



CITY OF PITTSBURGH

**CDL
DRIVER'S
HANDBOOK**

Revised 10/27/2010



City of Pittsburgh
Operating Policies

Policy: CDL Driver's Handbook	Original Date: June 1995
	Revised Date: October 27, 2010

PURPOSE: The purpose of this policy is to assure employee fitness for duty and to protect our employees and the public from the risks posed by the misuse of alcohol and the use of prohibited drugs. It is also intended to comply with Department of Transportation Regulations 49 CFR, Part 382.

POLICY STATEMENT: It is The City of Pittsburgh's policy to assure that employees are not impaired in their ability to perform assigned duties in a safe manner.

Disclaimer: No statements in this policy are intended or set forth as contractual commitments or obligations of the City to any individual employee or group of employees, or to establish an exception to the employment-at-will doctrine beyond that specified in the Civil Service Statutes and Rules or pertinent collective bargaining agreement. If there are differences between the various collective bargaining agreements and this policy, the pertinent collective bargaining agreement takes precedence.

POLICY

See the attached CDL Driver's Handbook. It is intended to comply with the U S Department of Transportation Federal Highway Administration regulations 49 CFR, Part 382.

TABLE OF CONTENTS

<u>UNDERSTANDING THE DOT REGULATIONS (49 CFR, PART 382)</u>	3
PRELUDE TO THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT	3
DRUG AND ALCOHOL RELATED ACCIDENTS	3
DRUG AND ALCOHOL USE STATISTICS	3
THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991	3
WHO IS COVERED BY THE REGULATIONS (49 CFR, PART 382)?	4
PJCBC POSITIONS REQUIRING A CDL	4
AFSCME 2037 POSITIONS REQUIRING A CDL	4
TEAMSTERS POSITIONS REQUIRING A CDL	5
WHAT IS PROHIBITED?	5
1. THE ILLEGAL USE OF DRUGS	5
2. WHAT ABOUT PRESCRIPTION DRUGS	5
3. POSSESSION OF ALCOHOL	5
4. USE OF ALCOHOL	6
WHEN IS DRUG AND ALCOHOL TESTING DONE?	6
1. PRIOR TO EMPLOYMENT	6
2. RANDOM	6
3. POST ACCIDENT	7
4. REASONABLE SUSPICION	7
5. RETURN TO DUTY AND FOLLOW-UP TESTING	8
WHAT IF I REFUSE TO BE TESTED?	8
WHAT CONSTITUTES A REFUSAL?	8
WHAT DRUGS WILL BE TESTED FOR?	9
WHAT ARE THE PROCEDURES FOR DRUG TESTING?	9
SPECIMEN COLLECTION	10
SPECIMEN TESTING	11
HOW ARE TEST RESULTS REPORTED?	11
WHAT IF I QUESTION THE RESULTS?	12
WHAT PROCEDURES ARE USED FOR ALCOHOL TESTING?	12

WHAT ARE THE CONSEQUENCES OF A POSITIVE DRUG OR ALCOHOL TEST?	13
<u>SIGNS AND SYMPTOMS OF DRUG AND ALCOHOL MISUSE</u>	13
MARIJUANA	14
WHAT ARE THE SIGNS & SYMPTOMS OF MARIJUANA USE?	14
WHAT ARE THE EFFECTS ON DRIVING?	14
WHAT ARE THE HEALTH EFFECTS?	15
OPIATES	16
WHAT ARE THE SIGNS & SYMPTOMS OF OPIATE USE?	16
WHAT ARE THE EFFECTS ON DRIVING?	16
WHAT ARE THE HEALTH EFFECTS?	17
COCAINE	18
WHAT ARE THE SIGNS & SYMPTOMS OF COCAINE USE?	18
WHAT ARE THE EFFECTS ON DRIVING?	19
WHAT ARE THE HEALTH EFFECTS?	20
AMPHETAMINES	21
WHAT ARE THE SIGNS & SYMPTOMS OF AMPHETAMINE USE?	21
WHAT ARE THE EFFECTS ON DRIVING?	21
WHAT ARE THE HEALTH EFFECTS?	22
PHENCYCLIDINE (PCP)	23
WHAT ARE THE SIGNS & SYMPTOMS OF PCP USE?	23
WHAT ARE THE EFFECTS ON DRIVING?	24
WHAT ARE THE HEALTH EFFECTS?	24
ALCOHOL	25
WHAT ARE THE SIGNS & SYMPTOMS OF ALCOHOL USE?	25
WHAT ARE THE EFFECTS ON DRIVING?	25
WHAT ARE THE HEALTH EFFECTS?	26
WHERE CAN I GET HELP?	27
<i>LIFESOLUTIONS</i>	27
COMMUNITY RESOURCES	27
BREATH ALCOHOL CONTENT AND ITS EFFECTS TABLE	28

UNDERSTANDING THE DOT REGULATIONS (49 CFR, PART 382)

PRELUDE TO THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT.

DRUG AND ALCOHOL RELATED ACCIDENTS

On January 4, 1987 Amtrak's Colonial 94 slammed into a Conrail locomotive killing 16 persons, injuring 75 and causing \$17 million in property damage. The engineer and the brakeman on the Amtrak locomotive ignored safety defects in the locomotive and ignored signal warnings indicating that they were on the wrong track immediately prior to the collision. An investigation of the accident conclusively determined that both the engineer and the brakeman were under the influence of marijuana.

On May 17, 1988 the driver of a pick-up truck crashed into a church bus. The ensuing fire killed 27 passengers and injured 16 others. Two hours after the accident, the driver registered a 0.24 blood alcohol level. The driver is currently serving a long prison sentence.

DRUG AND ALCOHOL USE STATISTICS

Statistics from the National Highway Traffic Safety Administration Report entitled "Traffic Safety Facts 2005 – Alcohol" indicated that in 2005, 39,189 deaths occurred on the nation's highways. Of these, 37% (14,539) involved a legally intoxicated driver. That's 14,539 preventable deaths that occurred as the result of alcohol use.

Research by the National Institute on Drug Abuse indicates that 10 million people are current users of illicit drugs. Seventy percent (70%) of all illegal drug users are employed full-time or part-time. Sixty percent (60%) of all users will sell drugs to other employees and 40% of them will steal from their employer to support their habits.

These incidents and statistics prompted Congress in 1991 to pass the Omnibus Transportation Employee Testing Act.

THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991

This Act mandated that the Department of Transportation (DOT) prescribe regulations that require testing of safety sensitive employees in the aviation, highway, rail and transit industries for the use of alcohol and drugs listed in the Controlled Substances Act.

On February 15, 1994 the Secretary of the Department of Transportation issued regulations 49 CFR, Part 382 for the Federal Highway Administration (FHWA). The purpose of the regulations is twofold: 1.) to protect the public from the consequences of drug abuse and alcohol misuse in the transportation industry and 2.) to protect the rights of the employees to be tested.

Drug testing is not a new concept to the transportation industry. The original regulation which required drug testing and training appeared in the Federal Motor Carrier Safety Regulations (FMCSR), Part 391, Subpart H issued in December of 1990. It required that companies involved in interstate commerce (e.g., shipment of goods across state lines) test their drivers for substance abuse and train them on the effects of substance abuse. 49 CFR, Part 382, Subparts A through F expanded the testing and training regulations to include **all** drivers of commercial motor vehicles who are required by law to have a commercial driver's license and added breath alcohol testing.

WHO IS COVERED BY THE REGULATIONS (49 CFR, PART 382)?

The regulations apply to all drivers of commercial motor vehicles (GVWR of 26,001 lbs. or higher) or vehicles requiring hazardous materials placards to be displayed and who are required by law to have a commercial driver's license (CDL). The City has identified the positions for which a CDL is currently required. Positions may be added as necessary if a CDL is required to perform the duties of the position.

PJCBC POSITIONS REQUIRING A CDL

Heavy Equipment Operator

Heavy Equipment Repair Specialist

Road Service Driver

Sweeper Operator

Traffic Control Electrician 2

Truck Driver (Class 1)

Truck Driver (Class 3)

Truck Driver (Special Operator)

AFSCME 2037 POSITIONS REQUIRING A CDL

Chief Mechanic

TEAMSTERS POSITIONS REQUIRING A CDL

Extra Driver

Probationary/Extra Driver, AN

Refuse Collection Driver

Refuse Collection Co-Driver

WHAT IS PROHIBITED?

1. The Illegal Use of Drugs

The use of any illegal drug or any substance identified in Schedules I through V of Section 202 of the Controlled Substances Act (21 USC 812) and as further defined by 21 CFR 1300.11 through 21 CFR 1300.15 is prohibited. This includes but is not limited to marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines (including methamphetamines) as well as any drug not approved for medical use by the US Drug Enforcement Administration or the US Food and Drug Administration. The illegal use of drugs, including 1.) the use of any illegal drug, 2.) misuse of legally prescribed drugs and 3.) the use of illegally obtained prescription drugs, is also prohibited.

2. What about Prescription Drugs?

The appropriate use of a legally prescribed drug or non-prescription medication is not prohibited. However, you must inform your supervisor of the use of any substance which carries a warning label that indicates that mental functioning, motor skills or judgment may be adversely affected. Your supervisor will seek medical advice from the City Physician before you are permitted to drive.

A legally prescribed drug means that you have a prescription or other written approval from a physician to use the drug in the course of medical treatment. It must include your name, the name of the substance, the quantity/amount to be taken and the period of authorization. The misuse or abuse of legal drugs is strictly prohibited by City policy.

3. Possession of Alcohol

You are prohibited from being on duty or operating a commercial motor vehicle while in possession of alcohol. This includes alcoholic beverages as well as medication, mouthwash, food, candy or other substances containing ethyl, methyl, isopropyl or other low molecular weight alcohol.

4. Use of Alcohol

You are prohibited from using alcohol:

- During the four (4) hours before performing a safety sensitive function
- While on duty
- During the eight (8) hours following an accident or until you are tested

In addition, you are prohibited from performing safety sensitive functions while having a breath alcohol concentration (BAC) of 0.02 or greater.

NOTE: The term “safety sensitive function(s)” is used throughout 49 CFR, Part 382. The regulations state that an employee who is driving, ready to drive or immediately available to drive as an employment responsibility is performing a safety sensitive function. Therefore, any employee who possesses a CDL and who *may* be assigned driving duties during his/her shift is considered to be performing safety sensitive functions.

WHEN IS DRUG AND ALCOHOL TESTING DONE?

All CDL drivers will be subject to drug and alcohol testing under the following circumstances:

1. PRIOR TO EMPLOYMENT

Any applicant (including a current employee) hired into a position that requires a CDL, must have a drug test with negative results prior to employment or transfer into the position. Testing is not required if the employee is already in the City’s driver’s pool. Any employee who has a CDL (but is not required to have one) and who wants to be considered for opportunities to act in positions requiring a CDL must complete a **Request to be Included in the Drivers Pool** form. Once the form is signed and submitted, the employee will be tested. If the results are negative, the employee will be placed in the drivers’ pool and subject to random testing. In order to be assigned driving duties and receive acting pay, the employee **must** be in the drivers’ pool.

2. RANDOM

All CDL drivers, including employees who have requested to be included in the drivers’ pool, are subject to random drug and alcohol testing. Random drug testing is conducted at an annual rate of 50% of the number of employees in the pool and random alcohol testing is conducted at an annual rate of 10% of the number of employees in the random pool. These percentages may change by federal regulation. Random alcohol testing will be limited to 1.) when you are performing safety-sensitive functions; 2.) just before you perform safety-sensitive functions; 3.) just after you have ceased performing safety-sensitive functions. Random drug testing may be conducted at any time.

Selection for random testing is made using a computerized selection method that ensures that each driver has an equal chance of being tested each time selections are made. When you receive notification that you have been selected for a random drug and/or alcohol test, you must report to the testing site *immediately*.

3. POST ACCIDENT

Employees who are operating a City owned or leased commercial motor vehicle are required to notify the supervisor of any accidents immediately. If an accident involves a fatality, if there is injury to any person involved in the accident that requires medical treatment away from the scene, if a vehicle must be towed from the scene or if you receive a citation under state or local law for a moving violation arising out of the accident, you must be tested. Post accident drug and alcohol tests *should* be administered within two (2) hours following the accident. However, breath alcohol tests *may* be administered up to eight (8) hours and drug tests *may* be administered up to thirty two (32) hours following the accident. In the event that the post accident alcohol test is not administered within two (2) hours of the accident, your supervisor must document the reason(s) why the test was not administered. If the testing is not administered within the time limits specified above for alcohol and drug testing, your supervisor must document the events that resulted in failure to administer the tests. All documentation will be forwarded to the Manager of Employment, Secretary & Chief Examiner immediately.

The results of a breath or blood alcohol test or a urine drug test conducted by a federal, state or local official having independent authority to conduct the tests may be used.

4. REASONABLE SUSPICION

All employees who are performing safety-sensitive functions are subject to drug and alcohol testing when there are reasons to believe that drug or alcohol use is adversely affecting job performance. Reasonable suspicion determinations must be made by a supervisor who is trained in the signs and symptoms of drug and alcohol use and must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The supervisor must provide written documentation on the appropriate form of the reasons for the reasonable suspicion determination within 24 hours. The form is submitted to the Manager of Employment, Secretary & Chief Examiner to be maintained in your confidential driver's file. Following the administration of reasonable suspicion testing, you will be suspended from duty without pay until the results are confirmed following the reasonable suspicion determination.

If the suspension includes a portion of your next shift, you will be notified whether you should report for a partial shift or should not report at all for the next shift. In addition, if you appear on overtime rotation while suspended it is considered a passed opportunity. In the event that the results of the drug and alcohol tests are negative you will be paid for the lost time.

5. RETURN TO DUTY AND FOLLOW-UP TESTING

All employees who previously tested positive on a drug or alcohol test and under the discipline policy are allowed to return to work, must have a drug and alcohol test with negative results prior to returning to work. Such employees are also subject to a minimum of six (6) follow-up random drug and alcohol tests during the first year of their re-entry. These tests are in addition to and not in lieu of required random testing from the driver's pool.

WHAT IF I REFUSE TO BE TESTED?

If you refuse to submit to the required drug and alcohol testing, you will be discharged immediately for just cause. Your Department Director will **not** offer you the opportunity to continue your employment by participating in the EAP Track III Program. In addition, the federal regulations require that a refusal be recorded as a positive test result. Federal regulations also require that the City report this information to subsequent employers upon receipt of a signed authorization for release of information. Therefore, you may be jeopardizing your opportunities for employment as a driver of commercial vehicles by refusing to test.

WHAT CONSTITUTES A REFUSAL?

Obviously, if you say "No" you have refused to be tested. However, there are other types of behavior that constitute a refusal. They are:

- Attempting to falsify your test results through tampering, contamination, adulteration or substitution of a specimen.
- Inability to provide an adequate urine specimen (at least 45 ml) or breath sample without a valid medical explanation.
- Obstructive behavior (e.g., combativeness or refusal to follow instructions at the collection site).
- Delaying arrival at the collection site (e.g., not reporting to the testing site immediately after being informed).
- Physical absence resulting in the inability to conduct the test (e.g., leaving the work site and not reporting to the testing site after you have been given notification of testing).

WHAT DRUGS WILL BE TESTED FOR?

Under the DOT regulations, urine specimens will be tested for the drugs listed below. The test is considered positive if the amounts are above the minimum thresholds established by the National Institute of Drug Abuse. The screening and confirmation test thresholds are shown in separate columns:

Type of Drug or Metabolite	Initial Test Threshold	Confirmation Test Threshold
Marijuana metabolites	50 ng/mL.	15 ng/mL.
Cocaine metabolites (Benzoylecgonine)	150 ng/mL.	100 ng/mL.
Phencyclidine (PCP)	25 ng/mL.	25 ng/mL.
Amphetamines (i) Amphetamine (ii) Methamphetamine (iii) MDMA (iv) MDA (v) MDEA	500 ng/mL.	250 ng/mL. 250 ng/mL. 250 ng/mL. 250 ng/mL. 250 ng/mL.
Opiate metabolites	2000 ng/mL.	2000 ng/mL.
6MAM (Heroin)	10 ng/mL.	10 ng/mL.

In instances where there is reason to believe you are abusing a substance other than the drugs listed above, the City will test a separate urine specimen for additional drugs under its own authority (Civil Service Rule III).

WHAT ARE THE PROCEDURES FOR DRUG TESTING?

The procedures for urine specimen collection and drug testing are prescribed in the DOT regulations 49 CFR, Part 40, as amended. In order to maintain the accuracy and integrity of the tests and to protect your rights, the procedures are very strict. All drug testing must be performed by a laboratory certified by the Department of Health and Human Services (DHHS). The following sections provide a general overview of the collection and testing process. They are not intended to be inclusive of all the procedures prescribed in the regulations.

SPECIMEN COLLECTION

1. You must arrive at the collection site with proper positive identification (e.g., photo driver's license, City ID) or with your supervisor who can provide identification. Collection will not be done without positive identification.
2. You will remove any unnecessary clothing, such as a coat or jacket.
3. You will wash and dry your hands prior to providing the specimen.
4. You will select a sealed specimen collection kit containing a collection cup and urine transport bottle.
5. You will be directed to the bathroom to provide a urine specimen. There will be a bluing agent in the toilet bowl and the water supply to the sink will be turned off. You must provide at least 45 ml. of urine and return with the specimen within 4 minutes.
6. When you return with the specimen the collector will check to ensure that you have provided an adequate amount of specimen for testing. If you have not, the specimen will be discarded. You will be required to remain at the testing site for up to 3 hours after your first attempt to provide a specimen and drink up to 40 ounces of water. If you still cannot provide an adequate specimen, collection will be discontinued and you will be referred for a medical examination to determine if you have a medical condition that prevented you from providing an adequate specimen. If there is no valid medical explanation for your inability to provide an adequate specimen, it is considered a refusal to test. The regulations specify that assertions of "situational anxiety" or dehydration are **not** valid medical explanations.
7. The collector will check the temperature strip on the outside of the container. The temperature must be within the prescribed range. If it is not, you will have an oral temperature taken. If you oral temperature is not consistent with the urine temperature, a specimen will be collected under direct observation by a collector of the same sex before you can leave the collection site.
8. The collector will visually inspect the specimen for discoloration or impurities. If any are detected, a specimen will be collected under direct observation by a collector of the same sex before you can leave the collection site.
9. If everything appears to be in order, the collector will pour 15 ml of the specimen into a separate container. This is called split sampling. Specimen security seals will be placed over the lids of the transport

bottles. You will initial and date the security seals and a Chain of Custody and Control Form will be initiated. After you have signed the form, you will be given a copy of the form. The specimens and remaining copies of the form will be placed in a transport box and sealed with security tape.

SPECIMEN TESTING

1. Upon receiving the specimen in the laboratory, the laboratory technologist will inspect the Chain of Custody and Control Form and ensure that all security seals are in tact.
2. The technologist will inspect the sample for contamination or alteration and will test the specific gravity of the sample. If the specific gravity is not within a certain range, the laboratory will require another specimen.
3. If everything is in order, the laboratory will run a screening test called an EMIT Test. If any of the five drugs being tested for are present in the specimen, a chemical reaction will occur. The amount of drug(s) in the urine will determine the strength of the chemical reaction. The amount of drug present must be above the established cutoff levels for the test to be considered positive. (Refer to page 9 for cutoff levels).
4. If the screening test is positive, a confirmation test will be run using gas chromatography/mass spectrometry (GC/MS). This test is the most sensitive and accurate drug test available.

HOW ARE TEST RESULTS REPORTED?

Confirmed positive test results from the laboratory are reviewed and interpreted by the City's Medical Review Officer (MRO). The MRO will contact you directly on a confidential basis to determine if you wish to discuss the test result. A physical examination may be required. If the MRO is unable to reach you directly, the MRO will contact the Manager of Employment, Secretary & Chief Examiner who will inform you that you must contact the MRO.

If you decline the opportunity to discuss the test or if the Manager of Employment, Secretary & Chief Examiner has successfully made and documented a contact with you and more than five (5) work days have passed since the MRO received the results, the MRO will verify the test result as positive.

If you provide appropriate medical documentation and the MRO determines that the positive test is a result of the legitimate medical use of the prohibited drug, the drug test is reported as negative.

WHAT IF I QUESTION THE RESULTS?

If you question the results of a drug test you have 72 hours from the time of notification to ask the MRO to authorize the release of your split specimen for testing. The testing must be done at a different Department of Health and Human Services (DHHS) certified laboratory. A listing of DHHS certified labs is available through either the MRO or the Manager of Employment, Secretary & Chief Examiner. You are responsible for paying all costs for shipping and testing the sample. You must pay the City's contracted laboratory for shipping costs before the laboratory will ship the specimen. If the results of the split sample testing invalidate the original testing results, the City will reimburse you for these costs.

Requests for split specimen testing made after 72 hours will be accepted only if the delay was due to documentable facts that were beyond your control.

WHAT PROCEDURES ARE USED FOR ALCOHOL TESTING?

The procedures for alcohol testing are also prescribed in regulation 49 CFR, Part 40, as amended. Tests for breath alcohol concentration (BAC) are performed utilizing a National Highway Traffic Safety Administration approved evidential breath testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). 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. The procedures are outlined below:

1. As with the urine drug testing procedures, you are required to provide positive identification.
2. The BAT will complete Step 1 on the Breath Alcohol Testing Form and you will complete Step 2.
3. An individually sealed mouthpiece will be opened in your view and attached to the breathalyzer.
4. You will blow forcefully into the mouthpiece for at least 6 seconds. The breath will be analyzed by the breathalyzer computer and a readout will be printed with the result. The readout will include the test result, test number, testing device, serial number of the testing device and date and time of the test. The printed result will be attached to each copy of the form with tamper-evident tape.
5. If the breathalyzer indicates a breath alcohol concentration (BAC) of 0.02 or higher, you will be asked to take a second breathalyzer test after a 15 minute wait. The second test is the confirmation test. The printed results of the confirmation test will also be affixed to each copy of the form with tamper-evident tape.

A copy of the Breath Alcohol Testing Form and results will be given to you and a copy of the Form and results will be sent to the Manger of Employment, Secretary & Chief Examiner..

If you have a confirmed BAC of 0.02 or greater but less than 0.04, you will be suspended from duty immediately for 24 hours. In accordance with City policy, this will be an unpaid suspension. You must be tested prior to returning to work with results less than 0.02. Confirmed test results of 0.04 or greater are considered positive and you are subject to the consequences specified in the next section.

WHAT ARE THE CONSEQUENCES OF A POSITIVE DRUG OR ALCOHOLTEST?

A confirmed positive drug or alcohol test constitutes just cause for immediate discharge. Your Department Director may, at his/her discretion, forego termination and require you to participate in the EAP Track III Program. In this case you will not return to work until you have:

1. Signed a Track III Agreement
2. Been evaluated by a substance abuse professional
3. Complied with any recommended treatment
4. Taken a return to work drug and/or alcohol test and have a negative result

The period of time between your positive test result and your return to work is considered a leave of absence. You must use your available accrued paid leave prior to receiving unpaid leave.

Any employee who has a confirmed positive drug or alcohol test will be referred to a substance abuse professional for evaluation and treatment regardless of whether he/she is permitted to return to work under the discipline policy. The employee will be held responsible for all payments.

SIGNS AND SYMPTOMS OF DRUG AND ALCOHOL MISUSE

As a driver, you must be made aware of the effects of drug and alcohol misuse. You must report to work fit for duty and remain that way throughout the workday in order to perform in a safe, efficient and productive manner. The following information is provided to help you evaluate risks of drug and alcohol misuse.

MARIJUANA

(DOPE, WEED, HERB, GRASS, POT, REEFER, ACAPULCO GOLD)

Marijuana is a common name for a drug made from the chopped leaves, stems and flowering tops of a plant called Cannabis Sativa (the hemp plant). The plant grows wild in most of the tropic and temperate regions of the world. It is usually sold in plastic sandwich bags. Cannabis products are usually smoked as loosely rolled cigarettes (“joints”). They may be used alone or in combination with other substances. They may be administered orally (e.g., baked in brownies or other food) but are reported to be about three times more potent when smoked. The effects are felt within minutes; reach their peak in 10-30 minutes and may linger for 2-3 hours.

Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. The active ingredient in marijuana is tetrahydrocannabinol (THC). THC is stored in body fat and slowly releases over time. THC can be detected up to 75 days in heavy marijuana users. A 500 to 800 percent increase in THC potency in the past several years makes smoking three to five joints a week today, equivalent to 15 to 40 joints a week in 1978.

WHAT ARE THE SIGNS & SYMPTOMS OF MARIJUANA USE?

- Excessive laughter or inappropriate happiness
- Forgetfulness in a conversation (e.g., “What was I saying?”)
- Inflammation of whites of eyes; pupils unlikely to be dilated
- Appearance of intoxication, with no smell of alcohol
- Appearance of sleepiness or stupor in the latter stages
- Distorted sense of time passage; tendency to overestimate time intervals
- Increase in appetite especially after smoking marijuana
- Odor similar to burnt rope on clothing or breath
- Presence of roach clips (e.g., paper clips, bobby pins, hemostats or tweezers) and bongs or water pipes

WHAT ARE THE EFFECTS ON DRIVING?

- Impaired reaction time – Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.

- Impaired short term memory – The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.
- Reduced concentration – Inability to display continuous attention or process complex information occurs. There is difficulty with complex decisions.
- Impaired tracking – The ability to follow a moving object with the eyes is significantly and consistently diminished. Tracking can be affected up to ten hours after use.
- Distorted time and distance sense – The ability to perceive accurately the passage of time is adversely affected. The user typically overestimates the time that has elapsed.
- Lack of control of vehicle velocity and proper positioning – Responding to wind gusts, driving through curves, and maintaining speed and proper following distances is impeded.
- Lengthened glare recovery and blurred/double vision.
- Distorted visual and depth perception – Confusion is created about traffic movement and appropriate driver response.

WHAT ARE THE HEALTH EFFECTS?

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One cigarette (joint) of marijuana contains cancer-causing substances equivalent to one pack of cigarettes.
- 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.
- Chronic smoking causes changes in brain cells and brain waves and may lead to long term brain damage.

OPIATES

(HORSE, SMACK, JUNK, MR. H, DOLLIES, HEROIN, OPIUM, MORPHINE, CODEINE)

Opiates are classified as narcotics. They are the most effective agents known for the relief of intense pain. They are also used as cough suppressants as well as a remedy for diarrhea.

The main source of nonsynthetic opiates is the seed pod of the poppy plant.

MORPHINE is the principal constituent of opium. It is marketed in the form of white crystals, hypodermic tablets and injectable preparations. It may be administered under the skin, intramuscularly or intravenously, the latter method being preferred by addicts.

CODEINE is the most widely used naturally occurring narcotic in medical treatment. It is used for the relief of moderate pain and can be combined with other products such as aspirin or acetaminophen.

HEROIN is synthesized from morphine. Pure heroin is a white powder with a bitter taste. Street heroin may vary in color from white to dark brown because of impurities or additives.

WHAT ARE THE SIGNS AND SYMPTOMS OF OPIATE USE?

- Pinpoint pupils that fail to respond to light
- Respiratory depression
- Drowsiness
- Nausea and vomiting
- Apathy and decreased physical activity
- Short lived euphoria or feeling good effects
- Changes in state of mind, going back and forth from feeling alert to drowsy

WHAT ARE THE EFFECTS ON DRIVING?

- Effects of intoxication similar to those produced by alcohol abuse.
- False sense of security causing the driver to take more chances and risks.

- Euphoric high followed by a period of stuporous inactivity – The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations creating the probability of a collision.
- Difficulty in focusing – The pupils are so constricted (pinpoint size) that vision is impaired.
- Visual distortion – Blurred and/or double vision occurs as it does with any depressant drug.
- Loss of consciousness due to extreme fatigue and drowsiness.

WHAT ARE THE HEALTH EFFECTS?

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

COCAINE

(COKE, NOSE CANDY, FLAKE, SNOW, ROCK, CRACK)

Cocaine is the most potent central nervous system stimulant of natural origin. It increases heart rate and blood pressure. It is used medically as a local anesthetic. Cocaine is extracted from the leaves of the cocoa plant, grown almost exclusively in the mountains of South America.

The drug is most commonly administered by being snorted into the nose or rubbed into the gums. The effect is felt within minutes and lasts 40 to 60 minutes per "line". For heightened effect, the drug is injected into the bloodstream.

"Snorting coke" is distributed as a white crystalline powder diluted by sugars. Freebasing consists of smoking cocaine in a small pipe. Inhalation of the fumes produces effects which are very fast in onset (4-6 seconds), very intense and are over quickly (about 15 minutes). Crack cocaine used for freebasing is a small, crystalline rock about the size of a small pebble. It gets its name from the popping sound heard when it is heated.

Recurrent cocaine users may resort to larger doses at shorter intervals until their lives are largely committed to their habit.

WHAT ARE THE SIGNS & SYMPTOMS OF COCAINE USE?

- Dilated pupils
- Runny nose, reddened and sore nose; chronic sinus/nasal problems; nosebleeds
- High blood pressure, heart palpitations and irregular rhythm
- Unexplained bursts of energy
- Restlessness or nervousness
- Compulsive behavior such as teeth grinding or repeated hand washing
- Irritability and anxiety
- Profuse sweating and dry mouth
- Long periods without sleeping or eating; likely to be emaciated
- White powder in container and/or around nose
- Use or possession of paraphernalia including spoons, razor blades, mirrors, little bottles of white powder and straws

WHAT ARE THE EFFECTS ON DRIVING?

- Lapses in attention and concentration.
- Aggressive behavior such as anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overreacts to minor traffic irritations.
- Tendency to overreact and overcompensate – Acceleration, braking, shifting, etc. are affected by over stimulated reflexes.
- Impaired motor coordination – A decrease in hand steadiness and eye/hand coordination affects proper driving response.
- Periods of loss of consciousness – This is the result of fatigue due to lack of sleep and food.
- Impaired judgment.
- False sense of alertness and security – Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.
- Convulsions, seizures, cardiac arrest and/or stroke – These effects can obviously result in collision.
- Distorted vision and difficulty in seeing – The pupils are so dilated that sunlight or bright headlights cause pain and discomfort. Glare recovery is also affected.
- Auditory and visual hallucinations as well as cocaine psychosis – Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.
- Profound depression, anxiety, irritability and restlessness – Cocaine is a fast-acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the “high, the lower the “low”.

WHAT ARE THE HEALTH EFFECTS?

- Research suggests that regular cocaine use may upset the chemical balance in 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 and heart attacks.
- Strong psychological dependence can occur with one "hit" of crack. Usually, psychological dependence occurs within days when using crack or within several months when snorting.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of overdose are usually not reversible by medical intervention.
- Treatment success rates are lower than for other chemical dependencies.

AMPHETAMINES

(SPEED, METH, UPPERS, BLACK BEAUTIES, PEP PILLS, SKY-ROCKETS, CARTWHEELS, MDMA/MDA/MDEA)

Like cocaine, amphetamines are central nervous system stimulants that speed up the mind and body. They are used to increase alertness and as diet aids.

Amphetamines are yellowish crystals that are manufactured into tablets or capsules. The three types of amphetamines include: amphetamine, dextroamphetamine and methamphetamine.

Freebased methamphetamine is known as “ice”.

WHAT ARE THE SIGNS & SYMPTOMS OF AMPHETAMINE USE?

- Dilated pupils
- Dryness of mucous membranes (dry mouth and lips)
- Excessive sweating and shakiness
- Reduced or loss of appetite
- Lack of sleep, insomnia
- Talkativeness, but conversation often lacks continuity, changes subjects rapidly
- Unusual energy, accelerated movements and activities

WHAT ARE THE EFFECTS ON DRIVING?

- Over-estimation of performance capabilities – Driver takes more risks as the result of this attitude.
- A likelihood of being more accident-prone – Actual driving records indicate that drivers who take amphetamines are more accident-prone.
- Anxiety, irritability and frequent over-reaction – Minor irritations effect inappropriate driver reactions.

- Extreme mental and physical fatigue – This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.
- Food and sleep deprivation – Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where he/she is going.
- Auditory and visual hallucinations.
- Impaired motor coordination – Responses necessary for hand/eye coordination are impaired.
- Stimulant drugs – (Including cocaine) used to combat fatigue and keep driver awake, make the driver edgy, less coordinated and more likely to be involved in traffic collisions.

WHAT ARE THE HEALTH EFFECTS?

- Regular use produces strong psychological dependence and increasing tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- May induce 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.
- Withdrawal from the drug may result in severe physical and mental depression.

PHENCYCLIDINE (PCP) **(ANGEL DUST, CRYSTAL, SUPERGRASS, KILLER WEED, EMBALMING FLUID, ROCKET FUEL)**

Phencyclidine was investigated in the 1950's as a surgical anesthetic but use was discontinued because of the side effects of hallucinations. It was used in veterinary medicine in the 1960's and in 1978 the manufacturer stopped production. Most, if not all, PCP is now manufactured in clandestine laboratories.

Phencyclidine acts as both a depressant and a hallucinogen. It is abused primarily for its variety of mood altering effects. In its pure form, PCP is a white crystalline powder but most PCP contains contaminants causing the color to range from tan to brown and the consistency from a powder to a gummy mass. It is sold in tablets and capsules as well as powders and liquid form. It is commonly applied to leafy material such as parsley, mint, oregano, tobacco or marijuana and smoked.

WHAT ARE THE SIGNS & SYMPTOMS OF PCP USE?

- Dilated pupils
- Mask-like facial appearance
- Rigid muscles, strange gait
- Irrational speech or behavior
- Symptoms of intoxication
- Hallucinations
- Violent or frightened reactions
- Subject to flashbacks
- Exaggerated physical and mental reactions to situations
- Disorientation, agitation and violence if exposed to excessive sensory stimulation
- Deadened sensory perception (may experience severe injuries while not appearing to notice)

WHAT ARE THE EFFECTS ON DRIVING?

- A feeling of owning the road – The user feels that he/she is the superior being on the road.
- Sense of invulnerability and power – This causes the driver to take more risks on the road.
- Aggressive behavior – This drug creates a very aggressive, hostile and violent driver with very little patience and no fear of death.
- Auditory and visual hallucinations – This creates the likelihood of the driver reacting to something not there, causing a collision.
- Visual distortion – Blurred and/or double vision can occur.
- Convulsions, coma and/or death – This creates the obvious possibility of a collision. Loss of perception of time – Time appears to slow down.
- Impaired coordination and dulled senses.

WHAT ARE THE HEALTH EFFECTS?

- Potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- Hallucination may be misdiagnosed as LSD induced and then treated with Thorazine which may cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes and thought disorders.

ALCOHOL

Alcohol is a legal substance and its use has wide social acceptance. 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.

Research has shown that impairment begins with the first drink. The types of impairment observed is dependent upon several factors: the individual's weight, how effective the liver is in detoxifying the alcohol, whether the individual is sick or healthy, rested or tired, stomach content, gender, age, attitude and the amount of alcohol consumed.

For your reference, a chart showing the approximate blood alcohol concentration after having a specified number of drinks appears on Page 26.

Alcohol dissipates, on the average, at the rate of one drink per hour. One drink is considered to be ½ ounce of pure alcohol. A 12 ounce can of beer, a 5 ounce glass of wine and a 1 ounce shot of hard liquor all contain the same amount of alcohol.

WHAT ARE THE SIGNS & SYMPTOMS OF ALCOHOL USE?

- Odor of alcohol on breath
- Flushed skin
- Incoherence
- Drowsiness
- Unsteady gait
- Slurred speech
- Slowed reaction times
- Impaired motor skills

WHAT IS THE EFFECT ON DRIVING?

- Impaired reaction time and impaired motor coordination – Reaction time is increased, and braking time is slowed. Thinking and reflexes slow, making

accidents more likely in unexpected situations. Errors in steering are related to even low blood alcohol levels.

- Reduced concentration – Memory is impaired and learning processes slowed. Remembering sequences of numbers or directions can be difficult.
- Tendency to take unnecessary risks – Impaired judgment and disinhibition make it more likely that the driver will take unnecessary risks. May also occur due to a false sense of security.
- Possibility of reacting with anger toward other motorists – As blood alcohol level decreases, agitation may cause outbursts of anger.
- Euphoric high followed by a period of stuporous inactivity – Daydreaming occurs and attention is diverted. Possibility of accidents is increased due to sluggishness and inattention.
- Visual distortion – Blurred and/or double vision occurs as with any depressant drug.

WHAT ARE THE HEALTH EFFECTS?

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

WHERE CAN I GET HELP?

LIFESOLUTIONS

The City of Pittsburgh provides an Employee Assistance Program as a benefit to all employees and their families through *LifeSolutions*. You are encouraged to seek help by calling *LifeSolutions* at 800-647-3327. All services are private and confidential.

COMMUNITY RESOURCES

If you choose not to use the City of Pittsburgh's Employee Assistance program for help, you may contact any of the community resources listed below.

Mercy Behavioral Health	412.232.4500
Allegheny County Drug & Alcohol Program	412.355.4457
Allegheny Crisis Emergency Services	1.888.424.2287
Gateway Rehabilitation Services	800.960.5041
Greenbriar Treatment Center	800.637.4673

BREATH ALCOHOL CONTENT AND ITS EFFECTS

APPROXIMATE BREATH ALCOHOL CONCENTRATION (IN GRAMS*)

DRINKS**	BODY WEIGHT IN POUNDS								INFLUENCE
	100	120	140	160	180	200	220	240	
1	.04	.03	.03	.03	.02	.02	.02	.02	RARELY
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	POSSIBLY
5	.19	.16	.13	.12	.11	.09	.09	.08	
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	DEFINITELY
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	
11		.40	.34	.30	.27	.24	.22	.20	
12			.38	.33	.29	.26	.24	.22	
13			.40	.36	.32	.29	.26	.24	
14				.38	.34	.31	.28	.26	
15					.37	.33	.30	.28	

*Alcohol concentration is expressed here as grams of alcohol per 210 liters of breath. A reading of “.10” on a breath testing instrument indicates 10 one hundredths (10:100) grams of alcohol per 210 liters of breath.

**A drink is defined as 1 and one half ounce of 80 proof liquor or 12 ounces of beer or 5 ounces of table wine.