State of Hawaii
Executive Branch

Drug and Alcohol Testing Program Training

Supervisor Guidelines

April 1, 2007
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION; IMPLEMENTING THE AGREEMENT</td>
<td>3</td>
</tr>
<tr>
<td>TEST NOTIFICATION</td>
<td>5</td>
</tr>
<tr>
<td>BREATH ALCOHOL TESTING FORM</td>
<td>7</td>
</tr>
<tr>
<td>DRUG CUSTODY AND CONTROL FORM</td>
<td>8</td>
</tr>
<tr>
<td>PRE, PRIOR, AND POST EMPLOYMENT TESTS</td>
<td>9</td>
</tr>
<tr>
<td>TEMPORARY ASSIGNMENT DECLINATION</td>
<td>11</td>
</tr>
<tr>
<td>PROBATIONARY TEST</td>
<td>12</td>
</tr>
<tr>
<td>RESIGNATION AGREEMENT</td>
<td>13</td>
</tr>
<tr>
<td>LAST CHANCE AGREEMENT</td>
<td>14</td>
</tr>
<tr>
<td>REGULAR DRIVER NOTIFICATION AND DETERMINATION</td>
<td>15</td>
</tr>
<tr>
<td>POST ACCIDENT TEST</td>
<td>17</td>
</tr>
<tr>
<td>POST-ALTERCATION TESTING GUIDELINES</td>
<td>19</td>
</tr>
<tr>
<td>REASONABLE SUSPICION</td>
<td>20</td>
</tr>
<tr>
<td>MEDICATION DECLARATION</td>
<td>22</td>
</tr>
<tr>
<td>CONFIDENTIAL INFORMATION RELEASE</td>
<td>24</td>
</tr>
<tr>
<td>DISCIPLINE AND CONSEQUENCE</td>
<td>25</td>
</tr>
<tr>
<td>INFORMATION ON ALCOHOL AND DRUGS</td>
<td>27</td>
</tr>
</tbody>
</table>
Introduction and Purpose

The purpose of this guideline is to provide supervisors and staff personnel a ready reference document in the administering bargaining unit agreement alcohol and controlled substance testing requirements. The guideline codifies similar requirements and identifies requirements that are unique to a specific bargaining unit. The guideline contains forms that maybe used in the administration of the program.

It also references forms that are required by the federal Department of Transportation (DOT) 49 Part 40 rules. Users should note that references to DOT Rules is a federal requirement for employees who operate commercial motor vehicles (CMV) and require medical and a commercial driver's license (CDL). All forms that reference the DOT Rules must show the DOT Federal Highways moniker on the forms. Other alcohol and drug testing programs (like the BU agreements) are not to use forms with the federal moniker. For the most part the testing vendor is cognizant of the requirement and where a federal form is required, they will preprint these forms.

Drug and Alcohol Testing Agreements

This guideline is intended to assist supervisors and administrators in the implementation of the CDL, HGEA, and UPW Drug and Alcohol Testing provisions. The guidelines contain charts, forms, checklists and instructions on how to maintain the random selection pool. Should there be a conflict in this guideline and the DOT CDL Rules, Agreements, the Rules and Agreements shall prevail.

INTRODUCTION

The State of Hawaii and other jurisdictions entered into an agreement with the United Public Workers (UPW) and Hawaii Government Employees Association (HGEA) on drug and alcohol testing. The agreements include UPW employees who are subject to the federal Department of Transportation Omnibus Employee Testing Act and bargaining unit agreements for employees in bargaining units 2, 3, 4, 9, and 13.

The stated purpose of the agreement:

1. The Drug Testing Agreements (DTA's or Agreements) are intended to keep the workplace free from the hazards of the use of alcohol and controlled substances by adopting the U.S. Department of Transportation's rule and regulations as provided in the Omnibus Transportation Employee Testing Act of 1991, hereafter, referred as "DOT Rules".

2. Employees are expected to report to work in a physical and mental condition consistent with the Agreements, which enables them to perform their duties in a safe and productive manner.
3. Employees subject to alcohol and controlled substance tests and who are subject to
disciplinary actions by the Agreements shall be afforded "due process" as provided in
the DTA's and respective collective bargaining unit agreements.

Implementing the Agreements

In general, Drug and Alcohol Testing has been categorized as CDL and Non-CDL. In
some Non-CDL agreements there are further divisions.

Employee drug testing began with the military. The highly successful random drug
testing is still the most effective deterrent for the use of drugs in the military. Citing the
success of the military program and seeking a means to improve highway safety and to
reduce highway deaths, Congress enacted the Department of Transportation's Omnibus
Transportation Employee Testing Act of 1991 that impacts the entire commercial
transportation industry including highway, marine, air, railway, and pipeline workers.

To implement the Act, the Federal Department of Transportation promulgated drug
and alcohol testing rules for the commercial transportation industry. The rules have become
the cornerstone and reference for other employee drug and alcohol testing programs for both
private and public institutions.

The impact to the State is primarily related to employees who operate Commercial
Motor Vehicles (CMV) and those who load or service these vehicles. Departments with these
employees must comply with the Federal Department of Transportation's Part 49 Combined
Federal Regulations (CFR) Parts 40 and 382 in addition to Bargaining Unit agreements.

Note: The term drug(s) and controlled substances in the rules, agreements and this
guidelines are interchangeable and refers to the substances under the Controlled substance
Act (21 U.S.C.802), and specifically marijuana, cocaine, opiates, amphetamines and
phencyclidine under the DOT Drug testing requirements.
ALCOHOL AND/OR CONTROLLED SUBSTANCE TEST NOTIFICATION

State Department of: ____________________________________________________________

Employee/Applicant Name (Print First, M.I. Last): ________________________________

You are hereby notified of the requirement to test pursuant to the Drug and Alcohol Testing Agreement of: BU __; ☐ CDL ☐ HGEA ☐ UPW ☐ HRS 78-2.6.

Cost of test paid by: ☐ applicant ☐ employee ☐ department

1. The test is scheduled: Date: ________________________________________________
   Location: _________________________________________________________________
   Appointment Time: _________________________________________________________

2. Test for: ☐ Alcohol ☐ Controlled Substance

3. Type of test: ☐ Pre-Employment (Post-Offer) ☐ Prior to Recruit Training
   ☐ Post Recruit or Prior to Assigned Workplace ☐ Probationary
   ☐ Random ☐ Return to Duty ☐ Follow-up
   ☐ Post-Accident ☐ Post-Altercation ☐ Reasonable Suspicion

4. Employee/Applicant has picture identification card: ☐ Yes ☐ No

5. Transportation to test site or appointment instructions/comments:
   _______________________________________________________________________
   _______________________________________________________________________

6. Time of notification: _____________ a.m. _____________ p.m.

I understand that the identified test is required and if I refuse to sign this form or refuse to take the tests identified, I am subject to consequences as stated in the Agreement. Applicants who refuse to sign are removed from the list of eligibles.

_________________________                                      _______________________
Employee/Applicant Signature                                           Date

_________________________                                      _______________________
Department Representative                                             Date

RETAIN IN EMPLOYEE’S CONFIDENTIAL FILE
Notification to Test

This is the basic document of the program. It initiates all processes and the results determine all outcomes. The notification form inform employees of the type of test that is required (reasonable suspicion, random, etc.) and what sampling is to be accomplished (alcohol, drug, or both). This process follows the U.S. Department of Transportation (DOT) Rules. Tests are initiated in a number of ways. In general, the Personnel Office usually initiates the pre-employment tests. The contract laboratory initiates the random test. The supervisors initiate reasonable suspicion and post accident/altercation tests. The Substance Abuse Professional (SAP) instructs departments when return to duty and follow up tests it can be initiated. Personnel or department coordinates probationary tests. This information is general in scope; therefore, the test initiator must know the purpose of the test, type of test, employee category, test site, whom to be test, and if an appointment for testing is required. Guidelines:

___ Schedule applicable test. (No appointment for post accident and reasonable suspicion; send to a 24-hour facility, as needed.)

___ Complete applicable parts of the form prior to meeting with the employee including "test for" (alcohol, drugs or both) and "type of tests".

___ Verify that the employee has a valid picture ID card. If the employee does not have a valid ID card, a management representative must accompany the employee to the test location and verify the identity of the employee.

Note: The employer (department) is required to transport the employee to the test site for reasonable suspicion and post accident tests. The department may also provide transportation for other types of tests, as may be required.

___ Enter the time of notification and inform the employee when the employee is expected to be at the test site.

___ Ask the employee to read the "I understand" statement on the notification form and to sign on the line.

___ A department representative signs the form, provides a copy to the employee, and instructs employee to give forms to site personnel.

___ The employer also completes applicable sections the alcohol and/or the drug testing control forms. (Where required test is not on the form, check other and specify the required test.

___ After the employee receives the appropriate documents (alcohol, drug, or both), release the employee for immediate testing. This minimizes the employee's opportunity to discuss testing with other employees or attempt to obtain adulterants, substitutes, or otherwise impede the testing process.

___ Place a copy of the completed Test Notification form in the employee's confidential file.
U.S. Department of Transportation (DOT)
Alcohol Testing Form
(The instructions for completing this form are on the back of Copy 3)

• STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name ________________________________

B: SSN or Employee ID No. ____________________________

(Print) (First, M.I., Last)

C: Employer Name ________________________________

Street ________________________________

City, ST Zip ________________________________

DER Name and Telephone No. ____________________________

DER Name ____________________________

DER Phone Number ____________________________

D: Reason for Test: □ Random □ Reasonable Susp □ Post-Accident □ Return to Duty □ Follow-up □ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee ____________________________ Date ____________  /  ____________  /  ____________  /  ____________

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form. I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: □ BAT □ STT DEVICE: □ SALIVA □ BREATH* 15-Minute Wait: □ Yes □ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

__________________________________________________________________________________________

Alcohol Technician's Company ____________________________

Company Street Address ____________________________

(PRINT) Alcohol Technician's Name (First, M.I., Last) ____________________________

Company City, State, Zip ____________________________

Phone Number ____________________________

Signature of Alcohol Technician ____________________________ Date ____________  /  ____________  /  ____________  /  ____________

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee ____________________________ Date ____________  /  ____________  /  ____________  /  ____________

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

CMI 800-835-0690 • P/N 650507 • OMB No. 2105-0529

Affix
Or
Print
Screening Results
Here

Affix
With
Tamper Evident Tape

Affix
Or
Print
Confirmation Results
Here

Affix
With
Tamper Evident Tape

Affix Or Print
Additional Results (e.g. Calibration Check) Here

Affix With
Tamper Evident Tape
SCHEDULING ALCOHOL AND CONTROLLED SUBSTANCE TESTS

In most instances, all alcohol and controlled substance tests can be scheduled in advance. Reasonable suspicion and post accident tests must be accomplished as soon as the requirement for testing becomes evident. Time is of the essence in testing. Most major locations have a contract test site available 24 hours a day for unscheduled testing or are available on an on-call basis. Scheduling testing requires departments to:

1. Call the contracted testing service for an appointment. Specify department, type of test(s), date, and time of test.

2. Prepare the employer/employee portion of the Alcohol or Drug Custody and Control test form if not prefilled.

3. Inform the employee of the type and reason for the test and have him/her sign the Notification to Test form (see page 8).

4. Ensure that the employee has a valid picture identification card.

5. Provide the employee with the name, location and contractor of the contracted collection site.

6. Inform the employee of the appointment time and allow for sufficient travel time. Under reasonable suspicion, post accident and post alteration testing, the supervisor or another designated representative must transport the employee.

7. Instruct the employee to not use the restroom before taking the test nor drink excessive fluids before the test and report directly to the collection site.
Pre Employment /Pre-Duty Test/ Prior to Recruit Training and to Assigned Workplace Testing

Applicants to positions that are random tested for controlled substances and alcohol are required to submit to a pre employment controlled substance test. The test result must be a verified negative. Employees who vie for CDL, BU10, HSPT, HP, etc. positions must also return a verified negative test result to qualify for such positions. (Employees who seek temporary assignment into such positions must take the test with a verified negative test result before placement on Temporary assignment.) The pre-employment tests can be an integral part of the medical/physical employment test for such positions.

"Pre-duty" test refers to employee-applicants with regular status or employees who seek or are assigned to positions that require a verified negative controlled substance test results before they can assume CDL, HSPT, or enter into positions under the BU10 agreement.

BU 10 contract requires some employees to enter extensive recruit training (ACO) and are required to submit to “prior to recruit training” and “post recruit training” controlled substance test. BU10 employees who are not required to enter into recruit training are required to submit to “prior to reporting to work at the assigned workplace” test. The “prior to” test requirement may be accomplished as a pre-employee qualifying physical /medical test.

The department's personnel office of the unit supervisor:

___ Informs the employee/applicant of the testing requirements of the position.

___ Informs the employee/applicant of the drug testing process, controlled substances, and that test results must be negative.

___ Issues the employee a copy of the Employee's alcohol and controlled substance education/informational handbook that contains all the required informational materials required of an agreement. The employee is also informed as to whom they seek for additional information or questions.

___ Informs the applicant of the consequences for a positive drug test result is disqualification and termination of the employment process.

___ In the event the employee tests positive, the employee shall be subject to the requirements of an employee who tests positive.

___ Files the form.
Temporary Assignment Declination

Prior to placement into temporary assignment position such as, a commercial motor vehicle (DOT) safety sensitive position (commercial motor vehicle driver, mechanic, loader, etc.) or a Health, Safety, and Public Trust (HSPT) position, an employee must submit to a pre-duty controlled substance test and receive a verified negative test result before they can perform the duties of the temporary assignment (DOT safety sensitive positions or HSPT positions). Employees on temporary assignment are also subject to random, probationary and other alcohol and controlled substance test as other employees in DOT safety sensitive or HSPT positions and face the consequences for testing positive to a test.

Most often assignments to a temporary assignment position are a promotion; however, an employee may refuse such temporary assignment. Should an employee refuse a temporary assignment to a DOT safety sensitive or a HSPT position, the employee must agree to forfeit promotion opportunities to such positions for a period of six months and signs a written statement attesting to the refusal of temporary assignment.

Having read and understand the requirements for temporary assignment to DOT safety sensitive or HSPT positions and the consequences of not being considered for promotion into these position for six months, I hereby decline placement DOT safety sensitive or HSPT temporary assignment positions. Acceptance of this declination is subject to approval by the Department Personnel Officer (See note below.)

Temporary assignment position: __________________________________________
Employee name: ___________________________ Job title: ___________________________

_________________________ ___________________________
Employee Signature Date

_________________________ ___________________________
Management Representative Date accepted

_________________________ ___________________________
Personnel Office Date received

Note: Release of temporary assignment is contingent upon department resource requirements and personnel assessment of workforce planning requirements.
Probationary Test

Not all employees are subject to probational period controlled substance testing. As a general rule, if an employee is subject to random drug testing, probationary period testing controlled substance test is required. Selection for testing is by random process. Where there is more than one employee in the unit in the probationary period, the selection of the employee for testing shall be through the random "employee" select process until there is only one untested employee. When there is only one employee in the probationary period, employee testing shall be determined by a random "date" selection process.

Employees in their initial probation period are subject to the Resignation Agreement (if the employee tests positive, the employee is deemed to have resigned). Employees in a new probation period who test positive shall be subject to the requirements of the appropriate bargaining unit agreement. Testing process:

More than one employee subject to probationary period testing:

- Select the test date and determine the numbers of employees to be tested.
- Employ random employee selection process to identify which employees are to be tested.
- Notify the employee on day of test of immediate controlled substance test (follow notification process).
- Have employee sign Resignation Agreement, as applicable.
- Send employee to testing.

Only one employee subject to probationary testing:

- Determine available testing dates. Test can only be during scheduled work days.
- Obtain the test date of the remaining employee through a random date selection process.
- On the test date, inform the remaining employees of the test requirement (see notification process).
- Have employee sign resignation agreement, as applicable.
- Inform employee of test result.

Employee positive test result:

- Initial probationary employee. Inform the employee of the positive test result and per the resignation agreement they have been deemed to have resigned.
- New probational employee. Inform the employee of positive test results and the consequences of the test results (see discipline and consequences).
Resignation Agreement

All employees in their initial probational period are required to sign a Resignation Agreement (RA). Refusing to sign the resignation agreement is akin to refusing to test and the employee shall be discharged. Ideally, the resignation agreement should have been signed prior to starting their employment or at the initial orientation to the job on the first day of employment. However, if the RA was not signed at that time the employee must sign the agreement prior to testing. The consequence for a positive test result during the initial probationary period is that the employee is deemed to have resigned (pursuant to the resignation agreement). Use only the pertinent resignation agreement form found in the applicable BU contract or MOA.

Where an employee is subject to probational period testing:

1. Identify employee in initial probationary period.
2. Review the employee file to identify signed resignation agreement.
3. Require employee to sign a resignation agreement if one not found.
4. Inform the employee of the purpose of the Notification to Test form.
5. Require employee to sign the Notification to Test form.
6. Inform the employee of the consequences of not attaining a verified negative test result.
7. Explain to the employee that the results must indicate a negative result and not stated as adulterated, diluted, etc.
8. Send the employee to testing.
Last Chance Agreement

A last chance agreement is a proviso in most agreements whereby an employee who tests positive to a test for the first time is provided with an opportunity to obtain assistance in addressing difficulties with alcohol misuse or controlled substance use. Each agreement is unique and slightly different. However, common to all is a required assessment by a Substance Abuse Professional (SAP), rehabilitation, suspension, testing, and a specific period (window) whereby an employee who tests positive for the second time is terminated, etc. A last chance agreement is an employee option in lieu of discharge. Should an employee (bound by DOT commercial motor vehicles regulations) decline the opportunity for a last chance agreement and is discharged the department is required by DOT Rules to inform the employee of names of a SAP. Where an employee tests positive for the first time:

1. Inform the employee of the positive test results and provision of the agreement on positive test results.

2. Explain the provisions a last chance agreement in lieu of discharge.

3. Obtain the last chance agreement from the appropriate agreement and review each proviso with the employee.
Regular Driver Notification Letter
HGEA Drug and Alcohol Testing Program

TO:

FROM:

SUBJECT: NOTIFICATION OF REGULAR DRIVER STATUS

This is to inform you that you are considered a “regular driver” under the Hawaii Government Employees Association (HGEA) Drug and Alcohol Testing Memorandum of Agreement (MOA). A regular driver is one whom the department has determined drives an average of 120 round trips in a twelve month period. If your regular driver’s duties change significantly, you may request a review of the determination through your supervisor.

Should you become involved in an accident when operating a State vehicle, you are required to contact your supervisor immediately. A department management representative will assist you in resolving the issues surrounding the accident. You are not to make any statements until guided by the management representative. You are to remain at the scene of the accident except to obtain assistance in responding to the accident, or to obtain necessary emergency medical care or as released by a department management representative. Do not, under any circumstance, drive away from the scene of the accident. You will be transported away from the accident by a department employee.

Under the provisions of the MOA, the State requires you to submit to alcohol and drug testing when the accident involves:

1. A fatality, or
2. You received a citation for a moving violation and
   a. A person involved in the accident receives treatment away from the scene of the accident, or
   b. One or more of the vehicles involved in the accident is disabled and must be towed away from the scene.

You must be available for alcohol testing up to eight hours following the accident and for controlled substance testing up to 32 hours following the accident (or until post accident tests has been administered). The department management representative or your supervisor will inform you of testing requirements and arrange for transportation to the testing site, as appropriate. Failure to test upon notification will result in “REFUSING TO TEST” proceedings.

Effective date as a Regular Driver is: ________________ End Date: ________________

Please sign below acknowledging receipt of regular driver status notification.

Employee Signature: ____________________________ Date __________________

Return this notification letter to ______________________ by (date): ____________
Regular Driver Determination

Regular driver determination is a purely arithmetical process that must be calculated annually and the employee impacted notified by January 1 of each year. Employees determined to be regular drivers who are involved in an accident may be required to submit to alcohol and drug testing (subject to conditions in the MOA). Regular drivers are employees who drive an average of 120 round trips in a twelve month period (October 1 to September 30 of the preceding year). Multiple round trips in a single day shall be counted as one trip. The 120 trip requirement is reduced if a driver is unavailable for duty to: leaves with or without pay; temporary assignment; or temporary reallocation to another job.

Use the worksheet below to determine regular drivers.

<table>
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1. Enter the number of round trips of the preceding year in each month below (mileage sheets or trip sheets can assist in determining the number of roundtrips in a month).
2. Total number of trips: _______.
3. If the total is an average of 120 trips a year, notify the employee of being a regular driver status by January 1, for the forthcoming year.
4. If the total number of trips is less than 120 for the year due to leaves or unavailable days, such as: temporary assignment or temporary reallocation, use the formula:
   \[ 120 \text{ days} - (\text{days unavailable} \times 50\%) = \text{adjusted trips/days} \]

Example: Total round trips recorded for the period October 1 through June 30 was 100 round trips and the employee was on leave for three months (July, August and September). The employee was on leave and then on temporary assignment position for 62 days.

Baseline: 120 days
Adjustment to base (62 X 50%): -31 days
Adjusted baseline for the year 89 round trips

The total number of round trips (100) exceeds the adjusted base (89) for the year. Therefore the employee is “determined to be a regular driver” and subject to post accident testing conditions and must be notified of such determination before January 1, of the succeeding year.
Post Accident Test Form

Date of Accident: _____________ Time of Accident: _____ a.m. p.m.

Location of Accident: __________________________________________________________

Name of Regular Driver _______________________________________________________________________________________

Vehicle Make: ___________________________ Model ____________________________

Color ___________________________ License No: ____________________________

1. Is the vehicle a state vehicle?: _______ Yes ______ No
2. Is the driver a “regular driver” per Agreement? ______ Yes ______ No
3. Did the accident occur on a public highway? ______ Yes ______ No

If the answer is yes to questions 1, 2, and 3, proceed to question #4. If the answer to question 1, 2, or 3 is no; STOP, no testing is required.

4. Did the driver receive a citation for a moving traffic violation? ______ Yes ______ No

If no, proceed to question 7. If the answer is yes, proceed to question 5.

5. Did a person involved in the accident require treatment away from the scene of the accident? ______ Yes ______ No
6. Did one or more vehicles involved in the accident become disabled and was towed from the scene? ______ Yes ______ No

If the answer is no to questions 5 and 6; go to question 7. If the answer is yes to 5 or 6 or both, testing is required (Note: Question 4 must also be Yes).

7. Did the accident involve a loss of human life? ______ Yes ______ No

If the answer is yes, testing is required (up to 32 hours of time of the accident). No test required if death reported after 32 hours. When required, both alcohol and drug tests are required; however, the requirement for alcohol ceases after eight (8) hours following the accident. Testing for drug ceases after 32 hours have elapsed after the accident.

Was testing required? ______ Yes ______ No Notice of death received: ____________________________

Employee Tested for: Alcohol Time Tested: _________ am pm

Drug Time Tested: _________ am pm

Employee Not Tested, Reason: _________________________________________________________________

________________________________________________________________________________________

Supervisor/Management Representative Signature ______________________________ Date __________

Name(print) __________________________ Phone ________
Post Accident Test Guidelines

Following an accident, the driver must be tested for alcohol and controlled substances subject to the provisions of the Agreement. Provisions of the Agreement include: accident must be on a public highway, the driver must be a “regular driver” and the vehicle must be a state vehicle. Only then, testing is required when there is a loss of human life or the driver receives a citation for a moving traffic violation and either a person involved in the accident requires treatment away from the scene or one or more vehicles involved in the accident is disabled and must be towed from the scene. Critical to any accident is that the injured are attended to and a call is made for assistance.

A driver must not leave the scene of the accident except for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care. Responding to the accident the management representative must inform the driver:

___ Do not leave the accident scene unless released by the management representative. The driver should not leave the scene without receiving permission (except for medical requirements).

___ Do not drink any alcohol as alcohol test may be required up to 8 hours of the accident. Drug testing requirement extends to 32 hours from the time of the accident.

___ Do not attempt to drive. Any transportation away from the scene of the accident shall be coordinated by the department representative or designee.

Also important is for the management representative to:

___ Follow the post accident form as it should guide all activities following an accident.

Note: The liability for testing is 32 hours, therefore, the department representative must inform the police or medical personnel of how the department representative can be reached, especially if the injured dies and testing is required.

___ Instruct the driver to inform the representative of the employee’s whereabouts for 32 hours after the accident.

___ Instruct the driver to take both alcohol and drug test if testing requirement materializes after the accident, as required.

Note: The alcohol breath test must be administered within 2 hours but not later than 8 hours following the accident. A controlled substance test must be administered within 32 hours following the accident.

No tests, alcohol or controlled substance may be administered after the specified time period of 8 and 32 hours respectively, from the time of the accident.
Post Altercation Test Guidelines
(BU 10 Unique)

Only employees in bargaining unit 10 are subject to post alteration tests. Altercation is defined as a “row” (occurrence) within the course and scope of the employee’s duties involving as Employee and a ward, patient, detainee, inmate, volunteers, non employees and other employees. In general, the testing process follows CDL post accident test regime. The state requires that an employee(s) involved in an altercation be tested for alcohol and controlled substances.

Actions to attain the safety and security of individuals and the facility are of the utmost importance in a disquieted situation. However, “nothing shall be construed to require the delay of necessary medical attention for the injured persons following an altercation or prohibit an employee from leaving the scene of an altercation for the period necessary to obtain assistance in responding to the altercation or to obtain necessary emergency medical care.”

State institutions (departments) that are impacted by this agreement should have emergency plans and procedures addressing altercations, upheavals, and riotous situations and how/where to obtain emergency assistance for employee safety and security. The exercise of these plans and procedures can immeasurably aid in minimizing the scope and magnitude of employee injury and the injury of others. However, the intent of these guidelines is the application and process of subjecting employees to post alteration testing. Therefore, when responding to the altercation, the department must inform the employee:

___ They are subject to post alteration testing and must remain at the facility until the alcohol and controlled substance tests are completed.

___ To complete alcohol and controlled substance test notification forms. Instruct the employee of department representative to give the forms to the testing personnel.

___ Send the employee to a testing facility. The facility/department must transport the employee(s) to the testing facility. Do not permit the employee to drive to the testing facility. After the completion of the testing, transport the employee home.

___ Stop testing for alcohol use after 8 hours. Stop controlled substance testing if not completed within 32 hours.

Note: There is a 24 hour testing facility on contract on each of the major islands that technically need no advance appointments; however, it is beneficial to call the testing facility, especially on the neighbor islands as the testing facility may need to retrieve their on-call technician to administer the testing. Where testing services are not available on the island or there are no scheduled flights to an island with testing service till the morning flights, apply the 8/32 hour rule provisions.

Unlike post-accident testing, there are no conditions before testing is required, such as death or a moving traffic citation; therefore, as employee can be sent for testing once altercation has been ascertained.
State Drug and Alcohol Testing Program
Observed Behavior Reasonable Suspicion Record

Employee Name: ______________________ Date Observed: ____________

Dept: _____________ Div: _____________ Time Observed: ____________

Location of Observation: __________________________________________

Reasonable suspicion determined for:  Alcohol ☐  Controlled Substance ☐

Mark items based on your visual observation of the employee.

1. APPEARANCE: normal __ messy __ dirty __ partially dressed __ unsteady __
   stumbling ___ shaking ___ trembling ___ swaying ___ staggering ___
   EYES/ FACE: bloodshot ___ watery ___ glassy ___ flushed ___ pale ___ sweaty ___
   poor eye-hand coordination ___ Additional _______________________________________

2. BEHAVIOR: normal __ sullen __ erratic __ irritable __ excited __ mood swings __
   lethargic __ argumentative __ sleepy __ crying __ fighting __ hostile __ loss of
   inhibitions ___ suspicious ___ blaming ___ frequent use of breath mints, mouthwash, breath
   sprays, eye drops ___ Additional ______________________________________

3. SPEECH: normal ___ slurred ___ use of profanity ___ loud ___ shouting ___
   inaudible ___ whispering ___ incoherent ___ rapid ___ excessively talkative ___
   disconnected speech patterns ___ exaggerated pronunciation ___ inappropriate
   laughter ___ Additional ______________________________________

4. BODY ODORS: normal ___ alcohol odor ___ offensive smell ___ burnt rope ___
   Additional _____________________________________________________________

5. How is employee’s behavior different than previous observed on-the-job behavior?
   _____________________________________________________________

To the best of my knowledge and belief, this record represents the observed appearance,
behavior and/or conduct of the employee upon which I base my decision to require the
employee to submit to a reasonable suspicion alcohol and/or controlled substance testing.

Supervisor name (print) __________________ Signature ______________ Date __________ Time __________ Phone no. __________

Witness (HGEA only) __________________ Signature ______________ Date __________ Phone Number __________

DER (Employer Rep.) __________________ Signature ______________ Date __________ Phone Number __________

Copy to employee

20
Reasonable Suspicion Testing Guidelines

The Agreement requires that employees be tested when there is a reasonable suspicion that the employee has violated the prohibitions on alcohol misuse or drug use. **Only supervisors who have received training as specified in the Agreement can determine if reasonable suspicion exists.** The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. The supervisor making the determination must have attended training on alcohol misuse and controlled substance use within the past five years.

The behavior giving rise to reasonable suspicion must be a recognized symptom of impairment of alcohol or controlled substance use and not reasonably explained as the result of other causes. A Reasonable Suspicion Observation Checklist is used to assist in making such determinations. **Whenever a supervisor suspects that an employee’s action or behavior impairs the safe operation of the worksite, the supervisor must stop or intercede so as not to endanger the employee, the worksite, or other employees. Do not permit the employee to operate any vehicle or equipment including employee personal vehicle.** The supervisor:

- Document behavior on checklist and determine if conditions exist for reasonable suspicion. Show relationships between observation and safe job performance. Determine type of test(s) required/recommended.

- The supervisor may obtain a witness (employee of the state) to corroborate supervisor observation to verify specific, contemporaneous, articulable observation recognized system of impairment of alcohol or controlled substance use and is not reasonably explained as the result of other cause.

- Talk to the employee to determine if the employee has a reasonable explanation for appearance, behavior, speech, or body odor. Do not accuse the employee of being under the influence of drugs or alcohol.

- Prepare test documents and direct the employee to submit to alcohol and/or controlled substance test. A management representative must drive the employee to the test site. **Do not permit the employee to operate any equipment including the employee’s own vehicle.**

- Prepare a written record of the observation leading to an alcohol or controlled substance reasonable suspicion test and signed by the supervisor and approved by the Department Coordinator (Personnel Officer, Division Chief, etc.) within 24 hours of the observed behavior. Provide confidential copy of all documents to the Division Chief and Departmental Personnel Officer.

- If testing is required, inform the employee of the requirement for testing, and transport the employee to the test site to administer alcohol, drug, or both tests.

- Irrespective of the test results, ensure that the employee is transported home.
MEDICATION DECLARATION

Background information: Employees of the State are often tasked to operate machines, equipment or motor vehicles and other tasks as part of their responsibilities. Some of these tasks require an employee to be alert and cognizant of the operation to assure their safety as well as the safety of others. Therefore, alcohol and controlled substance testing has been instituted in concurrence with employee organizations. Employees who test positive for alcohol or controlled substance use or who are in possession thereof, face immediate discharge.

A physician who prescribes or provide substances containing alcohol or controlled substances that may adversely affect an employee's performance or mental faculties can impact many. Where such medication is prescribed or provided, every effort would be made to place the employee in jobs or tasks that would minimally affect the employee's and others health and safety. Privacy information, notwithstanding, a physician who prescribes or provides substances containing alcohol and/or controlled substances to an employee is required to inform the employee if the medication will or will not adversely affect the employee's ability to work and work in a safe manner so as not to injure the employee or others. The employee is required to provide their supervisor with such information as detailed below. The employee is also required to inform the supervisor of over the counter or other therapeutic drugs that could affect the employee's ability to work.

Employee: ___________________________ Department: ___________________________

Job Title: ___________________________ Operates (circle): equipment, motor vehicle

Division: ___________________________ Supervisor: ___________________________ Phone: ___________________________

Medication: ___________________________ Drug Class (narcotic, depressant, etc.): ___________________________

Common drug name: ___________________________ OTC medication? Yes: ____ No: ____ Dosage: __________

______________________________ Frequency: __________ Initial prescription date: __________

☐ The substance will adversely affect the employee's ability to work in a safe manner (to self and others), including activities such as: operating a motorized or electrical equipment or vehicle, or affect mental capacity to discern right and wrong or the proper use force, weapons, etc.

☐ The substance will not adversely affect the employee's ability to work in a safe manner so as not to injure self or others in activities as illustrated above.

Physician: (print): ___________________________ Signature: ___________________________

Company: ___________________________ Phone number: ___________________________

Address: ___________________________ Suite number: ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Note: the use of hemp products will not invalidate a positive drug test result.

Upon completion the employee sends this informational sheet to your supervisor.

Department use only: Date received: __________ Received by: ___________________________

22
CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

State and Federal personal and confidentiality laws prohibit the release of personal and confidential information except as permitted by the law or as authorized by an employee. Furthermore, the U.S. Department of Transportation (DOT) employee drug and alcohol testing rules and collective bargaining agreements that require employee authorization to release personal and confidential files are to be maintained. Therefore, where not exempted by law, this form may be used to convey the employee's personal alcohol and drug testing information, including rehabilitation and return to work and follow up test information.

I, _______________________________ hereby authorize my supervisor, Department Employer Representative (DER), or Human Resources Office to release and/or disclose confidential information regarding alcohol and controlled substance test information from the period __________________________ o __________________________.

☐ To me for my distribution.
☐ To individuals appearing in meetings with me: __________________________
☐ To my official Representative (name): __________________________
☐ To the Substance Abuse Professional (SAP): __________________________
☐ Other (please specify): __________________________

Be informed that the extension of confidential personal information beyond those authorized is the responsibility of and at the discretion of the employee and that the employee shall hold the State harmless of any wrongful disclosure of confidential or personal information by those authorized by the employee.

Print employee name __________________________ Employee signature __________________________ Date __________

Employer's Representative __________________________ Title __________________________ Date __________

Witness __________________________ Position __________________________ Date __________
DISCIPLINE AND CONSEQUENCES

The Agreement provides governance on discipline and consequences for violations of the prohibitions, and the process in administrating the provisions of the agreement. For the most part, there is little ambiguity as to what consequences would be imposed for two reasons: First, the federal DOT rules dictate what are unacceptable behaviors (refusal to test, substitution, adulteration, etc.) or test results/outcomes such as breath alcohol concentration (BAC 0.02, 0.08, or the specificity of controlled substance test result as positive like opiates). Second, there are only three outcomes for violations of the prohibitions: discharge, resignation (such as, a breach of an agreement; for example a last chance or resignation agreement), and discipline pursuant to employee’s respective BU contract provisions.

The consequence for “refusal to test” or a “positive” test result is discharge. There is no recourse to refusal to test but discharge. However, beyond their initial probation period and employee who tests for the first time may be afforded the opportunity to participate in a “Last Chance Agreement.”

Discipline for a post accident/altercation positive test result is deferred to discipline provisions in the employee’s respective collective bargaining unit contract (where immediate discharge - without options for a last chance agreement). The severity of the situation prompting the requirement for testing and a positive test results can be used as a guide in weighing appropriate discipline.

Prior to invoking adverse action review the appropriate agreement as all of the referenced agreements in this presentation are alike. Follow departmental protocols in addressing discipline.
ALCOHOL AND DRUG INFORMATION

INTRODUCTION

A drug is any chemical substance that produces physical, mental, emotional or behavioral change in the user. Drug abuse is an excessive or inappropriate use of a drug, which results in behavior that adversely, affects an individual’s occupational, familial or social functioning.¹

ALCOHOL

Drinking among workers can threaten public safety, impair job performance, and result in costly medical, social and other problems affecting employees and employers alike. Productivity losses attributed to alcohol were estimated at $119 billion for 1995. Several factors contribute to problem drinking in the workplace. Employers are in a unique position to mitigate some of these factors and to motivate employees to seek help for alcohol problems.

Drinking is associated with the workplace culture and acceptance of drinking, workplace alienation, the availability of alcohol, and the existence and enforcement of workplace alcohol policies.

SYMPTOMS:
Slower Reactions
Slurred Speech
Confusion
Drowsiness
Balance, Coordination and Judgment Suffer²

MARIJUANA

Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant Cannabis sativa. There are over 200 slang terms for marijuana including "pot," "herb," "weed," "boom," "Mary Jane," "gangster," and "chronic." It is usually smoked as a cigarette (called a joint or a nail) or in a pipe or bong. In recent years, marijuana has appeared in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, often in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea.

The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). In 1988, it was discovered that the membranes of certain nerve cells contain protein receptors that bind THC. Once securely in place, THC kicks off a series of cellular reactions that ultimately lead to the high that users experience when they smoke marijuana. The short-term effects of marijuana use include problems with memory and learning; distorted perception; difficulty in thinking and problem solving; loss of coordination; and increased heart rate, anxiety, and panic attacks.

Scientists have found that whether an individual has positive or negative sensations after smoking marijuana can be influenced by heredity. A recent study demonstrated that identical

² Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.
male twins were more likely than non-identical male twins to report similar responses to marijuana use, indicating a genetic basis for their sensations. Identical twins share all of their genes, and fraternal twins share about half.

Environmental factors such as the availability of marijuana, expectations about how the drug would affect them, the influence of friends and social contacts, and other factors that differentiate identical twins' experiences also were found to have an important effect; however, it also was discovered that the twins' shared or family environment before age 18 had no detectable influence on their response to marijuana.

**Health Hazards**

**Effects of Marijuana on the Brain**

Researchers have found that THC changes the way in which sensory information gets into and is processed by the hippocampus. The hippocampus is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivations. Investigations have shown that neurons in the information processing system of the hippocampus and the activity of the nerve fibers in this region are suppressed by THC. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate via this mechanism.

Recent research findings also indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

**Effects on the Lungs**

Someone who smokes marijuana regularly may have many of the same respiratory problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Regardless of the THC content, the amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to the marijuana users' inhaling more deeply and holding the smoke in the lungs and because marijuana smoke is unfiltered.

**Effects on Heart Rate and Blood Pressure**

Recent findings indicate that smoking marijuana while shooting up cocaine has the potential to cause severe increases in heart rate and blood pressure. In one study, experienced marijuana and cocaine users were given marijuana alone, cocaine alone, and then a combination of both. Each drug alone produced cardiovascular effects; when they were combined, the effects were greater and lasted longer. The heart rate of the subjects in the study increased 29 beats per minute with marijuana alone and 32 beats per minute with cocaine alone. When the drugs were given together, the heart rate increased by 49 beats per minute, and the increased rate persisted for a longer time. The drugs were given with the subjects sitting quietly. In normal circumstances, an individual may smoke marijuana and inject cocaine and then do something physically stressful that may significantly increase the risk of overloading the cardiovascular system.

**Effects of Heavy Marijuana Use on Learning and Social Behavior**
A study of college students has shown that critical skills related to attention, memory, and learning are impaired among people who use marijuana heavily, even after discontinuing its use for at least 24 hours. Researchers compared 65 "heavy users," who had smoked marijuana a median of 29 of the past 30 days, and 64 "light users," who had smoked a median of 1 of the past 30 days. After a closely monitored 19- to 24-hour period of abstinence from marijuana and other illicit drugs and alcohol, the undergraduates were given several standard tests measuring aspects of attention, memory, and learning. Compared to the light users, heavy marijuana users made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing, and using information. These findings suggest that the greater impairment among heavy users is likely due to an alteration of brain activity produced by marijuana.

Longitudinal research on marijuana use among young people below college age indicates those who used marijuana have lower achievement than the non-users, more acceptance of deviant behavior, more delinquent behavior and aggression, greater rebelliousness, poorer relationships with parents, and more associations with delinquent and drug-using friends.

Research also shows more anger and more regressive behavior (thumb sucking, temper tantrums) in toddlers whose parents use marijuana than among the toddlers of non-using parents.

**Effects on Pregnancy**

Any drug of abuse can affect a mother's health during pregnancy, making it a time when expectant mothers should take special care of themselves. Drugs of abuse may interfere with proper nutrition and rest, which can affect good functioning of the immune system. Some studies have found that babies born to mothers who used marijuana during pregnancy were smaller than those born to mothers who did not use the drug. In general, smaller babies are more likely to develop health problems.

A nursing mother who uses marijuana passes some of the THC to the baby in her breast milk. Research indicates that the use of marijuana by a mother during the first month of breastfeeding can impair the infant's motor development (control of muscle movement).

**Addictive Potential**

A drug is addicting if it causes compulsive, often uncontrollable drug craving, seeking, and use, even in the face of negative health and social consequences. Marijuana meets this criterion. More than 120,000 people enter treatment per year for their primary marijuana addiction. In addition, animal studies suggest marijuana causes physical dependence, and some people report withdrawal symptoms.³

**SYMPTOMS:**

- Bloodshot eyes
- Muscular tremors
- Appearance of intoxication
- Impaired time and distance perception
- Inability to maintain attention
- Disorientation

METHAMPHETAMINE

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass." Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

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The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

**SYMPTOMS:**
Weight Loss
Nervousness

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4 Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.
Moodiness and Irritability
Excessive Talking and Excitation
Aggressive and Violent Behavior
Impaired Speech
Acne, Sores
Severe Depression

PHENCYCLIDINE

PCP (phencyclidine) was developed in the 1950s as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965, because it was found that patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as "angel dust," "ozone," "wack," and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways: snorted, smoked, or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

Health Hazards

PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. It was first introduced as a street drug in the 1960s and quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. Many people, after using the drug once, will not knowingly use it again. Yet others use it consistently and regularly. Some persist in using PCP because of its addicting properties. Others cite feelings of strength, power, invulnerability and a numbing effect on the mind as reasons for their continued PCP use.

Many PCP users are brought to emergency rooms because of PCP's unpleasant psychological effects or because of overdoses. In a hospital or detention setting, they often become violent or suicidal, and are very dangerous to themselves and to others. They should be kept in a calm setting and should not be left alone.

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, and flushing and profuse sweating occurs. Generalized numbness of the extremities and muscular incoordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process.

At high doses of PCP, there is a drop in blood pressure, pulse rate, and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death

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6 Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.
(though death more often results from accidental injury or suicide during PCP intoxication). Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.

People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.\(^7\)

**SYMPTOMS:**
- Flushing
- Profuse Sweating
- Violent Behavior
- Loss of Ability to Think Sequentially\(^8\)

## COCAINE

Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, an individual cannot predict or control the extent to which he or she will continue to use the drug.

The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine). Snorting is the process of inhaling cocaine powder through the nose where it is absorbed into the bloodstream through the nasal tissues. Injecting is the act of using a needle to release the drug directly into the bloodstream. Smoking involves inhaling cocaine vapor or smoke into the lungs where absorption into the bloodstream is as rapid as by injection.

"Crack" is the street name given to cocaine that has been processed from cocaine hydrochloride to a free base for smoking. Rather than requiring the more volatile method of processing cocaine using ether, crack cocaine is processed with ammonia or sodium bicarbonate (baking soda) and water and heated to remove the hydrochloride, thus producing a form of cocaine that can be smoked. The term "crack" refers to the crackling sound heard when the mixture is smoked (heated), presumably from the sodium bicarbonate.

There is great risk whether cocaine is ingested by inhalation (snorting), injection, or smoking. It appears that compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. Smoking allows extremely high doses of cocaine to reach the brain very quickly and brings an intense and immediate high. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared.

### Health Hazards

Cocaine is a strong central nervous system stimulant that interferes with the reabsorption process of dopamine, a chemical messenger associated with pleasure and movement.

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\(^7\) National Institute on Drug Abuse – Phencyclidine, Printed in October 2001.

\(^8\) Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.
Dopamine is released as part of the brain's reward system and is involved in the high that characterizes cocaine consumption.

Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. The duration of cocaine's immediate euphoric effects, which include hyper-stimulation, reduced fatigue, and mental clarity, depends on the route of administration. The faster the absorption, the more intense the high. On the other hand, the faster the absorption, the shorter the duration of action. The high from snorting may last 15 to 30 minutes, while that from smoking may last 5 to 10 minutes. Increased use can reduce the period of stimulation.

Some users of cocaine report feelings of restlessness, irritability, and anxiety. An appreciable tolerance to the high may be developed, and many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure. Scientific evidence suggests that the powerful neuropsychologic reinforcing property of cocaine is responsible for an individual's continued use, despite harmful physical and social consequences. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter. However, there is no way to determine who is prone to sudden death.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed. This also may lead to further cocaine use to alleviate depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.9

**SYMPTOMS:**
- Excessive Excitation
- Excessive Talking
- Increased Alertness
- Paranoia
- Aggressive Behavior
- Impaired Speech
- Loss of Appetite
- Severe Depression10

**OPIATES (Heroin)**

Heroin is a highly addictive drug, and its use is a serious problem in America. Recent studies suggest a shift from injecting heroin to snorting or smoking because of increased purity and the misconception that these forms of use will not lead to addiction.

Heroin is processed from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names for heroin include "smack," "H," "skag," and "junk." Other names may refer to types of heroin produced in a specific geographical area, such as "Mexican black tar."

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10 Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.
Health Hazards

Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis.

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Long-term effects of heroin appear after repeated use for some period of time. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

Reports from SAMHSA's 1995 Drug Abuse Warning Network (DAWN), which collects data on drug-related hospital emergency room episodes and drug-related deaths from 21 metropolitan areas, rank heroin second as the most frequently mentioned drug in overall drug-related deaths. From 1990 through 1995, the number of heroin-related episodes doubled. Between 1994 and 1995, there was a 19 percent increase in heroin-related emergency department episodes.

SYMPTOMS:
Constriction of the Pupil of the Eye
Reduced Visual Acuity
Itching Skin
Increased Perspiration\(^\text{11}\)

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\(^{11}\) Material provided by Start Now Hawaii for the City & County of Honolulu, 2001.