WHAT MUST BE EVALUATED?

- In order to make a reasonable suspicion determination, the supervisor must evaluate the following:
  - Specific, contemporaneous and articulable observations concerning appearance, behavior, speech, or body odors of the employee consistent with possible drug use or alcohol misuse.
  - Only one trained supervisor or company official is required.
TYPICAL SUPERVISORY CONCERNS WITH REASONABLE SUSPICION REFERRALS

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

SUPERVISORS MUST BE KNOWLEDGEABLE OF:

- Definition of reasonable suspicion
- Definition of role and responsibility of supervisors
- Recognition of signs and symptoms of drug use
- Recognition of signs and symptoms of alcohol misuse
SUPERVISORY TRAINING WILL ADDRESS:

- Short-term indicators
- Long-term indicators
- Initiating, substantiating, and documenting the referral
- Employee intervention
- Recordkeeping/document event

SHORT-TERM OBJECTIVE FACTS – PHYSICAL INDICATORS

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

♦ Runny or bleeding nose
♦ Possible puncture marks
♦ Wetting lips frequently – complaining of dry mouth
♦ Nystagmus (involuntary jerky eye movement)
♦ Sensation of bugs crawling on skin

EXAMPLES OF DRUG PARAPHERNALIA
EXAMPLES OF DRUG AFFECTS ON PUPILS

Normal

Dilated

Pinpoint

SHORT-TERM OBJECTIVE FACTS – BEHAVIORAL INDICATORS

- Hyperactivity – fidgety, agitated
- Breathing irregularly or with difficulty
- Nausea or vomiting
- Slow reactions
- Unstable walking
- Poor coordination
- Hand tremors
- Shaking
- Extreme fatigue, sleeping on the job
- Irritable, moody
SHORT-TERM OBJECTIVE FACTS – BEHAVIORAL INDICATORS (CONT’D)

♦ Suspicious, paranoid
♦ Depressed, withdrawn
♦ Lackadaisical attitude

SHORT-TERM OBJECTIVE FACTS – SPEECH INDICATORS

♦ Slurred or slowed speech
♦ Loud, boisterous
♦ Quiet, whispering
♦ Incoherent, nonsensical
♦ Repetitious, rambling
♦ Clicking sound with tongue
♦ Rapid, pressured
♦ Excessive talkativeness
♦ Exaggerated enunciation
♦ Cursing, inappropriate speech
SHORT-TERM OBJECTIVE FACTS – PERFORMANCE INDICATORS

- Inability to concentrate
- Impulsive, unusual risk-taking
- Lack of motivation
- Delayed decision-making
- Diminished concentration
- Impaired mental functioning
- Reduced alertness
- Significant increase in errors

SHORT-TERM OBJECTIVE FACTS – BODY ODORS

- Odor of alcoholic beverage on breath or clothes
- Distinct pungent aroma on clothing or person
- Smell of cat urine
- Strong chemical odor
Since supervisors may not come into frequent contact with employees, long-term indicators are actually the most reliable group of indicators to objectively document a performance or behavior problem associated with illicit drug use or alcohol misuse. **However, long-term indicators may not be used to make a reasonable suspicion referral.**

- Work performance problems (quality and quantity)
- Personality changes
  - Moodiness
  - Aggressiveness
  - Depression
  - Fearfulness
  - Paranoia
  - Anxiety
LONG-TERM OBJECTIVE FACTS (CONTINUED)

- Chronic problems (continued)
  - Absenteeism (Mondays, after holidays, and paydays)
  - Tardiness
  - Leaves work without notice
  - Accidents
  - Poor judgment
  - Difficulty in concentrating
  - Gives improbable excuses for absences

- Personal hygiene and physical appearance

- Social withdrawal
  - Isolation
  - Overreaction to criticism
  - Lack of eye contact
EFFECTS OF ALCOHOL CONSUMPTION

- Flushing
- Dizziness
- Dulling of senses
- Impairment of coordination, reflexes, memory, and judgment
- Loss of inhibitions
- Staggering
- Slurred speech
- Double vision
- Sudden mood changes
- Unconsciousness

HEALTH RISKS ASSOCIATED WITH ALCOHOL CONSUMPTION

- Alcoholism
- Cancers of the liver, stomach, colon, larynx, esophagus, and breast
- Brain damage
- High blood pressure, heart attacks, and strokes
- Alcoholic hepatitis and cirrhosis of the liver
- Impotence and infertility
- Birth defects and Fetal Alcohol Syndrome
- Premature aging
- Kidney damage
- Pancreas damage
- Stomach and duodenal ulcers
- Colitis
- Many others
EFFECTS OF A HANGOVER

- Headache
- Nausea
- Dizziness
- Dry throat
- Eye ache
- Shaking

DISCUSSION POINTS

- What driving skills are affected by alcohol use?
- Is the alcohol found in beer, wine, and liquor the same? Do they have the same impact?
**DISCUSSION POINTS (CONTINUED)**

- Can drinking coffee, taking a cold shower, or getting fresh air help a person get sober before reporting to work?
- What is the difference between alcohol use and alcohol abuse?

**DISCUSSION POINTS (CONTINUED)**

- According to our State law, what is the Blood Alcohol Content (BAC) that is considered illegal? What is the level established for a Commercial Driver's License? What is accepted by our transit system?
- When does a hangover start and when does it end?
- What skills required of public transportation employees are impaired by a hangover?
SKILLS IMPAIRED BY ALCOHOL USE

- Vision - ability to see the whole field of vision
- Reaction time - ability to recognize and respond quickly
- Concentration - attention span is limited
- Coordination - ability to physically control the vehicle is affected
- Reflexes - the body's ability to respond to the brain's commands is slowed
- Perception - the brain's ability to recognize visual images is slowed

SKILLS IMPAIRED BY ALCOHOL USE (CONTINUED)

- Judgment - the person's ability to make rational decisions is impaired
- Comprehension - the brain's ability to understand what is going on is impaired
SKILLS IMPAIRED BY A HANGOVER

- Concentration
- Reflexes
- Professionalism
- Coordination
- Judgment
- Politeness
- Perception
- Comprehension

MARIJUANA

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DISCUSSION POINTS

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

SAMPLE PICTURES OF MARIJUANA
COMMON NAMES FOR MARIJUANA

- Pot
- Grass
- Weed
- Joint
- Reefer
- Puff
- Blunt
- Afghan
- Broccoli
- Sativa

- Dope
- Roach
- Hash
- Bud
- Mary Jane
- Ganga
- 420
- Herb
- Hemp
- Spliff

EFFECTS OF MARIJUANA USE

- Slows reaction time
- Decreases awareness of the road
- Decreases awareness of vehicle control
- Reduces peripheral vision
- Diminishes estimates of time and distance
- Impairs coordination

- Impairs judgment
- Impairs concentration
- Diminishes capacity to perform complex functions
- Reduces short term memory
- Reduces awareness and perception of diminished skill levels
HEALTH RISKS ASSOCIATED WITH MARIJUANA

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

MARIJUANA USE FACTS

- The amount of marijuana required to generate a high depends on:
  - THC content of the marijuana
  - Individual’s weight, height, and body type
- Driving skills are impaired for 4 to 6 hours after smoking one joint, but some people show effects for up to 24 hours
- The THC may stay in a person’s system for up to 30 days or longer
- Any use is too much for the public transit professional
COCAINE

Effects of Cocaine Use

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

- False sense of power, control, alertness, well-being, confidence, and strength
- Impulsive
- Unpredictable
- Paranoid
- Reckless

AFTER-EFFECTS OF COCAINE USE

- Restlessness
- Anxiety
- Depression
- Exhaustion
- Mental Fatigue
- Irritability
- Paranoia
- Intense craving for drug
- Preoccupation with drug
- Overall discomfort
EFFECTS OF CRACK USE

- Short, intense high
- Abrupt halt to high
- Deep depression
- Intense craving for more drug

DISCUSSION POINTS

- What are common names for cocaine?
- Besides the addiction and physical risks directly related with cocaine use, what are other risks?
- Who are the potential victims of cocaine use by public transit professionals?
- Why is crack considered so much more dangerous than cocaine?
- Why do people become addicted?
COMMON NAMES FOR COCAINE

- Coke
- Blow
- Snow
- Speedball
- Flake
- Crack
- Rock
- Snort
- Toot

- Freebase
- Base
- Eight-ball
- King’s Habit
- Devil’s Dandruff
- Mighty White
- Electric Kool-Aid
- Uptown
- All-American Drug

POTENTIAL VICTIMS OF COCAINE USE BY PUBLIC TRANSIT PROFESSIONALS

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

EFFECTS OF AMPHETAMINE USE

- Restlessness
- Irritability
- Talkativeness
- Tenseness
- Hyperactivity
- Violent behavior
- Impaired judgment
- False sense of alertness
- Diminished concentration
- Over self-confidence
- Psychological addiction
- Brain damage
- Suicidal depression
AFTER-EFFECTS OF AMPHETAMINE USE

- Depression
- Confusion
- Intense fatigue

METHAMPHETAMINES
CHARACTERISTICS OF METHAMPHETAMINES

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

DISCUSSION POINTS

- What are common street names for amphetamines and methamphetamines?
- Why are amphetamines so commonly used in the transportation industry?
- What is the difference between amphetamines and methamphetamines?
COMMON STREET NAMES FOR AMPHETAMINES/METHAMPHETAMINES

- Speed
- Uppers
- Poppers
- Meth
- Bennies
- Crank
- White crosses
- Ecstasy
- Dexies
- Crystal
- Juice
- Black Beauties
- Chalk
- Glass
- Truck Drivers

Ecstasy
Common Effects of Ecstasy

- Impaired judgment
- False sense of affection
- Confusion
- Depression
- Sleep Problems
- Severe Anxiety
- Paranoia
- Drug cravings
- Muscle tension
- Fearlessness
- Chills and sweating
- Involuntary teeth clenching
- Blurred vision
- Nausea

Discussion Points

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

- Adam
- Eve
- Cadillac
- Beans
- X
- XC
- XTC
- California Sunrise
- Clarity
- Essence

- Elephants
- Hug
- Hug Drug
- Love Pill
- Roll
- Lovers Speed
- Snow Ball
- Scooby Snacks
- Love Pill

OPIATES
EFFECTS OF OPIATE USE

- Relief of pain
- Drowsiness
- Restlessness
- Indifference
- Relaxation
- Slow reflexes
- Accident prone

DISCUSSION POINTS

- What are common street names for opiates?
- How can opiates be obtained legally?
- What other risk factors are associated with heroin use?
COMMON STREET NAMES FOR OPIATES

- Heroin
- Black tar
- Tar
- Opium
- Horse

- Morphine
- Smack
- Mexican brown
- China white

PHENCYCLIDINE
EFFECTS OF PHENCYCLIDINE USE

- Unpredictable behavior
- Departure from reality
- Memory loss
- Diminished concentration
- Decreased sensitivity to pain
- Extreme violence
- Distorts hearing, smell, taste, touch, and visual senses
- Alters mood and consciousness
- Disorientation
- Disturbed perception
- Impaired judgment
- Temporary insanity
- Suicidal behavior

COMMON STREET NAMES FOR PHENCYCLIDINE

- Angel Dust
- Ozone
- Wack
- Rocketfuel
OTHER HALLUCINOGENS

- LSD
- Peyote
- Mescaline
- Psilocybin

DISCUSSION POINTS

- If PCP has such harsh, unpredictable effects, why do people take it?
- What do all hallucinogens have in common?
- How long after the use of a hallucinogen could a public transit professional safely perform his/her job duties?
EFFECTS COMMON TO ALL HALLUCINOGENS

- Distorts reality
- Unpredictable
- Potential for flashbacks
- Inability to perform job duties

PRESCRIPTION AND OVER THE COUNTER MEDICATION (RX/OTC)
COMMONLY PRESCRIBED DRUGS

- Tranquilizers
- Barbiturates
- Narcotics
- Hypnotics
- Antihistamines

TRANSIT EMPLOYEE RESPONSIBILITY: PRESCRIPTION DRUGS

- Make sure your physician is fully aware of your medical history and any other drugs you are currently taking
- Inform your physician of your job duties and ask if the prescribed drug will affect your ability to carry out these functions
- Discuss other treatment options with your physician, if appropriate
TRANSLIT EMPLOYEE RESPONSIBILITY: PRESCRIPTION DRUGS (CONTINUED)

- Check warning labels
- Inform your supervisor of any medications you are taking
- Determine whether or not you should report to work
- Take the medication exactly as prescribed

DRIVING SKILLS THAT ARE COMMONLY AFFECTED BY PRESCRIPTION DRUGS

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

- Antihistamines
  - Drowsiness
  - Slowed reactions
  - Impaired vision
- Stimulants
  - Jitteriness
  - Diminished concentration
  - False sense of alertness
  - Irritability
  - Post-high fatigue

RESPONSIBLE USE OF OVER-THE-COUNTER DRUGS

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

Prescription pain relievers are new drug users’ drug of choice, vs. marijuana or cocaine.

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

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

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

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

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

- The intent of the program, as it applies to reasonable suspicion testing, is to provide supervisors with another resource to help them ensure that safety-sensitive employees are fit for duty
  - Fitness for duty is a prerequisite for safety!
- Supervisors are on the front-line in identifying substance abuse in the transportation industry
- Supervisors are not expected to be police or experts in substance abuse
- Supervisors are expected to protect the safety of the general public as well as employees

DEBUNKING THE MYTHS (CONTINUED)

- The supervisor’s role is to help orient, train, and inform employees about the policy, and to determine when there is reasonable suspicion for testing
- Supervisors are expected to determine fitness for duty, not what substances an employee may be abusing
- Supervisors should not be concerned with the problems an employee is facing in his/her personal life unless it affects job performance and public safety
DEBUNKING THE MYTHS (CONTINUED)

- Supervisors are expected to be able to articulate and substantiate specific behavioral performance or physical indicators of prohibited drug use and alcohol misuse; but it is not the supervisor’s responsibility to “diagnose” the individual.
- Supervisors must remember that a referral for a reasonable suspicion test is not an accusation. It is merely a request for objective data for use in identifying the underlying cause of observed behavior.

DEBUNKING THE MYTHS (CONTINUED)

- The interaction with the employee and all information about the test results should be handled with the strictest confidentiality, and with respect for the employee’s privacy.
SUPERVISORY FUNCTIONS

- Supervisor’s role
  - Realization/awareness of potential problem
  - Looks for presence of other indicators
- Supervisors should:
  - Document changes over time
  - Look for multiple indicators, since taken alone, each indicator could be caused by something other than substance abuse
  - Document each reasonable suspicion testing referral as soon as possible following the observation

REFERRALS MUST SATISFY THREE KEY CRITERIA

- Objective facts
- Could another equally-trained supervisor come to the same conclusion
- Less responsible not to require a test
INITIATING THE REFERRAL

- Non-confrontational
- Non-accusatory
- Never solicit a confession
- Private location
- Think through what you are going to say
- Anticipate questions/denials/threats

REASONABLE SUSPICION INTERVENTION AND REFERRAL

- Primary issue is safety
- Inquire and observe
- Review your findings
- Verify facts
- Make the reasonable suspicion decision
- Isolate and inform the employee
- Transport the employee (optional)
- Document events
SUPERVISOR INTERVENTION

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

EXPECTED REACTIONS FROM EMPLOYEE

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

SUPERVISORY DO’S

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

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

Case Studies

Dan is a recent retiree who came to work for the transit system three months ago. He began complaining to other drivers about immense back pain from sitting for long periods of time. Another driver gave Dan medication to help with the pain. He took several not knowing what they were. Dan missed several pick-ups. A regular passenger called and said that Dan was calling passengers by the wrong name. At the end of his shift he stumbled getting out of his vehicle. He was pale and his pupils were pin point. He talked very slowly and spoke so quietly you could hardly hear him. He looked very drowsy. When questioned by management he said he just took something for pain.
Case Studies

Jessica works as a substitute driver for the local transit system during the summer. On a Monday morning Jessica got a call from her transit supervisor to fill in for a sick driver. She agreed and thirty minutes later reported for work. Jessica mentioned to her supervisor that she hosted a party the night before and was still feeling a little “out of it” and that she was dizzy and had a headache. Her eyes were bloodshot and she smelled like beer. She was flushed and her speech was uncharacteristically loud. You overheard her supervisor say that he had no one else available to drive so he told her to drink some coffee and try to make it through the day.

Case Studies

Bob has been the lead driver for the last ten years. Bob is known to enjoy a few beers after work and on the weekends. He is considered a good old boy that is enthusiastic about his job and is well-liked by the system employees. He is thought of as the best driver the system has ever had. During an evening public meeting regarding service change, Bob made a public presentation regarding the routes and schedules. Bob was on the clock. Bob was flushed and sweating excessively. His eyes were bloodshot and watery. Bob’s speech was loud and his comments disoriented. Bob’s uniform was soiled and there was a peculiar odor about him. One supervisor thought Bob smelled of breath mints, while another thought Bob’s breath smelled of alcohol. When asked if he had a problem, he replied that he was nervous about public speaking.
Case Studies

Amanda has been a dispatcher for two years. She is usually very upbeat and energetic about her work. Occasionally, she will get very depressed and it will last for days, but she usually bounces back to her normal self. One of her friends has mentioned to you that Amanda is bi-polar and that’s why she goes through cycles of being very happy and energetic to being depressed and lethargic.

Amanda shows up for work today in an extremely good mood. She is very restless.

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

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