

Reasonable Suspicion Referral for Drug & Alcohol Testing



An Interactive Training Program

Developed by:
U.S. Department of Transportation



**Federal Transit
Administration**

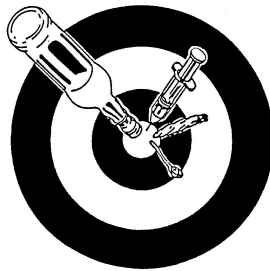
Notice

The Federal Transit Administration, within the Department of Transportation, prepared this training booklet information and video publication.

Pipeline Testing Consortium, Inc. has enhanced this information by reprinting in an easy to follow format. To incorporate all modes covered under the Department of Transportation, FTA regulation references have been replaced or deleted.

Training Verification Form

Reasonable Suspicion Referral for Drug & Alcohol Testing ~Supervisor Training~



This certifies that the individual below has received at least 120 minutes (60 on alcohol; 60 on drugs) of training on reasonable suspicion referral, as required by the Department of Transportation.

Date: _____

Trainee: _____

Please print - First, Last Name

Signature: _____

Company: _____

Training module provided by:
Pipeline Testing Consortium, Inc.
9 Compound Drive
Hutchinson, KS 67502
620-669-8800

**Return completed form to:
Pipeline Testing Consortium, Inc. - fax# 620-669-0906**

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by

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Reasonable Suspicion Referral Training Program

An Overview

Purpose

This program is intended to inform designated transit personnel on the dos and don'ts, whys and hows in making fair and reliable reasonable suspicion drug and alcohol testing referrals of covered employees performing safety-sensitive job functions.

Target Audience

This program is intended for front line supervisors responsible for making reasonable suspicion drug/alcohol testing referrals of employees who perform DOT safety-sensitive job functions.

Scope and Methodologies

This training program is geared toward a classroom environment with a selected trainer leading the discussions and exercises in each topic area.

The training package consists of a four-segment video and this trainer/trainee's guide. To create an interactive learning environment, the video pauses after each segment to allow for group discussions and/or the completion of workbook exercises.

The Video

The video portion of this training package consists of the following four segments:

Segment 1 - General Requirements on Reasonable Suspicion Referrals

Segment 2 - Alcohol Abuse in the Workplace

Segment 3 - Prohibited Drugs in the Workplace

Segment 4 - Make the Call - The Reasonable Suspicion Interview

Trainer/Trainee Guide

The leader's guide reiterates, supplements, and expands upon the information presented in the video by using participatory exercises as a learning tool intended to further enhance and/or stimulate the training process. Instructions precede each exercise as a guide to assist the trainer in the preparation of visual displays, and recommend verbal discussion points, which will serve as effective training material when used. The hands-on Exercises and Answer Keys contain important supplemental information that serve to familiarize the trainee(s) with more in-depth details of the requirements that satisfy and comply with the Department of Transportation (DOT) regulations.

Because this training packet should be used in a "classroom" environment, the exercises are presented in three different formats:

- **Trainer Packet** To be used by the individual conducting the training session. The exercises are preceded by one or more "things to do" instructional steps to guide the trainer in how to present the material.
- **Answer Key** Suggested Answers to, or key points to be relayed with each exercise.
- **Trainee Packet** To be used by each class "trainee" participant. Exercise Worksheets only.

In addition, Appendix A contains other relevant material that should be photocopied onto overhead transparencies and used as indicated throughout the Trainer's Packet text material.

About the Exercises	
Exercise 1	<u>General Requirements for Making Reasonable Suspicion Referrals</u> Exercise 1 follows segment 1 of the video and consists of 7 True/False questions regarding who, what, why, where, when, and how related to making a reasonable suspicion determination.
Exercise 2	<u>Alcohol Abuse in the Workplace</u> Exercise 2 follows segment 2 of the video and consists of a 20 minute discussion and a 40-minute case study analysis that deal with recognizing the short-term indicators related to alcohol misuse.

About the Exercises	
Exercise 3	<p><u>Prohibited Drug Use in the Workplace</u></p> <p>Exercise 3 follows segment 3 of the video and consists of 60 minutes of exercises intended to focus on recognizing the short-term symptoms and paraphernalia associated with the five prohibited drugs. It is recommended that discussions follow each exercise so that the recognition factors being conveyed are fully comprehended.</p>
Exercise 4	<p><u>Make the Call: The Reasonable Suspicion Interview</u></p> <p>Exercise 4 follows segment 4 of the video and consists of a short question and answer exercise on the dos and don'ts during the interview process.</p>
Exercise 5	<p><u>Wrap-up Discussion</u></p> <p>Exercise 5 concludes the training program with a general review of common issues that supervisor trainees may need to address after absorbing the information presented on reasonable suspicion determination and referral.</p>

Duration of Training

The DOT regulations require **60 minutes of training on the signs and symptoms of alcohol misuse**, and **60 minutes on the signs and symptoms of prohibited drug use**. This program satisfies the basic DOT requirement (It is also recommended that an additional 30 minutes be anticipated to conduct the overview and wrap-up sessions). However, some companies deem the supervisor's ability to make a reasonable suspicion determination so critical to the success of their substance abuse management program, that they devote a full day or more to supervisory training.

Supplemental Information

The primary source of the information presented herein is the FTA's *Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit*, which includes lists of additional resources that can be consulted.

GETTING STARTED

Before beginning the training session, you should have:

- Previewed the complete contents of the Leader's Guide.
- Made overhead transparencies of Appendix A, and be cognizant of the relevant segment(s) throughout the training curriculum where they should be used.
- Made overhead transparencies of each page of the Answer Key.
- Conducted a dry run of a session. Total session time should be approximately 2.5 hours.
- Made sufficient copies of the Trainee Packet for each trainee.
- Made sufficient copies of the Answer Key for each trainee.
- Made sufficient copies of the Training Verification Form for each trainee.

Note: The Answer Key should not be distributed to the trainees until the end of the session.

TRAINER PACKET

EXERCISE 1

GENERAL REQUIREMENTS ABOUT REASONABLE SUSPICION REFERRAL

INSTRUCTIONS: Explain that the following exercise will provide general introductory information on the basic axioms pertaining to reasonable suspicion, which will be reiterated and reinforced throughout the training program. Allow 5 minutes.

<i>Place a (✓) to indicate the True/False designation of the statements</i>	True	False
It is your job as a supervisor to be able to make reasonable suspicion determinations for all employees whom you supervise.		
According to DOT regulations, you must have another supervisor observe the employee and concur with your assessment before making your reasonable suspicion determination.		
An employee's job title/description is not the determinant when assessing his/her "safety-sensitive" function. Instead, the primary criterion is actual performance of a safety-sensitive function.		
Use and ingestion of the five illegal drugs is prohibited 4 hours prior to performing a safety-sensitive function.		
The primary focus on making a reasonable suspicion determination is safety, both for the employee and the public to whom they provide a service.		
A reasonable suspicion referral must only be made if a covered employee is determined as misusing or abusing either substance (alcohol or drugs). It is okay, however, for an employee to consume small amounts of drugs and alcohol that would not be considered misuse or abuse, prior to performing a safety-sensitive function.		
A reasonable suspicion referral must be based on a trained supervisor's specific, contemporaneous, articulable observations based on the appearance, behavior, speech, or body odor of the person for whom the referral is made.		

STOP HERE

RETURN TO VIDEO

EXERCISE 2

ALCOHOL ABUSE IN THE WORKPLACE

The following exercises are intended to assist and educate supervisors in recognizing the short-term indicators of alcohol misuse.

2.1

Suggested length: 20 minutes

INSTRUCTIONS:

- 1) Make an overhead transparency of Appendix A to show and review the alcohol-related fatality statistics. Reiterate the following fact:

Emphasis Point: Alcohol is the most abused drug in society today. It is a depressant and affects vision, judgment, reaction time, memory, and most important, public safety. Blatant drunkenness is easy to detect on sight, and so it is assumed that most employees would not show up for work in this condition. However, it is possible for one's state of intoxication to be less outwardly visible, thereby giving a person a false sense of security in feeling that he/she can function cohesively while only a "little high" or with a "small buzz." In either case, the resulting effect can be fatal.

- 2) Invite the class to give examples of their interpretation of how they would classify and recognize the following symptoms:

Lack of coordination

Constricted Pupils

Blackout

Bloodshot or watery eyes

Sleepy or stuporous condition

Aggressive or antagonistic behavior

Slurred Speech

Slowed reaction rate

Dulled mental processes

You may elect to periodically update the examples listed with your own, or other class-generated examples.

2.2

Suggested length: 40 minutes

INSTRUCTIONS: Use the following case studies as a basis for discussion. You may substitute cases of your own. Take 10 minutes for each case study (or longer if you have time). The Answer Key provides suggested responses, their reasons and rationale, as well as key points to emphasize during the discussions. Remember, the key points may vary depending on the circumstances.

Case 1

Joe has been a metropolitan transit bus driver for 10 years. Recently, you have noticed that he is very lethargic. In fact, several of his co-workers have reported seeing him dozing on the job. One day you notice a prescription container labeled "Contains alcohol, and will cause drowsiness" on his desk. When asked about his recent downshift in his energy level, he looks at you with a glazed-over expression and says that he has not been getting much sleep lately due to the new baby. You make a reasonable suspicion referral but he refuses to take the test. What do you do?

What do you do in the event that he does confide in having an ailment that warrants medication, but failed to mention this to you earlier for fear of losing his job?

Case 2

Mary was hired by a large transit system as a forklift operator only 4 weeks ago. Based on her prior job qualifications and experience, the personnel administrator has informed you that she holds a CDL and drove snowplows in a previous position. As a result, she may sometimes be asked to fill in for personnel whom you do not supervise. This morning, due to heavy snowfall, the division chief asks that Mary be placed on stand-by and be prepared to supplement the snowplow crew at a moment's notice, if needed. During lunch at the local restaurant, unbeknownst to her, you saw her drinking beer with her meal. What do you do?

Case 3

Eight years ago Casey tested positive for illegal drug use after undergoing a "reasonable suspicion test." Company policy permitted Casey to return to work after completing the recommended treatment. Up until 2 months ago he has been punctual, rarely absent, and produces high quality work in a timely manner. Since then you have noticed an increase in "sick," or "in late" calls from him. What do you do?

In addition to these symptoms, you notice that on each of his breaks for the past 2 weeks, he has been drinking from a dark-colored flask, and a fellow supervisor reports smelling the odor of alcohol on his breath on several occasions. What do you do?

Case 4

A fellow supervisor reports overhearing telephone conversations between a dispatcher and a scheduler, which seem to suggest that they have both been cited (on separate occasions) for drunk driving offenses involving their personal automobiles. Their personnel file contains

documented reports from co-workers stating that on several occasions they have been seen passed out in the lavatory, or their car. What do you do?

Today, the dispatch log shows that on average, incoming calls were not being acknowledged by the dispatcher until the fourth to sixth ring, even when there were no active calls. On two such occasions you happened to be walking by the station and made the same observation. At that time, when you asked the dispatcher if he had not heard the ring of the incoming call, or seen the console light, he responded truthfully in the negative, but in an antagonistic and aggressive tone of voice. What do you do?

STOP HERE

RETURN TO VIDEO

EXERCISE 3

PROHIBITED DRUG USE IN THE WORKPLACE

The following exercises are intended to assist and educate supervisors in recognizing the signs, symptoms, and paraphernalia of the five prohibited drugs. They will serve to familiarize the supervisor with:

- A more detailed description on the physical appearance of each substance,
- Prominent "street slang" terminology used to refer to each substance, and
- Behavior, which might indicate illegal drug use.

Emphasis Point: Even though you (the supervisor) are not expected (nor should you try) to determine the exact drug an employee is using, you should be able to recognize the common: 1) physical, behavioral, speech, performance, and odor signs and symptoms associated with, 2) the physical appearance of, and, 3) the paraphernalia used to administer each of the five prohibited drugs. This will not only help you make a reasonable suspicion determination, but also add credence to your assessment.

Instruct the class to read each of the following paragraphs before completing exercises 3.1 - 3.2 that follow, provide the answers, and discuss any questions from the class.

Cocaine energizes the entire central nervous system. "Snorting cocaine" (or cocaine hydrochloride) is a white-to-creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. Common paraphernalia may include a single-edged razor blade and a small mirror/piece of smooth metal, a rolled up dollar bill, a half-straw or metal tube, or a small screw cap vial or folded paper packet. When vapors are inhaled, the effect is felt within seven seconds. Crack, a derivative of cocaine, looks like small rocks and is commonly smoked using a crushed aluminum can with pin holes, or occasionally from a glass pipe using a lighter, alcohol lamp, or small butane torch for heating. Trade or street names for cocaine are: Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Marijuana produces a mildly tranquilizing and mood and perception-altering effect. The leaves of the marijuana plant range in color from green to light tan, and are usually dried and broken into small pieces. Another less prevalent variety known as Hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Common paraphernalia include cigarette papers, roach clips, and small pipes made of bone, brass or glass. Trade or street names for marijuana include Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Ganja, Thia Sticks, Hash and Hash oil.

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their use. Amphetamines are sold in counterfeit capsules or white flat, double-scored

"mini-bennies." One form of amphetamines (methamphetamine) is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. It may be taken orally, injected or snorted into the nose. Trade or street names for this drug include Biphedamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Opiates, more commonly but inaccurately known as narcotics, are drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling. In their natural form, opiates include opium, morphine, codeine and heroin. Opiates may be taken in pill form, smoked, or injected depending upon the type used. Trade or street names for opiates include Smack, Horse Emma, Big D, Dollies, Juice, Syrup, and China White.

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Low doses produce sedation and euphoric mood changes. A person's mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication. It is commonly sold as a clear liquid or a creamy, granular powder packaged in one-inch square aluminum foil or folded into packets. Trade or street names include Angel Dust, Dust, and Hog.

3.1

Suggested time: 10 minutes

Complete the following matrix using the clues provided.

1		2				3
	4					
						5
6						
7						
		8				

ACROSS

1. Cocaine is snorted into the ___.
4. Smoking marijuana will ___ an individual's mood and perception.
6. Cocaine can also be injected into the ___.
7. Marijuana has a distinct odor resembling a combination of alfalfa and ___.
8. Trade or street name for cocaine ___.

DOWN

2. Marijuana leaves are dried and broken into _____.
3. Trade or street name for marijuana ___.
5. Cocaine can also be ___ on the gums.

3.2

Suggested time: 5 minutes

Instruction: Match the paraphernalia, street name, or physical appearance listed to the substance (or substances) with which it is commonly used. **Select from the list of the five regulated substances, shown below.** (More than one answer may apply.)

1. Marijuana 2. Cocaine 3. Opiates 4. Amphetamines 5. PCP

<u>Paraphernalia/Street Name/Appearance</u>	<u>Substance</u>
Creamy, white, granular powder	_____
Single-edged razor blade	_____
Cigarette papers	_____
Angel Dust, Hog	_____
Pipes (made from bone, brass, or glass)	_____
Injection needle	_____
Small mirror, crushed aluminum can with pinholes	_____
Crank, Crystal, Speed	_____
Sealable plastic bags, aluminum foil, or folded paper jackets	_____
Piece of smooth metal	_____
Roach clip, hollowed-out cigar	_____
Rolled dollar bill, half straw or metal tube	_____
Lighter, alcohol lamp, or small butane torch	_____
Screw cap vial	_____
Smack, Dollies, China White	_____
Clear liquid	_____

3.3

Suggested time: 45 minutes

Classification and Recognition of signs and symptoms

- Instructions:
- 1) For each drug, have the trainees allocate the signs and symptoms associated with each illegal drug into their respective categories. Allocate 25 minutes (5 minutes per drug) for this portion of the exercise.
 - 2) Provide the answer keys to each drug (using overhead transparency), pausing between each drug type to discuss any questions and concerns class participants may have with regards to detecting or understanding the signs and symptoms for each drug. Allocate 20 minutes for this portion of the exercise.
 - 3) Emphasis Point(s):

Several signs and symptoms are indicative of more than one drug type. However, remember that it is not important for the supervisor to identify the substance being used... neither during the interview nor as a criterion for making a referral.

MARIJUANA	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Reddened, bloodshot eyes
- Lack of motivation
- Diminished concentration
- Impaired vision
- Slowed speech
- Chronic fatigue
- Emphysema-like condition
- Irritating cough and chronic sore throat
- Pungent aroma, distinctive smell on clothing
- Lackadaisical attitude

COCAINE	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Talkativeness
- Wide mood and energy swings
- Profuse sweating/dry mouth
- Difficulty concentrating
- Insomnia
- Paranoia and hallucinations
- Dilated pupils/visual impairment
- Increased physical activity and fatigue restlessness
- Isolation and withdrawal from friends/normal activity
- Runny or irritated nose
- High blood pressure, heart palpitations
- Formication (sensation of bugs crawling on skin)
- Frequent non-business visitors, phone calls, delivered packages frequent and extended absences from meeting or work assignments

OPIATES	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Low, raspy speech
- Mood changes
- Physical fatigue and drowsiness
- Depression and apathy
- Impaired coordination
- Impaired mental functioning and alertness
- Dry mouth, facial itching
- Constricted pupils
- Impaired respiration
- Possible puncture marks ("tracks")
- Nausea, vomiting

AMPHETAMINES	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Talkativeness
- Confusion
- Rapid respiration/profuse sweating
- Heightened aggressiveness
- Increased heart rate, blood pressure
- Hyperexcitability and restlessness
- Panic
- Dilated pupils
- Impulsive, risk-taking
- Runny/bleeding nose
- Redness in nasal area

PHENCYCLIDINE (PCP)	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Impaired coordination
- Incoherent
- Extreme mood shifts
- Violent and combative
- Incomplete or repetitive verbal responses
- Muscle rigidity
- Severe confusion and agitation
- Dilated pupils
- Dizziness
- Nystagmus (spasmodic, involuntary jerky eye movement)
- Profuse sweating

STOP HERE
RETURN TO VIDEO

EXERCISE 4

MAKE THE CALL: THE REASONABLE SUSPICION INTERVIEW

The following exercises are intended to assist and educate supervisors in the interview process.

4.1

Suggested length: 15 minutes (or more if time permits)

INSTRUCTIONS: The objective of this exercise is to give supervisors the opportunity to familiarize themselves with, and to practice techniques on, approaching an employee who may be a candidate for a reasonable suspicion drug and/or alcohol test. The most appropriate approach is one that minimizes the potential for conflict while still being respectful of the employee's right to privacy and confidentiality.

Use the checklist provided to identify the actions taken in each scenario presented below, and then indicate whether that action was taken correctly or incorrectly. The instructor may then ask class participants to role-play and act out each scenario in a manner in which they would have handled the situation, correcting any "faux pas" made.

SCENARIO 1

You, the supervisor have observed a bus driver on a bus while in service blowing smoke out of the driver's window. At the stop, you board the bus and smell the odor of marijuana. With passengers still on board, you immediately confront the driver and accuse him/her of smoking an illegal substance while on the job. You ask the driver to leave the bus and return to the bus yard for the remainder of his/her shift. After arranging for a substitute driver to take over the remainder of the route, you return to the bus yard and call the driver into your office where you advise him/her that they are being referred for a reasonable suspicion test, and that they must accompany you immediately to the collection site for testing. Startled by the operator's refusal to take the test, you inform them that their refusal is tantamount to a positive test result, and you are left with no choice but to remove them from driving detail and assign them to administrative duties until further notice. Upon hearing this, the operator suggests, and you readily agree to meet him/her at the test site first thing tomorrow morning.

SCENARIO 2

You, the supervisor, have walked into the busy locker area and observed (via the concave mirrors) a train operator placing a needle and a vial into his/her locker. You decide that a reasonable suspicion referral is warranted and without explanation, you ask the operator to accompany you to your office. You proceed to tell him/her of your observation, and also that you have heard through the office grapevine that he/she has been exhibiting signs which in your opinion, and based on personal experience, could be diagnosed as manic depression. You begin to ask the employee specific questions, the answers to which would either support or refute your assessment. You believe the

employee's explanations and justifications to be honest and rational. Against your better judgment, but given that you have no tangible evidence, you end your discussion with a simple warning, and recommend treatment centers in the metropolitan area where help is available.

SCENARIO 3

While on your way home from work one evening, you observe an off-duty mechanic purchasing a white powdery substance packaged in a Ziploc bag from a well-known drug dealer. The next day you notice that her pupils are dilated, and that she is having difficulty using a screwdriver while performing maintenance on a 40-foot bus. You approach her in the work bay and inform her that you are making a reasonable suspicion determination and that she should accompany you to the collection site. As you expected, she vehemently denies these allegations and states that unless you are able to prove that she is on drugs, you have no right to request that she accompanies you anywhere. In a calm manner you explain that you sincerely hope to be proven wrong and that if she is "clean", then taking the test should not be a problem. She responds that you are in violation of her civil rights, throws down her tool belt and walks away. The following day, she reports to work still adamant about not taking the test, and threatens to take legal action against you and the company.

INTERVIEW CHECKLIST				
	IDENTIFY THE ACTIONS TAKEN IN EACH SCENARIO (More than one may apply)		<i>Was the action?</i>	
			VALID	INVALID
SCENARIO 1	<input type="checkbox"/>	Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee.		
	<input type="checkbox"/>	Give the employee an opportunity to describe and explain the events from their perspective. Expect denial.		
	<input type="checkbox"/>	Waiver from your referral determination.		
	<input type="checkbox"/>	Recommend strongly that you accompany the employee to the collection site.		
	<input type="checkbox"/>	Inform the employee that they are being removed from their safety-sensitive position.		
	<input type="checkbox"/>	Be accusatory, judgmental, or condescending.		
	<input type="checkbox"/>	Diagnose the employee's problem/behavior.		
	<input type="checkbox"/>	Allow the individual to show up for a test on their own.		

(continued on next page)

INTERVIEW CHECKLIST				
IDENTIFY THE ACTIONS TAKEN IN EACH SCENARIO (More than one may apply)			<i>Was the action?</i>	
			<i>VALID</i>	<i>INVALID</i>
SCENARIO 2	<input type="checkbox"/>	Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee.		
	<input type="checkbox"/>	Give the employee an opportunity to describe and explain the events from their perspective. Expect denial.		
	<input type="checkbox"/>	Waiver from your referral determination.		
	<input type="checkbox"/>	Recommend strongly that you accompany the employee to the collection test site.		
	<input type="checkbox"/>	Inform the employee that they are being removed from their safety-sensitive position.		
	<input type="checkbox"/>	Be accusatory, judgmental, or condescending.		
	<input type="checkbox"/>	Diagnose the employee's problem/behavior.		
	<input type="checkbox"/>	Allow the individual to show up for a test on their own.		
SCENARIO 3	<input type="checkbox"/>	Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee.		
	<input type="checkbox"/>	Recommend strongly that you accompany the employee to the collection test site.		
	<input type="checkbox"/>	Give the employee an opportunity to describe and explain the events from their perspective. Expect denial.		
	<input type="checkbox"/>	Waiver from your referral determination.		
	<input type="checkbox"/>	Inform the employee that they are being removed from their safety-sensitive position.		
	<input type="checkbox"/>	Be accusatory, judgmental, or condescending.		
	<input type="checkbox"/>	Diagnose the employee's problem/behavior.		
	<input type="checkbox"/>	Allow the individual to show up for a test on their own.		

EXERCISE 5

WRAP-UP GROUP REVIEW AND DISCUSSION

Use the following common questions and answers as a basis for group discussion.

Note: These questions cover both reasonable suspicion drug and alcohol testing and testing in general. Suggested length - 10 minutes.

- Q. What is the objective of the DOT's workplace anti-drug and alcohol program as a whole? Isn't the Federal government infringing on the private lives of its employees?
- A. **The intent of this drug and alcohol testing program is not to control private lives of employees. The primary concern is to protect the safety of employees, passengers, and the public.**
- Q. If drug/alcohol dependency is considered a disease, why is the DOT taking a disciplinary approach?
- A. **Illegal drug use and alcohol misuse is not an excuse for unacceptable performance. The focus is on safety.**
- Q. Why are certain employees being singled out in the anti-drug/alcohol program?
- A. **Employees who perform safety-sensitive functions are responsible not only for their own personal well being, but that of their colleagues and the public. Hence, this program focuses on those employees.**
- Q. In general, when would a supervisor require an employee to undergo a reasonable suspicion drug test?
- A. **Examples include, but are not limited to overt signs or symptoms of drug use or alcohol misuse or other behavior patterns that are consistent with prohibited drug use, or alcohol misuse.**
- Q. What are the specific prohibitions related to an employee's use of illegal drugs and alcohol?
- A. **Under DOT regulations, an employee must not:**
- Alcohol:** Consume alcohol while performing a safety-sensitive function, four (4) hours prior to performing the function and up to eight (8) hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.
- Drugs:** Ingest illegal drugs at any time.
- Q. Can an employee be terminated based on a positive test result?
- A. **Perhaps, but this is neither mandated nor regulated by the DOT. Individual employers' policies determine if an employee can be terminated after receiving a positive test result.**

- Q. What safeguards will be provided to prevent supervisors from using reasonable suspicion testing as an excuse for witch hunts or vendettas?
- A. **The regulations requires that a reasonable suspicion referral must be based on trained supervisor's specific, contemporaneous, articulable observation concerning the appearance, behavior, speech, or body odor of the person for whom the referral is made. Supervisors must receive at least 120 minutes (60 on alcohol; 60 on drugs) of training and should be evaluated on their performance of that particular supervisory function.**
- Q. Is it necessary (and if so, how) for a supervisor to have a second supervisor confirm his/her assessment of possible drug/alcohol abuse by an employee (as a self-check), before confidentially verbalizing their request to the employee
- A. **Only one trained supervisor's opinion is necessary to require a reasonable suspicion test. However, the supervisor's decision must pass the "reasonable and prudent" rule of thumb. The "reasonable and prudent" rule of thumb is a cognitive judgment call that requires the supervisor to 1) assess the facts, signs and circumstances for which the reasonable suspicion is being determined, AND 2) cognitively deduce that a similarly trained and experienced supervisor (having observed the same facts, signs and circumstances) could have reached the same conclusion.**
- Q. Will employees know which supervisors have made past referrals and tend to being in their presence?
- A. **Supervisors directly responsible for a decision to conduct a reasonable suspicion test must respect an individual's dignity, and as a matter of policy are required to keep that information confidential.**
- Q. If an employee is showing sings and symptoms of being under the influence of drugs or alcohol, can the test be done quickly?
- A. **Yes. Every effort will be made to conduct the test immediately.**
- Q. What if an employee refuses to take a drug and/or alcohol test?
- A. **Denial should be an expected reaction; however refusal to a test is tantamount to a positive test result.**
- Q. Dose a supervisor have to inform the employee of their rights, and the testing process?
- A. **Employees should already be aware of their rights. Employers must distribute copies of their substance abuse policies to their safety-sensitive employees.**

- Q. What if the employee was taking prescription drugs and had to take a drug test for reasonable suspicion?
- A. **Employees are given the opportunity to list prescription medications they are taking on their copy of the Custody and Control Form. This information is not provided on any other copy of the form.**
- Q. Can supervisors make reasonable suspicion referrals of other supervisors?
- A. **Yes. Covered employees include supervisors if they perform a safety-sensitive function.**
- Q. Can a supervisor be held liable for defamation of an individual's character especially if the test results are negative?
- A. **No. If a trained supervisor conducts a reasonable suspicion referral in a proper and confidential manner that supervisor has performed his or her job appropriately. Regardless of the test result, if the supervisor has observed the "reasonable and prudent" rule in the conduct of the reasonable suspicion referral, the supervisor has met his or her responsibility.**
- Q. Can a supervisor's vulnerability to litigation be lessened by collecting as much documented supporting evidence as possible before making a determination?
- A. **Employees believed to be under the influence of a prohibited substance or misusing alcohol may be an immediate hazard to themselves and others. It is not required that documentation be generated to support a reasonable suspicion referral; however, the employer may require, or the supervisor may wish to create such documentation as a good business practice. If such documentation is created, it must be retained for one year.**
- Q. What resources are available to the supervisor to obtain additional information on making a reasonable suspicion determination?
- A. **Supervisors can obtain additional guidance from their agencies' designated:**
Substance Abuse Program Managers
Medical Review Officer (MRO)
Substance Abuse Professional (SAP)
Employee Assistance Program (EAP)

STOP HERE
END OF TRAINING
SESSION

ANSWER KEY

EXERCISE 1

Fact	True	False	Explanation of False Responses
It is your job as a supervisor to be able to make reasonable suspicion determination for all employees whom you supervise.		✓	Reasonable suspicion determinations should only be made for those employees who are performing "safety-sensitive" functions.
According to DOT regulations, you must have another supervisor observe the employee and concur with your assessment before making your reasonable suspicion determination.		✓	Only one supervisor's opinion (your own) is necessary to require a reasonable suspicion test. However, the supervisor's decision that "reasonable suspicion" exists should pass the "reasonable and prudent" rule of thumb, which requires that, a similarly trained and experienced supervisor, being reasonable and prudent and having observed and noted the same facts, signs and circumstances would have come to the same conclusion.
An employee's job title/description are not the determinants when assessing his/her "safety sensitive" function. Instead, the primary criterion is actual performance of a safety-sensitive function.	✓		

EXERCISE 1 (continued)

Fact	True	False	Explanation of False Responses
Use and ingestion of the five illicit drugs is prohibited four hours prior to performing a safety-sensitive function.		✓	Use and ingestion of the five drugs is prohibited at all times. Alcohol is the only substance with the four-hour usage requirement.
The primary focus on making a reasonable suspicion determination is safety, both for the employee and the public to whom they provide a service.	✓		
A reasonable suspicion referral must only be made if a covered employee is determined as misusing or abusing either substance (alcohol or drugs). It is okay however, for an employee to consume small amounts of drugs and alcohol that would not be considered misuse or abuse, prior to performing a safety-sensitive function.		✓	A covered employee should not consume any amount of drugs or alcohol, regardless of quantity, prior to performing a safety-sensitive function.
A reasonable suspicion referral must be based on a trained supervisor's specific, contemporaneous, articulable observations based on the appearance, behavior, speech, or body odor of the person for whom the referral is made.	✓		

EXERCISE 2

2.1

Lack of coordination:	Inability to perform acts or arrange items in the proper relative order.
Constricted pupils:	Narrowing or compressing of the pupil of the eye.
Blackout:	Temporary, but not necessarily total loss of consciousness. Forgetfulness of events occurring over periods of time also constitutes a blackout.
Bloodshot or watery eyes:	Extreme reddening of, or water-filled eyes. May also have a glassy-like film over eyes.
Sleepy or stuporous condition:	Dazed or confused look or reaction to an otherwise normal situation (e.g., not recognizing a familiar object or individual). Lethargic. Mental or physical inactivity. Lack of emotion, feeling, or enthusiasm to things generally found exciting or interesting.
Aggressive or antagonistic behavior:	Hostile behavior (e.g., physical fights, loud verbal, abusive conversations).
Slurred speech:	Indistinct, incoherent word pronunciation (e.g., nonsense-sounding syllables and/or sentences during a conversation).
Slowed reaction rate:	Delayed stimulus response to circumstances or events (e.g., non-instantaneous, startled reaction to a loud, unexpected, frightening noise).
Dulled mental processes:	Not very alert or responsive. Lacking mental agility.

Case Study Group		Yes/No Rationale	Key Emphasis points
Case 1	Part I	Do not assume that the medication is the cause for Joe's symptoms. Make a reasonable suspicion referral. If he refuses to take the test, he must be removed from the safety-sensitive position and referred to a SAP for evaluation.	Alcohol is alcohol. Therefore its misuse in any form is prohibited. A refusal to be tested is to be treated as a positive test result.
	Part II	A reasonable suspicion referral is warranted. His explanation is irrelevant.	
Case 2		You must refer Mary for a test if she reports for work to perform a safety-sensitive function (e.g., drive the bus) immediately after lunch. In addition, any trained supervisor observing the behavior even though she is not Mary's immediate supervisor can make her referral. FTA does not require testing of personnel performing non safety-sensitive functions.	The definition of "safety-sensitive." Discuss who can make a referral. Under DOT regulations, an employee must not consume alcohol while performing a safety-sensitive function, four (4) hours prior to

(continued on next page)

Case Study Group	Yes/No Rationale	Key Emphasis points
Case 2 (cont...)		<p>performing the function and up to eight (8) hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.</p> <p>The period of time a supervisor can observe an employee for signs and symptoms of alcohol abuse, and refer the employee for a reasonable suspicion test is just before, during, or after the employee performs a safety-sensitive function.</p>
Case 3	<p>Verify the smell for yourself. Refer for test the first time you smell alcohol.</p> <p>As a supervisor you will be extremely familiar with an employee's work performance and habits. Therefore, you will (and should) be cognizant of and able to identify drastic changes in their persona.</p> <p>You must stay alert, observe (do not harass) the employee closely for other indicative signs and symptoms. For example, ask the supervisor to immediately inform you the next time he happens to smell the odor in an effort to verify the smell yourself.</p>	<p>Under the DOT standard used to authorize a reasonable suspicion test for both prohibited drug and alcohol misuse, the supervisor must consider only short-term indicators. Long-term indicators such as absenteeism, tardiness, occupational injuries, repetitive moving traffic violations etc., cannot be used as a basis for conducting a reasonable suspicion test.</p> <p>Alcohol can be disguised to hide its appearance.</p>

(continued on next page)

Case Study Group		Yes/No Rationale	Key Emphasis points
Case 4	Part I	Circumstances, although suspicious, do not warrant a referral.	A hunch, gut feelings, hearsay, and long-term indicators such as absenteeism and tardiness are not valid reasons for a reasonable suspicion determination and referral.
	Part II	This is only a performance problem. An unprofessional response and delayed response to the phone does not justify a reasonable suspicion test.	

EXERCISE 3

3.1

Complete the following matrix using the clues provided.

¹ N	O	² S	E			³ T
		M				H
		A				C
	⁴ A	L	T	E	R	
		L				⁵ R
		P				U
⁶ V	E	I	N	S		B
		E				B
⁷ I	N	C	E	N	S	E
		E				D
		⁸ S	N	O	W	

ACROSS

- Cocaine is snorted into the ___.
- Smoking marijuana will ___ an individual's mood and perception.
- Cocaine can also be injected into the ___.
- Marijuana has a distinct odor resembling a combination of alfalfa and ___.
- Trade or street name for cocaine ___.

DOWN

- Marijuana leaves are dried and broken into ____.
- Trade or street name for marijuana; ___.
- Cocaine can also be ___ on the gums.

(Note: The answer for 3 down could also be *Pot*).

3.2

1. Marijuana 2. Cocaine 3. Opiates 4. Amphetamines 5. PCP

Paraphernalia

Substance

Creamy, white, granular powder	<u>2,4,5</u>
Single-edged razor blade	<u>2</u>
Cigarette papers	<u>1</u>
Angel Dust, Hog	<u>5</u>
Pipes (made from bone, brass or glass)	<u>1,2,3</u>
Injection needle	<u>2,3,4</u>
Small mirror, crushed aluminum can with pin holes	<u>2</u>
Crank, Crystal, Speed	<u>4</u>
Sealable plastic bags, aluminum foil or folded, paper jackets	<u>1,2,3,4,5</u>
Piece of smooth metal	<u>2</u>
Roach clip, hollowed-out cigar	<u>1</u>
Rolled dollar bill, half straw or metal tube	<u>2</u>
Lighter, alcohol lamp, or small butane torch	<u>2</u>
Screw cap vial	<u>2,5</u>
Smack, Dollies, China White	<u>3</u>
Clear Liquid	<u>5</u>

3.3

MARIJUANA	
PHYSICAL	reddened, bloodshot eyes; chronic fatigue; emphysema-like condition
	impaired vision; irritating cough and chronic sore throat
BEHAVIORAL	lack of motivation; lackadaisical attitude
SPEECH	slowed speech
ODOR	pungent aroma distinctive smell on clothing

COCAINE	
PHYSICAL	increased physical activity and fatigue; insomnia; runny or irritated nose; profuse sweating/dry mouth
	dilated pupils/visual impairment; formication (sensation of bugs crawling on skin); high blood pressure, heart palpitations
BEHAVIORAL	isolation and withdrawal from friends/normal activity; paranoia and hallucinations
	frequent non-business visitors, phone calls, delivered packages; wide mood and energy swings, restlessness
SPEECH	talkativeness
ODOR	N/A

OPIATES	
PHYSICAL	impaired mental functioning and alertness; physical fatigue and drowsiness; possible puncture marks ("tracks")
	dry mouth, facial itching; impaired coordination; impaired respiration; constricted pupils; nausea, vomiting
BEHAVIORAL	mood changes; depression and apathy
SPEECH	low, raspy speech
ODOR	N/A

AMPHETAMINES	
PHYSICAL	rapid respiration/profuse sweating; redness in nasal area; runny/bleeding nose
	dilated pupils; increased heart rate, blood pressure
BEHAVIORAL	hyperexcitability and restlessness; confusion
	panic; heightened aggressiveness; impulsive, risk-taking
SPEECH	talkativeness
ODOR	N/A

PHENCYCLIDINE (PCP)	
PHYSICAL	nystagmus (spasmodic, involuntary jerky eye movement); profuse sweating; impaired coordination
	dilated pupils; dizziness; muscle rigidity
BEHAVIORAL	severe confusion and agitation; violent and combative; extreme mood shifts
SPEECH	incoherent; incomplete or repetitive verbal responses
ODOR	N/A

EXERCISE 4

INTERVIEW CHECKLIST			
	ACTIONS TAKEN IN EACH SCENARIO IDENTIFIED WITH AN 'X'	VALID	INVALID
SCENARIO 1	<input type="checkbox"/> Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee. <input type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial. <input type="checkbox"/> Waiver from your referral determination. <input checked="" type="checkbox"/> Recommend strongly that you accompany the employee to the collection site. <input checked="" type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position. <input checked="" type="checkbox"/> Be accusatory, judgmental, or condescending. <input type="checkbox"/> Diagnose the employee's problem/behavior. <input checked="" type="checkbox"/> Allow the individual to show up for a test on their own.	 ✓ ✓ 	 ✓ ✓
SCENARIO 2 Scenario 2 (cont...)	<input checked="" type="checkbox"/> Be confident, diplomatic, polite, and always respectfully mindful of the dignity and confidentiality of the employee. <input type="checkbox"/> Recommend strongly that you accompany the employee to the collection test site. <input checked="" type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial. <input checked="" type="checkbox"/> Waiver from your referral determination. <input type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position. <input type="checkbox"/> Be accusatory, judgmental, or condescending. <input checked="" type="checkbox"/> Diagnose the employee's problem/behavior. <input type="checkbox"/> Allow the individual to show up for a test on their own.	 ✓ ✓ 	 ✓ ✓

(continued on next page)

INTERVIEW CHECKLIST			
	ACTIONS TAKEN IN EACH SCENARIO IDENTIFIED WITH AN 'X'	VALID	INVALID
SCENARIO 3	<input checked="" type="checkbox"/> Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee.	✓	
	<input type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial.		
	<input type="checkbox"/> Waiver from your referral determination.		
	<input checked="" type="checkbox"/> Recommend strongly that you accompany the employee to the collection test site.	✓	
	<input checked="" type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position.	✓	
	<input type="checkbox"/> Be accusatory, judgmental, or condescending.		
	<input type="checkbox"/> Diagnose the employee's problem/behavior.		
	<input type="checkbox"/> Allow the individual to show up for a test on their own.		

TRAINEE PACKET

EXERCISE 1

GENERAL REQUIREMENTS ABOUT REASONABLE SUSPICION REFERRAL

<i>Place a (✓) to indicate if the statements made in the table below are true or false. Allocate 5 minutes.</i>	True	False
It is your job as a supervisor to be able to make reasonable suspicion determination for all employees whom you supervise.		
According to the DOT regulations, you must have another supervisor observe the employee and concur with your assessment before making your reasonable suspicion determination.		
An employee's job title/description is not the determinant when assessing his/her "safety sensitive" function. Instead, the primary criterion is actual performance of a safety-sensitive function.		
Use and ingestion of the five illegal drugs is prohibited 4 hours prior to performing a safety-sensitive function.		
The primary focus on making a reasonable suspicion determination is safety, both for the employee and the public to whom they provide a service.		
A reasonable suspicion referral must only be made if a covered employee is determined as misusing or abusing either substance (alcohol or drugs). It is okay, however, for an employee to consume small amounts of drugs and alcohol that would not be considered misuse or abuse, prior to performing a safety-sensitive function.		
A reasonable suspicion referral must be based on a trained supervisor's specific, contemporaneous, articulable observations based on the appearance, behavior, speech, or body odor of the person for whom the referral is made.		

STOP HERE

RETURN TO VIDEO

EXERCISE 2

ALCOHOL ABUSE IN THE WORKPLACE

The following exercises are intended to assist and educate supervisors in recognizing the short-term indicators of alcohol misuse.

2.1

In a group discussion, please give examples of your interpretation of how you would classify and recognize the following symptoms (Allocate 20 minutes):

Lack of coordination

Constricted pupils

Blackout

Bloodshot or watery eyes

Sleepy or stuporous condition

Aggressive or antagonistic behavior

Slurred speech

Slowed reaction rate

Dulled mental processes

You may jot down your responses (and others provided) in the space provided for future reference.

2.1

The following case studies will be used as the basis for group discussion. Be prepared to talk about and rationalize your reaction to each situation. Allocate 40 minutes.

Case 1

Joe has been a metropolitan transit bus driver for 10 years. Recently you have noticed that he is very lethargic. In fact, several of his co-workers have reported seeing him dozing on the job. One day you notice a prescription container labeled "Contains alcohol, and will cause drowsiness" on his desk. When asked about his recent downshift in his energy level, he looks at you with a glazed-over expression and says that he has not been getting much sleep lately due to the new baby. You make a reasonable suspicion referral but he refuses to take the test. What do you do?

What do you do in the event that he does confide in having an ailment that warrants medication, but failed to mention this to you earlier for fear of losing his job?

Case 2

Mary was hired by a large transit system as a forklift operator only 4 weeks ago. Based on her prior job qualifications and experience, the personnel administrator has informed you that she holds a CDL and drove snowplows in a previous position. As a result, she may sometimes be asked to fill in for personnel whom you do not supervise. This morning, due to heavy snowfall, the division chief asks that Mary be placed on stand-by and be prepared to supplement the snowplow crew at a moment's notice, if needed. During lunch at the local restaurant, unbeknownst to her, you saw her drinking beer with her meal. What do you do?

Case 3

Eight years ago, Casey tested positive for illegal drug use after undergoing a "reasonable suspicion test." Company policy permitted Casey to return to work after completing the recommended treatment. Up until 2 months ago, he has been punctual, rarely absent, and produces high-quality work in a timely manner. Since then, you have noticed an increase in "sick," or "in late" calls from him. What do you do?

In addition to these symptoms, you notice that on each of his breaks for the past 2 weeks, he has been drinking from a dark-colored flask, and a fellow supervisor reports smelling the odor of alcohol on his breath on several occasions. What do you do?

Case 4

A fellow supervisor reports overhearing telephone conversations between a dispatcher and a scheduler, which seem to suggest that they have both been cited (on separate occasions) for drunk driving offenses involving their personal automobile. Their personnel file contains documented reports from co-workers stating that on several occasions they have been seen passed out in the lavatory, or their car. What do you do?

Today, the dispatch log shows that on average, incoming calls were not being acknowledged by the dispatcher until the fourth to sixth ring, even when there were no active calls. On two such occasions you happened to be walking by the station and made the same observation. At that time, when you asked the dispatcher if he had not heard the ring of the incoming call, or seen the console light, he responded truthfully in the negative, but in an antagonistic and aggressive tone of voice. What do you do?

STOP HERE

RETURN TO VIDEO

EXERCISE 3

PROHIBITED DRUG USE IN THE WORKPLACE

The following exercises are intended to assist and educate supervisors in recognizing the signs, symptoms, and paraphernalia of the five prohibited drugs.

Please read each of the following paragraphs before completing the exercises that follow.

Cocaine energizes the entire central nervous system. "Snorting cocaine" (or Cocaine Hydrochloride) is a white-to-creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. Common paraphernalia may include a single-edged razor blade and a small mirror/piece of smooth metal, a rolled up dollar bill, a half-straw or metal tube, a small screw cap vial, or folded paper packet. When vapors are inhaled, the effect is felt within seven seconds. Crack, a derivative of cocaine, looks like small rocks, and is commonly smoked using a crushed aluminum can with pin holes, or occasionally from a glass pipe with a lighter, alcohol lamp or small butane torch for heating. Trade or street names for cocaine are: Coke, Rock, Crack, Free Base, Flake, Snow, Smoke, and Blow.

Marijuana produces a mildly tranquilizing and mood and perception-altering effect. The leaves of the marijuana plant range in color from green to light tan, and are usually dried and broken into small pieces. Another less prevalent variety known as Hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Common paraphernalia may include cigarette papers, roach clip, and small pipes made of bone, brass, or glass. Trade or street names for marijuana includes Marinol, THC, Pot, Grass, Joint, Reefer, Acapulco Gold, Sinsemilla, Ganja, Thia Sticks, Hash and Hash oil.

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their use. Amphetamines are sold in counterfeit capsules or white flat, double-scored "mini-bennies." One form of amphetamines (methamphetamine) is often sold as a creamy white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. It may be taken orally, injected or snorted into the nose. Trade or street names for this drug include Biphetamine, Delcobese, Desotyn, Detedrine, Chetrol, Ritalin, Speed, Meth, Crank, Crystal, Monster, Black Beauties, and Rits.

Opiates, more commonly but inaccurately known as narcotics, are drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling. In their natural form, opiates include opium, morphine, codeine and heroin. Opiates may be taken in pill form, smoked, or injected depending upon the type used. Trade or street names for opiates include Smack, Horse Emma, Big D, Dollies, Juice, Syrup, and China White.

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Low doses produce sedation and euphoric mood changes. A person's mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the

person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication. It is commonly sold as a clear liquid or a creamy, granular powder packaged in one-inch square aluminum foil or folded into packets. Trade or street name include Angel Dust, Dust, and Hog.

3.1

Complete the following matrix using the clues provided (Allocate 10 minutes).

1		2				3
	4					
						5
6						
7						
		8				

ACROSS

1. Cocaine is snorted into the ___.
4. Smoking marijuana will ___ an individual's mood and perception.
6. Cocaine can also be injected into the ___.
7. Marijuana has a distinct odor resembling a combination of alfalfa and ___.
8. Trade or street name for cocaine ___.

DOWN

2. Marijuana leaves are dried and broken into _____.
3. Trade or street name for marijuana ___.
5. Cocaine can also be ___ on the gums.

3.2

Instruction: Match paraphernalia listed to the substance (or substances) with which it is commonly used. **Select from the list of the five regulated substances, shown below.** (Allocate 5 minutes). More than one answer may apply.

1. Marijuana 2. Cocaine 3. Opiates 4. Amphetamines 5. PCP

<u>Paraphernalia/Street Name/Appearance</u>	<u>Substance</u>
Creamy, white, granular powder	_____
Single-edged razor blade	_____
Cigarette papers	_____
Angel Dust, Hog	_____
Pipes (made from bone, brass, or glass)	_____
Injection needle	_____
Small mirror, crushed aluminum can with pinholes	_____
Crank, Crystal, Speed	_____
Sealable plastic bags, aluminum foil, or folded paper jackets	_____
Piece of smooth metal	_____
Roach clip, hollowed-out cigar	_____
Rolled dollar bill, half straw or metal tube	_____
Lighter, alcohol lamp, or small butane torch	_____
Screw cap vial	_____
Smack, Dollies, China White	_____
Clear liquid	_____

STOP HERE AND AWAIT FURTHER INSTRUCTIONS TO PROCEED

3.3

For each drug, allocate the signs and symptoms associated with each illicit drug into their respective categories. Allocate 25 minutes (5 per drug) for this portion of the exercise. Please discuss any area that may require clarification with your instructor.

MARIJUANA	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Reddened, bloodshot eyes
- Lack of motivation
- Diminished concentration
- Impaired vision
- Slowed speech
- Chronic fatigue
- Emphysema-like condition
- Irritating cough and chronic sore throat
- Pungent aroma, distinctive smell on clothing

COCAINE	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Talkativeness
- Wide mood and energy swings
- Profuse sweating/dry mouth
- Difficulty concentrating
- Insomnia
- Paranoia and hallucinations
- Dilated pupils/visual impairment
- Increased physical activity and fatigue restlessness
- Isolation and withdrawal from friends/normal activity
- Runny or irritated nose
- High blood pressure, heart palpitations
- Formication (sensation of bugs crawling on skin)
- Frequent non-business visitors, phone calls, delivered packages, frequent and extended absences from meeting or work assignments

OPIATES	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Low, raspy speech
- Mood changes
- Physical fatigue and drowsiness
- Depression and apathy
- Impaired coordination
- Impaired mental functioning and alertness
- Dry mouth, facial itching
- Constricted pupils
- Impaired respiration
- Possible puncture marks ("tracks")
- Nausea, vomiting

AMPHETAMINES	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Talkativeness
- Confusion
- Rapid respiration/profuse sweating
- Heightened aggressiveness
- Increased heart rate, blood pressure
- Hyperexcitability and restlessness
- Panic
- Dilated pupils
- Impulsive, risk-taking
- Runny/bleeding nose
- Redness in nasal area

PHENCYCLIDINE (PCP)	
PHYSICAL	
BEHAVIORAL	
SPEECH	
ODOR	

Signs of Use:

- Impaired coordination
- Incoherent
- Extreme mood shifts
- Violent and combative
- Incomplete or repetitive verbal responses
- Muscle rigidity
- Severe confusion and agitation
- Dilated pupils
- Dizziness
- Nystagmus (spasmodic, involuntary jerky eye movement)
- Profuse sweating

EXERCISE 4

MAKE THE CALL: THE REASONABLE SUSPICION INTERVIEW

The following exercises are intended to assist and educate supervisors in the interview process. Allocate 15 minutes.

4.1

Use the checklist provided to identify the actions taken in each scenario presented below, and then indicate whether that action was taken correctly or incorrectly, to indicate the DOs and DON'Ts that occurred in the three scenarios presented below. The instructor will then ask class participants to role-play and act out each scenario in a manner in which they would have handled the situation, correcting any "faux pas" made.

SCENARIO 1

You, the supervisor have observed a bus driver on a bus while in service blowing smoke out of the driver's window. At the stop, you board the bus and smell the odor of marijuana. With passengers still on board, you immediately confront the driver and accuse him/her of smoking an illegal substance while on the job. You ask the driver to leave the bus and return to the bus yard for the remainder of his/her shift. After arranging for a substitute driver to take over the remainder of the route, you return to the bus yard and call the driver into your office where you advise him/her that they are being referred for a reasonable suspicion test, and that they must accompany you immediately to the collection site for testing. Startled by the operator's refusal to take the test, you inform them that their refusal is tantamount to a positive test result, and you are left with no choice but to remove them from driving detail and assign them to administrative duties until further notice. Upon hearing this, the operator suggests, and you readily agree to meet him/her at the test site first thing tomorrow morning.

SCENARIO 2

You, the supervisor, have walked into the busy locker area and observed (via the concave mirrors) a train operator placing a needle and a vial into his/her locker. You decide that a reasonable suspicion referral is warranted and without explanation, ask the operator to accompany you to your office. You proceed to tell him/her of your observation, and also that you have heard through the office grapevine that he/she has been exhibiting signs which in your opinion, and based on personal experience, could be diagnosed as manic depression. You begin to ask the employee specific questions, the answers to which would either support or refute your assessment. You believe the employee's explanations and justifications to be honest and rational. Against your better judgment, but given that you have no tangible evidence, you end your discussion with a simple warning, and recommend treatment centers in the metropolitan area where help is available.

SCENARIO 3

While on your way home from work one evening, you observe an off-duty mechanic purchasing a white powdery substance packaged in a Ziploc bag from a well-known drug dealer. The next day you notice that her pupils are dilated, and that she is having difficulty using a screwdriver while performing maintenance on a 40-foot bus. You approach her in the work bay and inform her that you are making a reasonable suspicion determination and that she should accompany you to the collection site. As you expected, she vehemently denies these allegations and states that unless you are able to prove that she is on drugs, you have no right to request that she accompanies you anywhere. In a calm manner you explain that you sincerely hope to be proven wrong and that if she is "clean", then taking the test should not be a problem. She responds that you are in violation of her civil rights, throws down her tool belt and walks away. The following day, she reports to work still adamant about not taking the test, and threatens to take legal action against you and the company.

INTERVIEW CHECKLIST		<i>Was the action?</i>	
IDENTIFY THE ACTIONS TAKEN IN EACH SCENARIO		VALID	INVALID
<i>(More than one may apply)</i>			
SCENARIO 1	<input type="checkbox"/> Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee. <input type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial. <input type="checkbox"/> Waiver from your referral determination. <input type="checkbox"/> Recommend strongly that you accompany the employee to the collection site. <input type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position. <input type="checkbox"/> Be accusatory, judgmental, or condescending. <input type="checkbox"/> Diagnose the employee's problem/behavior. <input type="checkbox"/> Allow the individual to show up for a test on their own.		
SCENARIO 2	<input type="checkbox"/> Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee. <input type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial.		

(continued on next page)

INTERVIEW CHECKLIST				
IDENTIFY THE ACTIONS TAKEN IN EACH SCENARIO			<i>Was the action?</i>	
(More than one may apply)			<i>VALID</i>	<i>INVALID</i>
SCENARIO 2 (cont...)	<input type="checkbox"/> Waiver from your referral determination. <input type="checkbox"/> Recommend strongly that you accompany the employee to the collection test site. <input type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position. <input type="checkbox"/> Be accusatory, judgmental, or condescending. <input type="checkbox"/> Diagnose the employee's problem/behavior. <input type="checkbox"/> Allow the individual to show up for a test on their own.			
SCENARIO 3	<input type="checkbox"/> Be confident, diplomatic, polite, and respectfully mindful of the dignity and confidentiality of the employee. <input type="checkbox"/> Recommend strongly that you accompany the employee to the collection test site. <input type="checkbox"/> Give the employee an opportunity to describe and explain the events from their perspective. Expect denial. <input type="checkbox"/> Waiver from your referral determination. <input type="checkbox"/> Inform the employee that they are being removed from their safety-sensitive position. <input type="checkbox"/> Be accusatory, judgmental, or condescending. <input type="checkbox"/> Diagnose the employee's problem/behavior. <input type="checkbox"/> Allow the individual to show up for a test on their own.			

EXERCISE 5

WRAP-UP GROUP REVIEW AND DISCUSSION

Use the following common questions and answers as a basis for group discussion.

Note: These questions cover both reasonable suspicion drug and alcohol testing and testing in general. Suggested length - 10 minutes.

- Q. What is the objective of the DOT's workplace anti-drug and alcohol program as a whole? Isn't the Federal government infringing on the private lives of its employees?
- A. **The intent of this drug and alcohol testing program is not to control private lives of employees. The primary concern is to protect the safety of employees, passengers, and the public.**
- Q. If drug/alcohol dependency is considered a disease, why is the DOT taking a disciplinary approach?
- A. **Illegal drug use and alcohol misuse is not an excuse for unacceptable performance. The focus is on safety.**
- Q. Why are certain employees being singled out in the anti-drug/alcohol program?
- A. **Employees who perform safety-sensitive functions are responsible not only for their own personal well being, but that of their colleagues and the public. Hence, this program focuses on those employees.**
- Q. In general, when would a supervisor require an employee to undergo a reasonable suspicion drug test?
- A. **Examples include, but are not limited to overt signs or symptoms of drug use or alcohol misuse or other behavior patterns that are consistent with prohibited drug use, or alcohol misuse.**
- Q. What are the specific prohibitions related to an employee's use of illegal drugs and alcohol?
- A. **Under DOT regulations, an employee must not:**
- Alcohol:** Consume alcohol while performing a safety-sensitive function, four (4) hours prior to performing the function and up to eight (8) hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.
- Drugs:** Ingest illegal drugs at any time.
- Q. Can an employee be terminated based on a positive test result?
- A. **Perhaps, but this is neither mandated nor regulated by the DOT. Individual employers' policies determine if an employee can be terminated after receiving a positive test result.**

- Q. What safeguards will be provided to prevent supervisors from using reasonable suspicion testing as an excuse for witch hunts or vendettas?
- A. **The regulations requires that a reasonable suspicion referral must be based on trained supervisor's specific, contemporaneous, articulable observation concerning the appearance, behavior, speech, or body odor of the person for whom the referral is made. Supervisors must receive at least 120 minutes (60 on alcohol; 60 on drugs) of training and should be evaluated on their performance of that particular supervisory function.**
- Q. Is it necessary (and if so, how) for a supervisor to have a second supervisor confirm his/her assessment of possible drug/alcohol abuse by an employee (as a self-check), before confidentially verbalizing their request to the employee
- A. **Only one trained supervisor's opinion is necessary to require a reasonable suspicion test. However, the supervisor's decision must pass the "reasonable and prudent" rule of thumb. The "reasonable and prudent" rule of thumb is a cognitive judgment call that requires the supervisor to 1) assess the facts, signs and circumstances for which the reasonable suspicion is being determined, AND 2) cognitively deduce that a similarly trained and experienced supervisor (having observed the same facts, signs and circumstances) could have reached the same conclusion.**
- Q. Will employees know which supervisors have made past referrals and tend to being in their presence?
- A. **Supervisors directly responsible for a decision to conduct a reasonable suspicion test must respect an individual's dignity, and as a matter of policy are required to keep that information confidential.**
- Q. If an employee is showing sings and symptoms of being under the influence of drugs or alcohol, can the test be done quickly?
- A. **Yes. Every effort will be made to conduct the test immediately.**
- Q. What if an employee refuses to take a drug and/or alcohol test?
- A. **Denial should be an expected reaction; however refusal to a test is tantamount to a positive test result.**
- Q. Dose a supervisor have to inform the employee of their rights, and the testing process?
- A. **Employees should already be aware of their rights. Employers must distribute copies of their substance abuse policies to their safety-sensitive employees.**

- Q. What if the employee was taking prescription drugs and had to take a drug test for reasonable suspicion?
- A. **Employees are given the opportunity to list prescription medications they are taking on their copy of the Custody and Control Form. This information is not provided on any other copy of the form.**
- Q. Can supervisors make reasonable suspicion referrals of other supervisors?
- A. **Yes. Covered employees include supervisors if they perform a safety-sensitive function.**
- Q. Can a supervisor be held liable for defamation of an individual's character especially if the test results are negative?
- A. **No. If a trained supervisor conducts a reasonable suspicion referral in a proper and confidential manner that supervisor has performed his or her job appropriately. Regardless of the test result, if the supervisor has observed the "reasonable and prudent" rule in the conduct of the reasonable suspicion referral, the supervisor has met his or her responsibility.**
- Q. Can a supervisor's vulnerability to litigation be lessened by collecting as much documented supporting evidence as possible before making a determination?
- A. **Employees believed to be under the influence of a prohibited substance or misusing alcohol may be an immediate hazard to themselves and others. It is not required that documentation be generated to support a reasonable suspicion referral; however, the employer may require, or the supervisor may wish to create such documentation as a good business practice. If such documentation is created, it must be retained for one year.**
- Q. What resources are available to the supervisor to obtain additional information on making a reasonable suspicion determination?
- A. **Supervisors can obtain additional guidance from their agencies' designated:**
Substance Abuse Program Managers
Medical Review Officer (MRO)
Substance Abuse Professional (SAP)
Employee Assistance Program (EAP)

STOP HERE
END OF TRAINING
SESSION

APPENDIX A

ALCOHOL-RELATED STATISTICS

Source: *Implementation Guidelines for Drug and Alcohol Regulations in Mass Transit.*

Recent statistics reveal that more than:

- 60% of burns,
- 40% of falls,
- 40% of fatal highway crashes,
- 69% of boating accidents, and
- 76% of private aircraft accidents

are alcohol related.

The annual toll in terms of fatalities in our country is staggering:

- 24,000 people will die on our highways due to the impaired driver.
- 12,000 people will die due to the alcohol-affected driver.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.