Testing Thresholds and Criteria: Reasonable Suspicion Decision Making

Presented by: Vicky Warner
RLS & Associates, Inc.

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WHAT MUST BE EVALUATED?

Must evaluate **Specific**, **Contemporaneous**, and **Articulable** observations concerning:

- Appearance
- Behavior
- Speech
- Body Odors

Only one trained supervisor or company official required
TYPICAL SUPERVISORY CONCERNS WITH REASONABLE SUSPICION REFERRALS

- Loss of employee confidence/support
- Jeopardizing employee’s ability to make a living
- Do not like confrontation
- Possible loss of productivity
- Lack of training on the referral process
- Fear for personal safety
SUPERVISORS MUST KNOW:

- Definition of Reasonable Suspicion
- Definition of Role and Responsibility of Supervisors
- Recognition of Signs and Symptoms of Drug Use
- Recognition of Signs and Symptoms of Alcohol Misuse
SUPERVISORY TRAINING WILL ADDRESS:

- Short-term indicators
- Long-term indicators
- Initiating, substantiating, and documenting the referral
- Employee intervention
- Recordkeeping/document event
SHORT-TERM OBJECTIVE FACTS
PHYSICAL INDICATORS

- Observable physical evidence (drugs and paraphernalia)
- Symptoms of drug use and/or alcohol misuse
- Bloodshot or watery eyes
- Flushed or very pale complexion
- Extensive sweating or skin clamminess
- Dilated or constricted pupils
- Disheveled clothing/Unkempt Grooming
- Unfocused, Blank stare
SHORT-TERM OBJECTIVE FACTS

PHYSICAL INDICATORS

- Runny or bleeding nose
- Possible puncture marks
- Wetting lips frequently – complaining of dry mouth
- Nystagmus (involuntary jerky eye movement)
- Sensation of bugs crawling on skin
EXAMPLES OF DRUG PARAPHERNALIA
Examples of Containers for Drugs

- Plastic baggies
- Small paper bags
- Make-up kits
- Various beverage bottles/ cans
- Plastic film canisters
- Cigarette packs
- Small glass vials
- Pill bottles
- Breath mint containers
- Inside candy or gum wrappers
DRUG AFFECTS ON PUPILS

Normal

Dilated

Pinpoint
Short-term Objective Facts

Behavioral Indicators

- Hyperactivity – fidgety, agitated
- Breathing irregularly or with difficulty
- Nausea or vomiting
- Slow reactions
- Unstable walking
- Poor coordination
- Hand tremors
SHORT-TERM OBJECTIVE FACTS
BEHAVIORAL INDICATORS

- Suspicious, paranoid
- Depressed, withdrawn
- Lackadaisical attitude
- Shaking
- Irritable, moody
- Extreme fatigue/sleeping on the job
SHORT-TERM OBJECTIVE FACTS

SPEECH INDICATORS

- Slurred or slowed speech
- Loud, boisterous
- Quiet, whispering
- Incoherent, nonsensical
- Repetitious, rambling
- Clicking sound with tongue
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Cursing, inappropriate speech
Inability to concentrate
Impulsive, unusual risk-taking
Lack of motivation
Delayed decision-making
Diminished concentration
Impaired mental functioning
Reduced alertness
Significant increase in errors
SHORT-TERM OBJECTIVE FACTS

BODY ODORS

- Odor of Alcohol on Breath or Clothes
- Distinct Pungent Aroma on Clothing or Person
- Smell of Cat Urine
- Strong Chemical Odor
Since supervisors may not come into frequent contact with employees, long-term indicators are actually the most reliable group of indicators to objectively document a performance or behavior problem associated with illicit drug use or alcohol misuse. However, long-term indicators may not be used to make a reasonable suspicion referral.
LONG-TERM OBJECTIVE FACTS

Work performance problems (quality and quantity)

Personality changes:

- Moodiness
- Aggressiveness
- Depression
- Fearfulness
- Paranoia
- Anxiety
LONG-TERM OBJECTIVE FACTS

Chronic Problems (continued):

- Absenteeism (Mondays, etc.)
- Tardiness
- Leaves without notice
- Accidents
- Poor Judgment
- Difficulty Concentrating
- Improbable Excuses for Absences
LONG-TERM OBJECTIVE FACTS

- Personal Hygiene & Physical Appearance
- Social Withdrawal
- Isolation
- Lack of Eye Contact
- Overreaction to Criticism
EFFECTS OF ALCOHOL CONSUMPTION

- Flushing
- Dizziness
- Dulling of senses
- Multiple Impairments
- Loss of inhibitions
- Staggering
- Slurred speech
- Double vision
- Sudden mood changes
- Unconsciousness
# Health Risks Associated with Alcohol Consumption

| Alcoholism | Birth defects and Fetal Alcohol Syndrome |
| Cancer | Premature aging |
| Brain Damage | Kidney Damage |
| High Blood Pressure, Stroke | Pancreas Damage |
| Hepatitis and Cirrhosis of the Liver | Stomach & Duodenal Ulcers |
| Impotence and Infertility | Colitis |
| Many others | |

## Additional Risks
- Premature aging
- Kidney Damage
- Pancreas Damage
- Stomach & Duodenal Ulcers
- Colitis
- Many others
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</tbody>
</table>
BAC CASE STUDY: MARGARET
Margaret is a 140lb Female Paratransit Operator celebrating a friend’s birthday on Thursday night.

Margaret has a total of 1 Liter (33oz) of wine with her friends.

Margaret has to work Friday morning, so she has her last drink at Midnight and takes a taxi home.

Will Margaret be sober for her 9:00 AM Route on Friday?
Margaret drank 33oz of wine
- This is equivalent to about 6 glasses of wine (5oz per glass)
- What was her BAC at midnight?

### BAC CASE STUDY: MARGARET

<table>
<thead>
<tr>
<th>HOW MANY DRINKS?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
<tbody>
<tr>
<td><strong>90lb.</strong></td>
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<tr>
<td><strong>100lb.</strong></td>
<td>.05</td>
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<tr>
<td><strong>120lb.</strong></td>
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<tr>
<td><strong>140lb.</strong></td>
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<td>.29</td>
<td>.32</td>
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<tr>
<td><strong>160lb.</strong></td>
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<td>.17</td>
<td>.20</td>
<td>.23</td>
<td>.26</td>
<td>.28</td>
</tr>
</tbody>
</table>
At Midnight, Margaret had a BAC of 0.19
  • Is she sober for her 9:00AM Route?

How many hours are required to have a BAC of 0.00?
  • Alcohol metabolizes at a rate of around **0.015** BAC per hour
  • Margaret’s BAC = 0.19
  • Let’s divide that by 0.015
  • 0.19 BAC ÷ 0.015 per hour = 12 hours 40 minutes

Margaret drove her transit bus at 9:00 AM
  • After 9 hours of no drinking, her BAC would’ve still been at 0.055
Binge Drinking

5 or more drinks in a short time frame

Strongly Associated with:

- Injuries
- Motor Vehicle Crashes
- Violence
- Chronic & Acute Medical Conditions
EFFECTS OF A HANGOVER

- Headache
- Nausea
- Dizziness
- Dry Throat
- Eye Ache
- Shaking
SIMILAR CONDITIONS

Other conditions that may cause similar symptoms

- Extreme fatigue
- Head injury
- Hypotension (lowering of blood pressure)
- Severe depression
- Inner ear disorders
- Diabetic reaction
DISCUSSION POINTS

What driving skills are affected by alcohol use?

Is the alcohol found in beer, wine, and liquor the same? Do they have the same impact?
Can drinking coffee, taking a cold shower, or getting fresh air help a person get sober before reporting to work?

What is the difference between alcohol use and alcohol abuse?
DISCUSSION POINTS (CONTINUED)

According to State law, what is the Blood Alcohol Content (BAC) that is considered illegal? What is the level established for a Commercial Driver’s License? What is accepted by your transit system?

When does a hangover start and when does it end?

What skills required of public transportation employees are impaired by a hangover?
SKILLS IMPAIRED BY ALCOHOL USE

**Vision** - ability to see the whole field of vision

**Reaction time** - ability to recognize and respond quickly

**Concentration** - attention span is limited

**Coordination** - ability to physically control the vehicle is affected

**Reflexes** - the body’s ability to respond to the brain’s commands is slowed

**Perception** - the brain’s ability to recognize visual images is slowed
SKILLS IMPAIRED BY ALCOHOL USE (CONTINUED)

**Judgment** - the person’s ability to make rational decisions is impaired

**Comprehension** - the brain’s ability to understand what is going on is impaired
SKILLS IMPAIRED BY A HANGOVER

- Concentration
- Reflexes
- Professionalism
- Coordination
- Judgment
- Politeness
- Perception
- Comprehension
MARIJUANA
Basic Information

Recreational vs. Medical vs. Decriminalized

- What does “Recreational” Marijuana mean?
  - How many states have passed “Recreational”?
    • 11, plus D.C.

- What does “Medical” Marijuana mean?
  - How many states have passed broad “Medical”?
    • 33, plus D.C., Guam, and Puerto Rico

- What does “Decriminalized” Marijuana mean?
- What about CBD?
Basic Information
Recreational vs. Medical vs. Decriminalized

Map of the United States showing the legal status of cannabis in different states.
Public Opinion on Legalizing Marijuana

Do you think the use of marijuana should be made legal, or not? (%)

- Legal: 12, 30, 16, 16, 31, 32, 34
- Illegal: 84, 66, 81, 63, 60, 62

% who say marijuana should be made legal

- Millennium (1981-97): 74
- Gen X (1965-80): 63
- Boomer (1948-64): 54
- Silent (1928-45): 39

Note: Don’t know responses not shown.

PEW RESEARCH CENTER
Majorities of All Age Groups Support
EFFECTS OF MARIJUANA USE

- Slows reaction time
- Decreases awareness of the road
- Decreases awareness of vehicle control
- Reduces peripheral vision
- Diminishes estimates of time and distance
- Impairs coordination
- Impairs judgment
- Impairs concentration
- Diminishes capacity to perform complex functions
- Reduces short term memory
- Reduces awareness and perception of diminished skill levels
CONTINUED EFFECTS

Effects are felt within minutes and reach peak in 10-30 minutes.

“Typical” smoker experiences a high for approximately 2 hours.

It is debated whether the physiological effects return to baseline in 3-5 hours or after 24 hours.

Psychomotor impairment may persist after the high has dissipated.
DISCUSSION POINTS

- What are common names for marijuana?
- What health risks are associated with the smoking of marijuana?
- How much marijuana is smoked before an individual is impaired?
- How long do the effects of marijuana remain after smoking a joint?
- How long does it take for the drug to leave a person’s system?
## COMMON NAMES FOR MARIJUANA

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Common Name</th>
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<tbody>
<tr>
<td>Pot</td>
<td>Wax</td>
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<tr>
<td>Grass</td>
<td>Roach</td>
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<tr>
<td>Weed</td>
<td>Hash</td>
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<tr>
<td>Joint</td>
<td>Bud</td>
</tr>
<tr>
<td>Reefer</td>
<td>Mary Jane</td>
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<tr>
<td>Budder</td>
<td>Ganja</td>
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<tr>
<td>Blunt</td>
<td>420</td>
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<tr>
<td>Afghan</td>
<td>Herb</td>
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<tr>
<td>Broccoli</td>
<td>Hemp</td>
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<tr>
<td>Sativa</td>
<td>Spliff</td>
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</tbody>
</table>
HEALTH RISKS ASSOCIATED WITH MARIJUANA

- Lung cancer**
- Toxic effects of chemicals in marijuana smoke
- Effects of other unknown drugs added to joints
- Brain damage
- Accelerated heartbeat
- Increased blood pressure
- Decrease in body’s immune system
- Birth defects
MARIJUANA USE FACTS

The amount of marijuana required to generate a high depends on:

- THC content of the marijuana
- Individual’s weight, height, and body type

Driving skills are impaired for 4 to 6 hours after smoking one joint, but some people show effects for up to 24 hours.

The THC may stay in a person’s system for up to 30 days or longer.

Any use is too much for the public transit professional.
EFFECTS OF WITHDRAWAL

- Restlessness
- Irritability
- Mild agitation
- Hyperactivity
- Insomnia
- Nausea
- Cramping
- Sweating
- Increased Dreaming
EFFECTS ON DRIVING

After Alcohol- Marijuana is the most frequently detected psychoactive substance amongst driving populations

- Impairs driving performance for approximately 3 hours
- Decreased car handling
- Decreased reaction times
- Impaired distance estimation
- Inability to maintain headway
- Subjective sleepiness

Mixing alcohol and marijuana may dramatically produce effects greater than either drug on its own.
SAMPLE PICTURES OF MARIJUANA
<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Juice</td>
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<td>Dairy</td>
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<td>Sodas</td>
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<td>Infused Drinks</td>
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<tr>
<td>Desserts</td>
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<td>Salads</td>
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<tr>
<td>Sandwiches</td>
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<tr>
<td>Appetizers</td>
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</table>
Product Description

This strain provides a wonderful grounding but uplifting sativa effect. The flavors are mellow and sweet with hints of fresh apple and citrus rolled up in a wonderfully crisp and earthy aroma! The Jack Frost is a really medicinal strain for patients suffering from GI tract discomfort, cramps, migraines or anxiety. Jack Frost is winner of THC Championship’s 1st place Medical Cup and 3rd place Sativa cup.

Positive Effects

Medical Effects

Side Effects

THC CONTENT: VERY HIGH THC

CBD CONTENT: VERY HIGH CBD

Hybrid Strain

ORIGINS: Jack Herer X White Widow

FLAVOR: Earthy, Pine, Woody, Citrus

RESPONSE: Uplifted, Euphoric, Energetic

Do you like this strain? Leave a friendly review and let everybody know what you think.
Bath Salts
Price: $36
Budder...Wax...
Extremely Potent Marijuana
COCAINE

Copyright - www.streetdrugs.org
EFFECTS OF COCAINE USE

- Accelerated heart rate
- Constricted blood vessels
- Dilated pupils
- Increased blood pressure
- Nasal congestion
- Runny nose
- Loss of mucous membranes in the nose
- Addiction
- Seizures
- Cardiac arrest
- Respiratory arrest
- Stroke
- Death
- Collapsed nasal septum
PERSONAL CHARACTERISTICS ASSOCIATED WITH COCAINE USE

- Reckless
- Impulsive
- Unpredictable
- Paranoid

False sense of power, control, alertness, well-being, confidence, and strength
DURATION OF EFFECTS

- Injecting cocaine produces an effect in 15-30 seconds
- A hit of smoked crack produces an almost immediate intense experience and will typically produce effects lasting 5-15 minutes
- Snorting cocaine produces effects almost immediately and the resulting high many last 15-30 minutes
AFTER-EFFECTS OF COCAINE USE

- Restlessness
- Anxiety
- Depression
- Exhaustion
- Mental Fatigue
- Irritability
- Paranoia
- Intense craving for drug
- Preoccupation with drug
- Overall discomfort
OTHER CONDITIONS

Some other conditions may cause similar symptoms.

• Hyperactivity
• Nervousness
• Stress
• Fear
• Hypertension
EFFECTS OF CRACK USE

Short, intense high

Abrupt halt to high

Deep depression

Intense craving for more drug
EFFECTS OF WITHDRAWAL

“Crash” can last from 9 hours to 4 days

- Agitation
- Depression
- Insomnia
- Intense drug cravings

Withdrawal symptoms last from 1-3 weeks

- Fatigue
- Anxiety/ Irritability
- Paranoia
- Disorientation
DISCUSSION POINTS

What are common names for cocaine?

Besides the addiction and physical risks directly related with cocaine use, what are other risks?

Who are the potential victims of cocaine use by public transit professionals?

Why is crack considered so much more dangerous than cocaine?

Why do people become addicted?
COMMON NAMES FOR COCAINE

Coke
Blow
Snow
Speedball
Flake
Crack
Rock
Snort
White Girl
Freebase
Base
Eight-ball
King’s Habit
Devil’s Dandruff
Mighty White
Electric Kool-Aid
Uptown
Butter
POTENTIAL VICTIMS OF COCAINE USE BY PUBLIC TRANSIT PROFESSIONALS

- Passengers
- Others on the road
- Co-workers
- Transit system
- Public confidence
- Drug user
- User’s family
- User’s friends
- Pedestrians
- Society
EFFECTS ON DRIVING

- Speeding
- Losing control of vehicle
- High-risk behaviors
- Poor impulse control
- Inattentive
- Fatigue
- Falling asleep at the wheel
AMPHETAMINES
## EFFECTS OF AMPHETAMINE USE

<table>
<thead>
<tr>
<th>Restlessness</th>
<th>False sense of alertness</th>
</tr>
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<tbody>
<tr>
<td>Irritability</td>
<td>Diminished concentration</td>
</tr>
<tr>
<td>Talkativeness</td>
<td>Over self-confidence</td>
</tr>
<tr>
<td>Tenseness</td>
<td>Psychological addiction</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Brain damage</td>
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<tr>
<td>Violent behavior</td>
<td>Suicidal depression</td>
</tr>
<tr>
<td>Impaired judgment</td>
<td></td>
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</tbody>
</table>
DURATION OF EFFECTS

Typically 4-8 hours

Residual effects can last up to 12 hours
AFTER-EFFECTS OF AMPHETAMINE USE

- Depression
- Confusion
- Intense fatigue
EFFECTS OF WITHDRAWAL

“Crash” can last 1-3 days

- Intense fatigue
- Uncontrollable sleepiness (catnapping)
- Continuing stimulation
- Drug cravings

Abrupt discontinuation can cause

- Extreme fatigue
- Mental depression
- Apathy
- Long sleeping periods
- Irritability/Disorientation
METHAMPHETAMINES
CHARACTERISTICS OF METHAMPHETAMINES

- Synthetic drug
- Stimulates movement and speed
- Generates feelings of excitement
- Results in nervousness, insomnia, and paranoia
- Post use depression, fatigue, and inability to experience pleasure
- Addictive
DISCUSSION POINTS

What are common street names for amphetamines and methamphetamines?

Why are amphetamines so commonly used in the transportation industry?

What is the difference between amphetamines and methamphetamines?
COMMON STREET NAMES FOR AMPHETAMINES/METHAMPHETAMINES

- Speed
- Uppers
- Poppers
- Meth
- Bennies
- Crank
- White crosses
- Ecstasy
- Crystal
- Tweak
- Black Beauties
- Dexies
- Chalk
- Glass
- Truck Drivers
FACES OF METH

Theresa

2005 © "Faces of Meth"
2.5 Years Later

2005 © "Faces of Meth"
4 Years Later

2.5 years later

2005 © "Faces of Meth"
EFFECTS ON DRIVING

- Driving off the road
- High speeds
- Failing to stop
- Diminished attentiveness
- Driving impatience
- High risk driving
Ecstasy (MDMA)
Ecstasy
## Common Effects of Ecstasy

<table>
<thead>
<tr>
<th>Impaired judgment</th>
<th>Muscle tension</th>
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</thead>
<tbody>
<tr>
<td>False sense of affection</td>
<td>Fearlessness</td>
</tr>
<tr>
<td>Confusion</td>
<td>Chills and sweating</td>
</tr>
<tr>
<td>Depression</td>
<td>Involuntary teeth clenching</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>Blurred vision</td>
</tr>
<tr>
<td>Severe Anxiety</td>
<td>Nausea</td>
</tr>
<tr>
<td>Paranoia</td>
<td>Drug cravings</td>
</tr>
</tbody>
</table>
Discussion Points

What is Ecstasy made from?
Why is ecstasy dangerous and can it be lethal?
Why is it dangerous to drive while using ecstasy?
Why did the FTA start testing for ecstasy?
What are some street names for ecstasy?
Ecstasy Street Names

Adam
Eve
Molly
Beans
X
XC
XTC
California Sunrise
Clarity
Elephants
Skittles
Hug
Hug Drug
Roll
Lovers Speed
Snow Ball
Scooby Snacks
Love Pill
DURATION OF EFFECTS

After oral ingestion, effects begin in 20-30 minutes and last an hour or more depending on the dosage.

General effects last for 2-3 hours.

Residual effects are usually gone within 24 hours but some effects last for several weeks.

- Confusion
- Depression
- Anxiety
Some conditions may have similar symptoms

- Mental illness
- High fever
Effects of Withdrawal

This drug is usually taken over the weekend.

Effects occurring the following week include:

- Exhaustion
- Apathy
- Depression
- Insomnia
- Irritability
- Muscle tensions
- “Terrible Tuesdays”
EFFECTS ON DRIVING

- Moderate effects on vehicle control
- Acceptance of higher risk situations
- Acute changes of cognitive performance
- Impaired information processing
OPIOIDS
## EFFECTS OF OPIOID USE

<table>
<thead>
<tr>
<th>Relief of pain</th>
<th>Drowsiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restlessness</td>
<td>Disfigurement</td>
</tr>
<tr>
<td>Indifference</td>
<td>Relaxation</td>
</tr>
<tr>
<td>Slow reflexes</td>
<td>Accident prone</td>
</tr>
</tbody>
</table>
Heroin “Nod”
DISCUSSION POINTS

What are common street names for opioids?

How can opioids be obtained legally?

What other risk factors are associated with heroin use?
COMMON STREET NAMES FOR OPIOIDS

Heroin
Boy
Tar
Dog
Dog Food

Dope
Smack
Mexican brown
H
China white
DURATION OF EFFECTS

Intense euphoria lasts from 45 seconds to several minutes

Peak effects last 1-2 hours

Overall effects wear off in 3-5 hours, depending on the dosage
EFFECTS OF WITHDRAWAL

Can begin 6-13 hours after the last dose

- May last 5-10 days

Early symptoms include

- Watery eyes
- Runny nose
- Yawning
- Sweating
EFFECTS ON DRIVING

Slow
Weaving
Poor vehicle control
Poor coordination
Slow response times
Delayed reactions
Difficulty following directions
Falling asleep at the wheel
Krokodil?!?!?

- Codeine based synthetic opiate - originated in Russia
- Similar to Heroin
- Much Cheaper than Heroin
- Extremely Dangerous... **Flesh Eating**
- Isolated use in the U.S. is suspected... BUT NOT CONFIRMED
- Extremely low likelihood this will appear in your workplace

Our logic can’t be applied to the person using/abusing any substance
Krokodil?!?!?

CAUTION

The following video contains extreme content matter and images which some may find disturbing
Krokodil?!?!
PHENCYCLIDINE
EFFECTS OF PHENCYCLIDINE USE

- Unpredictable behavior
- Departure from reality
- Memory loss
- Diminished concentration
- Decreased sensitivity to pain
- Extreme violence
- Distorted senses

- Alters mood and consciousness
- Disorientation
- Disturbed perception
- Impaired judgment
- Temporary insanity
- Suicidal behavior
DURATION OF EFFECTS

1-30 minutes depending on the route of administration

Gradual decline of major effects over 4-6 hours

Return to “normal” may take 24 hours

Long-term effects may precipitate a psychotic reaction similar to schizophrenia
Other conditions that may cause similar symptoms

- Mental disorders (e.g., schizophrenia)
EFFECTS OF WITHDRAWAL

Physical distress

Lack of energy

Depression
EFFECTS ON DRIVING

Erratic behavior
OTHER HALLUCINOGENS

LSD
Peyote
Mescaline
Psilocybin
DISCUSSION POINTS

If PCP has such harsh, unpredictable effects, why do people take it?

What do all hallucinogens have in common?

How long after the use of a hallucinogen could a public transit professional safely perform his/her job duties?
EFFECTS COMMON TO ALL HALLUCINOGENS

- Distorts reality
- Unpredictable
- Potential for flashbacks
- Inability to perform job duties
PRESCRIPTION AND OVER THE COUNTER MEDICATION (RX/OTC)
Ohio’s Epidemic – U.S. Epidemic
COMMONLY PRESCRIBED DRUGS

- Tranquilizers
- Barbiturates
- Narcotics
- Hypnotics
- Antihistamines
TRANSIT EMPLOYEE RESPONSIBILITY: PRESCRIPTION DRUGS

Make sure your physician is fully aware of your medical history and any other drugs you are currently taking.

Inform your physician of your job duties and ask if the prescribed drug will affect your ability to carry out these functions.

Discuss other treatment options with your physician, if appropriate.
TRANSIT EMPLOYEE RESPONSIBILITY: PRESCRIPTION DRUGS (CONTINUED)

- Check warning labels
- Inform your supervisor of any medications you are taking
- Determine whether or not you should report to work
- Take the medication exactly as prescribed
AAA’s “Roadwise Rx”

Roadwise Rx is a free, confidential, tool that can help you explore how medications may affect safety behind the wheel.

I input three medications to analyze: (see results next slide)
- Benzonatate
- Lisinopril
- Chantix
Driver Warnings Detected

RoadwiseRx found one or more driving related warnings with the medications and/or supplements that you are taking. Click on a tab below to learn about medication interactions, single medication information, and potential food interactions.

Click below to see your results

- Interactions: 0 Found
- Food Interactions: 3 Found
- Driver Warnings: 3 Found
- Medication Info: 3 Found

Trouble staying alert or awake may result in...

- Challenges staying within the lane markings and increased risk of leaving the roadway. When drivers are unable to remain in their lane, it increases their likelihood of hitting another vehicle, traveling into oncoming traffic, or driving off the side of the road.

- Delayed reactions to on- and off-road events (e.g., taking a longer time to apply the brakes if another vehicle stops suddenly or more slowly swerving to avoid an unexpected item in the road). Slower reactions make a driver more vulnerable to obstacles in the roadway.

- Lower levels of vigilance and awareness about road conditions and other vehicles (e.g., not seeing curves or potholes ahead, miscalculating another driver’s speed, or misjudging the slickness of the road surface). In this condition, drivers are less likely to adapt their driving to their environment.

- Difficulty recalling the intended destination. Drivers may become confused or disoriented, often changing their driving behavior to adapt.

- Loss of consciousness at the wheel. Drivers are unable to operate the vehicle in this condition.

Side Effects:
- Benzonatate
  - confusion, hallucinations, sedation, sedation
- Chantix
  - sleepiness, sleep, insomnia, nightmares
DRIVING SKILLS THAT ARE COMMONLY AFFECTED BY PRESCRIPTION DRUGS

- Concentration
- Coordination
- Alertness
- Judgment
OVER-THE-COUNTER DRUGS THAT MAY IMPAIR PERFORMANCE

### Antihistamines
- Drowsiness
- Slowed reactions
- Impaired vision

### Stimulants
- Jitteriness
- Diminished concentration
- False sense of alertness
- Irritability
- Post-high fatigue
RESPONSIBLE USE OF OVER-THE-COUNTER DRUGS

- Read label
- Check for warnings
- Consult with physician or pharmacist
- Make informed decisions regarding fitness for work
- Take as directed
Nearly 7 million Americans are abusing prescription drugs*—more than the number who are abusing cocaine, heroin, hallucinogens, Ecstasy, and inhalants, combined.

Opioid painkillers now cause more drug overdose deaths than cocaine and heroin combined.

Opioid analgesic prescriptions increased from 75.5 million to 209.5 million between 1991 and 2010.

Prescriptions for stimulants increased from 5 million to 45 million between 1991 and 2010.
Hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S.

Twenty-five percent of drug-related emergency department visits are associated with abuse of prescription drugs.
EMERGING DRUGS OF ABUSE

Syrup, Purple Drank, Sizzurp, Lean
EMERGING DRUGS OF ABUSE

N-Bomb, Smiles, Legal Acid
EMERGING DRUGS OF ABUSE

Spice, K2, Fake-Weed
“Molly” ... It Is Really Just Ecstasy Re-Branded

However, the new popularity and availability mean you need to be aware of its possible emergence in your workplace.
Intervention, Interaction, Referral & Case Studies
The intent of the program, as it applies to reasonable suspicion testing, is to provide supervisors with another resource to help them ensure that safety-sensitive employees are fit for duty.

- **Fitness for duty is a prerequisite for safety!**

Supervisors are on the front-line in identifying substance abuse in the transportation industry.

Supervisors **are not** expected to be police or experts in substance abuse.

Supervisors **are** expected to protect the safety of the general public as well as employees.
DEBUNKING THE MYTHS (CONTINUED)

The supervisor’s role is to help orient, train, and inform employees about the policy, and to determine when there is reasonable suspicion for testing.

Supervisors are expected to determine fitness for duty, not what substances an employee may be abusing.

Supervisors should not be concerned with the problems an employee is facing in his/her personal life unless it affects job performance and public safety.
Supervisors are expected to be able to articulate and substantiate specific behavioral performance or physical indicators of prohibited drug use and alcohol misuse; but it is not the supervisor’s responsibility to “diagnose” the individual

Supervisors must remember that a referral for a reasonable suspicion test is not an accusation. It is merely a request for objective data for use in identifying the underlying cause of observed behavior.
The interaction with the employee and all information about the test results should be handled with the strictest confidentiality, and with respect for the employee’s privacy.
SUPERVISORY FUNCTIONS

Supervisor’s role

- Realization/awareness of potential problem
- Looks for presence of other indicators

Supervisors should:

- Document changes over time
- Look for multiple indicators, since taken alone, each indicator could be caused by something other than substance abuse
- Document each reasonable suspicion testing referral as soon as possible following the observation
REFERRALS MUST SATISFY THREE KEY CRITERIA

Objective facts

Could another equally-trained supervisor come to the same conclusion

Less responsible not to require a test
INITIATING THE REFERRAL

- Non-confrontational
- Non-accusatory
- Never solicit a confession
- Private location
- Think through what you are going to say
- Anticipate questions/denials/threats
<table>
<thead>
<tr>
<th>Steps in Reasonable Suspicion Intervention and Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary issue is safety</td>
</tr>
<tr>
<td>Inquire and observe</td>
</tr>
<tr>
<td>Review your findings</td>
</tr>
<tr>
<td>Verify facts</td>
</tr>
<tr>
<td>Make the reasonable suspicion decision</td>
</tr>
<tr>
<td>Isolate and inform the employee</td>
</tr>
<tr>
<td>Transport the employee (optional)</td>
</tr>
<tr>
<td>Document events</td>
</tr>
</tbody>
</table>
SUPERVISOR INTERVENTION

- Minimize potential for conflict
- Be respectful of employee’s right to privacy/confidentiality
- Inform employee of need for test
- Inform that purpose of test is to confirm fitness for duty
- Discuss circumstances that promoted you to make the referral
- Transport employee to collection site
- Transport employee home or back to work
EXPECTED REACTIONS FROM EMPLOYEE

- Denial of drug and/or alcohol use
- Argue his/her fitness for duty
- Argue circumstances leading to referral
- Very cooperative
FOCUS ON PERFORMANCE ISSUES!
SUPERVISORY DO’S

- Know your employees
- Document job performance regularly
- Take action whenever job performance fails
- Document objective facts that justify the test
- Make sure unfit employees don’t perform safety-sensitive job functions
- Know how to get help for an employee
SUPERVISORY DON’TS

- Try to get a confession
- Diagnose an employee’s problem as drug use and/or alcohol abuse
- Accuse employee of having a substance abuse problem
- Discuss your suspicions with other non-supervisory employees
- Put in writing that an employee has a substance abuse problem
CHANGE SETTING AND RE-EVALUATE

Move from dark to light/light to dark
Walk behind the employee
Observe their actions during the transition
Fine/ gross motor skill observations
EVALUATE THEIR REACTION

Denial, defensiveness, aggression, helplessness, admission, etc.

Is their reaction appropriate?

Is it consistent with expectations?

Document the reaction
FRAMING THE INTERACTION

How you begin the conversation with the employee will determine:

• Win/lose outcome
• Win/win outcome
“I think that you are under the influence of... I am sending you for reasonable suspicion testing.”

- Positive test result: Employee 0, Employer 1
- Negative test result: Employee 1, Employer 0
WIN/WIN OUTCOME

“I am concerned about your readiness to perform safety-sensitive functions. I am required to refer you for a test to rule out chemical impairment.”

- Positive test result: Employee 0, Employer 1
- Negative test result: Employee 1, Employer 1
The next slide includes a case-study for Reasonable Suspicion Determination.

Individually, use the provided “Reasonable Suspicion Incident Checklist” form to document the contemporaneous observations concerning appearance, behavior, speech, and/or body odors of the employee.
Dan is a recent retiree who came to work for the transit system three months ago. He began complaining to other drivers about immense back pain from sitting for long periods of time. Another driver gave Dan medication to help with the pain. He took several not knowing what they were. Dan missed several pick-ups. A regular passenger called and said that Dan was calling passengers by the wrong name. At the end of his shift he stumbled getting out of his vehicle. He was pale and his pupils were pin point. He talked very slowly and spoke so quietly you could hardly hear him. He looked very drowsy. When questioned by management he said he just took something for pain.
John is a 30 year-old driver and has worked for your company for 5 years. His records show that he is a good employee and has only had 1 accident on his record. Over the past 2 months, John has been late 6 times, 4 of them on Mondays. Today, his wife called you and said he had “car trouble”; he arrived 2 hours late. When you walked into the dispatch area to talk with John, you thought you detected a faint odor of stale alcohol. Approaching closer, you see John pop some breath mints into his mouth and he starts to complain about his car problems. Also, you notice that his eyes were blood shot, he was uncharacteristically unshaven, and his clothing looked like he had slept in them.

... What if John explains his car problems by telling you that he had been up half the night getting the car home from the next town?
Jessica works as a substitute driver for the local transit system during the summer. On a Monday morning Jessica got a call from her transit supervisor to fill in for a sick driver. She agreed and thirty minutes later reported for work. Jessica mentioned to her supervisor that she hosted a party the night before and was still feeling a little “out of it” and that she was dizzy and had a headache. Her eyes were bloodshot and she smelled like beer. She was flushed and her speech was uncharacteristically loud. You overheard her supervisor say that he had no one else available to drive so he told her to drink some coffee and try to make it through the day.
Bob has been the lead driver for the last ten years. Bob is known to enjoy a few beers after work and on the weekends. He is considered a good old boy that is enthusiastic about his job and is well-liked by the system employees. He is thought of as the best driver the system has ever had. During an evening public meeting regarding service change, Bob made a public presentation regarding the routes and schedules. Bob was on the clock. Bob was flushed and sweating excessively. His eyes were bloodshot and watery. Bob’s speech was loud and his comments disoriented. Bob’s uniform was soiled and there was a peculiar odor about him. One supervisor thought Bob smelled of breath mints, while another thought Bob’s breath smelled of alcohol. When asked if he had a problem, he replied that he was nervous about public speaking.
Amanda has been a dispatcher for two years. She is usually very upbeat and energetic about her work. Occasionally, she will get very depressed and it will last for days, but she usually bounces back to her normal self. One of her friends has mentioned to you that Amanda is bi-polar and that’s why she goes through cycles of being very happy and energetic to being depressed and lethargic. Amanda shows up for work today in an extremely good mood. She is very restless.

(continued on next slide)
She is talking so fast on the radio that the drivers are unable to understand her. She begins to get very irritated at the drivers for asking her to repeat the messages. As you are walking by she starts screaming and cursing over the radio at her driver. When you go over to talk to her, you notice that her eyes are very constricted, she is breathing very fast, and her skin is flushed. In response to your question, she says that her doctor has changed her medication and she is not used to it. She is tired of all the drivers picking on her on the radio. They all get together in the mornings and plan how they will pick on her that day.
Questions?