

RESOLUTION NO. 2015-01

WHEREAS, the City of McCook, Nebraska, desires to adopt policies to maintain a drug and alcohol free workplace in compliance with the Drug Free Workplace Policy of 1988, the Omnibus Transportation Employee Testing Act of 1991, and rules adopted by the U. S. Department of Transportation (DOT) Federal Highway Administration (FHWA), 49 CFR 382;

WHEREAS, the City intends that its policies will comply with the U. S. Department of Transportation (DOT) Federal Transit Authority (FTA) rules found in Parts 40 and 655, Title 49 of the Code of Federal Regulations, as amended, and rules adopted by the U. S. Department of Transportation (DOT) Federal Highway Administration (FHWA); and

WHEREAS, the City also intends to comply with the applicable requirements of state and federal law, the Drug-Free Workplace Act of 1988, the Americans With Disabilities Act, and the Family and Medical Leave Act.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF MCCOOK, NEBRASKA:

SECTION 1. That the "City of McCook Public Transportation Substance Abuse Policy", marked as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby approved.

SECTION 2. That the "City of McCook Federal Highway Administration Drug and Alcohol Testing Program and Policy", marked as Exhibit "B", attached hereto and incorporated herein by this reference, is hereby approved.

SECTION 3. That the "City of McCook Substances of Abuse Policy", marked as Exhibit "C", attached hereto and incorporated herein by this reference, is hereby approved.

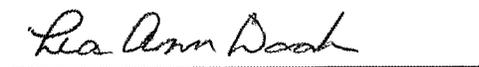
SECTION 4. That this resolution shall be in full force and effect immediately upon its passage and adoption.

SECTION 5. That Resolution No. 2007-14 and all resolutions or parts of resolutions in conflict herewith are hereby repealed.

PASSED AND ADOPTED this 5th day of January, 2015.


Michael D. Gonzales

ATTEST:


Lea Ann Doak, City Clerk-Treasurer

CITY OF MCCOOK PUBLIC TRANSPORTATION Substance Abuse Policy

POLICY

City of McCook Public Transportation (The Transit Agency) is dedicated to providing safe, dependable and economical transportation services to our transit system passengers. The Transit Agency's employees are our most valuable resource and it is our goal to provide a safe, satisfying working environment, which promotes personal opportunities for growth. In meeting this goal it is our policy to (1) assure that employees are not impaired in their ability to perform assigned duties in a safe, productive and healthy manner; (2) create a workplace environment free from the adverse effects of drug abuse and alcohol misuse; (3) prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances; and (4) encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

Adherence to this policy is a condition of employment although it should not be considered an offer of employment.

PURPOSE

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, which mandates urine drug testing and breath alcohol testing for safety-sensitive positions and which prohibit performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation (DOT) has also published 49 CFR Part 40, and the Omnibus Act from 1991 as amended, which sets standards for the collection and testing of urine and breath specimens. Copies of the Federal Regulations are available upon request. In addition, the Federal government published 49 CFR Part 29, "The Drug-Free Workplace Act of 1988." This policy incorporates those requirements for safety-sensitive employees and others when so noted.

APPLICABILITY

This policy applies to all transit system employees; paid part-time employees; contract employees and contractors when performing any transit-related safety-sensitive duties or when they are on transit property. This policy applies to off-site lunch periods or breaks when an employee is scheduled to return to work. Visitors, vendors, and contract employees are governed by this policy while on transit premises and will not be permitted to conduct transit business if found to be in violation of this policy.

A safety-sensitive function is any duty related to the safe operation of mass transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), control, dispatch and maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, and any other employee or volunteer who perform duties requiring a CDL and/or performs a safety-sensitive function and receives remuneration in excess of their actual expenses. Supervisors performing any of the above described functions are considered to be safety-sensitive employees. Participation in the Transit Agency's Substance Abuse Program as stated in this policy is a condition of employment.

All positions at The Transit Agency were reviewed for safety-sensitive duties to determine the safety-sensitive positions. Additionally, any new positions created in the future will be reviewed for safety-sensitive duties. The following positions were determined to be safety-sensitive: Public Transportation Bus Drivers.

PROHIBITED SUBSTANCES

"Prohibited substances" addressed by this policy include the following:

Illegally Used Controlled Substances or Drugs

*Any illegal drug or any substance identified in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15. This includes, but is not limited to: **marijuana, amphetamines, opiates, phencyclidine (PCP), cocaine**, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs.*

Legal Drugs

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates the mental functioning, motor skills, or judgment may be adversely affected must be reported to supervisory personnel and medical advice must be sought by the employee, as appropriate, before performing work-related safety-sensitive duties.

A legally prescribed drug means that the individual has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. It must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing transit business is prohibited.

Alcohol

The use of beverages containing alcohol or substances including any medication, mouthwash, food, candy, or any other substance, which causes alcohol to be present in the body while performing

safety-sensitive transit duties, is prohibited.

PROHIBITED CONDUCT

Manufacture, Trafficking, Possession, and Use

Transit System employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances on transit authority premises, in transit vehicles, in uniform, or while on transit authority business. Law enforcement shall be notified, as appropriate, where criminal activity is suspected.

Consequences of a Failed or Refused Test

Any safety-sensitive employee who is reasonably suspected of being intoxicated, impaired, under the influence of a prohibited substance, or not fit for duty shall be suspended from job duties pending an investigation and verification of condition. Safety-sensitive employees who have a verified positive drug or confirmed alcohol or refuses to submit to a required test shall be removed from safety-sensitive duty immediately; informed of educational and rehabilitation programs available; referred to a Substance Abuse Professional (SAP); subject to disciplinary action, up to and including termination. A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence of a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.

Alcohol Use

No safety-sensitive employee should report for duty or remain on duty when his/her ability to perform assigned safety-sensitive functions is adversely affected by alcohol or when his/her breath alcohol concentration is 0.02 or greater. An employee with an alcohol test result of 0.04 or greater is considered to have a positive alcohol test result and is in violation of this policy. No safety-sensitive employee shall use alcohol while on duty, in uniform, while performing safety-sensitive functions, or just before or just after performing a safety-sensitive function. No safety-sensitive employee shall use alcohol within four hours of reporting for duty, or during the hours that they are on-call. Under the authority of The Transit System, the use of or influence of alcohol on a covered employee anytime that employee is on duty is prohibited. Violation of these provisions is prohibited and punishable by disciplinary action up to and including termination.

COMPLIANCE WITH TESTING REQUIREMENTS

All safety-sensitive employees will be subject to urine drug testing anytime while on duty and alcohol testing only just prior, during and just after the performance of safety-sensitive duties. The alcohol testing may be done using breath or saliva for the screening test. All confirmation tests for alcohol must be done using an Evidential Breath Testing (EBT) device. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty immediately, informed of educational and rehabilitation programs available, and referred to a SAP. Any

safety-sensitive employee who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection.

Refusal to Test

Refusals can include a variety of behaviors, including;

- Failure to appear in a timely fashion (except for pre-employment tests).
- Failure to remain until the testing process is complete.
- Failure to attempt to provide a breath or urine specimen.
- Failure to provide a sufficient quantity of urine or breath without a valid medical explanation.
- Failure to undergo a medical evaluation as required by the MRO or DER.
- Failure to cooperate with any part of the testing process for drug and alcohol testing.
- Failure to permit monitoring or observation.
- Failure to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
- Possess or wearing a prosthetic or other device used to tamper with the testing process.
- Failure to take a second test as directed by the collector or employer.
- Admitting the adulteration or substitution of a specimen to the collector or MRO.
- The MRO's verification of a test as adulterated or substituted.
- Refusal to sign the certification at Step 2 of the ATF.

A refusal to test will be treated the same as a positive test result.

Observed Collections:

The observation will be done by a person of the same gender in the following circumstances:

- All return to duty tests (second chance policy)
- All follow up tests (second chance policy)
- Any time the specimen collected is out of allowable temperature range (90°-100°F)
- Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with
- Anytime a collector observes materials brought to the collection site or employee's conduct clearly indicates an attempt to tamper with a specimen
- Anytime the employee is directed to provide another specimen because the Laboratory reported to the MRO that the original specimen was invalid without a valid medical reason
- Anytime the employee is directed to provide another specimen because the MRO determined that the original specimen was positive, adulterated or substituted but had to be cancelled due to the test of the split specimen could not be performed

Drug tests can be performed any time a safety-sensitive employee is on duty. An alcohol test can be performed anytime the covered employee is performing a safety-sensitive duty or just before, or

just after the performance of a safety-sensitive duty. Under the authority of The Transit System, the use of or influence of alcohol on a covered employee anytime that employee is on duty is prohibited.

TREATMENT REQUIREMENTS

All employees are encouraged to make use of the available resources for treatment for alcohol misuse and illegal drug use problems. Under certain circumstances, employees may be required to undergo treatment for substance abuse or alcohol misuse. Any employee who refuses or fails to comply with The Transit Agency's requirements for treatment, after-care, or return-to-duty shall be subject to disciplinary action, up to and including termination. The cost of any treatment or rehabilitation services will be paid for directly by the employee or their insurance provider. Eligible employees will be allowed to take accumulated sick leave and/or vacation leave to participate in the prescribed rehabilitation program.

NOTIFICATION OF CRIMINAL DRUG CONVICTION

All employees are required to notify the transit system of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action, up to and including termination.

PROPER APPLICATION OF THE POLICY

The Transit Agency is dedicated to ensuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including dismissal.

TRAINING FOR SAFETY-SENSITIVE EMPLOYEES & SUPERVISORS

All safety-sensitive employees shall receive a minimum of 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment and indicators of prohibited drug use.

Supervisors responsible for making the decision to generate a reasonable suspicion test must receive a minimum of 60 minutes of training on drug and 60 minutes of training on alcohol information regarding the physical, behavioral, speech and performance indicators of probable drug and alcohol misuse.

TESTING PROCEDURES

Analytical urine drug testing and breath testing for alcohol may be conducted when circumstances warrant and as required by Federal regulations. Testing shall be conducted in a manner to assure a high degree of accuracy and reliability, using techniques, equipment, and laboratory facilities which

have been approved by the U.S. Department of Health and Human Services (DHHS). All testing will be conducted according to the procedures put forth in 49 CFR Part 40, as amended, including, picture identification of the employee, Federal Drug Custody and Control Form with unique specimen identification number completed by a trained collection site person who ensures that the Custody and Control Form is completed correctly and signed and certified by the donor, collection of Split Sample specimens that are sealed and initialed by the donor. (See *Attachment A* for more detailed procedures)

The drugs that will be tested for include **marijuana, cocaine, opiates, amphetamines, and phencyclidine**. An initial drug screen, called an immunoassay test, will be conducted on each urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40, as amended.

In instances where there is a reason to believe an employee is abusing a substance other than the five drugs listed above, The Transit Agency reserves the right to request a separate sample, under The Transit Agency's own authority using standard laboratory testing protocols, and to test for additional drugs. The Transit Agency also reserves the right to require a fitness-for-duty examination by a licensed medical professional when an employee's observable behavior and actions are considered to be inconsistent with a safe workplace.

The integrity of the alcohol testing process is ensured by picture identification of the employee, use of a National Highway Traffic Safety Administration (NHTSA) approved Evidential Breath Testing Device (EBT) that displays and prints unique sequential numbers and is capable of producing 3 copies of the test result. The test is administered by a certified Breath Alcohol Technician (BAT) who is "trained to proficiency" in the operation of the EBT being used. The BAT completes a Federal Breath Alcohol Testing form and ensures that it is signed by the donor. The employee shall be provided with written instructions prior to specimen collection for drug testing. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. A safety-sensitive employee who has a confirmed alcohol concentration of 0.02 or greater, but less than 0.04 will be immediately removed from his/her safety-sensitive duties until the start of the employee's next regularly scheduled duty period, but not less than 8 hours or until a retest results in a concentration measure of less than 0.02. An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy and a violation of the requirements set forth in 49 CFR Part 655 for safety-sensitive employees. Alcohol testing will only be done just prior to, during, or just after a safety-sensitive employee's performance of safety-sensitive duties.

Screening Test Technicians (STT) may be used to perform alcohol screening tests (saliva or breath); however, an EBT operated by a BAT must be used for confirmation of an alcohol test. Neither the STT nor BAT may act as a collector if they are a direct supervisor of the employee.

Any safety-sensitive employee that has a confirmed positive drug or alcohol test will be immediately removed from their duties, informed of educational and rehabilitation programs available and

referred to a Substance Abuse Professional (SAP) for an evaluation and assessment. A positive drug and/or alcohol test will result in disciplinary action, up to and including termination.

Negative Dilute Drug Test Result

All employees/applicants with a dilute negative test result will be required to retest. The second test result will stand as the test of record and no additional testing will be required unless directed to do so by the MRO.

A dilute positive result is treated the same as any other positive drug test result.

Employee Requested Testing

Any safety-sensitive employee, who has been notified by the MRO of a verified positive drug test and/or refusal to test due to adulteration or substitution, has 72 hours from the time of notification to request a test of the split specimen. This test must be conducted at a different DHHS certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the original sample. The employee is responsible for all costs for such testing unless the result of the split sample test invalidates the result of the original test. However, if the employee is unable or refuses to pay for the testing, The Transit Agency will pay and ensure that the testing is done in a timely manner. The Transit Agency may require reimbursement for the cost from the employee. The method of collecting, storing, and testing of the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. Requests after 72 hours will only be accepted if the delay was due to documented facts that were beyond the control of the employee.

TYPES OF DRUG & ALCOHOL TESTING EVENTS

Pre-Employment Drug Testing

All safety-sensitive position applicants shall undergo urine drug testing immediately following the offer of employment into a safety-sensitive position or before transferring into a safety-sensitive position. Receipt by The Transit Agency of a negative drug test result is required prior to performing safety-sensitive duties. If the test is cancelled the applicant must retake and pass a drug test before performing safety-sensitive duties.

If a safety-sensitive employee returns to work and has been off for 90 days or more and has not remained in the random pool, he/she must pass a Pre-Employment drug test before resuming safety-sensitive duties.

When a covered employee or applicant has previously failed a DOT pre-employment drug test, (or any other DOT-regulated drug or alcohol test or refused to be tested in the prior 2 years), the employee must present to the employer proof of successfully having completed a referral, evaluation and treatment plan as described in Sec. 655.41(a)(2) and 655.62 to be considered for the hiring process.

If the agency chooses to conduct pre-employment alcohol testing, the employer will comply with Section 655.42. The agency will not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.02.

If otherwise qualified, an individual with permanent or long term disabilities that directly render them unable to provide an adequate urine specimen will be able to perform safety-sensitive duties despite their inability to provide urine during a pre-employment test. The MRO will determine long term inability to provide urine by medical examination and consultation with the employee's physician.

Reasonable Suspicion Testing

All safety-sensitive employees may be subject to fitness for duty evaluation and urine and/or breath testing when there are reasons to believe that drug or alcohol use is adversely affecting job performance. A reasonable suspicion referral must be made by a supervisor or agency official, trained in the signs and symptoms of drug and alcohol misuse, who has personally observed and documented objective facts and circumstances which are consistent with the short-term effects of substance abuse and alcohol misuse. The criteria for a reasonable suspicion test must be based on contemporaneous, articulable, observations concerning the appearance, behavior, and speech or body odor of the safety-sensitive employee. A supervisor or trained official making the decision to conduct a reasonable suspicion test must have had the appropriate training as defined in Section 655.14 (b)(2) and may not act as the STT or BAT for that test.

Reasonable suspicion alcohol testing is only permissible just before and employee performs safety-sensitive duties, during that performance, and just after an employee has performed covered duties; and the observations leading to that testing must be made during, just preceding, or just after the employee performs covered duties.

Once the decision to reasonable suspicion test is made, the employee will be removed from safety-sensitive duties until the test results are received. The employee will be escorted to the collection site by the supervisor or another transit employee.

Post-accident Testing

Post-accident testing of safety-sensitive employees involved in an accident/incident with The Transit Agency's vehicle (regardless of whether or not the vehicle is in revenue service) will be subject to post-accident drug and alcohol testing. Post-accident testing is mandatory for accidents where there is loss of life. Testing is also required for nonfatal accidents if, 1) any individual(s) involved in the accident receives immediate medical treatment away from the scene of the accident, or 2) one or more vehicles involved in the accident incurs disabling damage (damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs) requiring transportation from the scene by tow truck or other vehicle; or if the mass transit vehicle is a rail vehicle or vessel that is removed from revenue service.

When there is loss of human life, each surviving safety-sensitive employee on duty in the mass transit vehicle at the time of the accident must be tested. Safety-sensitive employees not on the vehicle (e.g. maintenance personnel), whose performance could have contributed to the accident (as determined by The Transit Agency using the best information available at the time of the accident) must be tested.

Safety-sensitive employees on duty in the mass transit vehicle at the time of a nonfatal accident (fitting the criteria above) must be tested unless their behavior can be completely discounted as a contributing factor to the accident. Other safety-sensitive employees whose performance could have contributed to the accident, as determined by the Transit Agency, using the best information available at the time of the decision, shall also be tested after a nonfatal accident.

Following an accident, safety-sensitive employees will be tested as soon as possible, but not to exceed 32 hours for drug testing. If alcohol testing is not done within 2 hours of the accident, the reason for not testing must be documented in a report and attempts to alcohol test must continue for up to 8 hours after the accident. If alcohol testing is not done within 8 hours or drug testing is not done within 32 hours following the accident, the reasons for not testing must also be updated on the written report. Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight hours following an accident or until they undergo a post-accident alcohol test.

The results of a blood, urine, or breath test conducted by Federal, State, or local officials shall be considered to meet the requirements of this section, provided such test conforms to the applicable Federal, State, or local testing requirements, and that the test results can be obtained by the employer.

The requirements to test for drugs and alcohol following an accident should in no way delay necessary medical attention for injured people or prohibit a safety-sensitive employee from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care. However, the safety-sensitive employee must remain readily available, which means The Transit Agency knows the location of the safety-sensitive employee. Any safety-sensitive employee who leaves the scene of the accident, without a justifiable explanation, prior to submission to drug and alcohol testing will be considered to have refused the test and shall face disciplinary action up to and including termination.

Random Testing

All safety-sensitive employees shall be subject to random, unannounced testing. These percentages are subject to annual review by the FTA. The testing rate performed by The Transit Agency will always meet the minimum rate set by 49 CFR Part 655.

The selection of safety-sensitive employees, for random drug and alcohol testing, shall be made using a scientifically valid method such as a random number table or a computer-based random number generator that ensures each safety-sensitive employee that they will have an equal chance of being selected each time selections are made. Random tests will be unannounced and reasonably spread throughout all days, hours and shifts throughout the year when The Transit Agency performs

safety-sensitive functions. Employees are to proceed to the testing site immediately upon notification of a random test.

There is no discretion on the part of management or operations in the selection and notification of individuals for testing.

Random alcohol testing is only permissible just before an employee performs safety-sensitive duties, during that performance, and just after an employee has performed covered duties.

Second Chance Policy

The Transit Agency will allow a second chance to safety-sensitive employees with positive drug or alcohol test result or a refusal to submit to a test, if the following is adhered to:

Return to Duty Testing

Before any safety-sensitive employee is allowed to return to performing safety-sensitive duties following a verified positive drug or alcohol test or if the employee refused to submit to testing, they must be evaluated by a SAP, complete any recommended treatment and provide a negative return to duty test. Return to duty testing is done after the recommendation of the SAP and decided upon by the DER and may be for drugs and/or alcohol.

Follow-up Testing

Once a safety-sensitive employee is allowed to return to duty, they shall be subjected to unannounced random follow-up testing for at least 12 months, but not more than 60 months with a minimum of 6 tests being done during the first 12 months. The SAP will determine the frequency and duration of the follow-up testing. Follow-up testing is separate from and in addition to the ongoing, FTA regulated, random, post-accident and reasonable suspicion testing program. Employees subject to follow-up testing must also remain in the standard random pool and must be tested whenever their name comes up for random testing, even if this means being tested twice in the same day, week, or month.

Re-Entry Contract Employees who re-enter the workforce must agree to a re-entry contract. The contract may include (but is not limited to):

- A release to work statement from the Substance Abuse Professional.
- A negative test for drugs and/or alcohol.
- An arrangement to unannounced frequent follow-up testing for a period of one to five years with at least six tests performed the first year.
- A statement of expected work-related behaviors.
- An agreement to follow specified after-care requirements with the understanding that violation of the re-entry contract is grounds for discharge

Employee Access to Records

Drug testing records must be kept in a secure location with controlled access. Drug and alcohol test results may be released only under the following circumstances:

- Employer shall release information or copies of records regarding an employee's test results to a third party only as directed by specific, written instruction of the employee.
- Employer may disclose information related to a test result to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee tested.
- Upon written request, employer must promptly provide any employee with any records relating to his/her test, including calibration records and laboratory certification records.
- Employer must release information to the National Transportation Safety Board (NTSB) about any post-accident test performed for an accident under NTSB investigation.
- Employer shall make available copies of all results of employer testing programs, and any other records pertaining to testing programs when requested by DOT or any DOT agency with regulatory authority over the employer or any of its employees, or to a State oversight agency authorized to oversee rail fixed guideway systems.

URINE SPECIMEN COLLECTION PROCEDURES

Urine collections will be performed to the standards defined 49CFR part 40 as amended. An overview of the procedures are available in *Attachment A* to this policy. A copy of 49CFR part 40 is available upon request from Drug & Alcohol Program Administrator

ALCOHOL TESTING PROCEDURES

All alcohol testing procedures will be done according to the standards set forth in 49CFR part 40 as amended. An overview to the procedures is available in *Attachment A*.

MEDICAL REVIEW OFFICER

The laboratory results must be reviewed by a qualified MRO. The purpose of this review is to verify and validate test results. The laboratory shall report all results to the MRO in a confidential manner.

A qualified MRO is a licensed physician who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

The MRO shall meet the requirements and follow all procedures set forth in 49CFR part 40 as amended.

SUBSTANCE ABUSE PROFESSIONAL (SAP)

Any individual who has a verified positive drug or alcohol test shall be removed from safety-sensitive duties immediately, informed of educational and rehabilitation programs available, and referred to a Substance Abuse Professional (SAP). A SAP can be a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, a state-licensed or certified marriage and family therapist, or an addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission.

The SAP must meet the requirements and follow the procedures and responsibilities set forth in 49CFR part 40 subpart O.

SYSTEM CONTACTS

Drug and Alcohol Program Manager (DAPM) / (DER) Designated Employer Representative):

Name: Lori Schmidt
Title: Deputy City Clerk
Address: 505 West C St., McCook, NE
Telephone: 308-345-2022

Medical Review Officer (MRO): Services Will Be Provided by:

Name: Alvin A. Armstrong
Address: 1321 Broadway, Scottsbluff, NE 69361
Telephone: 308-632-7411

Substance Abuse Professional (SAP):

Name:
Address:
Telephone:

DHHS Certified Laboratory:

Name: Quest
Address: 3 Giralda Farms, Madison, NJ 09940
Telephone: 800-795-0190

Collection Site:

Name: Midlands Toxicology
Address: 316 West 9th St, McCook, NE 69001
Telephone: 308-345-3303
Contact:

**The toll-free number for
Substance Abuse
Assistance is:**

1-800-662-HELP (4357)

**EMPLOYEE RECEIPT OF
DRUG AND ALCOHOL TESTING POLICY**

Return this completed form to your immediate supervisor

Print Employee Name: _____

I have received and will read The City of McCook Public Transportation's Drug and Alcohol Abuse Testing Policy. I understand that I will be held responsible for the content of the policy and I agree to abide by drug and alcohol testing policy. If I need any clarification or if I have any questions regarding the substance of the policy, I will address them with the Transit Agency's program administrator.

I understand that violation of this Policy may be grounds for immediate termination of my employment.

This policy adheres to the Federal Transit Administration's mandated regulations for drug and alcohol testing.

Employee Signature: _____

Date Signed: _____

Attachment A

Urine Collection and Alcohol Testing Procedures

Urine collection for drug testing shall be done at a location that provides:

- A privacy enclosure for urination
- A toilet receptacle large enough to contain a complete void
- A source for washing hands
- A suitable surface for writing

The collection site personnel shall be trained in the proper procedures for preparing the collection site, collecting the urine specimen, sealing and preparing the specimen for shipment and completing the custody and control form as required in 49 CFR Part 40.

A Federal drug testing custody and control form will be used for the collection unless the test is being performed under the authority of the Transit Agency and does not meet the FTA guidelines.

The collection room shall be inspected by the collector before and after each specimen collection for removal of any unauthorized persons and materials that could be used to adulterate the specimen. The collection site will be secure to prevent unauthorized access during the collection process.

The collector will verify the employee's identity by photo identification or by a Transit Agency representative. The collection will not proceed if identity is not verified. The collection site will notify the employer if the employee fails to report or arrives late for the appointment.

The employee will be requested to check belongings (purses & briefcases) and remove any unnecessary outer clothing (sweaters, jackets, vests, etc.) The employee may retain their wallet.

The employee will be directed to wash their hands.

The collector will unwrap the collection cup or specimen bottle in front of the employee and direct them to the privacy enclosure. The collector remains outside the enclosure. The employee is instructed to provide at least 45 ml (about 2 ounces) of urine.

If the employee is unable to provide at least 45 ml of urine they will be given up to 40 ounces (measured) of fluids and remain at the collection site for up to 3 hours in an attempt to provide the specimen. If the required amount is provided, the specimen is forwarded to the laboratory. If the employee is unable to provide an adequate specimen within 3 hours, the insufficient specimen is discarded, testing discontinued and the employer notified. The MRO/DER shall refer the employee for a medical evaluation to determine whether the employee's inability to provide a specimen is genuine or constitutes a refusal to submit to a drug test. The examining physician shall provide the MRO a brief statement setting forth his/her conclusion and the basis for it. Upon receipt of the statement the MRO shall report his/her conclusions to the employer in writing. If the MRO

determines there is no medical explanation for the inability to provide an adequate specimen, this will be considered a refusal to test.

Within four (4) minutes of receiving the specimen from the employee, the collector will record the temperature of the specimen on the custody and control form. The temperature must be between 90°-100°F. Any specimen temperature out of that range requires a second specimen to be collected immediately under direct observation by a collector of the same gender. The incident is noted in the remarks section of the custody and control form and both specimens are sent to the laboratory, unless the donor refuses to submit to a directly observed test; which in this case the first specimen will be discarded and the test ruled as a refusal. The collector shall also visually examine the specimen for any unusual color or sediment, and note anything unusual on the custody and control form.

If the employee refuses to cooperate with the collection process the collector notifies the employer immediately and documents the non-cooperation on the custody and control form.

The collection site person, in the presence of the donor, pours the urine from the collection cup into two specimen bottles. Thirty (30) ml shall be poured into one bottle, to be used as the primary specimen. At least 15 ml shall be poured into the other bottle, to be used as the split specimen.

Both bottles must be sealed and labeled in the presence of the donor. The labels must be printed with the same specimen identification number as the custody and control form. The collector dates and the donor initials the seals on the bottles verifying the specimen is his/hers.

The custody and control form is completed. The donor and collector and the donor must sign the appropriate certification statements on the form regarding authenticity of the specimen and information provided and the integrity of the collection process. Each transfer of custody must be noted on the chain of custody portion of the urine custody and control form. Every effort should be made to minimize the number of persons handling the specimen.

The specimen must be stored in a secured location until transport to the laboratory. Both the primary specimen and the split specimen shall be sealed in a single shipping container, together with the appropriate pages of the custody and control form.

Observed Collections

Procedures for collecting urine specimens shall allow individual privacy unless there is a reason to believe that a particular individual may alter or substitute the specimen to be provided.

In the following circumstances the collector must observe the collection.

- The employee has presented a urine sample that falls outside the normal temperature range (90°-100°F).
- The collector observes conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample (e.g., substitute urine in plain view, blue dye in

- specimen presented, etc.)
- Previous sample is invalid and there is no medical reason: the collector is informed by the employer or MRO.
- The employee has previously violated the FTA/DOT regulations and the testing that is being performed is a return to duty or follow-up test.

The *direct observation must be by a collector (or observer) of the same gender* as the employee being tested. The observed collection procedure must adhere to the requirements of 49CFR part 40 as amended. This requires the employee to raise his or her shirt, blouse or dress / skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to midhigh and show the observer, by turning around, that the employee does not have a prosthetic device.

ALCOHOL TESTING PROCEDURES

Alcohol testing shall be done at a location that provides:

- Privacy to the individual being tested
- Security with no unauthorized access at any time to EBT
- BAT conducting only one test at a time who must not leave the testing site while the preparations for testing or the test itself are in progress.

Upon arrival at the testing site the employee must provide positive identification in the form of a photo identification or identification by The Transit Agency Supervisor.

The BAT will explain the testing procedures to the employee.

The BAT and the employee will complete, date and sign Step #1 and Step #2 of the alcohol testing form indicating the employee is present and providing a breath specimen. Refusal by the employee to sign Step #2 of the alcohol testing form will be noted by the BAT in the remarks section and is considered a refusal to test.

Screening Test

Employee is informed that testing will begin with a screening test. The BAT will open an individually sealed, disposable mouthpiece in view of the employee and attach it to the EBT.

The employee will be instructed to blow forcefully into the mouthpiece for at least six seconds or until an adequate amount of breath has been obtained. The BAT will show the employee the result displayed on the EBT or the printed result.

If the result of the screening test is an alcohol concentration of less than 0.02, no further testing is required. The BAT and the employee will finish filling out the alcohol testing form. The employee may return to their safety-sensitive position and the test will be reported to the employer as a negative.

Note: Alcohol screens may be performed by certified Screening Test Technicians (STT) using alternative alcohol screening devices approved by the Department of Transportation. The alternative methods may test either breath or saliva. If the screening tests results are 0.02 or greater a confirmation test by a BAT, using an evidential breath testing device, must be performed.

Confirmation Test

If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test must be performed.

The confirmation test must be conducted at least 15 minutes, but not more than 30 minutes, after the completion of the initial test. This delay prevents any accumulation of alcohol in the mouth from leading to an artificially high reading.

The BAT will inform the employee of the need to conduct a confirmation test. The employee will be instructed not to eat, drink, or put any object or substance in his/her mouth. The BAT will also instruct the employee not to belch to the extent possible while awaiting the confirmation test. The BAT will inform the employee that the test will be conducted at the end of the waiting period, even if the employee has disregarded the instructions.

Before the confirmation test is administered, the BAT shall conduct an airblank on the EBT. If the reading is greater than 0.00, the BAT shall conduct one more airblank. If the second airblank reading is greater than 0.00, the EBT must not be used to conduct the test.

The confirmation test is conducted using the same procedures as the screening test. A new mouthpiece will be used.

If the initial and confirmatory test results are not identical, the confirmation test result is deemed to be the final result.

If the result displayed on the EBT is not the same as that on the printed form, the test will be cancelled, and the EBT removed from service.

The BAT will sign and date the form. The employee will sign and date the certification statement, which includes a notice that the employee cannot perform safety-sensitive duties or operate a motor vehicle if the results are 0.02 or greater. Refusal by the employee to sign the certification statement is not considered a "refusal to test", but it will be noted in the remarks section by the BAT.

The BAT will attach the alcohol test result printout directly onto the alcohol collection form with tamper-proof tape (unless the EBT prints the results directly on the form).

Reporting

The BAT will transmit all results to the Designated Employer Representative in a confidential

manner. In the event an individual must be removed from safety-sensitive duties as a result of the alcohol test, the BAT will notify the Designated Employer Representative immediately.

EXHIBIT "B"

CITY OF MCCOOK FEDERAL HIGHWAY ADMINISTRATION DRUG AND ALCOHOL TESTING PROGRAM AND POLICY FOR EMPLOYEES

Section 1. Overview.

- A. In accordance with the City of McCook's commitment for a safe workplace, the City of McCook (hereinafter called "City") will not hire or employ individuals who use illegal drugs or alcohol registering at defined concentration levels. It is recognized that use of alcohol and/or illegal drugs on and off the job eventually takes a toll on job performance and can put employees' and the public's safety at risk. The use, sale or possession of illegal narcotics, illegal drugs or controlled substances while on the job, on duty or on any City facility or property is a disqualifying or dischargeable offense.

In an attempt to improve safety in the transportation industry, the U. S. Department of Transportation (DOT) Federal Highway Administration (FHWA) has established rules requiring operators of motorized vehicles to have an anti-drug and alcohol program for employees. It is the City's intention to comply fully with the DOT regulations governing drug and alcohol use and testing, and the requirements of the DOT regulations have been incorporated into this Policy. The City reserves the right to amend the list of positions covered by this policy and the supervisory positions required to attend training without redrafting the entire policy. It is also the City's intention to comply with any applicable state requirements governing drug and/or alcohol testing which are not preempted by DOT regulations. The City also intends to comply with the applicable requirements of the Drug-Free Workplace Act of 1988, the Americans With Disabilities Act and the Family and Medical Leave Act.

This policy is designed to enhance productivity and safety and to foster excellence by maintaining a safe and productive environment for employees. The City of McCook maintains a strong commitment to a drug-free and an alcohol-free work environment and has adopted this policy to provide guidance to supervisors and employees in dealing with drug use and alcohol misuse. This policy is applicable only to the City of McCook employees subject Federal Motor Carrier Safety Administration (FMCSA) regulations on the misuse of alcohol and the use of controlled substances. The City of McCook reserves the right to conduct drug and/or alcohol tests of applicants or current employees in accordance with any other state and/or Federal law.

To further our commitment to providing a safe, drug-free and alcohol-free environment, the City of McCook has adopted the following policies:

An employee and supervisor education and training program regarding drug and alcohol misuse and abuse.

A drug and alcohol testing program for drivers and applicants seeking employment as drivers who perform safety-sensitive functions.

A program for evaluating drivers who violate the drug use and alcohol misuse policy.

Administrative procedures of record keeping, reporting, releasing information, and certifying compliance with the FMCSA regulations.

The City of McCook is dedicated to ensuring fair and equitable application of this substance abuse policy. Therefore, supervisors and managers are required to use and apply all aspects of this policy in an unbiased and impartial manner to the employees covered by this policy. Any supervisor or manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including dismissal.

The City of McCook City Manager is responsible for the enforcement of this substance abuse policy.

Section 2. Employee Categories Subject to Testing.

The FMCSA regulations apply to all drivers of commercial motor vehicles in interstate or intrastate commerce who perform safety-sensitive functions and are subject to commercial driver's license ("CDL") requirements. Applicants and current employees seeking positions as drivers who will perform safety-sensitive functions also are covered by the FMCSA regulations.

A driver is considered to be performing a safety-sensitive function during any period in which the driver is actually performing, ready to perform, or immediately available to perform any safety-sensitive function. Therefore, an employee who is "on call" for duty is covered by this policy. The FMCSA defines the following functions as safety-sensitive:

All time at a carrier or shipper plant, terminal, facility, or other property waiting to be dispatched, unless the driver has been relieved from duty by the employer.

All time inspecting equipment as required by the FMCSA regulations, or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.

All time spent at the driving controls of a commercial motor vehicle.

All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in the sleeper berth).

All time loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle or in giving or receiving receipts for shipments loaded or unloaded.

All time repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.

The following categories of drivers for the City of McCook are subject to the policy and are considered to perform safety-sensitive functions:

Public Works Supervisor	Solid Waste Supervisor	Lead Mechanic
Equipment Operator II & III	Maintenance Groundskeeper	Assistant Mechanic
Airport Maintenance Operator	Laborer I & II	Refuse Collection Driver
WWTP Superintendent	WWTP Operator Trainee	WWTP Operator I & II & III

These lists are subject to amendment at any time. Participation in this drug and alcohol testing

program is a condition of employment for each of the above-listed drivers.

Section 3. Prohibited Conduct.

Alcohol. Drivers subject to this policy must not consume alcohol:

While performing a safety-sensitive function.

Within four hours prior to performing a safety-sensitive function.

For up to eight hours following an accident or until the driver undergoes a post-accident test, whichever occurs first.

Drivers are prohibited from possessing alcohol while on duty or while operating a commercial motor vehicle unless the alcohol is manifested and transported as part of a shipment. As referred to in this policy, alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular-weight alcohols including methyl and isopropyl alcohol. Alcohol use means the drinking or swallowing of any beverage, liquid mixture or preparation (including any medication) containing alcohol. FMCSA regulations currently prohibit drivers from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. (Drivers subject to this policy are strictly prohibited from using or ingesting prohibited drugs at any time, except when the use is pursuant to the instruction of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely perform his or her job. Any driver taking such a substance at a physician's instruction must inform the City of McCook of such drug use. The City of McCook retains the right to verify the use with the employee's physician. Manufacturing, distributing, dispensing, possessing or using controlled substances in the work place is prohibited pursuant to the Drug-Free Workplace Act.)

Controlled Substances.

Any driver who manufactures, distributes, dispenses, processes, sells, attempts to sell, or arranges to sell a controlled substance to any other person, whether on or off City of McCook property, whether on or off duty, shall be subject to discipline up to and including discharge.

As referred to in this policy, a controlled substance or prohibited drug means marijuana, cocaine, opiates, amphetamines or phencyclidine. FMCSA regulations prohibit the performance of safety-sensitive functions when a prohibited level of any of the five specified drugs is detectable in the driver's urine.

An employee will not be allowed to perform or continue to perform safety-sensitive functions if the City of McCook has actual knowledge that the employee was using controlled substances at any time or alcohol during the performance of a safety-sensitive duty or 4 hours prior to reporting to duty for a covered position.

Section 4. Drug and Alcohol Testing Program.

Drivers who perform safety-sensitive functions will be subject to testing pursuant to FMCSA regulations. Any testing procedures utilized by the City of McCook will conform with applicable Federal and state requirements.

Under the FMCSA, a refusal to take a test will constitute the equivalent of a positive drug test

or an alcohol test of 0.04 or greater. Therefore, refusal by a driver to submit to required testing or failure to pass a drug or alcohol test will lead to disciplinary action, up to and including termination. Any driver who refuses to submit to a required drug or alcohol test will not be permitted to continue to perform safety-sensitive functions. Refusal to take a test includes:

Outright refusal to submit to a test or any part of the testing process.

Failure to provide sufficient quantities of saliva, breath or urine to be tested without a valid medical explanation.

Failure to undergo a medical examination as directed by the Medical Review Officer or City's Contact Person.

Engaging in conduct that clearly obstructs the testing process.

Refusal to sign the certification of the Breath Alcohol Testing Form.

Leaving the scene of an accident without a valid reason before tests are conducted without notifying the City of McCook of where the driver can be reached for testing.

Failure to appear for any test within a reasonable time as determined by the City of McCook (except a pre-employment test).

Failure to remain at the testing site until the testing process is complete.

In the case of a directly observed or monitored collection, failure to permit the observation or monitoring.

Failure to take a second test as directed by the employer or collector.

A verified adulterated or substituted test result as reported by the Medical Review Officer.

Any driver who tampers with, falsifies, substitutes, or alters a urine sample, saliva or breath test, or who attempts to do so, shall be subject to disciplinary action, up to and including termination.

The City of McCook will adhere to all required standards of confidentiality as defined in 49 CFR Part 382, Subpart D. Testing records and results will be released only to the employee upon a written request and those authorized to receive such information.

Section 5. Testing for Controlled Substances.

Drug testing of drivers who perform safety-sensitive functions is limited to the following substances:

Marijuana.

Cocaine.

Amphetamines.

Opiates (e.g., heroin, codeine).

Phencyclidine (PCP).

While drug testing by the City of McCook normally will be limited to the five substances listed above, the City of McCook reserves the right, pursuant to its policy and under its own authority, to require drivers to provide separate specimens for testing for other controlled substances, as permitted by law.

Section 6. Testing for Alcohol.

Alcohol testing of drivers will be performed pursuant to FMCSA regulations.

Section 7. Testing Procedures.

The City of McCook will select an appropriate site for the administration of drug and alcohol tests which meets the requirements specified by the U.S. Department of Transportation ("U. S. Department of Transportation") 49 CFR Part 40. A copy of said Part 40 is available to any employee who would like to review the procedures. Drug and alcohol testing will be conducted off the City of McCook premises. Normally, administration of alcohol tests will be performed concurrently with urine collections. The City of McCook reserves the right, however, to administer alcohol tests separately from urine collections and to administer alcohol tests and/or urine collections on the City of McCook premises.

The site selected for collecting urine specimens will provide: a privacy enclosure for urination; a toilet; a suitable, clean writing surface; and a water source for hand washing, which, if practicable, will be located outside the privacy enclosure. The contractor who conducts the testing will ensure that access to the testing site is restricted during testing, that unauthorized persons are not present and that there are no unobserved entrance points to the testing site. Furthermore, the City of McCook shall ensure that the collection site personnel provided by the contractor have certified qualifications and during the collection process ensure the dignity and privacy of the donor and that all collection site personnel are trained to prepare the collection site, collect specimens, examine specimens for tampering or sample adulteration, observe collections, split specimens and properly label and preserve the chain of custody of the specimens. These steps will be taken to protect the driver and the integrity of the drug testing process, safeguard the validity of the test results and ensure that the test results are attributed to the proper driver. (Alcohol tests will be conducted with the use of a non-evidential screening device and/or evidential breath testing device approved for use by the National Highway Traffic Safety Administration. A Screening Test Technician will administer non-evidential screening tests including saliva tests. Only a Breath Alcohol Technician will administer an evidential breath testing device test. Alcohol tests will be administered in a location that affords visual and aural privacy to the driver being tested which is sufficient to prevent unauthorized persons from seeing or hearing test results. If the screening test reveals a blood alcohol concentration of less than 0.02, the test is negative and will be reported as such. If the screening test reveals a blood alcohol concentration of 0.02 or greater, a confirmation test will be performed. Confirmation tests will be performed using an evidential breath testing device and conducted within 30 minutes of the completion of the screening test. If the driver must be transported from the screening site to the confirmation site, the driver will remain under the direct observation of a Breath Alcohol Technician, Screening Test Technician, or other employer representative. These steps will be taken to protect the driver and the integrity of the testing process, safeguard the validity of the test results and ensure that the test results are attributed to the proper driver.)

Section 8. Role of the Medical Review Officer.

All drug test results will be reviewed first by a specially trained and certified physician serving as Medical Review Officer. The Medical Review Officer will follow all the appropriate procedures as defined in 49 CFR Part 40. The Medical Review Officer will notify the City's Contact Person directly if a driver's drug test result is negative. If the drug test result is positive, the Medical Review Officer will contact the driver to discuss the test, to determine if the positive result is valid and to notify the driver that he has 72 hours to request a test of the split specimen. (See the section entitled "Retesting at the Driver's Request" for a detailed description of split test procedures.) The City's Contact Person only will be informed that an individual has tested positive or negative. The specific drug(s) involved may be disclosed to the City's Contact Person by the Medical Review Officer. The levels detected will not be disclosed by the Medical Review Officer to the City's Contact Person.

Section 9. Role of the Substance Abuse Professional.

All drivers with a verified positive drug test result or a confirmed alcohol test result of 0.04 or greater, including those who have been terminated, will be referred for evaluation by a Substance Abuse Professional. If the driver's eventual return to work is permitted under this policy, the Substance Abuse Professional shall prescribe a treatment program which the driver must successfully complete or continue to follow in order to return to work. This treatment program may include referral of the driver by the Substance Abuse Professional to a treatment provider. The specific responsibilities and protocols that are followed by the Substance Abuse Professional are defined in 49 CFR Part 40.

Drivers permitted to return to work following a positive test shall be re-evaluated by the Substance Abuse Professional to determine whether the driver has complied with the Substance Abuse Professional's recommendations. After that evaluation and the successful completion of a return-to-duty test, the Substance Abuse Professional shall recommend to the employer the number and frequency of follow-up alcohol and/or drug tests to be administered following the driver's return to duty. The follow-up testing shall consist of at least six tests in the first twelve months following the driver's return to duty. The Substance Abuse Professional shall recommend whether the driver should be subject to both drug and alcohol follow-up tests.

Section 10. Employee Assistance Program.

The City of McCook will assist employees who test positive by providing information about treatment provider and programs to help the employees resolve their problems with drugs or alcohol.

Section 11. Types of Testing.

The City of McCook will perform the following types of drug and alcohol testing:

- Pre-Employment Testing (drug testing only).
- Reasonable Suspicion Testing.
- Post-Accident Testing.
- Random Testing.

Return to Duty Testing.

Follow-Up Testing.

Section 12. Pre-Employment Testing.

All applicants for and current employees seeking transfer to employment as a driver who will perform safety-sensitive functions will be informed in writing of the testing requirements and will undergo a pre-employment drug test. The City of McCook will not hire an applicant or transfer an employee to such a position unless the result of the applicant's or employee's drug test is negative. The City of McCook also will make reasonable efforts to contact each of the applicant's employers over the previous two-year period to determine if the employee has tested positive for either drugs or alcohol. The City of McCook will document this effort clearly and will maintain these records for a minimum of five years. The applicant must provide a limited consent for the City of McCook to obtain this information. Failure to provide this consent will disqualify an applicant from employment or disqualify an incumbent employee's application for transfer to a position as a driver who performs safety-sensitive functions. If the driver has tested positive while previously employed, the City of McCook must verify that the driver completed a treatment program recommended by the Substance Abuse Professional and obtained a verified negative test result.

Consequences of Positive Test Result. A positive pre-employment drug test shall be considered sufficient ground to disqualify the applicant or incumbent employee from employment with the City of McCook in a position as a driver who performs safety-sensitive functions. All applicants or employees with a positive result will receive a referral to a Substance Abuse Professional. An incumbent employee whose drug test result is positive will be subject to the same consequences as an employee whose random drug test was positive.

The City of McCook will not assign an applicant or incumbent employee who has refused to take or failed a pre-employment drug test to a position as a driver who performs safety sensitive-functions. If such an applicant or employee later applies for such a position, The City of McCook will administer another pre-employment drug test. If the employee or applicant passes the second pre-employment test, The City of McCook may, in its sole discretion, assign and/or hire the employee or applicant to work in a position as a driver who performs safety-sensitive functions.

Section 13. Reasonable Suspicion Testing.

Drivers who perform safety-sensitive functions will be required to submit to a drug or alcohol test when the City of McCook has a reasonable suspicion that the driver has used a prohibited drug or misused alcohol. Reasonable suspicion is established if a supervisor trained in detecting the signs of alcohol misuse and drug use reasonable concludes, based on his or her observations, that the driver has used drugs or misused alcohol. The determination that reasonable suspicion to test exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.

The City of McCook will direct a driver to undergo reasonable suspicion testing for alcohol only if such observations are made during, just preceding or just after the period of the work day that the driver is required to comply with the driver alcohol use prohibitions. The alcohol test may be administered only just before, just after, or during the period the driver is to perform a safety-sensitive function. A driver ordered to submit to reasonable suspicion testing shall be

transported to the screening site by a supervisor or other person designated by the supervisor. A reasonable suspicion test for alcohol must be performed within eight hours following a determination that reasonable suspicion to test exists. If a reasonable suspicion test is not performed within two hours after such a determination, the City of McCook will prepare and maintain a record stating the reasons the test was not promptly administered. No driver suspected of alcohol misuse, as shown by the behavioral, speech or performance indicators of alcohol misuse, may perform or continue to perform safety-sensitive functions until an alcohol test is administered evidencing a blood alcohol concentration of less than 0.02, or at least 24 hours have elapsed following the administration of the reasonable suspicion test. A written record of the observations leading to a controlled substance or alcohol reasonable suspicion test shall be made and signed by the supervisor or company official within 24 hours of the observation or before the test results are released, whichever is earlier.

Under the authority of the City of McCook, a driver who undergoes reasonable suspicion testing will be removed from service pending the test results on a status of "administrative leave with pay." If the test results are negative, the driver will be returned to work (without loss of pay).

Consequences of Positive Test Result. If the reasonable suspicion drug or alcohol test result is positive, the driver will be removed from the safety-sensitive position on a status of "leave without pay," referred to a Substance Abuse Professional and will be subject to discipline, up to and including termination. For the duration of the leave without pay, the driver cannot utilize any accrued sick leave. At a minimum, the driver shall be subject to the same consequences applied to drivers following a positive random test. If the driver is not terminated, the driver shall be subject to the same requirements regarding assessment, rehabilitation, return-to-duty and follow-up testing applied to drivers following a positive random test.

Section 14. Post-Accident Testing.

Each surviving driver who was performing a safety-sensitive function with respect to the vehicle will be tested for both drugs and alcohol if the accident involved the loss of a human life. Additionally, each driver will be tested for both drugs and alcohol who receives a citation under state or local law for a moving traffic violation arising from the accident, where the accident resulted in an injury requiring immediate medical treatment away from the scene or disabling damage to any motor vehicle that requires towing away services.

Tests for the use of prohibited drugs and misuse of alcohol will be administered as soon as practicable following an accident involving a commercial motor vehicle. Drug tests must be performed within 32 hours following an accident. If the drug test is not administered within 32 hours, the City of McCook will cease efforts to test for drugs and will prepare and maintain on file a record stating the reasons the test was not promptly administered. Alcohol tests should be performed within two hours following an accident, but in no instance later than eight hours following an accident. A driver subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident or until he submits to an alcohol test, whichever comes first. If the driver has not submitted to an alcohol test within two hours of the accident, the City of McCook will prepare and maintain on file a record stating the reason that the test was not administered promptly. If the alcohol test is not administered within eight hours after the accident, the City of McCook will cease efforts to administer the test and will maintain the same documents.

The results of a breath or blood test for the use of alcohol or a urine test for the use of controlled substances, conducted by Federal, state or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided

such tests conform to applicable federal, state, or local requirements and the results of the tests are obtained by the City of McCook.

These testing requirements will not delay necessary medical attention for injured persons, nor will they prohibit a driver who was performing a safety-sensitive function from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care. Drivers performing safety-sensitive functions, however, must remain readily available for testing for 32 hours. This means the driver must ensure that the City of McCook knows the driver's location for at least a 32-hour period following an accident or until post-accident drug and alcohol tests have been completed. A driver who is not available for testing will be considered to have refused to submit to testing unless his or her unavailability is attributable to efforts to obtain assistance in responding to the accident or obtaining necessary emergency medical care. Drivers will be provided with necessary post-accident information, procedures and instructions prior to operating a commercial motor vehicle so they will be able to comply with this policy.

Consequences of Positive Test Result. If the result of either test is positive, the driver will be removed from his or her safety-sensitive position on a status of "leave without pay," referred to a Substance Abuse Professional and will be subject to discipline, up to and including termination. For the duration of the leave without pay, the driver cannot utilize any accrued sick leave. At a minimum, the driver shall be subject to the same consequences applied to drivers following a positive random drug or alcohol test. If the driver is not terminated, the driver shall, at a minimum, be subject to testing applied to drivers following a positive random test.

Section 15. Random Testing.

Random testing will be conducted for all drivers performing safety-sensitive functions at a rate established by law. Random tests will be unannounced and spread reasonably throughout the year. There will be no pattern to when random tests will be conducted and all drivers who perform safety-sensitive functions will have an equal chance of being selected for testing from the random pool each time random tests are conducted. Drivers shall remain in the pool even after being selected and tested. Therefore, a driver may be selected for a random test more than once during a year.

Drivers will be selected anonymously using an identification number having no correlation to actual employee names. The driver must report to the collection site immediately after receiving notification of his or her selection from the random pool. It is the responsibility of the City of McCook's contractor to maintain the data base of drivers who perform safety-sensitive functions and to perform the random selection of drivers to be tested each testing cycle. In the event a randomly selected driver is absent from work on the day his test is scheduled, the driver may be notified at anytime during the selection period. If the driver is gone for an extended period of time, an alternate driver shall be randomly selected for testing, and the originally randomly selected driver shall be placed back in the pool and the number of those drivers randomly selected in the next selection period shall be increased accordingly.

In the event it is necessary to collect a urine specimen from a driver for random testing outside his regular work hours, the driver will be paid for the extra time at the applicable rate. A driver will be subject to random testing for alcohol only while the driver is performing safety-sensitive functions or just before or just after performing safety-sensitive functions.

Consequences of Positive Test Result. A driver whose random drug test is positive or whose alcohol test result is 0.04 or greater will be immediately removed from his or her safety-

sensitive position on a status of "leave without pay," referred to a Substance Abuse Professional and will be subject to discipline, up to and including termination. For the duration of the leave without pay, the driver cannot utilize any accrued sick leave. Furthermore, the driver will be subject to disciplinary action, up to and including termination.

Section 16. Return-to-Duty Testing.

A driver who receives a verified positive drug test result, an alcohol test result of 0.04 or greater, or who refuses to submit to any test, or who improperly uses alcohol while on duty or after an accident (before post accident testing is complete), may not return to work until the driver is: 1) referred for evaluation by a Substance Abuse Professional who determines that the driver has followed any treatment program prescribed by the Substance Abuse Professional and 2) passes a return-to-duty test. A return-to-duty test may be performed after the Substance Abuse Professional indicates that the driver has completed or is following any prescribed treatment program. In the return-to-duty evaluation, the Substance Abuse Professional also shall determine the frequency and duration of follow-up testing after the driver returns to duty. The Substance Abuse Professional may recommend that the driver be subject to a return-to-duty test for both drugs and alcohol even if the employee only tested positive for one or the other. To pass the return-to-duty test, the result must be a verified negative drug test result and/or an alcohol test result of less than 0.02.

Consequences of Positive Test Result. Any positive return-to-duty drug test, taken at the driver's expense, or return-to-duty alcohol test with a result of 0.02 or higher, taken at the driver's expense, will be subject the driver to disciplinary action, up to and including termination.

Section 17. Follow-up Testing.

Drivers permitted to return to duty are subject to unannounced follow-up testing. The Substance Abuse Professional shall determine the frequency and duration of the follow-up testing. A minimum of six follow-up tests during the first 12 months after the driver returns to duty will be performed at the driver's expense. The testing period shall not exceed 60 months from the driver's return-to-duty. Follow-up testing is separate from and in addition to the regular random testing program. Accordingly, drivers subject to follow-up testing will remain in the standard random pool and will be tested whenever their names come up for random testing, even if this means being tested twice in the same day, week or month.

The Substance Abuse Professional may recommend that the driver be subject to follow-up testing for both drugs and alcohol even if the driver only tested positive for one or the other. Therefore, a driver who is subject to follow-up drug tests may be required to take one or more follow-up alcohol tests with a result of less than 0.02. If the driver is subject to follow-up alcohol tests, he may be required to take one or more follow-up drug tests with a verified negative result. Follow-up alcohol testing will be conducted only when the driver is performing safety-sensitive functions or just before or just after the driver performs such functions.

Consequences of Positive Test Result. Any positive test result for a driver subject to follow-up testing (including the positive result of a safety-sensitive job transfer, random, reasonable suspicion, post-accident or other test), with the test being taken at the driver's expense, will subject the driver to disciplinary action, up to and including termination.

Section 18. Consequences for Engaging in Drug and Alcohol-Related Conduct.

Controlled Substances. A driver who tests positive for drugs or refuses to submit to a drug test must be removed from performing safety-sensitive functions immediately on a status of "leave without pay." For the duration of the leave without pay, the driver cannot utilize any accrued sick leave. A verified positive drug test may subject the driver to discipline, up to and including termination. A driver who tests positive for drugs or refuses to submit to a drug test may not perform a safety-sensitive function until he has been referred for evaluation by a Substance Abuse Professional, completed any recommended treatment, been informed of education/treatment programs for controlled substance abuse, and taken a return-to-duty drug test at the driver's expense with a verified negative result. The City of McCook retains the right to terminate or otherwise discipline a driver who tests positive for drugs or refuses to submit to a drug test.

Alcohol. A driver who has an alcohol concentration of 0.02 or greater but less than 0.039 (a non-positive alcohol test) must 1) be removed from safety-sensitive functions, on a status of "leave without pay," until the start of the driver's next regularly scheduled duty period, to begin not less than 24 hours following administration of the alcohol test, 2) be informed of education/treatment programs for alcohol misuse and abuse, and 3) sign the statement on the alcohol testing form acknowledging that he shall not perform safety-sensitive functions or operate a motor vehicle during this period.

A driver whose alcohol test reveals an alcohol concentration of 0.04 or greater may not perform a safety-sensitive function until he has been referred for evaluation by a Substance Abuse Professional, completed any recommended treatment and passed a return-to-duty test, at the driver's expense, with an alcohol concentration of less than 0.02. The City of McCook retains the right to terminate or otherwise discipline a driver who tests positive for alcohol or refuses to submit to an alcohol test.

Section 19. Retesting at the Driver's Request.

U. S. Department of Transportation regulations provide for a split sample procedure which requires a portion of each urine specimen to be retained in a separate, sealed container. A driver whose urine test is positive may request that the split sample be tested at a separate laboratory approved by the U.S. Department of Health and Human Services. U. S. Department of Transportation regulations require that the driver make such a request within 72 hours of learning of a verified positive test. (In the event a driver fails to make a timely request, the driver must present information to the Medical Review Officer documenting that serious illness, injury, inability to contact the Medical Review Officer, lack of actual notice of the verified positive result or other circumstances unavoidably prevented the driver from timely contacting the Medical Review Officer. If the Medical Review Officer concludes that there is a legitimate explanation for the driver's failure to contact the Medical Review Officer within 72 hours, the Medical Review Officer shall initiate a test of the split specimen.)

All costs associated with split sample testing will be the responsibility of the driver unless the result of the split sample test invalidates the result of the original test, including the costs of shipping and handling, transportation, testing and reporting to the Medical Review Officer. The City of McCook will assure that the split sample is tested in a timely manner if the employee cannot pay, however, the driver will reimburse the cost of the testing process to the City of McCook. If the result of the split sample test is negative, these costs will be assumed by the City of McCook. Additionally, if the result of the split sample test is negative, the driver will be reinstated with no loss of seniority and paid for lost back wages.

Section 20. Notification of Convictions.

Pursuant to the requirements of the Drug-Free Workplace Act, all employees and drivers must notify the City of McCook within five days of any criminal drug statute conviction for a violation occurring in the workplace.

Section 21. Contact Person.

FMCSA regulations require that a single contact person be identified to answer questions about this policy. For the purposes of this policy, the contact person will be the City of McCook, Human Resources Administrative Assistant, P.O. Box 1059, McCook, Nebraska 69001, who may be reached at (308) 345-2022. Copies of relevant regulations also are available at the City Clerk's office.

Section 22. Effects of Alcohol.

FMCSA regulations require that written drug and alcohol policies include a discussion of the effects of alcohol misuse. That information is contained in the attached "Fact Sheets on Drugs and Alcohol" available at the City of McCook City Clerk's Office.

Section 23. Effects of Controlled Substances.

FMCSA regulations require that written drug and alcohol policies contain a discussion of the effects of controlled substance use. That information is contained in the "Fact Sheets on Drugs and Alcohol" available at the City of McCook City Clerk's Office.

Section 24. Education and Training.

Supervisors responsible for determining when to administer reasonable suspicion tests will receive training on this issue. This training will consist of at least 60 minutes for alcohol awareness training and at least 60 minutes for drug awareness training.

Section 25. Record Keeping.

The City of McCook will strictly adhere to all standards of confidentiality and assure all employees that testing records and results will be released only to those authorized by FMCSA rules to receive such information. All drug and alcohol testing records will be maintained in a secure manner so that disclosure of information to unauthorized persons does not occur. Privacy of each tested employee shall be strictly maintained.

APPENDIX

FACT SHEETS ON DRUGS AND ALCOHOL

Drug Detection Periods

Detection periods vary; rates of metabolism and excretion are different for each drug and use. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Drug	Detection Period
Amphetamines	
Amphetamine	2-4 days
Methamphetamine	2-4 days
Cocaine	
Benzoyllecgonine	12-72 hours
Cannabinoids (Marijuana)	
Casual Use	2-7 days
Chronic Use	Up to 30 days
Ethanol (Alcohol)	12-24 hours
Opiates	
Codeine	2-4 days
Hydromorphone (Dilaudid)	2-4 days
Morphine (for Heroin)	2-4 days
Phencyclidine (PCP)	
Casual Use	2-7 days
Chronic Use	Up to 30 days

Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for 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.

Signs and Symptoms of Use

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

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass] over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

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

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Amphetamine Fact Sheet

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. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored "mini-bennies." It is usually taken by mouth.
- 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.
- Trade/street names include Biphedamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior.

Health Effects

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

Workplace Issues

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

Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride - "snorting coke" is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams). Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness.

Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986 - up from 11th place in 1980.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

Description

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

Signs and Symptoms of Use

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

Health Effects

General

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

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

by disorders in memory, cognitive function, sleep patterns, and physical condition.

Acute Effects

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

Workplace Issues

- The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a longterm effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Opiates (Narcotics) Fact Sheet

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.

Description

- Natural and natural derivatives - opium, morphine, codeine, and heroin
- Synthetics - meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

Signs and Symptoms of Use

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

Health Effects

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Social Issues

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

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

Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heart beat
- Dizziness.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Workplace Issues

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

EXHIBIT "C"

CITY OF MCCOOK SUBSTANCES OF ABUSE POLICY

Section 1. Drugs Policy Overview.

The City of McCook (hereinafter referred to as the City) has a vital interest in maintaining safe, healthful and efficient working conditions for all of its employees. Being under the influence of a drug or alcohol on the job poses serious safety and health risks, not only to the user, but to all those who work with or otherwise come into contact with the user. The possession, use, or sale of illegal drugs or alcohol on the job also poses unacceptable risks for safe, healthful, and efficient operations. It is the City's right, obligation, and intent to maintain a safe, healthful, and efficient working environment for all of its employees and to protect City property, equipment, and operations from the risks associated with the use of substances of abuse in the workplace. This Policy can be altered or modified with proper notice.

Section 2. Policy Application.

The provisions of this Policy apply to all employees of the City, regardless of status.

Section 3. Drug Awareness Program.

The City shall provide substance abuse awareness training which shall include but not be limited to the following: a definition of substance abuse; the effects of substance abuse; dangers of substance abuse in the work place; availability of counseling and treatment programs; and disciplinary actions per this policy. All supervisors are required to complete a training program for detecting signs and symptoms of drug and alcohol use on the job. Employees will be asked to read a copy of the Substances of Abuse Policy and sign a statement of acknowledgement.

Section 4. Prohibited Conduct.

The City prohibits the following conduct:

- (A) Using, being under the influence of, or possessing substances of abuse while performing City business or while in or about a City facility or worksite except for items held as property or evidence or as required by an official job description. This will subject the offending employee to disciplinary action up to and including termination of employment.
- (B) Using or being under the influence of a legal drug (such as "over-the-counter" and prescription drugs) while performing City business, or while in or about a City facility or worksite, to the extent such use affects the safety of any employees or others. When in doubt about the effects of a certain drug, consult your physician or the City's Medical Review Officer regarding any adverse side effects.
- (C) The unlawful manufacture, distribution, dispensation, possession, or use of a substance of abuse by any employee while performing City business, or while in or about a City facility or worksite, except for items held as property or evidence or as required by an official job description.
- (D) Tampering with a specimen provided for drug testing for the purpose of altering the

results of the urine test.

- (E) Refusal to take a substances of abuse test.

Section 5. Testing for Substances of Abuse.

A. Pre-Employment/Pre-Duty Testing.

The City will require all applicants it intends to hire for the positions of Police Officer and Firefighter to be tested for the use of substances of abuse as a pre-qualification condition. Applicants who test positive for the use of controlled substances, or who refuse to submit to such testing, will be disqualified from further hiring consideration. Testing is also required when an employee transfers to one of the above cited positions.

B. Reasonable Suspicion Testing.

The City will require current employees to submit to testing for substances of abuse based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee by at least one supervisor trained in detecting the signs and symptoms of use of substances of abuse. Employees who are requested to undergo reasonable suspicion testing will be transported to the collection site and home by a City representative. The employee will be required to submit to the substances of abuse test. At the collection site, an employee shall be required to sign and date a consent form acknowledging that he/she is undergoing a substances of abuse test. Refusal to submit to a test shall be considered a termination of employment. Any attempt to invalidate or tamper with the test, or refuse the test will subject the employee to disciplinary action, up to and including termination. Failure on the part of the supervisor(s) to accurately document the specified behavior for reasonable suspicion may subject the supervisor(s) to disciplinary action up to and including termination. A driver while conducting City business may be directed to submit to a substance of abuse test at the accident scene by a federal, state, or local law enforcement officer. Whenever a test is conducted by a law enforcement officer, the driver is required to contact the driver's supervisor or department head immediately to report this and to provide the City with the name and telephone number of the law enforcement officer who conducted the test in lieu of taking a test at the City Collection site. Positive test results will be cause for disciplinary action up to and including termination. Under the authority of the City of McCook, an employee who undergoes reasonable suspicion testing will be removed from service pending the test results on a status of "administrative leave with pay." If the test results are negative, the driver will be returned to work (without loss of pay). An employee who has a positive substance abuse test, following disciplinary action, may request vacation, and at the expiration of vacation, request leave without pay until such time he/she is released to return to work. Should the employee be required to undergo inpatient substance abuse treatment, he/she will be allowed to utilize accrued sick leave until the completion of inpatient treatment. If the employee is injured, the injury will be evaluated in accordance with the State Worker's Compensation Law. Employees who are injured and have a positive substance abuse test are not entitled to injury leave or other Worker's Compensation benefits.

C. Rehabilitation.

All employees are encouraged to seek help for substance use or addiction. Any

employee seeking assistance in substance abuse rehabilitation can confidentially communicate this desire to his/her supervisor or department head. The City shall assist employees in overcoming substance abuse problems by offering medical assistance through the Employee Assistance Program outlining resources for assessment and treatment. Any employee requesting this rehabilitation shall be allowed to explore the various rehabilitation options available to him/her without concern of loss of employment prior to any request by the City for a substance abuse test. The employee shall be permitted to take sick time, vacation or unpaid leave for rehabilitation up to a period of 45 days, if the employee successfully completes the rehabilitation program, the employee shall be allowed to resume his/her position with one condition; that the employee agrees in writing to submit to a substances of abuse test at any time when requested by the City for a period up to five years from the date the employee resumes his/her position. An employee who refuses to comply with a requested test, or has a positive test result, shall be terminated. Because the enforcement of narcotics laws is one of the responsibilities of the Police Department, Police Department employees shall not be eligible for the rehabilitation program, except in cases where the addiction results from the use of alcohol or properly prescribed and obtained drugs from a physician.

D. Call-back.

In the case of an emergency call back, it shall be the responsibility of an employee to advise his/her supervisor if he/she has consumed alcohol or believes that he/she has a blood alcohol content of .04 or greater or has taken any other drug.

With that information, the supervisor shall have the discretion of what duties that employee is to perform.

E. Return to Duty and Follow-up Testing.

An employee who receives a verified positive drug test result, an alcohol test result of 0.04 or greater, or who refuses to submit to any test, or who improperly uses alcohol while on duty or after an accident (before post accident testing is complete), may not return to work until the driver is: 1) referred for evaluation by a Substance Abuse Professional who determines that the driver has followed any treatment program prescribed by the Substance Abuse Professional and 2) passes a return-to-duty test. Once allowed to return-to-duty, the employee shall be subject to unannounced follow-up testing for at least 12 but not more than 60 months. The frequency and duration of the follow-up testing will be recommended by the SAP as long as a minimum of six tests are performed during the first 12 months after the employee has returned to duty. A positive test result will be cause for termination from the City.

Section 6. Drug Testing Procedures.

A. Substances of Abuse to be Tested.

Substances of abuse to be tested for include, but shall not limited to, alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, methadone, opiates, phencyclidine (PCP), propoxphene, and marijuana. Prior to testing, an employee/applicant shall be given the opportunity to inform the health care professional conducting the test of any prescription or over the counter medication that the employee has been taking immediately prior to the testing. All testing will be conducted in accordance with the requirements of Neb. Rev. Stat. Sections 48-1901 through 48-

1910.

B. MRO.

The results of the substances of abuse test shall be given to the City's Medical Review Officer (MRO) and the MRO shall investigate thoroughly the findings of any employee who tests positive. The City of McCook Human Resources Administrative Assistant shall be notified by the MRO upon the finding of an employee with a positive test. Any employee who tests positive to substances of abuse without good reason (i.e., use of a drug prescribed by a doctor) shall be subject to discipline up to and including termination. An employee having a blood alcohol level of .04% or greater shall be subject to discipline up to and including termination. Any employee who tests positive may request a retest. The retest must be requested in writing within forty-eight hours after the employee has been notified that he/she has a positive test. The retest shall be conducted on the original sample collected and which has been maintained in the lab where the analysis was made. The cost of the retest shall be borne by the employee who shall sign an acknowledgment form authorizing the cost of the test to be deducted from his/her payroll check.

Section 7. Confidentiality.

Any initial positive test result shall subsequently go through a more extensive confirmation test by the laboratory before the results are reported back to the City.

The test results shall be given to the City of McCook Human Resources Administrative Assistant by the MRO. The City of McCook Human Resources Administrative Assistant shall keep the substances of abuse test results in a file independent of the personnel record. The test results shall be kept confidential and shall only be provided to the department heads for the purposes of any disciplinary proceedings. The City may divulge the test results upon authorization by the tested employee; in any administrative or judicial proceeding where the test results are relevant to the issues involved; or when the City is required to divulge the test results by subpoena.

APPENDIX

FACT SHEETS ON DRUGS AND ALCOHOL

Drug Detection Periods

Detection periods vary; rates of metabolism and excretion are different for each drug and use. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Drug	Detection Period
Amphetamines	
Amphetamine	2-4 days
Methamphetamine	2-4 days
Cocaine	
Benzoylcegonine	12-72 hours
Cannabinoids (Marijuana)	
Casual Use	2-7 days
Chronic Use	Up to 30 days
Ethanol (Alcohol)	12-24 hours
Opiates	
Codeine	2-4 days
Hydromorphone (Dilaudid)	2-4 days
Morphine (for Heroin)	2-4 days
Phencyclidine (PCP)	
Casual Use	2-7 days
Chronic Use	Up to 30 days

Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for 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.

Signs and Symptoms of Use

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

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass] over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

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

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Amphetamine Fact Sheet

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. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Description

- Amphetamine is sold in counterfeit capsules or as white, flat, double-scored "mini-bennies." It is usually taken by mouth.
- 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.
- Trade/street names include Biphedamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Signs and Symptoms of Use

- Hyperexcitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Heightened aggressive behavior.

Health Effects

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

Workplace Issues

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

Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- Cocaine Hydrochloride - "snorting coke" is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams). Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp, or small butane torch for heating.
- Trade/street names include Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Signs and Symptoms of Use

- Financial problems
- Frequent and extended absences from meetings or work assignment
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent nonbusiness visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations, and irregular rhythm
- Hallucinations
- Hyperexcitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness.

Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986 - up from 11th place in 1980.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood- and perception-altering effects it produces.

Description

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil. It may also be sold in an oily liquid.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Trade/street names include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Thai Sticks, Hash, and Hash Oil.

Signs and Symptoms of Use

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

Health Effects

General

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
 - One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
 - Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
 - Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.
- Pregnancy Problems and Birth Defects
- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
 - Chronic smoking of marijuana in males causes a decrease in sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
 - Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
 - Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
 - In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver and water on the brain and spine.
 - Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
 - One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
 - Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

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

by disorders in memory, cognitive function, sleep patterns, and physical condition.

Acute Effects

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

Workplace Issues

- The active chemical, THC, stores in body fat and slowly releases over time. Marijuana smoking has a longterm effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Opiates (Narcotics) Fact Sheet

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.

Description

- Natural and natural derivatives - opium, morphine, codeine, and heroin
- Synthetics - meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan)
- May be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- Trade/street names include Smack, Horse, Emma, Big D, Dollies, Juice, Syrup, and China White.

Signs and Symptoms of Use

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

Health Effects

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Social Issues

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

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

Description

- PCP is sold as a creamy, granular powder and is often packaged in one-inch square aluminum foil or folded paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Trade/street names include Angel Dust, Dust, and Hog.

Signs and Symptoms of Use

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shifts
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heart beat
- Dizziness.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Workplace Issues

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.