



Moving Public Transportation
Into the Future

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 Articulate 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

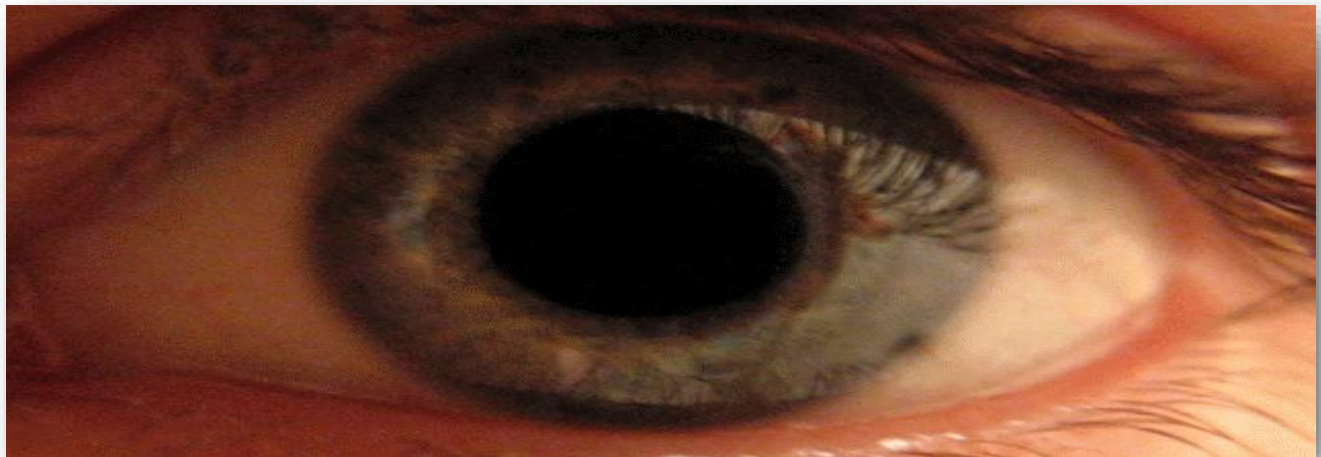
Normal



Pinpoint



Dilated





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

SHORT-TERM OBJECTIVE FACTS PERFORMANCE INDICATORS

Inability to concentrate

Impulsive, unusual risk-taking

Lack of motivation

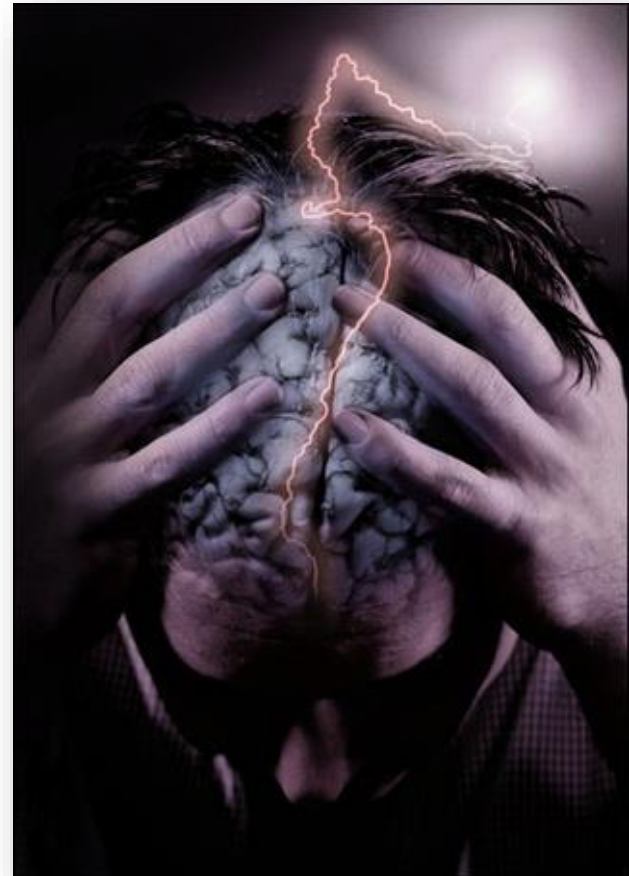
Delayed decision-making

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



LONG-TERM OBJECTIVE FACTS

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

Cancer

Brain Damage

High Blood Pressure, Stroke

Hepatitis and
Cirrhosis of the Liver

Impotence and Infertility



Birth defects and Fetal
Alcohol Syndrome

Premature aging

Kidney Damage

Pancreas Damage

Stomach & Duodenal Ulcers

Colitis

Many others

WHAT IS "ONE" DRINK?



Amount
(fl oz)

1.5

12

5

Alcohol
(% by vol.)

40%

5%

12%

Pure Alcohol
(fl oz)

0.6

0.6

0.6

BAC CHART

HOW MANY DRINKS?

MALE

HOW MUCH DO YOU WEIGH?

	1	2	3	4	5	6	7	8	9	10
100lb.	.04	.08	.11	.15	.19	.23	.26	.30	.34	.38
120lb.	.03	.06	.09	.12	.16	.19	.22	.25	.28	.31
140lb.	.03	.05	.08	.11	.13	.16	.19	.21	.24	.27
160lb.	.02	.05	.07	.09	.12	.14	.16	.19	.21	.23
180lb.	.02	.04	.06	.08	.11	.13	.15	.17	.19	.21
200lb.	.02	.04	.06	.08	.09	.11	.13	.15	.17	.19
220lb.	.02	.03	.05	.07	.09	.10	.12	.14	.15	.17
240lb.	.02	.03	.05	.06	.08	.09	.11	.13	.14	.16

BAC CHART

HOW MANY DRINKS?

FEMALE

HOW MUCH DO YOU WEIGH?

	1	2	3	4	5	6	7	8	9	10
90lb.	.05	.10	.15	.20	.25	.30	.35	.40	.45	.51
100lb.	.05	.09	.14	.18	.23	.27	.32	.36	.41	.45
120lb.	.04	.08	.11	.15	.19	.23	.27	.30	.34	.38
140lb.	.03	.07	.10	.13	.16	.19	.23	.26	.29	.32
160lb.	.03	.06	.09	.11	.14	.17	.20	.23	.26	.28
180lb.	.03	.05	.08	.10	.13	.15	.18	.20	.23	.25
200lb.	.02	.05	.07	.09	.11	.14	.16	.18	.20	.23
220lb.	.02	.04	.06	.08	.10	.12	.14	.17	.19	.21

BAC CASE STUDY: MARGARET

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.

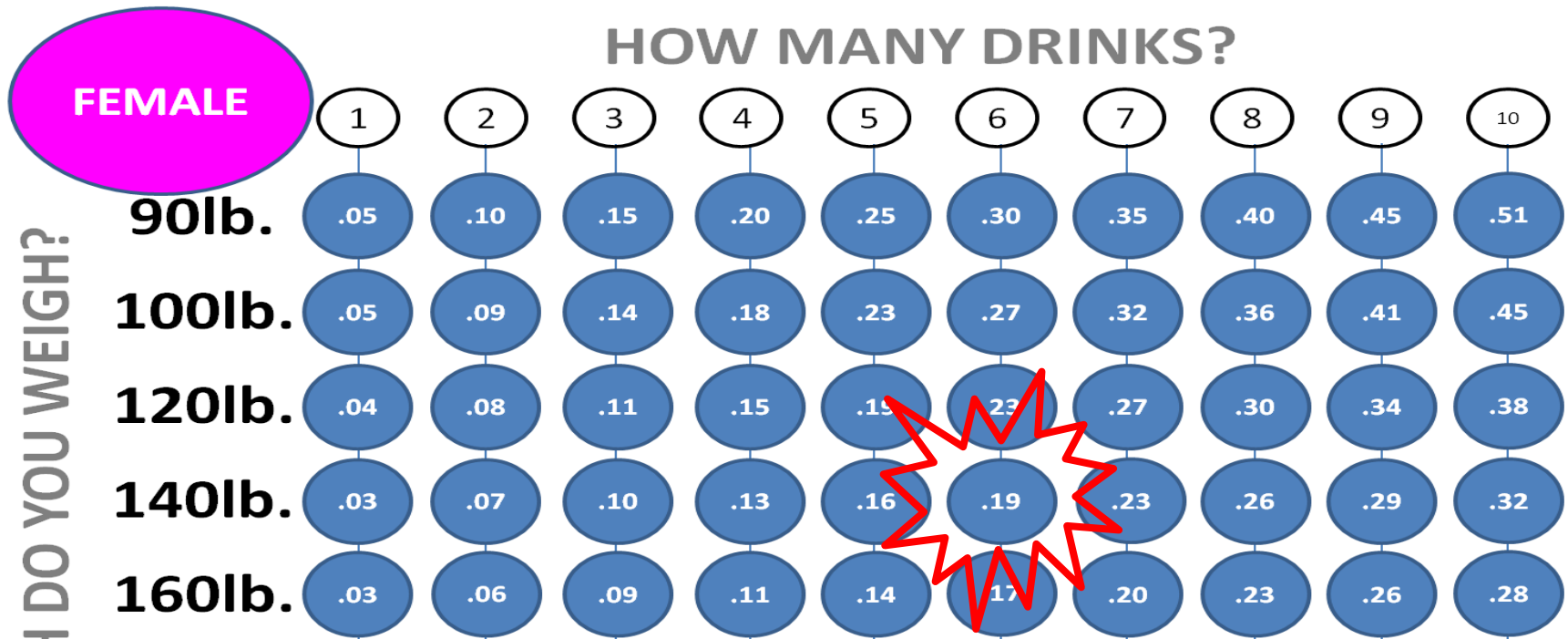
Margaret has to work Friday morning, so she has her last drink at Midnight and takes a taxi home.

Will Margaret be sober for her 9:00 AM Route on Friday?

BAC CASE STUDY: MARGARET

Margaret drank 33oz of wine

- This is equivalent to about 6 glasses of wine (5oz per glass)
- What was her BAC at midnight?



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**
- **Lets divide that by 0.015**
- **$0.19 \text{ BAC} \div 0.015 \text{ per hour} = 12 \text{ hours } 40 \text{ minutes}$**



Margaret drove her transit bus at 9:00 AM

- **After 9 hours of no drinking, her BAC would've still been at 0.055**

MARGARET THE DRIVER



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?



DISCUSSION POINTS (CONTINUED)

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

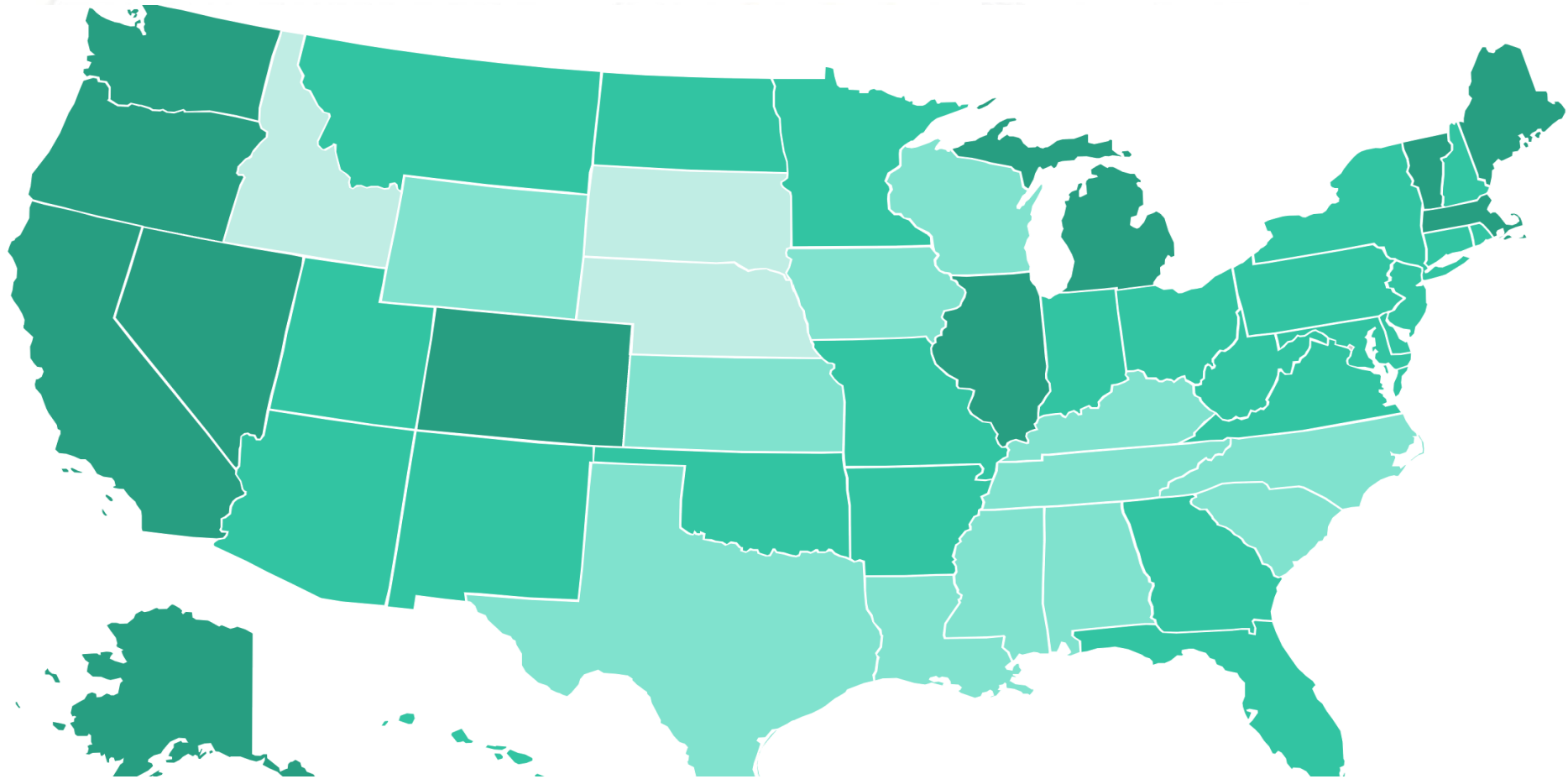
Recreational vs. Medical vs. Decriminalized

- ◆ 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



Legal for medical and recreational purposes



Legal for medical purposes



Limited medical cannabis access

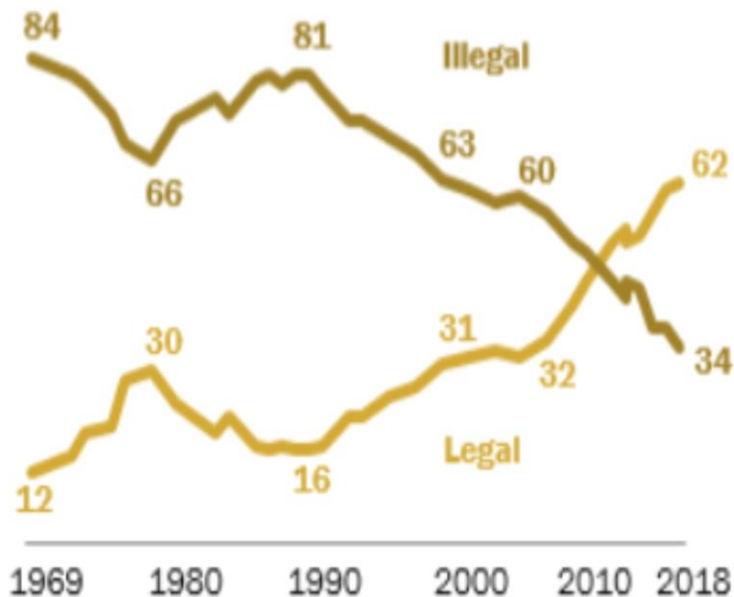


Not legal for any purpose

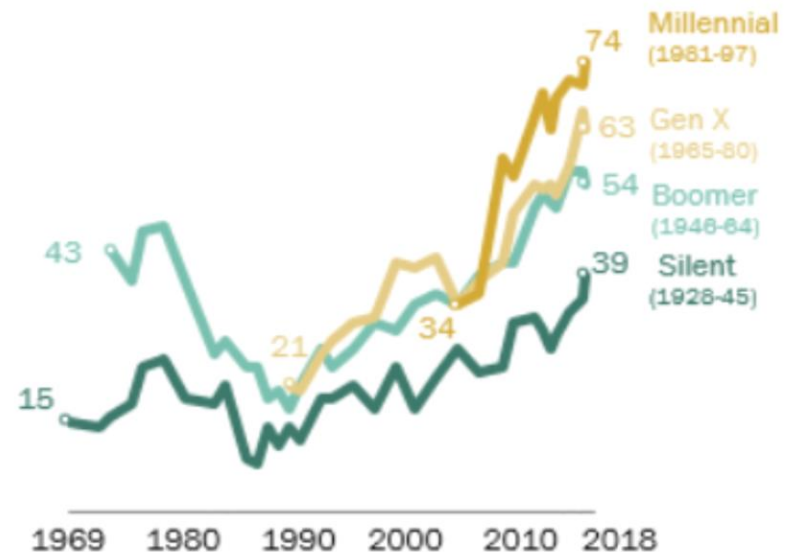
Trends

Public Opinion on Legalizing Marijuana

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



% who say marijuana should be made legal



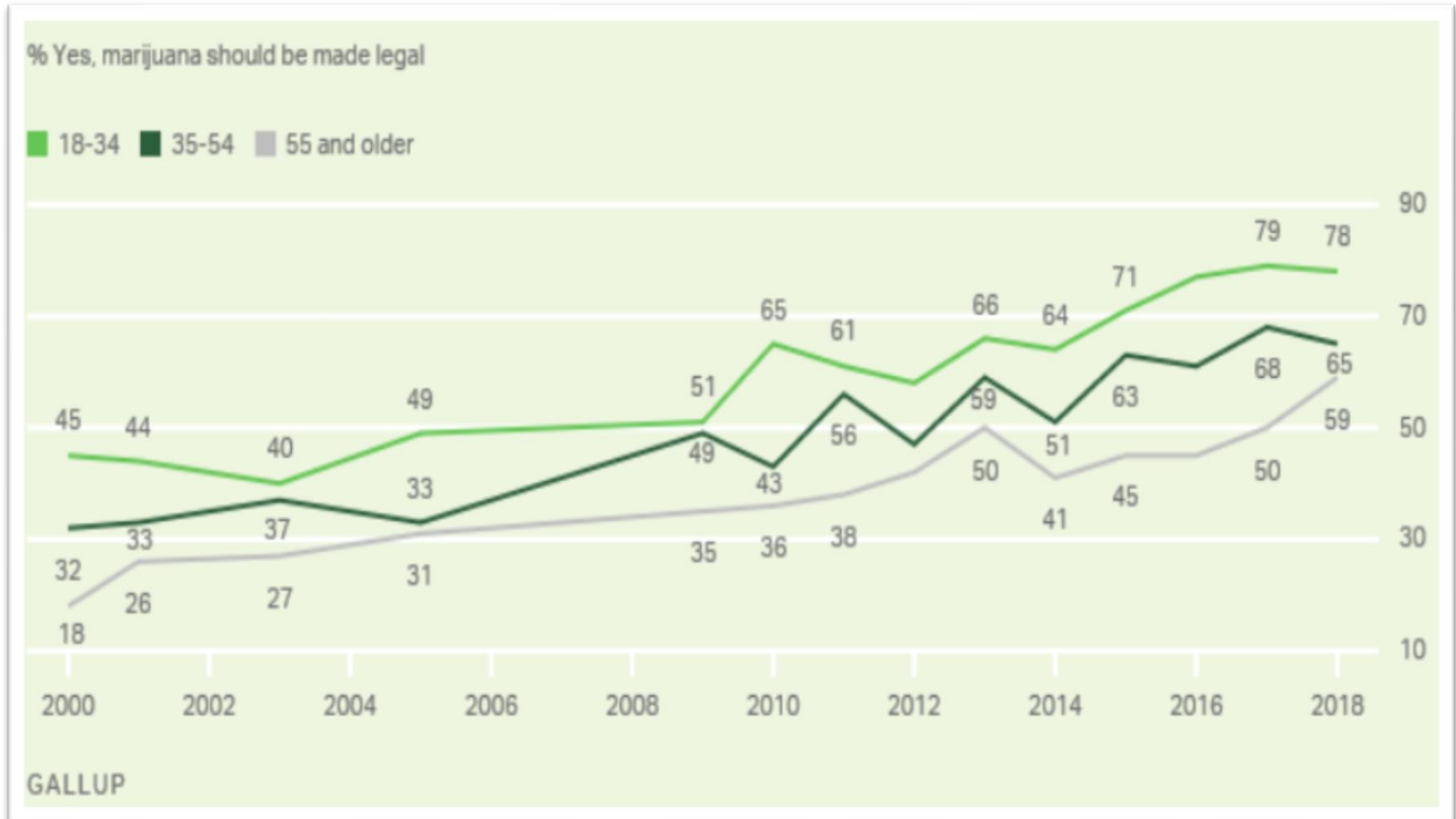
Note: Don't know responses not shown.

Source: Survey of U.S. adults conducted Sept. 18-24, 2018.

PEW RESEARCH CENTER

Trends

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

Pot

Grass

Weed

Joint

Reefer

Budder

Blunt

Afghan

Broccoli

Sativa



Wax

Roach

Hash

Bud

Mary Jane

Ganja

420

Herb

Hemp

Spliff

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







eutera

FLAVOR

Sativa	Quantity in Grams	Indica & Hybrid	Quantity in Grams
Face Mask		Algen	
IS		Kong	
Jack Herer		Ripple Cakes	
Jack 47		unspiced	
Protopia Trained		King of the Hill	
Dayt Person		100	
Black & White		Black & White	
Ally Bean		Parliament	
Four Diesel		Jack Frost	
		Day Barrett	
		Jack Frost	

CONULS

Sativa	Quantity	Indica & Hybrid	Quantity
Apple Tarts		Blackberry Bar	
Cherry Drops		Blackberry Bar	
Peach Balsam Rings		Blackberry Bar	
Cherry Bombs		Peach & Cream	
Rainbow Bells		Strawberry Cough Bar	
Lemon Drops		Cashew & Cream	
Red Hot			
Random's Jolly			
Seal Gummy Bears			
Secret in Sound			
Watermelon Tarts			
Peach Tarts			

Sativa	Quantity	Indica & Hybrid	Quantity
Let's Get It On		Let's Get It On	
Let's Get It On		Let's Get It On	
Let's Get It On		Let's Get It On	
Let's Get It On		Let's Get It On	
Let's Get It On		Let's Get It On	

INFUSED DRINKS

Sativa	Quantity	Indica & Hybrid	Quantity
Sparkling Raspberry		Sparkling Raspberry	
Sparkling Raspberry		Sparkling Raspberry	
Sparkling Raspberry		Sparkling Raspberry	
Sparkling Raspberry		Sparkling Raspberry	

DESCRIPTION

ADDITIONAL INFORMATION

REVIEWS (0)

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 X West Coast

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







raeuflra eutfl



Pipe P5
Price \$10



Pipe P3
Price \$10



Pipe P10
Price \$10



Pipe P5
Price \$9



Pipe P4
Price \$10

Pipe P1
Price \$5



Pipe P7
Price \$10



Pipe P6
Price \$20



Pipe P11
Price \$10



euflo^{ra}euflo^{ra}euflo^{ra}euflo^{ra}euflo^{ra}euflo^{ra}













Budder...Wax... Extremely Potent Marijuana



COCAINE



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

Restlessness

Irritability

Talkativeness

Tenseness

Hyperactivity

Violent behavior

Impaired judgment



False sense of alertness

Diminished concentration

Over self-confidence

Psychological addiction

Brain damage

Suicidal depression

DURATION OF EFFECTS

Typically 4-8 hours

Residual effects can last up to 12 hours



AFTER-EFFECTS OF AMPHETAMINE USE

Depression

Confusion

Intense fatigue



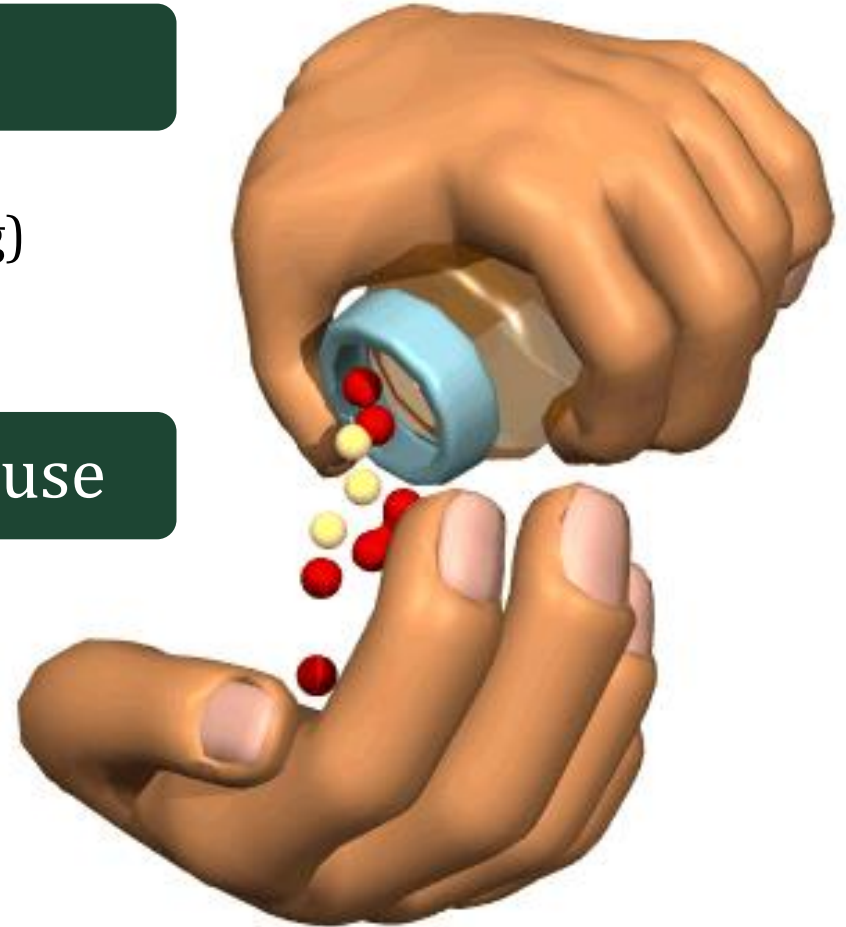
EFFECTS OF WITHDRAWAL

“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



METH – PHYSICAL IMPACT



UNREGISTERED :)
downloadhelper.net

FACES OF METH



Theresa



EFFECTS ON DRIVING

Driving off the road

High speeds

Failing to stop

Diminished attentiveness

Driving impatience

High risk driving



Ecstasy (MDMA)



Ecstasy



UNREGISTERED :)
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Common Effects of Ecstasy

Impaired judgment

False sense of affection

Confusion

Depression

Sleep Problems

Severe Anxiety

Paranoia

Muscle tension

Fearlessness

Chills and sweating

Involuntary teeth clenching

Blurred vision

Nausea

Drug cravings

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



SIMILAR CONDITIONS

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 OPIOIOD USE

Relief of pain

Drowsiness

Restlessness

Disfigurement

Indifference

Relaxation

Slow reflexes

Accident
prone



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?!?!

UNREGISTERED :)
downloadhelper.net

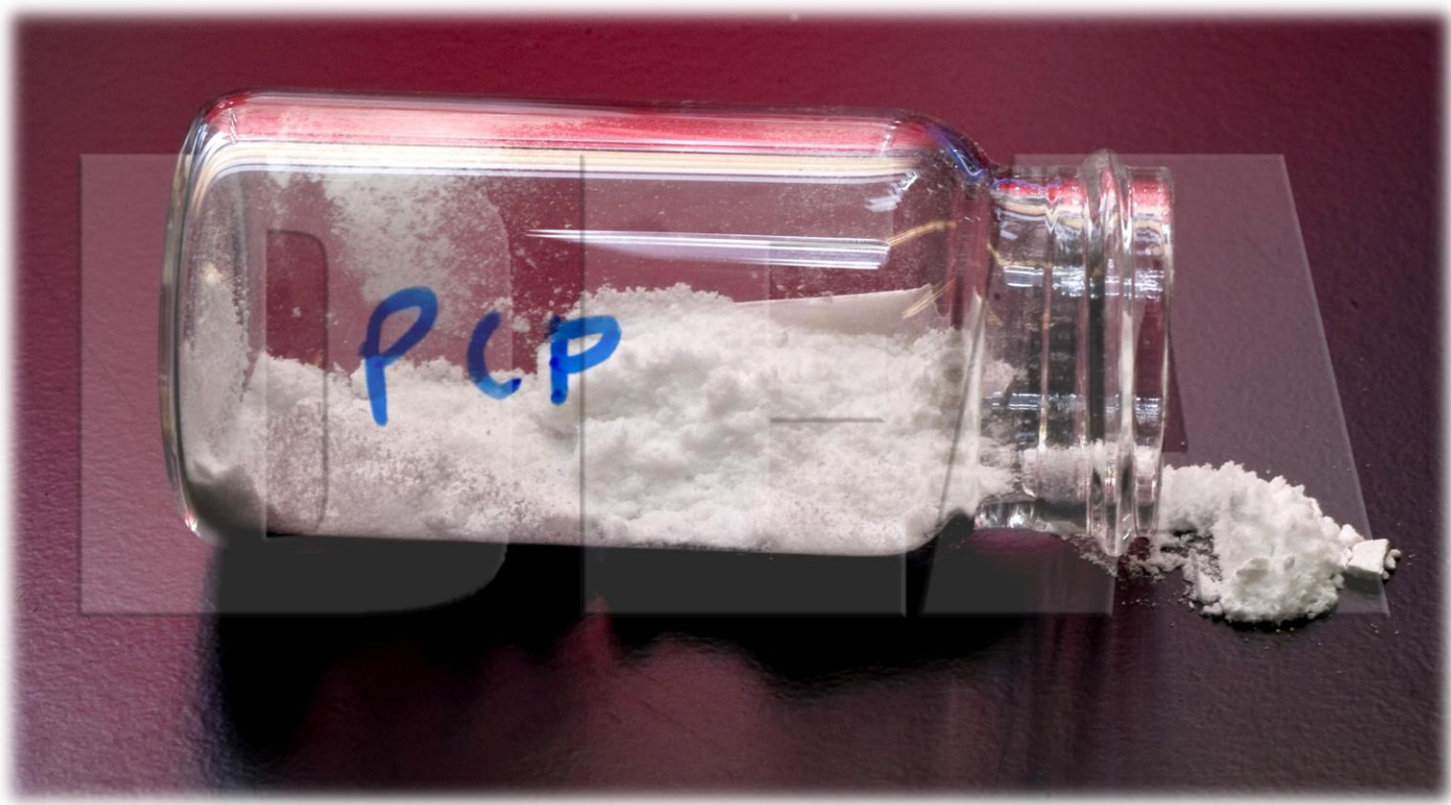


LIVE
CNN

AND CORRECTION REPORT SAYS CASTRO WAS FOUND HANGING FROM

4:41 PM PT

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

SIMILAR CONDITIONS

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



AAA's "Roadwise Rx"

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.

[Edit Medications List](#)

Click below to see your results

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



**Medication
Interactions**

0



**Food
Interactions**

3



**Driver
Warnings**

3



**Learn More About
Your Medication**

3

Trouble staying alert or awake

Side Effects:

Benzonatate

confusion, hallucinations, sedation, sedation

Chantix

sleepiness, sleep, insomnia, nightmares

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.

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





RX/OTC ABUSE FACTS

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.

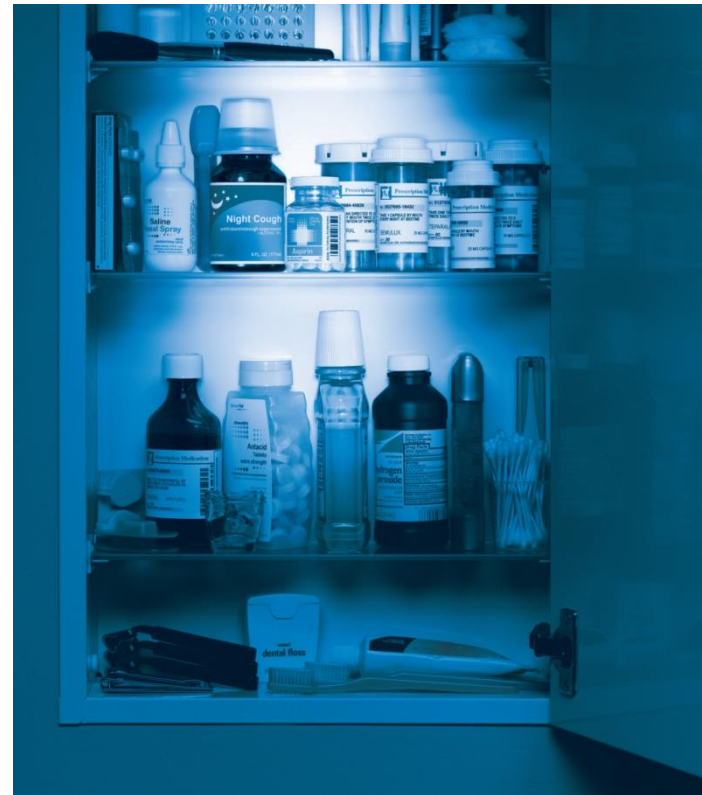
Opioid analgesic prescriptions increased from 75.5 million to 209.5 million between 1991 and 2010.

Prescriptions for stimulants increased from 5 million to 45 million between 1991 and 2010.

RXOTC ABUSE FACTS (CONT.)

Hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S.

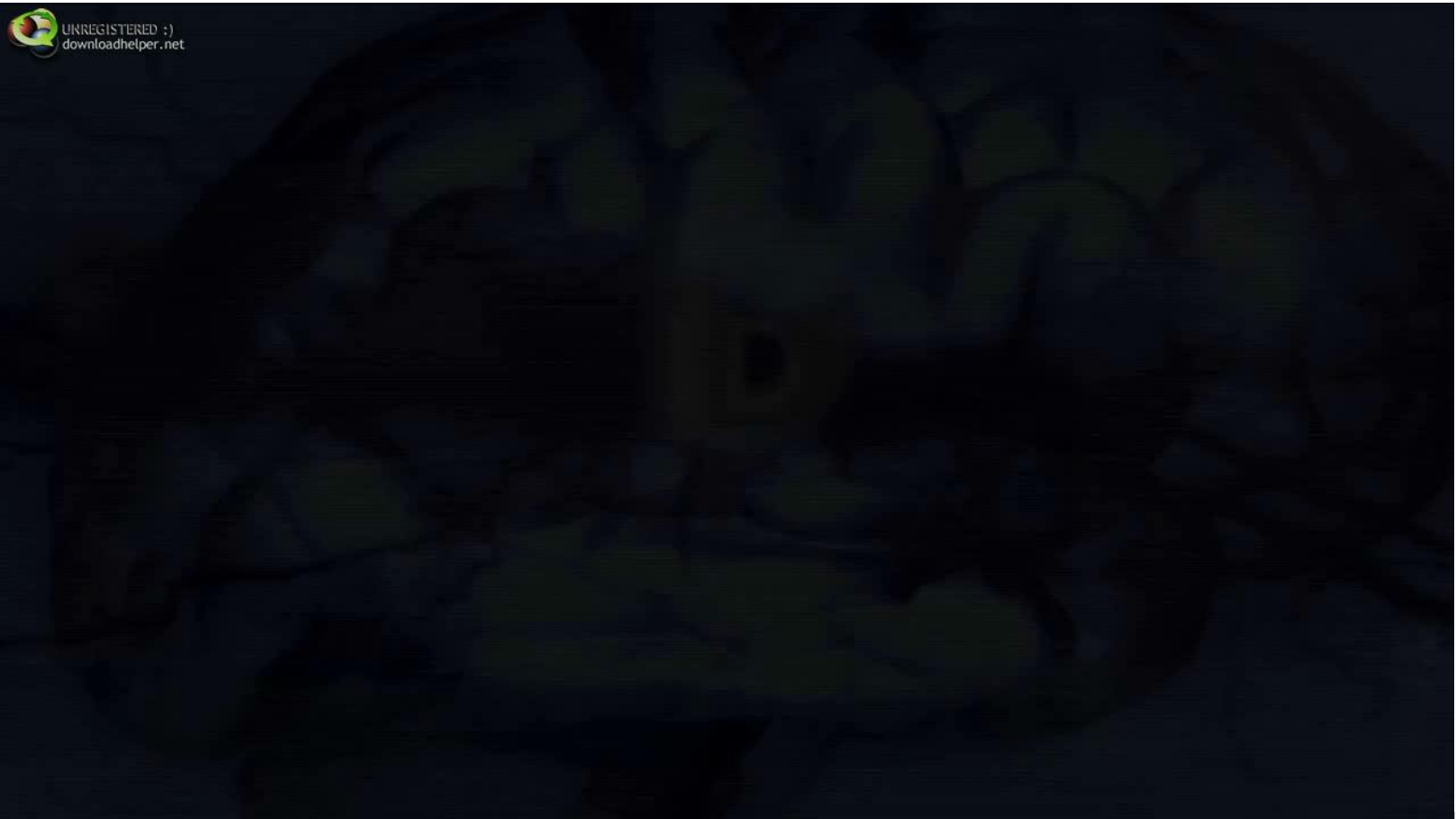
Twenty-five percent of drug-related emergency department visits are associated with abuse of prescription drugs.





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



UNREGISTERED :)
downloadhelper.net

Howcast.com



EMERGING DRUGS OF ABUSE

“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



DEBUNKING THE MYTHS

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

DEBUNKING THE MYTHS (CONTINUED)

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

DEBUNKING THE MYTHS (CONTINUED)

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

REASONABLE SUSPICION INTERVENTION AND REFERRAL

Primary issue is safety

Inquire and observe

Review your findings

Verify facts

Make the reasonable suspicion decision

Isolate and inform the employee

Transport the employee (optional)

Document events

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

Discuss your
suspicions with other
non-supervisory
employees

Accuse employee of
having a substance
abuse problem

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



WIN/LOSE 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**



Case Studies

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.

Case Studies

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.

Case Studies

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?

Case Studies

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.

Case Studies

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.

Case Studies

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?



RLS and Associates, Inc.

3131 South Dixie Highway, Suite 545

Dayton, Ohio 45439

937-299-5007