

**Business Health  
Driver Information Booklet:  
Controlled Substances, Alcohol Use and Testing**

**Abbreviations and Terms**

BAT	Breath Alcohol Technician
DOT	Department of Transportation
CDL	Commercial Drivers' License
EAP	Employee Assistance Program
CMV	Commercial Motor Vehicle
EBTD	Evidential Breath Testing Device
DER	Designated Employee Representative
MRO	Medical Review Officer
DHHS	Department of Health & Human Services
STT	Screening Test Technician

**Definitions**

**Alcohol**

Intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

**Alcohol Concentration (or content)**

Alcohol in a volume of breath (shown as grams of alcohol/210 liters of breath) as indicated by an evidential breath test.

**Alcohol Use**

Consumption of any beverage, mixture, or preparation, including medications, containing alcohol.

**Breath Alcohol Technician (BAT)**

An individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing (EBT) device.

**Confirmation Test**

In alcohol testing: a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. In controlled substances testing: a second test to identify the presence of a specific drug or metabolite. In order to ensure reliability and accuracy, this test is separate from and uses a different technique and chemical principle from that of the screening test.

**Controlled Substances**

In this regulation, the terms 'drugs' and 'controlled substances' are interchangeable and have the same meaning. Unless otherwise provided, these terms refer to:

- \* Marijuana \* Phencyclidine (PCP)
- \* Cocaine \* Opiates
- \* Amphetamines, including methamphetamines

**Designated Employee Representative (DER)**

"An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs."

**Driver**

Any person who operates a commercial motor vehicle (CMV) including:

- full time, regularly employed drivers
- casual, intermittent or occasional drivers
- leased drivers
- independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle (CMV) at the direction of or with the consent of an employer.

**Evidential Breath Testing (EBT) Device**

A device used for alcohol breath testing that has been approved by the National Highway Safety Administration.

**Medical Review Officer (MRO)**

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program. The MRO must have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed positive test, medical history and other relevant biomedical information.

### **Performing** (a safety-sensitive function)

A driver is considered to be performing a safety-sensitive function when he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive function.

### **Screening Test (initial test)**

In alcohol testing: a procedure to determine if a driver has a prohibited concentration of alcohol in his or her system.

In controlled substances testing: a screen to eliminate 'negative' urine specimens from further consideration.

### **Who is Covered by the Alcohol and Drug Rule?**

The Federal Highway Administration, Department of Transportation Alcohol and Drug ruling applies to every person who operates a commercial motor vehicle (CMV) in interstate or intrastate commerce, and is subject to the commercial drivers' license (CDL) requirements of part 383. The following DOT agencies also have alcohol and drug rules for employees who perform safety-sensitive functions:

- **Federal Aviation Administration** — flight crews, attendants, instructors, air traffic controllers, aircraft dispatchers, maintenance, screening and ground security coordinator personnel
- **Federal Railroad Administration** — hours of Service Act employees, engine, train and signal services, dispatchers, operators
- **Federal Transit Administration** — mass transit vehicle operators, controllers, mechanics and armed security personnel
- **Research and Special Programs Administration** — pipeline operations, maintenance and emergency response personnel
- **United States Coast Guard.**
- loaded or unloaded while in readiness to operate the vehicle
- when giving or receiving receipts for shipments loaded or unloaded

### **Substance Abuse**

Refers to patterns of use that result in health consequences or impairment in social, psychological, and occupational functioning.

### **Substance Abuse Professional**

A licensed physician (medical doctor or doctor of osteopathy) or a licensed or certified psychologist, social worker, employee assistance professional, or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

### **What is a Safety-sensitive Function?**

**Safety-sensitive** functions are listed under Part 395.2, On-duty time, paragraphs 1-6. This includes the following times and/or activities:

- at a carrier or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver is relieved from duty by the motor carrier
- **Inspecting the following equipment:**
- service: brakes, including trailer brake connections parking (hand) brakes, steering mechanism, lighting devices and reflectors, tires, horn, windshield wipers, rear vision mirror, coupling devices, fire extinguisher, spare fuses, warning devices for stopped vehicles
- **Inspecting servicing, or conditioning** any commercial motor vehicle (CMV) at any time
- **At the driving controls of a commercial motor vehicle** (CMV) in operation while in or upon any commercial motor vehicle (CMV) except when resting in a sleeper berth
- Supervising or assisting in loading or unloading a vehicle
- Attending a vehicle being
- repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

## What Conduct is Prohibited?

The DOT refers to the restrictions for the use of both alcohol and controlled substances as prohibitions.

### Alcohol Prohibitions

1. A driver may not report for duty or stay on duty:
  - a. With an alcohol concentration of 0.04 or greater
  - b. In possession of alcohol (unless it is being transported) **Note:** *This includes any product (medication, food, or other product) containing alcohol, regardless of the alcohol content.*
  - c. if using alcohol
  - d. within four hours of using alcohol
2. A driver who has an accident may not use alcohol until post-accident testing is done or for a period of eight (8) hours, whichever comes first.
3. Drivers cannot refuse to submit to alcohol testing
4. Employers who know about any of the above acts cannot permit the driver to perform a safety-sensitive function.

**NOTE:** A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. The other consequences imposed by the regulations, however, do not apply. An employer is able to take action independent of the regulations and FHWA authority that is otherwise consistent with the law.

### Drug Prohibitions:

1. Drivers may not report for duty or stay on safety-sensitive duty while using any controlled substance. *There may be an exception to this ruling if a physician has prescribed a substance and has advised you that it does not interfere with your ability to safely operate a motor vehicle.*
2. Drivers may not report for duty or stay on safety-sensitive duty if they have tested positive for a controlled substance.
3. Drivers cannot refuse to submit to drug

testing.

4. Employers who know about any of the above acts cannot permit the driver to perform a safety-sensitive function.
5. Employers may require drivers to report the use of any therapeutic drugs.

## Types of Tests and When They are Done

### Pre-Employment (drug testing only)

Before a new hire can perform any safety-sensitive duties or when a person transfers into a safety-sensitive function from elsewhere in the company.

### Post-Accident

Following an accident where --

- a life was lost, or
- the driver was cited for a moving traffic violation

Post-accident alcohol testing is to be done within 2 hours and efforts made to test for up to 8 hours, after which it should not be done.

Post-accident drug testing should be done within 32 hours, or not done at all.

### Random

Random testing must be done throughout the year. Testing rates are as follows:

- 10% of the total number of drivers must be randomly tested for alcohol during the year.
- 50% of the total number of drivers must be randomly tested for controlled substances during the year.

Drivers are selected from a pool. The random selection process used must ensure that each driver has an equal chance of being tested each time selections are made. Random testing for alcohol must be completed just before, during, or immediately after performing safety-sensitive work.

Random testing for drugs can be done any time you are at work for your employer. Once you are notified that you have been selected for testing, you must proceed immediately to the test site.

## **Reasonable Suspicion**

When a supervisor who has been trained to recognize the specific behavioral or physical signs of alcohol use and drug abuse has reason to believe that your behavior or appearance may indicate alcohol or drug use.

### **Testing for reasonable suspicion must be based on:**

Observations of a trained supervisor  
Specific, clearly stated observations concerning your appearance, behavior, speech, or body odor.

Observations for alcohol testing must be made just before, during, or after the performance of a safety sensitive function.

A supervisor who makes the observation and determines that reasonable suspicion testing should be done, cannot also conduct the alcohol test on the driver.

Alcohol testing for reasonable suspicion must be done within 2 hours of the observation. Tests that cannot be done within 8 hours of the observation should not be done.

Employees with safety sensitive duties cannot report for duty or stay on the job while under the influence of alcohol or while impaired by alcohol as shown by behavior, speech or performance that indicates alcohol misuse

### **Your employer cannot allow you to continue to perform safety sensitive duties until:**

1. A test is done and your alcohol concentration is less than 0.02.

**-or-**

2. 24 hours have passed from the time of the initial observation.

Your employer cannot take action against you regarding alcohol misuse unless an alcohol test was administered.

## **Return-to-Duty**

Return-to-duty testing is required for drivers who violate prohibitions and are returning to

work. In order to return to work an alcohol concentration of less than 0.02 and/or a negative drug test is required.

## **Follow-up**

Follow-up testing is required when a driver returns to a safety-sensitive function. The ruling calls for a minimum of 6 tests during the first year back in a safety-sensitive position. However, follow-up testing can continue for up to five years.

## **What constitutes as a refusal to test?**

Failure to submit to any required test is considered by the DOT to be a refusal and carries the same consequences as a positive.

### **Owner Operators**

If you are selected as an owner operator and unduly delay submitting that would likely be view by an inspector as a refusal.

Owner operator that fails to respond to a C/TPA's notice to test

### **Employed Drivers**

Failure of an employed driver to appear "on time" as defined by the employer.

### **All Drivers**

- Failure to stay until the test process is complete
- Failure to provide adequate specimen is view as a refusal
- Refuse to allow direct observation when required by regs
- Refusal to produce an adequate specimen after a negative shy bladder work-up
- Refusal to take a second test when informed of the requirement to do so
- Refuse or fail to undergo a medical exam when required by the reg
- Failure to provide adequate saliva or breath for alcohol testing is view as a refusal.
- Adulteration or substitution of a specimen
- Interfering with the collection site or alcohol technician

## How is Alcohol Testing Done?

Testing is to be conducted by a trained technician using A breath or saliva testing device approved under the federal regulations. Testing is to be in a private setting where no one but you and the technician can see or hear the test results.

The technician will ask for identification. You may ask for the technician's identification as well.

1. A screening test is done first. If a breath-testing device is used, you must blow forcefully into the mouthpiece of the testing device. If a saliva testing device is used, you or the technician will insert the swab into your mouth and allow it to saturate with saliva.
2. After the saliva is collected, the swab will be inserted into the testing device. The technician must show you the test result on the breath or saliva testing device.
3. If the reading is less than 0.02, you will sign the certification and fill in the date on the form.
4. If the reading is 0.02 or over, a confirmation test must be done using an approved evidential breath testing device (EBT). The test must be done after 15 minutes but within 30 minutes of the first test. You will be asked not to eat, drink, belch, or put anything in your mouth. These steps prevent the buildup of mouth alcohol, which could lead to an artificially high result.
5. If the screening and confirmation test results are not the same, the confirmation test result is used.
6. If you refuse to be tested or sign the testing form, the technician will immediately notify your employer.  
*(There are more details you may wish to be aware of. Those can be found in the Code of Federal Regulations Title 49 part 40.)*

## How is Drug Testing Done?

1. Drug tests begin with a urine sample collection in a private secured location by a trained collector.

2. Urine specimens are to be divided by the collector into two containers in your presence.
3. The two samples, called primary and split are packaged and signed by the collector and sent to a laboratory certified by the Department of Health and Human Services testing.
4. The lab first performs a **screening** test on the 'primary' sample. If this test is positive for drugs, a confirmation test is required.
5. A **confirmation** test is conducted utilizing a specialized procedure called gas chromatography / mass spectrometry.
6. If the first test is positive or canceled for adulteration or substitution, the Medical Review Officer (MRO) will contact you to find out if there is a medical reason for the drug use or an explanation for the adulteration or substitution result from the lab. If you can document why the substance is being taken and if the MRO finds it is a legitimate medical use, the test may be reported as negative to the employer.
7. After being notified that the first test was positive or canceled for adulteration or substitution, you have 72 hours to request a test of the 'split' specimen. If you make this request, the 'split' specimen is sent to another certified laboratory for the test. If you do not contact the MRO within 72 hours but can prove to the MRO that you had a legitimate reason for not doing so, the MRO can order a 'split' specimen test.

*Please note that removal from safety-sensitive duty as required by the DOT following a positive drug test is not delayed to await the result of the split specimen test.*

8. If the analysis of the 'split' sample does not confirm the presence of a drug or re-confirm the adulteration or substitution result, the MRO cancels the test and reports this to the DOT, the employer and to you.

## What Are the Consequences of Violating the Alcohol or Drug Prohibitions?

### Alcohol:

1. Removal from safety-sensitive functions.
2. Following a violation, a driver cannot return to a safety-sensitive function until an evaluation has been done and any recommended treatment has been completed.
3. Anyone with an alcohol concentration of 0.02 or greater, but less than 0.04, cannot return to safety-sensitive duties for at least 24 hours.

### Drug:

1. Removal from safety-sensitive functions.
2. The driver cannot return to safety-sensitive work until an evaluation has been done and recommended therapy is completed.

### Where Can I Go For Help?

The alcohol and drug rule requires that your employer advise you of the resources available for treatment. The rules do not, however, require an employer to pay for rehabilitation or to hold a job open for you. How these issues are handled depends upon your company's alcohol and drug policy.

### Returning to Work Following a Positive

If you violate an alcohol or drug prohibition you must be evaluated by a substance abuse professional to determine what help is needed.

### Before you can return to a safety-sensitive job you must:

1. Have an alcohol test of less than 0.02, or a verified negative drug test (depending on the violation).
2. Have complied with recommended treatment program.
  - overindulgence (hangover) can cause: headaches, unclear thinking, nausea, unsettled digestion, dehydration, aching muscles

3. Complete a minimum of 6 follow-up tests within the first year back to work (follow-up testing can be done for up to 5 years after return to work).

## What Are the Effects of Alcohol and Drugs on the Body?

### Alcohol:

Alcohol, is a central nervous system depressant. It is the most widely abused drug in this country. A high percentage (*About 50%*) of all auto accident fatalities are related to alcohol abuse. Most violent crime can be linked to alcohol abuse as well.

**FACT:** A 12-ounce can of beer, a 5-ounce glass of wine and a 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol. Coffee, cold showers and exercise do not quicken sobriety. Each 1-1/2 ounce of alcohol takes the average body about one hour to process and eliminate.

Alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. Low self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory, and judgment. Taken in larger quantities over a long period of time, alcohol can damage the liver and heart and can cause permanent brain damage. On the average, heavy drinkers shorten their life span by about ten years.

### Other Effects:

- greatly impaired driving ability
- reduced coordination and reflex action
- impaired vision and judgment
- inability to divide attention
- lowering of inhibitions

### Marijuana:

Marijuana is also called grass, pot, weed, Mary Jane, Acapulco Gold, joint, roach, among other street names. While alcohol dissipates in a matter of hours, marijuana stays in the body for

28 days. Marijuana alters sense of time and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination. The drug has a significant effect on judgment, caution, and sensory/motor abilities.

**Other Effects:**

- driving ability impaired for at least 4-6 hours after smoking one joint (cigarette).
- restlessness
- inability to concentrate
- increased pulse rate and blood pressure
- rapidly changing emotions and erratic behavior
- altered sense of identity

**FACT:** Many people think that because crack is smoked, it is 'safer' than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack 'high' is reached in 4-6 seconds and lasts about 15 minutes.

The most dangerous effects of crack is that it can cause vomiting, rapid heart beat, tremors, and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heart beat are depressed — leading to death.

**Other Effects:**

- a 'rush' of pleasurable sensations
- heightened, but momentary, feeling of confidence, strength and endurance
- accelerated pulse, blood pressure and respiration
- impaired driving ability
- paranoia, which can trigger mental disorders in users prone to mental instability
- repeated sniffing/snorting causes irritation of the nostrils and nasal membrane
- mood swings
- anxiety
- reduced sense of humor
- compulsive behavior such as teeth grinding or repeated hand washing.

- impaired memory
- dulling of attention
- hallucinations, fantasies and paranoia
- reduction or temporary loss of fertility.

**Cocaine:**

Cocaine is a stimulant drug, which increases heart rate and blood pressure. As a powder, cocaine is inhaled (snorted), ingested, or injected. It is known as coke, snow, nose candy, and lady. Cocaine is also used as a free-base cocaine known as crack or rock, which is smoked. It acquired its name from the popping sound heard when it is heated.

**Amphetamines:**

Amphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. Some common street names for amphetamines are speed, uppers, black beauties, bennies, wake-ups, footballs, and dexies.

**FACT:** People with a history of sustained low-dose use quite often become dependent and believe they need the drug to get by. These users frequently keep taking amphetamines to avoid the 'down' mood they experience when the 'high' wears off.

Even small, infrequent doses can produce toxic effects in some people. Restlessness, anxiety, mood swings, panic, heart beat disturbances, paranoid thoughts, hallucinations, convulsions, and coma have been reported. Long-term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair. Heavy, frequent doses can produce brain damage resulting in speech disturbances.

**Other Effects:**

- loss of appetite
- irritability, anxiety, apprehension
- increased heart rate and blood pressure
- difficulty in focusing eyes
- exaggerated reflexes
- distorted thinking

- perspiration, headaches and dizziness
- short term insomnia

### **Opiates:**

Opiates, including heroin, morphine, and codeine are narcotics used to relieve pain and induce sleep. Common street names are horse, hard stuff, morpho, M, brown sugar, harry, and Mr. H.

**FACT:** Heroin, also called junk or smack, accounts for 90% of the narcotic abuse in this country.

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal, and cannot even be obtained with a physician's prescription. Most medical problems are caused by the uncertain dosage level, use of unsterile needles, contamination of the drug, or combination of a narcotic with other drugs. These dangers depend on the specific drug, its source, and the way it is used.

### **Other Effects:**

- short-lived state of euphoria
- impaired driving ability
- drowsiness followed by sleep
- constipation
- decreased physical activity
- reduced vision
- change in sleeping habits
- possible death

### **PCP:**

Phencyclidine, or PCP, also called angel dust,

rocket fuel, super kools, and killer weed, was developed as a surgical anesthetic in the late 1950's. Later, due to its unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured.

**FACT:** PCP is a very dangerous drug. It can produce violent and bizarre behavior even in people not otherwise prone to such behavior. More people die from accidents caused by the erratic and unpredictable behavior produced by the drug than from the drug's direct effect on the body.

PCP scrambles the brain's internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult. Low doses produce a rush, sometimes associated with a feeling of numbness. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

### **Other Effects:**

- impaired driving ability
- drowsiness
- perspiration
- repetitive speech patterns
- incomplete verbal responses
- blank stare
- thick, slurred speech
- involuntary eye movement



# Policy Concerning Controlled Substances & Alcohol Abuse

## **Purpose:**

The purpose of this statement is to set forth our policy concerning the use of controlled substances and/or the abuse or misuse of alcohol by our employees.

## **Commitment:**

We are committed to establishing and maintaining a drug and alcohol free workplace. This commitment is made with the goal of a safer working environment for our safety sensitive employees and/or drivers, and safer travel for all on the roadways and other effected areas.

## **Guidelines:**

In order to accomplish this purpose we will comply with all federal and state requirements and regulations for establishing and maintaining anti drug and alcohol abuse programs (see CFR 49 parts 382, 391, and 40).

## **Consequences of Violations:**

The use of controlled substances and/ or the abuse/misuse of alcohol or any other action constituting prohibited conduct will not be tolerated. The violations of this policy and the regulations described in the training and/or materials given to you may result in suspensions, disciplinary actions, and/or termination, at our sole discretion.

## **If You Have Any Questions:**

\_\_\_\_\_ has been designated to answer any questions you may have concerning our policy, the regulations, and/or our specific program. They can be reached at: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## **Who You Can See if you Need Help:**

Although you are free to seek help for personal and/or drug related problems from any qualified professional person or organization, here is who we as a company recommend:

## **Acknowledgment of Receipt of Materials and Training.**

I acknowledge The following: I have received a copy of the company drug and alcohol abuse policy. I have been informed who at the company I may contact with questions. I have been informed who to see if I have tested positive on any drug or alcohol test. I have been given training and materials outlining the federal regulations concerning the testing for and prohibitions of the use of controlled substances, and/or the abuse/ misuse of alcohol by safety sensitive employees. I also have been given information as to procedures of testing, the effects of alcohol and controlled substances, prohibited conduct and the consequences of testing positive or refusal to submit to testing.

### **I agree to the following:**

1. Not to abuse controlled substances (excluding prescriptions and doses of certain medications certified by a physician as not to be dangerous).
2. I will not report for safety sensitive duties or remain on duty while having a blood alcohol concentration level of .02 or greater.
3. Not to perform safety sensitive functions within four (4) hours of using alcohol.
4. To not use alcohol following an accident until after I have submitted to an alcohol test or until eight (8) hours have passed.
5. Not to refuse to submit for any required drug or alcohol test.

---

Employee Signature Here

---

Today's Date