all full-time and hourly/part-time City employees and to all applicants for positions with the City. This policy applies to alcohol and/or drugs, including all substances, drugs, and medications, whether legal or illegal, which could impair an employee's ability to effectively and safely perform the functions of their job. This policy shall not apply to sworn personnel who are required and authorized to use alcohol in the performance of their duties.

#### **III. POLICY**

The City is committed to providing all employees with a safe, healthful, and productive work environment free of drug and/or alcohol related problems. In recognition of the fact that drugs and alcohol can hinder a person's ability to perform duties safely and effectively, the City, in cooperation with the employee associations, has established the following policy regarding drugs and alcohol:

- A. While use of legally prescribed medications and/or drugs does not violate this policy per se, failure by an employee to notify his/her supervisor, before beginning work, when taking medications and/or drugs which could foreseeably interfere with the safe and effective performance of duties, or the operation of City equipment, can result in appropriate disciplinary action. In the event that there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medication and/or drugs, clearance from a qualified physician may be required.

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- B. The City reserves the right to search, without employee consent, all areas and property (except for employee's personal property, e.g., purses, briefcases, vehicles) in which the City maintains control or joint control with the employee. (For Public Safety Officers, the search of employee storage spaces shall be done in compliance with Government Code Section 3309). The City may also notify appropriate law enforcement agencies that an employee is suspected of possessing a controlled substance as defined by the DEA's Controlled Substance Schedules and/or any chemical derivative of such controlled substance, and/or prescription drugs without valid medical authorization. Refer to General Rules Section, Policy No. 13, "Inspection, Search and Monitoring."
- C. Employees who think they may have an alcohol or drug abuse problem are urged to voluntarily seek confidential assistance from the Employee Assistance Program (EAP) counselor. While the City will be supportive of those who seek help voluntarily, the City will be equally firm in identifying and disciplining those who continue to be substance abusers and who do not seek or enroll in counseling or rehabilitation programs. Participation in, or request for, counseling or rehabilitation shall not, in and of itself, be a basis for an investigation or a disciplinary action.
- D. Supervisors shall be formally trained in the application of this Policy. Alcohol and/or drug abuse will not be tolerated, and appropriate disciplinary action will be taken as necessary to achieve compliance with this Policy.
- E. Where an employer has reasonable suspicion (use Form #2) that an employee is under the influence of drugs and/or alcohol while at work, the employee shall be taken by a supervisor or manager to the City's designated clinic for a reasonable suspicion drug and/or alcohol test. Employees who test positive for drugs and/or alcohol will be subject to appropriate disciplinary action. Refusal to submit to an alcohol and/or drug analysis when required by City management or law enforcement personnel, within a reasonable time (thirty minutes for suspected alcohol use and two (2) hours for suspected drug use) after the association representative has been notified, may constitute insubordination and may be grounds for appropriate disciplinary action.
- F. The City is committed to providing reasonable accommodation to those employees whose alcohol and/or prior drug problem classifies them as disabled under Federal and/or State Law.
- G. The City has established a voluntary Employee Assistance Program (EAP) to assist those employees who voluntarily seek help for alcohol and/or drug problems. Employees should contact their supervisors, Human Resources, or the EAP counselor for additional information.

**SUBSTANCE ABUSE (Continued):**

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**IV. DEFINITION OF TERMS**

- A. For purposes of this Policy, the following definitions of terms apply:
1. *“Alcohol Abuse”* occurs when an employee arrives at the work site with a level of alcohol that exceeds .04 or greater, or consumes a beverage containing alcohol while on duty or subject to duty, and during coffee and/or lunch breaks.
  2. *“City premises”* includes all premises and locations owned or leased by the City, including, but not limited to, parking lots, structures, buildings and work areas.
  3. *“City property”* includes City owned or leased property such as vehicles, desks, drawers, closets, cabinets, lockers, shelves and other storage facilities.
  4. *“Controlled Substance”* is defined as any drugs that are classified by the Drug Enforcement Administration (DEA) Controlled Substance Schedules, and any and all of their chemical derivatives and/or prescription drugs used without a prescription.
  5. *“Drug Use”* is defined as use of a prescribed medication or controlled substance.
  6. *“Medical Review Officer (MRO)”* is defined as a licensed physician who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his/her medical history and other relevant medical history and any other relevant biomedical information.
  7. *“Positive Alcohol Test”* is defined as any blood, or urine sample that is chemically tested (screened) and shows the presence of alcohol, as specified in Section IX.N of this Policy.
  8. *“Positive Drug Test”* is defined as any blood or urine sample that is chemically tested (screened), and shows the presence of controlled substances, as specified in Section IX.I. of this policy.
  9. *“Possess or Possession”* includes the exercises of physical control and/or dominion, the maintenance of immediate and exclusive accessibility, including on one's person.
  10. *“Reasonable Suspicion”* is a belief based on “objective facts” sufficient to lead a reasonably prudent supervisor to suspect that an employee is under

**SUBSTANCE ABUSE (Continued):**

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the influence of drugs and/or alcohol such that the employee's ability to perform his/her job functions is impaired or so that the employee's ability to perform his/her job safely is reduced.

11. "Safety Sensitive Employee" is defined as an employee occupying, or applying for, any position in which the employee's performance of his or her duties may affect the public safety. These positions shall be designated by the City at its sole discretion, but shall include at least the following positions and/or assignments: 1) Any employee whose position requires the carrying of a firearm; 2) heavy equipment/machine operators; 3) Police Officers; 4) operators of vehicles; 5) communications operators; 6) all personnel involved with child development/child care; and 7) jail personnel.
12. "Supervisors" are those classified as supervisory or management. Note: Employees assigned as temporary or acting supervisors are included within this definition.
13. "Use" is defined as the presence of drugs and/or alcohol in the body.

**V. EMPLOYEE RESPONSIBILITIES**

An employee shall:

- A. Notify their Department Director within five (5) days of any conviction (including pleas of "no contest") for violating State or Federal criminal laws wherein drug or alcohol use is an element of the crime.
- B. Cooperate in efforts to protect the life, personal safety, and property of co-workers and fellow citizens. Employees shall, therefore, take all reasonable steps to abide by and cooperate in the implementation, administration, and enforcement of this Policy.
- C. Not report to work or be subject to duty with legal drugs or controlled substances and/or alcohol in his/her system, per the levels stated in Section IX.N.
- D. Not possess, consume, sell (directly or through a third party), purchase, distribute, manufacture and/or use alcohol or impairing drugs, including controlled substances as defined by the DEA's Controlled Substance Schedules, any and all of their chemical derivatives, and/or prescription drugs without a prescription, during working hours or while on paid on-call status, on breaks, in City vehicles, during meal periods, in personal vehicles being used for City business or at any time while on City property.
- E. Immediately cooperate with an order to submit to an alcohol and/or drug screening test when the employee is ordered to do so by a supervisor. Refusal to submit

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within a reasonable period of time, thirty (30) minutes for suspected alcohol use and two (2) hours for suspected drug use, to such a test when ordered to do so will be considered insubordinate conduct and may be grounds for disciplinary action up to and including termination of employment.

- F. Notify their supervisor, before beginning work, when taking any medications and/or drugs, prescription and/or non-prescription, which may interfere with the safe and effective performance of duties or operations of City equipment. The supervisor may require additional evidence of the medication being taken within 24 hours. Employees shall provide, within 24 hours of directive, a bona fide verification of a current valid United States prescription for any impairing drug and/or medication to a confidential MRO. The prescription must be in the employee's name.
- G. Notify their Department Director, the Human Resources/Risk Management Director or designee within five (5) days of any conviction (including pleas of "no contest") for violating any State or Federal criminal drug law.
- H. Not alter or switch samples for testing pursuant to this Policy.
- I. Have joint responsibility along with supervisor requesting the test for requesting that an association representative be present during the drug testing process, if so desired, so long as it does not delay the testing process by more than thirty (30) minutes.
- J. Comply with any and all provisions of this Policy.

**VI. MANAGEMENT RESPONSIBILITIES AND GUIDELINES**

- A. It is management's responsibility to administer this Policy in an effort to maintain a workplace free from the effects of substance abuse.
- B. Managers and supervisors are responsible for the reasonable, ethical and non-discriminatory enforcement and application of this Policy.
- C. Managers and supervisors may direct an employee to submit to a drug and/or alcohol test when a manager or supervisor has a reasonable suspicion that an employee is under the influence of drugs and/or alcohol while on the job or in a paid, on-call or standby status. Managers who misuse this Policy shall be subject to appropriate disciplinary action up to and including termination of employment. When possible, the symptoms giving rise to reasonable suspicion shall be verified by a second trained supervisor.
  - 1. In the case of Police Officers, the symptoms that give rise to reasonable suspicion shall be verified by a second trained supervisor, or if no such supervisor is available, a trained drug recognition expert.

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2. For example, any of the following, alone or in combination, may assist in the determination whether reasonable suspicion exists:
  - a. Slurred speech;
  - b. Alcohol odor on breath;
  - c. Unsteady walking and movement;
  - d. An accident involving City property, where it appears the employee's conduct may be a contributing factor and other objective symptoms exist;
  - e. Uncharacteristic behavior, including unauthorized workplace physical and/or verbal altercations;
  - f. Possession of alcohol and/or drugs;
- D. The City will provide training to designated employees in order to recognize the attributes, symptoms, and/or characteristics associated with substance abuse.
- E. The City will provide information to all employees as to the dangers and penalties associated with substance abuse, as well as information regarding counseling services available.
- F. Any manager or supervisor directing an employee to submit to a drug and/or alcohol test shall document in writing the facts on Reasonable Suspicion Record - Form #2 (attached) constituting reasonable suspicion that the employee in question is under the influence of drugs and/or alcohol. In the case where objective symptoms of alcohol and/or drug use are verified by a second trained employee, that employee shall also complete a Reasonable Suspicion Record – Form #2.
- G. Any manager or supervisor encountering an employee who refuses an order to submit to a drug and/or alcohol analysis upon being directed to do so shall remind the employee of the requirements and disciplinary consequences of this Policy. Where there is reasonable suspicion that the employee is currently under the influence of alcohol or drugs, the manager or supervisor is to arrange for the employee to be safely transported to the testing site.
- H. Managers and supervisors shall not physically search (refer to Administrative Policy No. 13 – Inspection, Search and Monitoring) the employee, nor shall they search the personal possessions of employees without the freely given written consent of, and in the presence of, the employee.
- I. The City will maintain an Employee Assistance Program (EAP) where employees may voluntarily seek confidential counseling and other rehabilitative services. In addition, the City may consider EAP referral as part of any disciplinary action involving substance abuse. However, availability of, or participation in, an EAP

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program shall not, in and of itself, prohibit any disciplinary action from being taken against the employee.

- J. Managers and supervisors shall notify their Department Director or designee when they have reasonable suspicion that an employee may have controlled substances in his/her possession or in an area not jointly or fully controlled by the City. If the Department Director or designee concurs that there is reasonable suspicion of illegal drug possession, the Department Director shall notify the appropriate law enforcement agency.
- K. When there is reasonable suspicion that an employee may have drugs and/or alcohol in his/her possession, it is the City's responsibility to conduct a search of all City property, including items such as desks, lockers, file cabinets, vehicles etc. (For Public Safety Officers the search of employee storage spaces shall be done in compliance with Government Code Section 3309). Such search will be conducted at the direction of the City Manager, or his/her designee without advance notice.

**VII. PHYSICAL EXAMINATION AND PROCEDURE**

A drug and/or alcohol test may be administered for any substance which could impair an employee's ability to effectively and safely perform the functions of his/her job, including, but not limited to, prescription medications, alcohol, heroin, cocaine, morphine and its derivatives, P.C.P., methadone, barbiturates, amphetamines, marijuana and other cannabinoids.

**VIII. PRE-EMPLOYMENT SCREENING**

- A. Drug and/or alcohol tests may also be administered as part of the pre-employment physical. All applicants for employment shall be required to undergo urinalysis or other screening to detect the presence of illegal drug use at a laboratory chosen by the City. The applicant must sign a Consent and Release - Form #1 (attached) prior to testing. Applicants under the age of eighteen (18), must be accompanied by a parent when taking the drug test. The parent must also authorize the physician to perform the test and release the results to the City. The job offer to said applicant is conditioned upon the results of the screening. Refusal by an applicant to submit to a test shall result in denial of employment. A positive test result is denial of employment, but the applicant may apply again with the City after six (6) months.
- B. The City will not discriminate against applicants for employment because of past use of drugs, controlled substances and/or alcohol. The City will not tolerate the current use of drugs and/or controlled substances and/or abuse of alcohol, which prevents employees from safely and efficiently performing their jobs. The standard for public safety applicants requires that certain usages or possession of illegal drugs are to be considered automatic disqualifiers in the hiring process. Any

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incidents of possession or use of illegal drugs that are not to be considered to be an automatic disqualifier will be considered in relationship to the overall background of the applicant and may result in disqualification. Incidents of alcohol abuse, including but not limited to driving while under the influence of alcohol, may also result in disqualification of a public safety applicant from employment.

- C. In all cases where a positive drug screen is reported, the applicant shall be given twenty-four (24) hours to provide bona fide verification of a valid, current United States prescription for the identified substance. Applicants who fail to provide such verification will not be hired. The prescription must be in the applicant's name. If the applicant does not provide acceptable verification of a valid prescription, or if the prescription is not in the applicant's name, the applicant will not be hired.

**IX. TESTING PROCEDURE**

When supervisors have reasonable suspicion to believe that an employee has: (1) consumed drugs and/or alcohol on City premises; (2) reported to work under the influence of drugs and/or alcohol, the supervisor must direct the employee to take a blood or urine test. The drug/alcohol test is not intended to prove impairment but to confirm the presence of the drug and/or alcohol. Whether or not impairment is suspected, if the supervisor has reason to consider requiring a drug/alcohol test, the following process to validate the reasons for considering a drug/alcohol test will be used.

- A. The supervisor shall confer with another supervisor or Department Director to corroborate the reasonable suspicion of drug/alcohol use before escorting the employee for the examination. If no other trained supervisor is available, a drug recognition expert, the City's Risk Manager or Safety Officer will be used. When possible, concurrence should be obtained from the appropriate Department Director prior to testing being conducted. The supervisor should personally escort the employee to an office or other private area, and have another supervisor present as a witness. For the employee's assistance, an association representative may be called to provide the employee with reasonable opportunity to respond.
- B. Confront the employee with the reasons for suspecting drug and/or alcohol policy violations. Use the "Reasonable Suspicion Record" - Form #2 to question and document information. Complete the form in conversation with the employee. Determine if there is reasonable suspicion of the employee's use of drugs and/or alcohol on City premises or while on duty and that he/she is under the influence.
- C. If after the supervisor's evaluation it has been determined that the employee does not appear to be under the influence of drugs and/or alcohol, including prescription drugs, has not consumed drugs and/or alcohol during work hours or while on duty and it has been determined that the employee is able to perform regular work duties, the employee shall return to regular duty, and Form #2 shall be destroyed.



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- D. If it is believed that the employee is under the influence of, or has consumed drugs and/or alcohol on City premises or during work duty, advise the employee that he/she is being required to take a blood or urine sample for drug and alcohol testing. Personally escort the employee (with another supervisor) directly to the City approved drug/alcohol specimen collection site and remain with employee until the completion of the testing process. The employee shall not be permitted to drive him/herself to the testing facility. During normal working hours and days, the employees shall be taken to the medical facility normally used by the Human Resources Department (i.e., City clinic). After hours, the employee shall be taken to an after hours care facility as specified by the Human Resources Department. Sworn employees will be taken to a 24-hour clinic specified by the Human Resources Department not Pomona Valley Hospital.
- E. An employee may, at his/her option, have a representative present during all phases of the testing. The right to representation shall not unreasonably delay the test process.
- F. When reasonable suspicion has been established by a supervisor or Department Director involving an employee under the age of eighteen (18), the supervisor shall first confirm with the Human Resources Department that the City has authorization on file from a parent before following the procedure described above. However, if authorization is not on file, Human Resources shall call the minor's parent to receive authorization. If authorization to administer drug and alcohol test is not given to the City by the parent, the employee will be terminated.
- G. Order/direct the employee to read and sign a form allowing the collection facility to collect a sample for a blood, alcohol, or urine test. Advise the employee that refusal to sign the form or to give a specimen will be treated as a refusal to obey a direct order, and will constitute insubordination and will be grounds for disciplinary action, up to and including termination of employment.
- H. Procedures for collecting urine specimens shall allow individual privacy unless there is reason to believe that a particular individual may alter or substitute the specimen to be provided. Procedures in place at the collection site will impede efforts to tamper with the integrity of the specimen.
- I. All tests shall be conducted using standard testing procedures certified by the Substance Abuse and Mental Health Service Administration (SAMHSA), formerly the National Institute on Drug Abuse (NIDA).
- J. Collection facility personnel will follow strict chain of custody controls to ensure that the specimen is delivered to the testing laboratory without loss of the integrity of the specimen.

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- K. If it is believed that the employee is impaired, arrangements should be made to have the employee transported home. Do not permit the employee to leave the premises or drive alone. If the employee refuses any assistance, ensure that the witnessing supervisor can verify that the employee refused such assistance. If the employee cannot control his/her actions and departs without assistance, immediately call the Pomona Police Watch Commander at 620-2151 or 620-2152 to inform them of the employee's condition and refusal for assistance. Tell the Police Department the employee's name and description and a description of the automobile they are driving, including the license plate number.
- L. Once the specimen is taken and initialed by the employee, the employee should be placed on administrative leave with pay pending test results and a review of the circumstances.
- M. Whenever an employee is required to provide specimens for testing, one specimen will be collected and divided into two (2) specimens.
- N. In testing for the presence of controlled substances, the testing facility shall submit the first specimen for testing using an immunochemical assay or radioimmunoassay test on the employee's urine sample. Only if the initial test is positive for an illegal drug, the same specimen shall be subjected to a confirmatory test using the gas chromatography, thin layer chromatography or gas chromatography/mass spectrometry method (GC/MS) for verification.

Drug Screening Processing:

A positive alcohol/drug test is one where the results meet or exceed the following levels:

<u>Drug</u>	<u>EMIT</u>	<u>GC/MS</u>
1. Amphetamines/methamphetamine	1000	500
2. Barbituates	300	100
3. Benzodiazepines (Valium tranquilizers)	300	150
4. Cocaine	300	150
5. Methadone	300	100
6. Methaqualone (Quaaludes)	300	100
7. Opiates (morphine, codeine, heroin)	300	300
8. Phencyclidine (PCP)	75	25
9. Propoxyphene (Darvon)	300	100
10. Marijuana	100	15
11. Alcohol	.04	.04

- O. In those cases where the split screening confirms the presence of a drug(s) in the specimen, the specimen will be retained in a secure place at the laboratory for one

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(1) year to allow for further testing in case of a dispute.

- P. In all cases where an initial drug screen is positive, the employee shall be interviewed by the MRO who shall determine if there is a bona fide explanation for the positive result.
- Q. The MRO will report findings to the City and the employee via a signed, written communication, within three (3) business days of completion of the MRO's review. The employee may elect to have the split specimen tested at another laboratory at his/her expense.
- R. The Human Resources/Risk Management Director or designee, in collaboration with the Department Director, shall evaluate the employee's circumstances and determine the appropriate disciplinary action.
- S. Before an employee returns to duty requiring the performance of a safety-sensitive function, the employee shall undergo a Return to Duty alcohol test and/or a drug screen substance test and must test negative. In addition, the employee shall be evaluated by a Substance Abuse Professional (SAP) to determine that he/she has properly followed any prescribed rehabilitation program.
- T. The employee shall be subject to unannounced follow-up alcohol and controlled substance tests following the employee's return to duty as determined by a SAP for a period not to exceed 24 months.

**X. POST ACCIDENT DRUG/ALCOHOL TESTING**

A. Non-Sworn Employees:

Post-accident alcohol and controlled substances testing will be conducted on employees following an on-duty accident where the employee's conduct or failure to act cannot be discounted as a contributing factor and where other objective symptoms exist (use Form #2). The City's Safety Officer or Risk Manager shall be notified immediately of such accidents and will advise the applicable supervisor(s) of the proper procedures for post-accident-testing. If a fatality occurs, the employee will be tested regardless of whether his/her performance may or may not have been a contributing factor.

B. Sworn Employees:

Sworn employees will be tested after an on-duty accident for alcohol and controlled substances only if a supervisor responding to the accident has reasonable suspicion that the employee may be under the influence of alcohol and/or drugs and it is corroborated by another supervisor, Risk Manager or Safety Officer.

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**XI. CONFIDENTIALITY**

Confidentiality will be maintained to the highest degree possible in the administration of this substance abuse policy so as to protect the privacy of the individual involved. Laboratory reports and test results shall not appear in any employee's personnel file. Information of this nature will be contained in a separate confidential medical folder that will be kept under the control of the Human Resources Department. Reports or test results may be disclosed to City management on a strictly need-to-know basis and to the tested employee upon request. Disclosures, without patient consent, may also occur when: (1) the information is compelled by law or by judicial or administrative process; (2) the information has been placed at issue in a formal dispute between the employer and the employee; (3) the information is to be used in administering an employee benefit plan; and/or (4) the information is needed by medical personnel for the diagnosis or treatment of the patient who is unable to authorize disclosure.

**XII. ACTION**

This Policy is effective this date.



# CITY OF POMONA

## HUMAN RESOURCES DEPARTMENT CONSENT AND RELEASE

### Pre-Employment Drug/Alcohol Screening Program

The City of Pomona recognizes that its future is dependent upon the physical and psychological health of all its employees. The misuse and abuse of drugs and alcohol poses a serious threat to Pomona's citizens and employees. To safeguard our community, all prospective new hires will be tested for use of drugs and/or alcohol.

Testing for the use of drugs and/or alcohol is part of the pre-employment physical, paid for by the City. The decision to hire may be based on the results of the pre-employment physical. Failure to participate in the physical will result in denial of employment.

It is critical that all requested medical information be provided, including information on any prescription and/ or non-prescription drugs. Should a drug screen test show positive for use, the applicant must provide within twenty-four (24) hours of request: a valid, current United States prescription for the drug identified in the drug screen. The prescription must be in the applicant's name. If the applicant does not provide a prescription or if the drug is one that impairs the applicant's ability to perform the job duties, the applicant will not be hired.

Results of the pre-employment physical will be held in a separate, confidential medical folder as part of the employee's personnel file. The pre-employment physical records may be disclosed to City of Pomona management on a strictly need-to-know basis and to the employee upon request. Disclosures, without employee consent, may also occur when:

- 1) the information is compelled by law or by judicial or administrative process;
- 2) the information has been placed at issue in a formal dispute between the employer and employee;
- 3) the information is to be used in administering an employee benefit plan;
- 4) the information is needed by medical personnel for the diagnosis or treatment of the patient who is unable to authorize disclosure.

I understand that the physical examination is a part of the application process with the City of Pomona; that a hiring decision may be based on the results of the physical examination, and I authorize a qualified representative and/or physician to conduct the pre-employment physical and release the results to appropriate City of Pomona officials. (If applicant is a minor, must have a signature of a parent).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# CITY OF POMONA

## REASONABLE SUSPICION RECORD

(To be completed by a supervisor)

Employee Name: \_\_\_\_\_

Observation Period: \_\_\_\_\_

Observation Time:  
(From when to when) \_\_\_\_\_

Location: \_\_\_\_\_  
Street City  
State Zip Code

### CAUSE FOR SUSPICION:

1. Presence of drugs and/or drug paraphernalia:

Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Appearance:

- |  |   |
|--|---|
| <input type="checkbox"/> Normal                              | <input type="checkbox"/> Flushed                    |
| <input type="checkbox"/> Disheveled                          | <input type="checkbox"/> Bloodshot Eyes             |
| <input type="checkbox"/> Profuse Sweating                    | <input type="checkbox"/> Puncture Marks             |
| <input type="checkbox"/> Dry Mouth                           | <input type="checkbox"/> Dilated/Constricted Pupils |
| <input type="checkbox"/> Tremors                             | <input type="checkbox"/> Runny Nose/Sores           |
| <input type="checkbox"/> Inappropriate wearing of sunglasses |   |

Other: \_\_\_\_\_

3. Behavior/Speech:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal     | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Confused   | <input type="checkbox"/> Slurred    |
| <input type="checkbox"/> Silent     | <input type="checkbox"/> Slowed     |
| <input type="checkbox"/> Whispering |                                     |

Other: \_\_\_\_\_

4. Awareness:

- Normal
- Confused
- Lethargic
- Lack of Coordination
- Mood Swings
- Euphoria
- Disoriented
- Paranoid

Other: \_\_\_\_\_

5. Motor Skills/Balance:

- Normal
- Falling
- Swaying
- Staggering

Other: \_\_\_\_\_

6. Walking/Turning:

- Normal
- Confused
- Reaching for Support
- Swaying
- Stumbling
- Arms Raised for Balance

Other: \_\_\_\_\_

7. Other Observed Actions or Behavior (specify): \_\_\_\_\_  
\_\_\_\_\_

**WITNESSED BY:**

Signature	Title	Date
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Signature	Title	Date
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This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier.

Work Performance:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Cause for Suspicion (specify): \_\_\_\_\_  
\_\_\_\_\_

Observations: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Incidents Observed: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

Employee's Response: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## ALCOHOL FACT SHEET

**A.** Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered an enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions. Alcohol affects every organ in the body. Alcohol is metabolized in the liver by enzymes; however, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body. The intensity of the effect of alcohol on the body is directly related to the amount consumed. A standard drink is equal to 13.7 grams of pure alcohol or

1. 12-ounces of beer.
2. 8-ounces of malt liquor.
3. 5-ounces of wine.
4. 1.5-ounces or a “shot” of 80-proof distilled spirits or liquor (gin, rum, vodka, whiskey, etc).

### **B. Effects**

Even drinking a small amount of alcohol can impair judgment, coordination, and reaction time. It can increase the risk of work and household accidents, including falls and hip fractures. It also adds to the risk of car crashes. Heavy drinking over time also can cause certain cancers, liver cirrhosis, immune system disorders, and brain damage. Alcohol can make some medical concerns hard for doctors to find and treat. For example, alcohol causes changes in the heart and blood vessels. These changes can dull pain that might be a warning sign of a heart attack. Drinking also can make older people forgetful and confused. These symptoms could be mistaken for signs of Alzheimer's disease. For people with diabetes, drinking affects blood sugar levels. People who abuse alcohol also may be putting themselves at risk for serious conflicts with family, friends, and coworkers. The more heavily they drink, the greater the chance for trouble at home, at work, with friends, and even with strangers.

### **C. Tolerance, Dependence and Withdrawal**

1. Alcohol consumption interferes with many bodily functions and affects behavior. However, after chronic alcohol consumption, the drinker often develops tolerance to at least some of alcohol's effects. Tolerance means that after continued drinking, consumption of a constant amount of alcohol produces a lesser effect or increasing amounts of alcohol are necessary to produce the same effect. Despite this uncomplicated definition, scientists distinguish between several types of tolerance that are produced by different mechanisms. Tolerance to alcohol's effects influences drinking behavior and drinking consequences in several ways.

## Alcohol Fact Sheet (Continued):

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2. Dependency on alcohol, also known as alcohol addiction and alcoholism, is a chronic disease. The signs and symptoms of alcohol dependence include:
  - a. A strong craving for alcohol.
  - b. Continued use despite repeated physical, psychological, or interpersonal problems.
  - c. The inability to limit drinking.
  - d. Physical illness when one stops drinking.
  - e. The need to drink increasing amounts to feel its effects.

#### D. Duration of Effects

The effects of alcohol are determined by body weight and time.

#### Blood Alcohol Concentration Levels (within one hour of consumption)

Body Weight (#s)	Number of Drinks Consumed					
	1	2	3	4	5	
100	.04	.09	.15	.20	.25	.05-.09 (impaired in some states)
120	.03	.08	.12	.16	.21	
140	.02	.06	.10	.14	.18	
160	.02	.05	.09	.10	.15	.10 and above (intoxicated in all states)
180	.02	.05	.08	.10	.13	
200	.01	.04	.07	.09	.12	

#### E. Performance Effects

1. Alcohol will also impair reaction time and mental acuity for up to several days after consumption. Alcohol consumption will cause a decrease in hand-eye coordination and will impair judgment. Alcohol can also cause nausea, vomiting, and drowsiness for days after consumption. Alcohol-related job performance problems are caused not only by on-the-job drinking but also by heavy drinking outside of work. There is a positive relationship between the frequency of being "hungover" at work and the frequency of feeling sick at work, sleeping on the job, and having problems with job tasks or co-workers. Drinking at work, problem drinking, and frequency of getting "drunk" in the past 30 days were positively associated with frequency of absenteeism, arriving late to work or leaving early, doing poor work, doing less work, and arguing with co-workers. The effects of alcohol on performance can be:
  - a. Loss of inhibition;

## Alcohol Fact Sheet (Continued):

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- b. Impairment of coordination, judgment, intellectual capacity, and slowing of reflexes;
  - c. Blurred vision;
  - d. Slurred speech;
  - e. Hangover - headache, shakiness nausea and vomiting;
  - f. Reduced awareness of environment;
  - g. Limited response to things going on around you; and
  - h. Feeling sleepy.
2. Long term affects (may) include:
- a. Damage to the liver, heart and stomach.
  - b. Damage to the brain - impairment of memory, difficulty learning new skills.

## F. Effects on Driving

1. Alcohol has a profound effect on driving skills. Because of its depressant effects, drivers can misjudge their capabilities. Some of the effects of alcohol that affect driving include:
- a. **reaction time** - reflexes can decrease the ability to react swiftly to situations.
  - b. **vision** - eye muscles function more slowly. Eye movement and perception are altered, possibly resulting in blurred vision. Night vision and color perception are also impaired.
  - c. **tracking** - the ability to judge the car's position on the road, the location of other vehicles, center line, road signs, etc., can be adversely affected.
  - d. **concentration** - attention to driving may decrease and/or drowsiness may occur.
  - e. **comprehension** - the depressant effect of alcohol hinders the ability to make rational decisions.
  - f. **coordination** - the mechanics of driving can be affected by reduced eye/hand/foot coordination.

## G. Reference

- 1. US National Institute of Health – Alcohol Use and Abuse - <http://www.nia.nih.gov/HealthInformation/Publications/alcohol.htm>
- 2. Center for Disease Control and Prevention – Introduction to Alcohol -

**Alcohol Fact Sheet (Continued):**  
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<http://www.cdc.gov/alcohol/faqs.htm#1>

3. **U.S. Department Of Health And Human Services** - Alcohol in the Workplace, Alcohol and Tolerance  
<http://pubs.niaaa.nih.gov/publications/aa44.htm>  
<http://pubs.niaaa.nih.gov/publications/aa28.htm>
4. Union Safe – Effects of Alcohol and Other Drugs -  
[http://unionsafe.labor.net.au/safety\\_reps/10378659166984.html](http://unionsafe.labor.net.au/safety_reps/10378659166984.html)
5. Driving and Alcohol - <http://www.hsc.wvu.edu/som/cmed/alcohol/driving.htm>

## METHAMPHETAMINE AND AMPHETAMINE FACT SHEET

- A. Methamphetamine and Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Medicinally, methamphetamine is used in the treatment of narcolepsy, attention deficit disorder (ADD), and attention deficit hyperactivity disorder (ADHD). Methamphetamine is infrequently used in the treatment of obesity, overeating disorders, and weight loss due to its abuse potential. Amphetamine is also used in ADD, narcolepsy, and weight control. Recreationally, methamphetamine is abused to increase alertness, relieve fatigue, control weight, treat mild depression, and for its intense euphoric effects. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories. Amphetamine is sold in counterfeit capsules or as white, flat, double-scored "mini-bennies."
- B. It is usually taken by mouth and occasionally may be smoked. Methamphetamine is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected, or snorted into the nose.
- C. Trade/street names include *Methamphetamine*: chalk, chrissy, crank, crystal, glass, go, hydro, ice, meth, rock candy, speed, whiz; Desoxyn®; *Amphetamine*: dextroamphetamine; Dexedrine®, Adderall®, Benzedrine®, DextroStat®, Biphetamine®, Gradumet®.
- D. Effects light sensitivity, irritability, insomnia, nervousness, headache, tremors, anxiety, suspiciousness, paranoia, aggressiveness, delusions, hallucinations, irrational behavior, and violence. In overdose, symptoms may include hyperthermia, tachycardia, severe hypertension, convulsions, chest pains, stroke, cardiovascular collapse, and possible death. Other common side effects following abuse of amphetamines include viral hepatitis, Sexually Transmitted Diseases (STDs), HIV, septicemia, abscesses, collapsed blood vessels, and malnutrition. Chronic abuse generally produces a psychosis that resembles schizophrenia and is characterized by paranoia, picking at the skin, preoccupation with one's own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic abusers. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease.
- E. **Duration of Effects**

Onset of effects is rapid following intravenous use and smoking, while effects onset more slowly following oral use. Overall effects typically last 4-8 hours; residual effects can last up to 12 hours.

## **Methamphetamine and Amphetamine Fact Sheet (Continued):**

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#### **F. Tolerance, Dependence and Withdrawal Effect**

Methamphetamine has a high potential for abuse and dependence. Tolerance may develop and users may quickly become addicted and use it with increasing frequency and in increasing doses. Abrupt discontinuation of use can produce extreme fatigue, mental depression, apathy, long periods of sleep, irritability, and disorientation.

#### **G. Performance Effects**

Laboratory studies have been limited to much lower doses than those used by methamphetamine abusers. Doses of 10-30 mg methamphetamine have shown to improve reaction time, relieve fatigue, improve cognitive function testing, increase subjective feelings of alertness, increase time estimation, and increase euphoria. However, subjects were willing to make more high-risk choices. The majority of laboratory tests were administered one (1) hour post dose. Expected performance effects following higher doses may include agitation, inability to focus attention on divided attention tasks, inattention, restlessness, motor excitation, increased reaction time, and time distortion, depressed reflexes, poor balance and coordination, and inability to follow directions.

#### **H. Effects on Driving**

The drug manufacturer states that patients should be informed that methamphetamine and amphetamine may impair the ability to engage in potentially hazardous activities such as driving a motor vehicle. In epidemiology studies drive-off-the-road type accidents, high speed, failing to stop, diminished divided attention, inattentive driving, impatience, and high risk driving have been reported. Driving and driver behaviors included speeding, lane travel, erratic driving, accidents, nervousness, rapid and non-stop speech, unintelligible speech, disorientation, agitation, staggering and awkward movements, irrational or violent behavior, and unconsciousness. Impairment was attributed to distraction, disorientation, motor excitation, hyperactive reflexes, general cognitive impairment, or withdrawal, fatigue and hypersomnolence.

#### **I. Reference**

National Highway Traffic Safety Administration – Drug and Human Performance Fact Sheets –

<http://www.nhtsa.dot.gov/people/injury/research/job185drugs/methamphetamine.htm>

## COCAINE FACT SHEET

A. Cocaine hydrochloride is a white to light brown crystalline powder, shiny rather than dull in appearance. Cocaine base is white to beige in color; waxy/soapy to flaky solid chunks. Recreationally, cocaine is used to increase alertness, relieve fatigue, feel stronger and more decisive, and is abused for its intense euphoric effects. Topically applied for use as a local anesthetic. Recreationally, coca leaves can be chewed or brewed into a tea for refreshment and to relieve fatigue; however, cocaine abusers typically smoke “crack” in a glass pipe or inject the hydrochloride salt intravenously. Cocaine hydrochloride can be smoked to some effect, but this is very inefficient as the powder tends to burn rather than vaporize. Snorting (insufflation/intranasal) is also popular. Subcutaneous injection (skin-popping) is rarely used.

### B. **Effects**

Early phase – Psychological: Euphoria, excitation, feelings of well-being, general arousal, increased sexual excitement, dizziness, self-absorbed, increased focus and alertness, mental clarity, increased talkativeness, motor restlessness, offsets fatigue, improved performance in some simple tasks, and loss of appetite. Higher doses may exhibit a pattern of psychosis with confused and disoriented behavior, delusions, hallucinations, irritability, fear, paranoia, antisocial behavior, and aggressiveness. Physiological: Increased heart rate and blood pressure, increased body temperature, dilated pupils, increased light sensitivity, constriction of peripheral blood vessels, rapid speech, dyskinesia, nausea, and vomiting. Late phase - Psychological: Dysphoria, depression, agitation, nervousness, drug craving, general CNS depression, fatigue, insomnia. Physiological: Itching/picking/scratching, normal heart rate, normal pupils.

### C. **Side Effect Profile**

Nervousness, restlessness, tremors, anxiety, and irritability. Chronic use may lead to personality changes, hyperactivity, psychosis, paranoia, and fear. Cocaine overdose can be characterized by agitation, enhanced reflexes, hostility, headache, tachycardia, irregular respiration, chills, nausea, vomiting, abdominal pain, rise in body temperature, hallucinations, convulsions, delirium, unconsciousness, seizures, stroke, cerebral hemorrhage, heart failure, and death from respiratory failure. Cocaine excited delirium is a syndrome often caused by excessive cocaine use, and is associated with a dissociative state, violence to persons and property, exaggerated strength, hyperthermia, cardiorespiratory arrest and sudden death.

Burnt lips and fingers from crack pipes are frequently seen, as are rashes and skin reddening from scratching. Smokers may suffer from acute respiratory problems including cough, shortness of breath, and severe chest pains with lung trauma and bleeding. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared.

## **Cocaine Fact Sheet (Continued):**

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#### **D. Duration of Effects**

The faster the absorption the more intense and rapid the high, but the shorter the duration of action. Injecting cocaine produces an effect within 15-30 seconds. A hit of smoked crack produces an almost immediate intense experience and will typically produce effects lasting 5-15 minutes. Similarly, snorting cocaine produces effects almost immediately and the resulting high may last 15-30 minutes. The effects onset more slowly after oral ingestion (~1 hour). General effects will persist for one to two hours depending on the dose and late phase effects following binge use may last several days.

#### **E. Tolerance, Dependence and Withdrawal Effects**

Cocaine is a powerfully addictive drug of abuse and an appreciable initial tolerance to the euphoric high may develop. Cocaine is psychologically addicting, particularly with heavy or frequent use, and possibly physically addicting as well. The short duration of effects is one reason leading to probability of addiction. As effects wear off, more drug is frequently administered and a pattern of repeated use occurs. Following binge use of cocaine, the "crash" can last from 9 hours to 4 days and may consist of agitation, depressed moods, insomnia to hypersomnolence, and initial drug craving. Withdrawal symptoms can typically last from one to three weeks and may consist of alternating low and high drug craving, low to high anxiety, paranoia, dysphoria, depression, apathy, irritability, disorientation, hunger, fatigue, bradycardia, and long periods of sleep.

#### **F. Performance Effects**

Most laboratory-based studies have been limited by the low doses of cocaine that were allowed. At these single low doses, studies have shown performance enhancement in attentional abilities and increased behavioral and cortical arousal, but have no enhancement of effects on learning, memory, and other cognitive processes. Faster reaction times and diminished effects of fatigue have been observed. Improvements were greatest in behaviorally impaired subjects (e.g. sleep deprived, fatigued, or concurrent use of ethanol) and least improvements were observed in well-rested, healthy subjects. More deleterious effects are expected after higher doses, chronic ingestion and during drug withdrawal, and include agitation, anxiety, distress, inability to focus on divided attention tasks, inability to follow directions, confusion, hostility, time distortion, and poor balance and coordination. Laboratory studies have also demonstrated increased risk taking (rapid braking or steering) and deleterious effects on vision related to mydriasis. Self-reported increases in sensitivity to light, seeing halos around bright objects, flashes or movement of light in peripheral field, difficulty focusing, blurred vision, and glare recovery problems have been reported.



## **Cocaine Fact Sheet (Continued):**

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#### **G. Effects on Driving**

Observed signs of impairment in driving performance have included subjects speeding, losing control of their vehicle, causing collisions, turning in front of other vehicles, high-risk behavior, inattentive driving, and poor impulse control. As the effects of cocaine wear off subjects may suffer from fatigue, depression, sleepiness, and inattention.

#### **H. Reference**

National Highway Traffic Safety Administration – Drug and Human Performance Fact Sheets –

<http://www.nhtsa.dot.gov/people/injury/research/job185drugs/cocain.htm>

## CANNABINOIDS (MARIJUANA) FACT SHEET

A. Marijuana is a green or gray mixture of dried shredded flowers and leaves of the hemp plant *Cannabis sativa*. Hashish consists of resinous secretions of the cannabis plant. Dronabinol (synthetic THC) is a light yellow resinous oil. *Medicinal*: Indicated for the treatment of anorexia associated with weight loss in patients with AIDS, and to treat mild to moderate nausea and vomiting associated with cancer chemotherapy. *Recreational*: Marijuana is used for its mood altering effects, euphoria, and relaxation. Marijuana is the most commonly used illicit drug throughout the world. Marijuana is usually smoked as a cigarette ('joint') or in a pipe or bong. Joints and blunts are often laced with adulterants including PCP or crack cocaine. Joints can also be dipped in liquid PCP or in codeine cough syrup. Marijuana is also orally ingested.

### B. **Effects**

Pharmacological effects of marijuana vary with dose, route of administration, experience of user, vulnerability to psychoactive effects, and setting of use. Recreational doses effects include relaxation, euphoria, relaxed inhibitions, sense of well-being, disorientation, altered time and space perception, lack of concentration, impaired learning and memory, alterations in thought formation and expression, drowsiness, sedation, mood changes such as panic reactions and paranoia, and a more vivid sense of taste, sight, smell, and hearing. Stronger doses intensify reactions and may cause fluctuating emotions, flights of fragmentary thoughts with disturbed associations, a dulling of attention despite an illusion of heightened insight, image distortion, and psychosis. The most frequent effects include increased heart rate, reddening of the eyes, dry mouth and throat, increased appetite, and vasodilatation.

### C. **Side Effect Profile**

Fatigue, paranoia, possible psychosis, memory problems, depersonalization, mood alterations, urinary retention, constipation, decreased motor coordination, lethargy, slurred speech, and dizziness. Impaired health including lung damage, behavioral changes, and reproductive, cardiovascular and immunological effects have been associated with regular marijuana use. Regular and chronic marijuana smokers may have many of the same respiratory problems that tobacco smokers have (daily cough and phlegm, symptoms of chronic bronchitis), as the amount of tar inhaled and the level of carbon monoxide absorbed by marijuana smokers is 3 to 5 times greater than among tobacco smokers. Smoking marijuana while shooting up cocaine has the potential to cause severe increases in heart rate and blood pressure.

### D. **Duration of Effects**

Effects from smoking cannabis products are felt within minutes and reach their peak in 10-30 minutes. Typical marijuana smokers experience a high that lasts approximately two (2) hours. Most behavioral and physiological effects return to baseline levels within three to five hours after drug use, although some investigators have demonstrated residual effects in specific behaviors up to 24 hours, such as complex divided attention tasks. Psychomotor impairment can persist after the

## **Cannabinoids (Marijuana) Fact Sheet (Continued):**

### **Page 2**

perceived high has dissipated. In long term users, even after periods of abstinence, selective attention (ability to filter out irrelevant information) has been shown to be adversely affected with increasing duration of use, and speed of information processing has been shown to be impaired with increasing frequency of use. Dronabinol has an onset of 30-60 minutes, peak effects occur at two to four hours, and it can stimulate the appetite for up to 24 hours.

#### **E. Tolerance, Dependence and Withdrawal Effect**

Tolerance may develop to some pharmacological effects of dronabinol. Tolerance to many of the effects of marijuana may develop rapidly after only a few doses, but also disappears rapidly. Marijuana is addicting as it causes compulsive drug craving, seeking, and use, even in the face of negative health and social consequences. Additionally, animal studies suggests marijuana causes physical dependence. A withdrawal syndrome is commonly seen in chronic marijuana users following abrupt discontinuation. Symptoms include restlessness, irritability, mild agitation, hyperactivity, insomnia, nausea, cramping, decreased appetite, sweating, and increased dreaming.

#### **F. Performance Effects**

The short term effects of marijuana use include problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. Heavy users may have increased difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing and using information. In general, laboratory performance studies indicate that sensory functions are not highly impaired, but perceptual functions are significantly affected. The ability to concentrate and maintain attention are decreased during marijuana use, and impairment of hand-eye coordination is dose-related over a wide range of dosages. Impairment in retention time and tracking, subjective sleepiness, distortion of time and distance, vigilance, and loss of coordination in divided attention tasks have been reported. Note however, that subjects can often “pull themselves together” to concentrate on simple tasks for brief periods of time. Significant performance impairments are usually observed for at least one to two hours following marijuana use, and residual effects have been reported up to 24 hours.

#### **G. Effects on Driving**

Epidemiology data from road traffic arrests and fatalities indicate that after alcohol, marijuana is the most frequently detected psychoactive substance among driving populations. Marijuana has been shown to impair performance on driving simulator tasks and on open and closed driving courses for up to approximately three (3) hours. Decreased car handling performance, increased reaction times, impaired time and distance estimation, inability to maintain headway, lateral travel, subjective sleepiness, motor incoordination, and impaired sustained vigilance have all been reported. Some drivers may actually be able to improve performance for brief periods by overcompensating for self-perceived impairment. The greater the demands placed

## **Cannabinoids (Marijuana) Fact Sheet (Continued):**

### **Page 3**

on the driver, however, the more critical the likely impairment. Marijuana may particularly impair monotonous and prolonged driving. Decision times to evaluate situations and determine appropriate responses increase. Mixing alcohol and marijuana may dramatically produce effects greater than either drug on its own.

#### **H. Reference**

National Highway Traffic Safety Administration – Drug and Human Performance Fact Sheets -

<http://www.nhtsa.dot.gov/people/injury/research/job185drugs/cannabis.htm>

## OPIATES (NARCOTICS) FACT SHEET

- A. Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling. Today, the term is used in a number of ways. Some individuals define narcotics as those substances that bind at opiate receptors (cellular membrane proteins activated by substances like heroin or morphine), while others refer to any illicit substance as a narcotic. In a legal context, narcotic refers to opium, opium derivatives, and their semi-synthetic substitutes. Narcotics are used therapeutically to treat pain, suppress cough, alleviate diarrhea, and induce anesthesia.

Narcotics are administered in a variety of ways. Some are taken orally, transdermally (skin patches), intranasally, or injected. They are also available in suppositories, and more recently in "troches," a form of narcotics that can be sucked like candy. As drugs of abuse, they are often smoked, sniffed, or injected.

Drug effects depend heavily on the dose, route of administration, and previous exposure to the drug. Aside from their medical use, narcotics produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to their abuse. Natural and natural derivative- opium, morphine, codeine, and heroin Synthetics-meperidine (Demerol), oxymorphone, (Numorphan, and oxycodone (Percodan). Trade/street names include *Morphine*: Astramorph®, Duramorph®, Infumorph®, Kadian®, Morphine Sulfate®, MSIR®, MS-Contin®, Oramorph SR®, Roxanol®. *Heroin*: diacetylmorphine, diamorphine; Mexican brown or Mexican black tar heroin; bags, blue-steel, China white, H, horse, junk, no-name, silk, skag, smack. Scramble (cut heroin), bone (uncut heroin for smoking), chippers (occasional users).

### B. **Effects**

Narcotic use is associated with a variety of unwanted effects including drowsiness, inability to concentrate, apathy, lessened physical activity, constriction of the pupils, dilation of the subcutaneous blood vessels causing flushing of the face and neck, constipation, nausea, vomiting, and most significantly, respiratory depression. As the dose is increased, the subjective, analgesic (pain relief), and toxic effect become more pronounced. Except in cases of acute intoxication, there is no loss of motor coordination or slurred speech as occurs with many depressants.

### C. **Side Effect Profile**

Drowsiness, inability to concentrate, apathy, lessened physical activity, constipation, urinary retention, nausea, vomiting, tremors, itching, bradycardia, severe respiratory depression, and pulmonary complications such as pneumonia. Medical complications among abusers arise primarily from adulterants found in street drugs and in non-sterile injecting practices, and may include skin, lung and brain abscesses, collapsed veins, endocarditis, hepatitis and HIV/AIDS. Overdose can include slow, shallow breathing, clammy skin, convulsions, extreme somnolence, severe respiratory depression, apnea, circulatory collapse, cardiac arrest, coma, and death.

## **Opiates (Narcotics) Fact Sheet (Continued):**

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#### **D. Duration of Effects**

Depending on the morphine dose and the route of administration, onset of effects is within 15-60 minutes and effects may last four to six hours. The duration of analgesia increases progressively with age although the degree of analgesia remains unchanged. Following heroin use, the intense euphoria lasts from 45 seconds to several minutes, peak effects last one to two hours, and the overall effects wear off in three to five hours, depending on dose.

#### **E. Tolerance, Dependence and Withdrawal Effects**

Chronic narcotic use is associated with physical dependence and a withdrawal or abstinence syndrome when drug use is discontinued. In general, shorter acting narcotics tend to produce shorter, more intense withdrawal symptoms, while longer acting narcotics produce a withdrawal syndrome that is protracted but less severe. Although unpleasant, withdrawal from narcotics is rarely life threatening. The withdrawal symptoms associated with heroin/morphine addiction are usually experienced shortly before the time of the next scheduled dose. Early symptoms include watery eyes, runny nose, yawning, and sweating. Restlessness, irritability, loss of appetite, nausea, tremors, and drug craving appear as the syndrome progresses. Severe depression and vomiting are common. The heart rate and blood pressure are elevated. Chills, alternating with flushing and excessive sweating, are also characteristic symptoms. Pains in the bones and muscles of the back and extremities occur, as do muscle spasms. At any point during this process, a suitable narcotic can be administered to dramatically reverse the withdrawal symptoms. Without intervention, the syndrome will run its course, and most of the overt physical symptoms will disappear within seven to ten days.

The psychological dependence associated with narcotic addiction is complex and protracted. Long after the physical need for the drug has passed, the addict may continue to think and talk about the use of drugs and feel strange or overwhelmed coping with daily activities without being under the influence of drugs. There is a high probability that relapse will occur after narcotic withdrawal when neither the physical environment, nor the behavioral motivators that contributed to the abuse have been altered.

#### **F. Performance Effects**

Laboratory studies have shown that morphine may cause sedation and significant psychomotor impairment for up to four (4) hours following a single dose in normal individuals. Early effects may include slowed reaction time, depressed consciousness, sleepiness, and poor performance on divided attention and psychomotor tasks. Late effects may include inattentiveness, slowed reaction time, greater error rate in tests, poor concentration, distractibility, fatigue, and poor performance in psychomotor tests. Subjective feelings of sedation, sluggishness, fatigue, intoxication, and body sway have also been reported. Significant tolerance may develop making effects less pronounced in long-term users for the same dose. In a laboratory setting, heroin produced subjective feelings of sedation for up to five to six hours and slowed reaction times up to four (4) hours, in former narcotic

## **Opiates (Narcotics) Fact Sheet (Continued):**

### **Page 3**

addicts. Euphoria and elation could also play a role on perception of risks and alteration of behaviors.

#### **G. Effects on Driving**

The drug manufacturer states that morphine may impair the mental and/or physical abilities needed to perform potentially hazardous activities such as driving a car, and patients must be cautioned accordingly. In several driving under the influence case reports, where the subjects tested positive for morphine and/or 6-acetylmorphine, observations included slow driving, weaving, poor vehicle control, poor coordination, slow response to stimuli, delayed reactions, difficulty in following instructions, and falling asleep at the wheel.

#### **H. Reference**

1. National Highway Traffic Safety Administration – Drug and Human Performance Fact Sheets -  
<http://www.nhtsa.dot.gov/people/injury/research/job185drugs/morphine.htm>
2. US Drug Enforcement Administration – Chapter 4 Narcotics  
<http://www.usdoj.gov/dea/pubs/abuse/4-narc.htm>

## PHENCYCLIDINE (PCP) FACT SHEET

A. PCP is a white, crystalline powder (contaminants may cause tan to brown color), or a clear, yellowish liquid. Formerly used as a surgical anesthetic, however, there is no current legitimate medical use in humans. Used as a veterinary anesthetic or tranquilizer. Recreationally used as a psychedelic and hallucinogen. Smoked, intravenous injection, snorted, added as eye drops, oral ingestion, and transdermal absorption.

B. ***Effects***

Effects are usually dose dependent, and include euphoria, calmness, feelings of strength and invulnerability, lethargy, disorientation, loss of coordination, distinct changes in body awareness, distorted sensory perceptions, impaired concentration, disordered thinking, illusions and hallucinations, agitation, combativeness or violence, memory loss, bizarre behavior, sedation, and stupor. Rise in blood pressure and heart rate, flushing, profuse sweating, generalized numbness of extremities, blurred vision, grimacing facial expression, speech difficulties, ataxia, muscular incoordination, marked analgesia, nystagmus, and anesthesia. In the anesthetized state, the patient remains conscious with a staring gaze and rigid muscles.

C. **Side Effect Profile**

Excessive salivation, nausea, vomiting, amnesia, combativeness, severe anxiety, paranoia, flashbacks, seizures, coma, and death. PCP can simulate schizophrenic-like symptomatology such as flattened affect, dissociative thought disorder, depersonalization and catatonic states. Long periods of use may lead to memory loss, difficulties with speech and thinking, depression, weight loss, liver function abnormalities, and rhabdomyolysis.

D. **Duration of Effects**

Onset of effects is very rapid when smoked or injected (one to five minutes) and are delayed when snorted or orally ingested (30 minutes), with a gradual decline of major effects over four to six hours. A return to 'normal' may take up to 24 hours. Consciousness is regained within 10-60 minutes following intravenous administration, with a prolonged recovery period of 3-18 hours. Long-term psychological effects are possible and PCP may precipitate a psychotic reaction lasting a month or more that clinically appears like schizophrenia.

E. **Tolerance, Dependence and Withdrawal Effects**

Most PCP users administer the drug intermittently, although daily use has been reported and tolerance may develop. There is evidence of tolerance to behavioral effects of PCP in animals. PCP can be addicting and use can lead to psychological dependence, craving and drug seeking behavior. There has been no demonstration of physical dependency in humans. Upon abrupt discontinuation, physical distress, lack of energy, and depression are reported. Long periods of use may lead to memory loss, difficulties with speech and thinking, depression, and weight loss. These can last up to a year after cessation of use.



**Phencyclidine (PCP) Fact Sheet (Continued):**  
**Page 2**

**F. Performance Effects**

Laboratory studies have shown that PCP causes disorientation, drowsiness, dizziness, ataxia, double or blurred vision, body image changes, disorganization of thoughts, combativeness, impairment of eye-hand coordination, memory impairment, paresthesia, slowed reaction time, distorted perceptions of space. Effects generally occur within one (1) hour post dose. Subjective sensation of intoxication has been reported up to eight (8) hours and slowed reaction time up to 14 hours.

**G. Effects on Driving**

Fifty-six (56) subjects were arrested for erratic driving and were evaluated by a drug recognition examiner. All subjects were judged to be driving under the influence of PCP, and blood PCP concentrations ranged from 12 to 188 ng/mL (mean 51 ng/mL).

**H. Reference**

National Highway Traffic Safety Administration – Drug and Human Performance Fact Sheets -  
<http://www.nhtsa.dot.gov/people/injury/research/job185drugs/phencyclidine.htm>