



EMPLOYEE'S HANDBOOK

DRUG AND ALCOHOL TESTING PROGRAM

**HGEA
Units 2, 3, 4, 9, and 13**

DRUG AND ALCOHOL TESTING MEMORANDUM of AGREEMENT SUMMARY

DISCLAIMER: This handbook is a summary of the Memorandum of Agreement (Agreement). The intent of this handbook is to provide a summary of the Agreement and to meet the educational materials requirement of the Agreement. Should there be a conflict or differences, the Agreement shall govern.

INTRODUCTION

The State of Hawaii and other jurisdictions entered into a memorandum of agreement with the Hawaii Government Employees Association (HGEA) on drug and alcohol testing. The agreement is part of the arbitrated collective bargaining agreements for units 2, 3, 4, 9, and 13.

The stated purpose of the agreement:

1. This Agreement is intended to keep the workplace free from the hazards of the use of alcohol and controlled substances by adopting a drug and alcohol testing program.
2. Employees are expected to report to work in a physical and mental condition consistent with this Agreement, which enables them to perform their duties in a safe and productive manner.
3. Employees subject to alcohol and controlled substance tests and who are subject to disciplinary actions under this Agreement shall be afforded "due process" as provided in this Agreement and applicable provisions of the respective collective bargaining agreements.

6/7/03

The Agreement requires the State to provide educational materials to employees that explain the Drug and Alcohol Testing Program. The materials must include the following:

1. The categories of employees who are subject to this DTA.
2. Specific information on conduct that is prohibited.
3. The circumstances under which an employee may be subject to an alcohol and controlled substance test.
4. The procedures that will be used to test for alcohol or controlled substance.
5. The requirement that an employee submit to a test.
6. An explanation of what constitutes a refusal to submit to a test.
7. The consequences for an employee found to have violated this Agreement.
8. Information on the effects of alcohol and controlled substance.
9. The Employer designee (your department representative) whom to contact for questions or additional information.

The Agreement also requires the state (departments) to obtain a signed statement from each covered employee of the affected bargaining unit that indicates that the covered employee has been advised of the requirements of the Agreement and has received educational materials prior to the beginning of the testing program. The contents of this handbook contain all the educational materials stated in the Agreement. This statement of receipt is attached – the last page of this handout.

The format of this handbook is to follow the list of educational materials required and is structured in a question and answer format. Employees who have questions on the handbook or on the Agreement should contact their department alcohol and drug testing representative or their department personnel office.

What are the categories of employees subject to this DTA?

All employees in positions covered by the HGEA bargaining units (2, 3, 4, 9, and 13) are subject to testing. However, not all employees are subject to all of the tests identified in the Agreement. Employee categories include the following: **Regular Drivers, Employees in health, safety, or public trust (HSPT) positions, and all employees** of the bargaining units (all employees). The following is a listing of the types of tests and employees subject to the tests (Testing: A = alcohol, D = drugs. E = either A or D, B = both A & D)

Test type	Testing	Category of employees
Reasonable suspicion	B	All employees
Post accident	B	Regular Drivers*
Random	E, B	Employees in HSPT positions**
Pre – duty	D	Employees seeking to placement onto temporary assignment list for HSPT positions
Probationary	D	Initial and new probationary HSPT positions
Return to work	E, B	Employees who tested positive in a drug or alcohol test
Follow – up	E, B	Continued rehabilitation testing after a negative return to work test

* Employees identified by the Employer who drive 120 or more round trips a year.

** HSPT: As of February 14, 2003, HSPT positions include:

DEPUTY SHERIFF I & II – (BU 03)

DEPUTY SHERIFF III & IV – (BU 04)

CONSERVATION & RESOURCE ENFORCEMENT OFFICER I, II, III, IV – (BU 03)

CONSERVATION & RESOURCE ENFORCEMENT OFFICER V – (BU 04)

What are the Alcohol and Drug Prohibitions?

ALCOHOL: Employees shall not

1. Report to work or continue working while having an alcohol concentration of 0.04 or higher. HSPT employees and regular drivers shall not report to work or continue working while having an alcohol concentration of 0.02 or higher.
2. Possess alcohol while working except when the employee is required to handle alcohol or products containing alcohol as part of the employee's job duties.
3. Consume alcohol while working.
4. Work within four (4) hours after using alcohol.
5. Use alcohol for eight (8) hours after an accident, or until the employee completes an alcohol test, whichever is sooner.
6. Work after voluntarily admitting to having an alcohol problem until a return to work test is administered and a negative test result is received.
7. Refuse to submit to a required alcohol test.

CONTROLLED SUBSTANCE: Employees shall not:

1. Report to work or continue working while on drugs, or use controlled substances while working, except when the drug is prescribed by a physician for the employee and is used in accordance with the physician's instructions.

Note: If the employee is subject to random testing under Part II of the Agreement, the employee must ask a physician whether the substance adversely affects his/her ability to work. If not, the prohibition above applies. Employees in HSPT positions must obtain a prescription medication clearance from the physician/dentist. See Medication Disclosure form at the end of this section (Xerox copy for each use).

2. Possess controlled substance while working except when the employee is required to handle a controlled substance(s) as part of the employee's job duties or when prescribed by a physician who has advised the employee that the substance does not adversely affect the ability to work.
3. Work after voluntarily admitting to having a controlled substance problem pursuant to Section R-III of the Agreement or testing positive until a return to work test is administered and results in a negative test.
4. Refuse to submit to a required controlled substance test.

NOTE: A valid prescription for Marinol is the only reason the Medical Review Officer (MRO) should consider in determining if a positive test result for marijuana should be declared negative. The use of hemp products, including hemp seed oil, shall not be considered reasons to declare a test negative. Employees are cautioned that the prohibitions not only require that the employee have a valid prescription, but that the physician has advised the employee that the substance does not adversely affect the ability to work.

MEDICATION DECLARATION

The Agreement prohibits an employee from reporting or continuing to work or use at work, with alcohol or controlled substances in their system as stated in the prohibitions.

The purpose of this form is to meet the reporting requirements of the law and Agreements. This form is to be completed by employees in HSPT positions and those subject to post accident testing who obtains Over-the-Counter (OTC) medication and the licensed medical practitioner who prescribes or dispenses controlled substances or OTC medication. Send original to the department personnel office through the driver's supervisor.

Medication Disclosure Form

Background information: The bearer of this form is an employee of the State, who, by union agreement, is required to inform the State (employee's supervisor) of the use of controlled substances while working except as prescribed by a physician and is used in accordance with the physician's instruction. Should the employee's position be identified as a Health, Safety, or Public Trust (HSPT) position the physician must also inform the employee (patient) if the medication will or will not adversely affect the employee's ability to work and work in a safe manner so as not to injure the employee or others. If not reported the employee may be subject to discharge

Employee: _____ Department: _____

Division: _____ Supervisor: _____ Phone: _____

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

Common drug name: _____ OTC medication? Yes: ____ No: ____

Dosage: _____ Frequency: _____ Initial prescription date: _____

- The substance will adversely affect the employee's ability to work in a safe manner (to self and others), including activities such as: operating a motorized or electrical equipment or vehicle, or affect mental capacity to discern right and wrong or the proper use force, weapons, etc.
- The substance will not adversely affect the employee's ability to work in activities in a safe manner so as not to injure self or others in activities as illustrated above.

Physician: (print): _____ Signature: _____

Company: _____ Phone number: _____

Address: _____ Suite number: _____

City: _____ State: _____ Zip Code: _____

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

Department use only

Date received: _____ Received by: _____

When is testing required?

The circumstances under which an employee may be subject to an alcohol and controlled substance test include:

1. REASONABLE SUSPICION

A supervisor may direct an employee to submit to an alcohol and/or controlled substance test when that supervisor has reasonable suspicion to believe an employee has violated the prohibitions. The reasonable suspicion must be based on a written observation of a recognized symptom of impairment of alcohol or controlled substance use and is not reasonably explained as a result of other causes. The employee will be given a copy of the written observation.

2. POST-ACCIDENT

A post-accident test is required only if the employee was previously notified as a **“regular driver”** is involved in an accident **while operating a State owned vehicle**, on a **public highway and** subject to the following conditions:

Type of Accident Involved	Citation issued to the driver	Test is required
Human Fatality	No	Yes
	Yes	Yes
Bodily injury (any person) with medical treatment away from the scene of the accident	No	No
	Yes	Yes
Disabling damage to any vehicle requiring the vehicle to be towed away	No	No
	Yes	Yes

When testing is required, the alcohol test must be completed within two hours (but not later than 8 hours and the controlled substance test must be administered within 32 hours of the accident. However, medical treatment of injured persons or leaving the scene of an accident for a period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care, shall not be construed as delaying the requirement for testing.

3. RANDOM

The Agreement states that **employees in positions identified as Health, Safety, or Public Trust (HSPT) positions** shall be subject to random test. The Agreement states not less than 5% of the average number of HSPT positions be tested for alcohol and 25% for controlled substances. Every employee is placed in a pool and has an equal chance of being selected each time a selection is made. Therefore, an employee may be selected to test more than once a year. Another employee may not be tested at all.

4. PRE – DUTY

The bargaining unit contract addresses the application of a temporary assignment list. Should there be a temporary assignment list for a HSPT position there must also be a “pre – duty” controlled substance test prior to placement onto the list. Most often opportunity to be on the list is through seniority. At times the most senior person may not seek a HSPT position or placement on the temporary assignment list for whatever reasons including responsibilities, shift work, standby, etc. Therefore, the employee may want to avoid repeated opportunities to be on the temporary assignment list or in the HSPT position. Accordingly, with advanced notice, the employee may wish to initiate a declination memo, such as shown below. The declination memo is revocable at any time by the employee with the concurrence of the personnel office.

Statement Declining Placement on the Temporary Assignment List for HSPT Positions

I have been informed that I am currently eligible to be placed on the temporary assignment (TA) list for a Health, Safety, and Public Trust (HSPT) position. The Agreement stipulates that before an employee can be placed on the list the employee must submit to and test negative to a controlled substance test.

I acknowledge that promotion to the HSPT position is at times through the TA list and once tested, the employee shall not be subject to another controlled substance test in a promotion to that position. Irrespective of these conditions, I hereby decline placement onto said TA list and understand that by doing so, I shall not be considered for a promotion to such a position for six (6) months starting from the date of acceptance of this request by a department management representative.

I further understand that should I seek placement onto the TA list or promotion into said HSPT position in the future, I shall be subject to controlled substance testing requirements per the Agreement.

Temporary assignment position: _____

Employee name: _____ Job title: _____

_____ Employee Signature	_____ Date
_____ Management Representative	_____ Date accepted
_____ Personnel Office	_____ Date received

Declination Of Being On the Temporary Assignment List For a HSPT Position

5. PROBATIONARY

The Agreement requires the State to conduct controlled substance testing of all employees in HSPT positions at least once during their probationary period. Prior to testing, **employees in their initial probationary period** must sign a resignation agreement agreeing to resign rather than being discharged for positive test results. **Employees in a new probationary period** who tests positive are subject to discipline and other requirements as other employees who tests positive. In addition, employees on a new probationary period shall have their probationary period terminated.

6. RETURN TO WORK

A return to work test is administered to an employee who violated applicable alcohol or controlled substance prohibitions and has not separated from service, and who has been cleared by the SAP to return to work subject to the SAP's testing recommendation. The SAP determines what test(s) is required. The test at a minimum must be of the area of violated prohibition. Test results must be negative for drug use and for alcohol testing, a Breath Alcohol Concentration (BAC) of less than 0.04 (less than 0.02 for HSPT positions). Should there be a positive test result; the last chance agreement is enforced.

7. FOLLOW UP

Follow-up tests are unannounced alcohol and/ or controlled substance tests for the employee who violated the prohibitions and has returned to work. It is designed by the SAP to assist the employee towards the road to recovery. The SAP may prescribe the test (alcohol, drug, or both) and the frequency of testing. There must be a minimum of 6 tests in the first 12 months. The SAP may extend the testing process up to 60 months (5 years) or terminate testing after the minimum required tests are completed. The SAP may terminate follow up testing with negative test results after the minimum number of tests has been completed.

What are the procedures for alcohol or controlled substance testing?

The initial and confirmatory test procedures and practices must comply with the U.S. DOT Rules. Test procedures must protect the privacy and dignity of the employee and ensure the integrity of the test process, safeguard the validity of the test through confirmatory test, and ensure that the tests are attributable to the correct employee. All testing begins with the employee being notified that a test is required, type of test (random, probationary, etc.), and the kind of test (alcohol, drug, or both). Every process must be recorded by signature. The employee must present a picture identification card at the time of the test. The employee must be driven to and from the test site if the test to be administered is either a post – accident or reasonable suspicion test or any other test if the supervisor believes prudent. Employees who refuse to test, impede the test process, or fail to comply with the directions of site personnel are deemed to be “Refusal to Test.”

ALCOHOL TEST PROCEDURES

1. After signing procedural papers the employee is guided through the testing process. The certified Breath Alcohol Technician (BAT) administers the test using an evidential breath testing (EBT) device.
2. The BAT opens a sealed mouthpiece in view of the employee and attaches it to the EBT. The employee blows forcefully into the mouthpiece for at least six seconds or until an adequate amount of breath has been obtained.
3. If this “screening test” is under 0.02, the BAT records the result and no further testing is performed. The employee signs document and returns to work.
4. If the reading is 0.02 or higher, a “confirmation test” is conducted at least 15 minutes but no more than 20 minutes after the screening test. If the screening and confirmation test results are different, the confirmation test result is the one that is used.
5. The supervisor is informed immediately of positive test results. The department is required to transport the employee back to the workplace or employee’s home.

CONTROLLED SUBSTANCE TEST PROCEDURES

A drug testing custody and control form must be used. A statement on the form informs the employee that if there is a positive test, the Medical Review Officer (MRO) will contact the employee about the prescription and over-the-counter medications. The employee may list medications only on the employee's copy of the form. The split sample method of collection will be used for the drug test. Collection of urine specimens must allow individual privacy unless there is reason to believe that a particular person may alter or substitute the specimen. If specimen collection is directly observed by a non-medical person, the person must be of the same gender as the employee. The following are circumstances to believe a person may alter or substitute a specimen:

- v The urine specimen is outside the normal temperature range.
- v The collection contractor observes behavior that clearly indicates an attempt to alter or substitute a specimen; or
- v The employee was previously determined to have used a controlled substance and the test is a follow-up test after return to service.

1. A "split sample" of at least 45 ml (milliliters) of urine is collected. The split sample is sent to a laboratory for evaluation.

Note: If the employee is unable to provide the minimum amount of urine, the collection site person will have the employee drink up to 40 ounces of fluid and try to provide a sample within three hours. If the employee is still unable to provide a complete sample, the test is stopped and the employee is sent for a medical evaluation to determine if there is a legitimate reason for failure to provide a specimen. Failure to provide an adequate amount of urine is considered a refusal to submit to a controlled substance test and the employee is considered to have engaged in actions prohibited by the Agreement, unless there is a legitimate medical reason.

2. The test results are sent to a Medical Review Officer (MRO). If the test results are positive, the MRO will contact the employee to determine if there is a valid medical explanation of the result. If the MRO, after reasonable attempts, is not able to reach the employee, the MRO will contact the department to request assistance to contact the employee. If the employee still fails to contact the MRO a positive test result is recorded.
3. The employee if not satisfied with the results, may select a third party certified laboratory to analyze the split sample; however, the employee must notify the MRO within seventy-two (72) hours of having been informed of a verified positive test. The employee pays for the cost of the test analysis of the split sample, but is reimburse if the results of the test is negative.
4. Should the laboratory report indicate adulterated, diluted, or other than “normal urine indicators” the MRO would report a “refusal to test” condition.
5. The MRO informs the employer of the test results. Upon receipt of the notification, the department removes the employee from work status and places the employee on leave status. The department must take appropriate action pursuant to the Agreement.
6. Irrespective of action taken, federal rules require the employer to inform the employee who test positive, the name (place, phone number) of a SAP – even if discharged.
7. If the employee opts for a last chance agreement, the employee signs the Agreement, sees a SAP, and complies with their recommendation. The employee must also take and pass appropriate tests with negative test results and be subjected to a 20 work day suspension.
8. Inform employee of test results (usually those with positive test results are first contacted by the MRO). However, departments must inform all employees of their test results.

Is there a requirement that an employee submit to a test?

Yes, the requirement that employees must submit to both alcohol and controlled substance tests are contained in the prohibitions in both Parts I and II for both tests. The Agreement further states that an employee who refuses to “submit to required tests” shall be discharged.

What constitutes a refusal to test?

A refusal to test is more than the physical participation of testing. Under the U.S. DOT rules, when informed of the requirement for testing, the employee must immediately proceed to the testing site. The Agreement states that a “refusal to test” is when an employee:

1. Fails to provide adequate breath for alcohol testing, as required, without a valid medical explanation.
2. Fails to provide an adequate urine sample for controlled substance testing, as required, except as determined by a medical evaluation.
3. Engages in conduct that clearly obstructs the testing process. Examples include (but are not limited to) the following:
 - A. Refusal to take a test either by statement or action.
 - B. Refusal to sign appropriate forms as required.
 - C. Failure to report for a schedule appointment to provide a specimen, without a reasonable explanation.
 - D. Failure to report to the collection site in the time allotted, without a reasonable explanation.
 - E. Tampering with or attempting to adulterate the specimen or collection procedure.
 - F. Failure to cooperate or comply with the collection site person, Breath Alcohol Technician, Substance Abuse Professional (SAP), or Medical Review Officer (MRO).

- G. Failure to provide adequate breath or urine specimen within a reasonable time period without a valid medical explanation.
- H. Engaging in conduct that clearly obstructs the testing process.
- I. Leaving the scene of an accident without a valid reason or without authorization from a supervisor.

What are the consequences for an employee who is found to have violated the Agreement?

Employees who are found to have violated the Agreement are disciplined in accordance with provisions contained in this Memorandum of Agreement or their respective collective bargaining unit contract/agreement. **Except as noted in the Agreement, the consequences for violating Prohibitions and Refusal to Test provisions is discharged.** The Agreement also provides a last chance agreement to employee's first positive alcohol or drug test results provided that the employee agrees to the provisions of the last chance agreement (see Exhibits A and B of Parts I and II of the Agreement). An employee who tests positive for the second time within the scope of the last chance agreement is deemed to have resigned. The consequence for a positive **post – accident** test result is in accordance with the employee's collective bargaining agreement.

Other relevant questions and answers.

What happens if I have a positive alcohol or controlled substance test result?

A positive test result is recorded when alcohol or controlled substances in a person exceed levels established by U.S. DOT regulations. For the most part, the levels indicate use rather than presence to avoid false positives. The alcohol standard for HSPT employees differs from other employees. The HSPT standard is less than 0.02 BAC. The standard for other employees is 0.04. Except for HSPT employees who test positive between 0.02 and 0.04 BAC and those who test positive for post-accident test, the Agreement specifies the following:

First Positive Test.

An employee is discharged, unless the employee agrees to sign a Last Chance Agreement, whereby the employee agrees to:

1. Resign from employment in the event of a second positive alcohol test.
2. A suspension of twenty (20) working days.
3. Be placed on leave immediately.
4. Submit to an evaluation by a SAP and complete all requirements of the SAP including completion of all education and rehabilitation requirements, and return to duty and follow up tests as recommended by the SAP. Failure to abide with the recommendations of the SAP will result in discharge.
5. Pay for the costs of the rehabilitation and treatment program recommended by the SAP.

Note: The department pays for the services of the SAP.

Who is a SAP and a MRO?

A **Substance Abuse Professional (SAP)** is a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed certified psychologist, social worker, employee assistance professional or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of clinical experience in the diagnosis and treatment of alcohol and controlled substance related disorders. A SAP evaluates an individual who tested positive on a test, and develops a rehabilitation plan including the structure and scope of the training and rehabilitation program. The SAP also determines return to work and follow up test requirements.

A **Medical Review Officer (MRO)** is a licensed physician with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders. The MRO receives test results from the laboratory to verify the testing process and to determine the validity of positive, substituted, and altered test results with impacted employees to determine if there is a clinical explanation for the positive test results from the laboratory. The MRO is the person who after a discussion with the employee, can invalidate a positive test result and report a negative finding.

What about confidentiality?

The Agreement requires that the department comply with the confidentiality provisions of the State Department of Health rules on Substance Abuse Testing. Therefore information on testing and the results of testing must be kept separate from the employee personnel files. Release of information is by written release by the employee or by court order (subpoena). The maintenance and destruction of testing information and records shall be as provided by U.S. DOT rules.

What happens to a HSPT employee whose alcohol test is between 0.02 and 0.04 BAC?

The HSPT employee and employees subject to post accident test with BAC alcohol test result is 0.02 or higher but less than 0.04 is immediately released from work and prohibited from working for at least 24 hours. All other employees are released accordingly; however the employee will be allowed to return to work for the remainder of the shift if four hours have passed since the positive test and the employee takes another test and has a BAC test result of 0.02 or less.

Why should an employee voluntarily admit to an alcohol or controlled substance problem?

Employees are encouraged to voluntarily admit to an alcohol or controlled substance problem so that they can receive treatment before being subjected to testing which would warrant disciplinary action. The employee must undergo the same procedures as described in first positive above. (Same leave provisions, SAP evaluation, who pays, etc.) The difference is if the employee tests positive on the return to work test, it shall be deemed as a first positive.

What happens if I am called back to duty from a non work status? What if I am on Stand-by?

Employees who are requested to work from a non-work status must inform the department if they consumed alcohol within the past 4 hours or have reason to believe that their BAC would be 0.04 or greater (HSPT and employees subject to post accident testing, the information belief level is a BAC of 0.02 or higher). The employee shall not be offered work, be tested or be subject to disciplinary action. An employee on standby status must abide by the prohibitions. **The Agreement defines work as: " Work means from the time the employee reports to work until the time the employee ends work or when the employee is required to be in readiness to work (standby)."**

Is an employee subject to post accident testing when they use their private vehicle (with mileage reimbursement) on the job?

No.

Is an employee subject to post accident testing if the employee is designated as a regular driver but is driving a rental vehicle paid by the State?

No.

Is a regular driver subject to post accident testing when involved in a fatality but the police transported the employee to jail?

If the employee is released, apply the 8 and 32 hour alcohol and drug rules, respectively.

Is a post accident test required if the accident occurred on a private road?

No, the accident must occur on a public road (assuming other requirements for testing are met).

What are the effects of drugs and alcohol?



Misuse of alcohol and the use of illegal drugs not only put the employees at risk for losing their job, but also places their family and co-workers at risk. They become less productive at work and more likely to injure themselves or others in an accident. Studies show they are likely to be absent from work 10 times as often as the non-abusing employee, which drastically affects their paycheck and their family's economic well-being. Family distress combined with substance misuse frequently lead to emotional outbursts and overreaction to unimportant matters.

Misuse of alcohol and illegal drug abuse are the cause of up to 50 percent of all workers' compensation claims in some industries, driving up the employer's cost of doing business. Other studies have shown that abusers make group health insurance claims at a rate eight times higher than a non-abuser--another business cost increase frequently passed on in the form of more withholding or less coverage.

Information on the effects of alcohol

It is illegal to use or possess controlled substances without proper authorization. Unlike controlled substances, alcohol is not illegal to use or to possess (if not prohibited by policy or agreement). The Agreement focuses on the improper use and the misuse of alcohol. Interestingly, there are some reputable experts that state some intake of wine (one glass) is beneficial on a daily basis. Our country has an interesting but checkered history on alcohol tolerance (at one time banned the making and use of alcohol). Today, the controversy most often is at what consumption level (BAC) does alcohol impact the thought or judgment process. Amongst reports addressing the misuse of alcohol, a recent report to Congress noted that misuse or abuse of alcohol is responsible for:

1. 45% of traffic accidents.
2. 90% of acts of physical violence;
3. 67% murders; and,
4. 70% - 80% of deaths in fires, and 55% of convicted offenders were using alcohol just before committing their crimes.

Some of the effects of alcohol are not as visible as the statistics shown above. It doesn't tell the whole story. It disrupts and even severs relationships at home, work, those close to us. Here's a different approach - how it impacts our bodily systems.

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and digestive track. It burns as it goes down.

Stomach and Intestines: Alcohol has irritating effects on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis which can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through

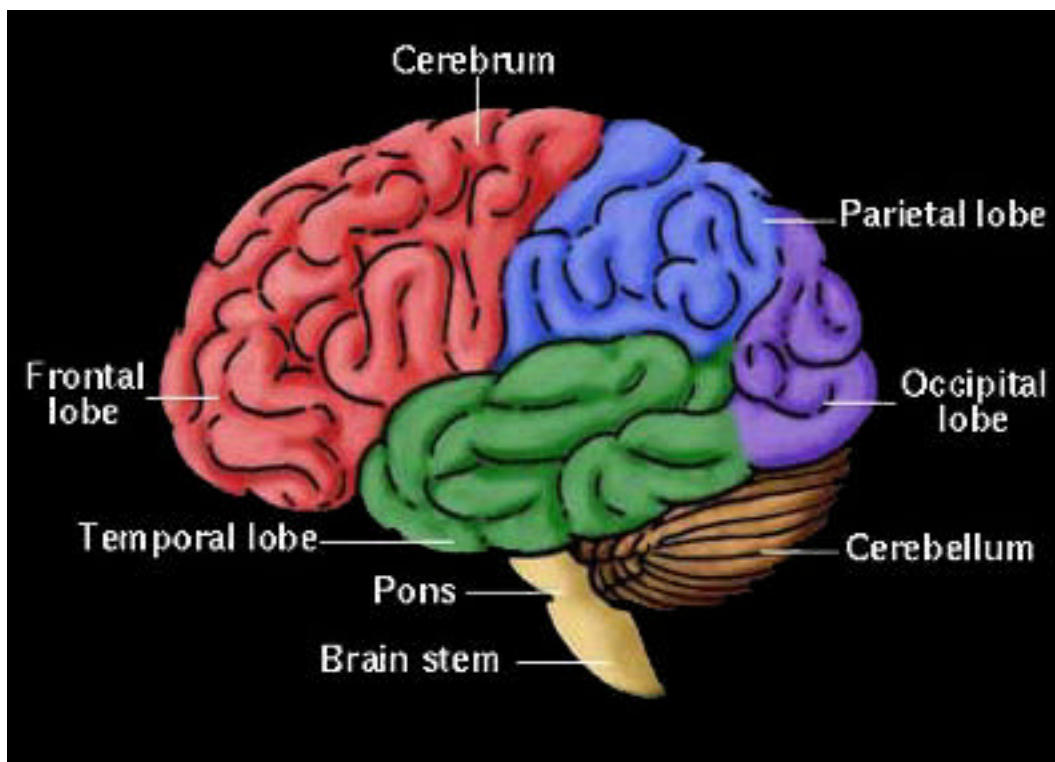
the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohols inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes an increased loss of fluids through its irritating effect.

Sex Glands: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive uncoordination, confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss memory, judgment and learning ability.



Blood Alcohol Concentration

Use of alcohol impairs your alertness, judgment, coordination and reaction time. These are important skills for professional drivers to protect, so know your limit. If you are consuming alcohol, keep track of your drinks. Use the following charts to see what your alcohol concentration would depend on your circumstances.


1. Count your drinks.
2. Line up the number of drinks with the box which comes closest to your weight on either the Men's (chart A) or Women's (chart B).

Chart A


Men									
	Approximate Blood Alcohol Percentage								
Drinks	Body Weight in Pounds								
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	Impairment Begins
2	.08	.06	.05	.05	.04	.04	.03	.03	Driving Skills Significantly Affected
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	Possible Criminal Penalties
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	Legally Intoxicated
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	Criminal Penalties
10	.38	.31	.27	.23	.21	.19	.17	.16	

Subtract .01% for each 40 minutes of drinking.


Generally one drink = 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.



One 1 oz. shot of whiskey



One 5 oz. glass of wine



One 12 oz. mug of beer

Women											
Approximate Blood Alcohol Percentage											
Drinks	Body Weight in Pounds										
	90	100	120	140	160	180	200	220	240		
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	.02	Impairment Begins
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	.04	Driving Skills Significantly Affected
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.10	.09	Possible Criminal Penalties
6	.30	.27	.23	.19	.17	.15	.14	.12	.12	.11	Legally Intoxicated
7	.35	.32	.27	.23	.20	.18	.16	.14	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.17	.15	Criminal Penalties
9	.45	.41	.34	.29	.26	.23	.20	.19	.19	.17	
10	.51	.45	.38	.32	.28	.25	.23	.21	.21	.19	

Subtract .01% for each 40 minutes of drinking.
One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

Your body “burns approximately one ounce of alcohol an hour. To determine the effect of time on your blood alcohol level use these numbers:

Chart C

Hours since drinking alcohol	1	2	3	4	5	6
Subtract this number from the number shown on the first chart	0.015	0.03	0.045	0.06	0.075	0.09

Example: Based on the chart a 161-pound female who drinks 4 beers in one hour has an approximate blood alcohol level of 0.11%. After a two hour time lapse, her blood alcohol level is

$$0.11 - 0.03 = 0.08 \text{ BAC}$$

What are the Facts about Drugs?

The term “controlled substances” has significance in that it places all substances which were in some manner regulated under federal law, the Controlled Substances Act (1970). It places all substances into one of five schedules based upon the substance’s

medical use, potential for abuse, and safety or dependence liability. The Act also provides a mechanism for substances to be controlled. The Act creates a closed system of distribution for those authorized to handle controlled substances. The U.S. Drug enforcement Agency (DEA) requires the registration of all individual and firms to handle controlled substances. Those authorized are required to maintain complete and accurate records of all transactions, as well as security for the storage of controlled substances. The U.S. DOT drug testing program focuses on five illegal drugs. The drugs under scrutiny are:

1. Marijuana

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception altering effects it produces. Marijuana does not depress central nervous system reactions. Its action is almost exclusively on the brain, altering the proper interpretation of incoming messages. This drug is also referred to as grass, pot, weed, Mary Jane, Acapulco Gold, joint, and roach – with signs and symptoms of: reddened eyes (often masked by eyedrops), slowed speech, distinctive odor on clothing, lackadaisical, “I don’t care” attitude, chronic fatigue and lack of motivation, irritating cough, and chronic sore throat.

Marijuana can cause the following mental functions if used on a regular basis:

- A. Delayed decision making.
- B. Diminished concentration.
- C. Impaired short-term memory, interfering with learning.
- D. Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery.
- E. Impaired tracking (the ability to follow moving objects with the eyes) and visual distance measurements.
- F. Erratic reasoning.
- G. Distortions in time estimation.
- H. Long term negative effects on mental function known as “acute brain syndrome” which is characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

NOTE: The active chemical, THC, is stored in body fat and slowly releases over time (remaining in the body up to six weeks). Marijuana smoking has a long-term effect on performance. Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effects of both the depressant and marijuana.

Hawaii permits the medical application of marijuana by prescription (merinol). Hemp or hemp products are illegal.

2. Cocaine

Cocaine is also known as coke, snow, nose candy, and lady. It is a stimulant drug derived from coca leaves. As a powder, cocaine is inhaled (snorted), ingested, or injected. Cocaine is frequently used as free-base cocaine, known as crack or rock. Crack, which is smoked, acquired its name from the popping sound heard when it is heated.

Some of the health effects of cocaine are that it causes the heart to beat faster and harder and rapidly increases the blood pressure. In addition, cocaine causes spasms of blood vessels causing strokes and heart attacks. Strong psychological dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug. It is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid.

Other effects often experienced with cocaine use include:

- A. Increased physical activity and fatigue.
- B. Wide mood swings.
- C. Runny or irritated nose.
- D. Dilated pupils and visual impairment.
- E. Restlessness.
- F. Formication (sensation of bugs crawling on skin).
- G. High blood pressure, heart palpitations and irregular rhythm.
- H. Anxiety.
- I. Paranoia and hallucinations.
- J. Profuse sweating and dry mouth.

NOTE: Strong psychological dependency can occur with one “hit” of crack. Cocaine causes the strongest mental dependency of any known drug. Crack is a highly addictive form of cocaine.



3. Opiates

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling. Opiates include heroin, morphine, and codeine, which are narcotics used to relieve pain and induce sleep. Common street names include horse, hard stuff, morpho, M. brown sugar, Harry, and Mr. H.

Some of the health effects include the following: IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles; narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity. Typical effects associated with opiate use include:

- A. Short-lived state of euphoria
- B. Impaired driving ability
- C. Drowsiness, followed by sleep
- D. Constipation
- E. Decreased physical activity
- F. Reduced vision
- G. Change in sleeping habits
- H. Possible death

NOTE: There are over 500,000 heroin addicts in the U.S., most of who are IV needles users.

4. Amphetamines

Amphetamines are central nervous system stimulants that speed up the mind and body. Some common street names for amphetamines are speed, suppers, black beauties, bennies, wake-ups, footballs, and dexies. Methamphetamine ("meth," "crank," "crystal," or "ice") is nearly identical in action to amphetamine. Some of the signs and symptoms of use are hyperexcitability, restlessness, dilated pupils, increased heart rate and blood pressure, heart palpitations and irregular beats, profuse sweating, rapid respiration, confusion, panic, talkativeness, and inability to concentrate. Regular use produces strong psychological dependence and an increasing tolerance to drugs. Amphetamine use can also cause:

- A. Loss of appetite
- B. Irritability, anxiety, and apprehension
- C. Increased heart rate and blood pressure
- D. Difficulty in focusing
- E. Distorted thinking
- F. Perspiration, headaches, and dizziness
- G. Short-term insomnia

NOTE: Low dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. A hangover effect is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

5. Phencyclidine (PCP)

Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. A low dose produces sedation and euphoric mood changes. The 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. PCP is also referred to as angel dust, rocket fuel, super kools, and killer weed. Use of PCP can cause:

- A. Impaired coordination
- B. Severe confusion and agitation
- C. Extreme mood shift
- D. Muscle rigidity
- E. Nystagmus (jerky eye movements)
- F. Dilated pupils
- G. Profuse sweating
- H. Rapid heartbeat
- I. Dizziness

NOTE: There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug induced schizophrenia that may last a month or longer. The fourth phase is PCP induced depression. Suicidal tendencies and mental dysfunction can last for months.

Educational Materials, Employer's Designee, and Employee Receipt

This handbook was developed to meet the educational material requirements of the Agreement. The educational requirement of the Agreement is contained in this handbook. This sheet, the last page of the handbook, serves as a receipt to meet requirements of the Agreement (items 9 and 10). This sheet also serves notice of your initial designation of employee category (covered employee, regular driver, or HSPT) and the distribution of applicable part(s) of the Agreement. (Covered employee is all employees in positions subject to HGEA bargaining agreements 02, 03, 04, 09, and 13.). Your categorization is (check all that applies):

- | | | | |
|--------------------------|-------------------------------|----------|------------------|
| <input type="checkbox"/> | Covered employee: | Handbook | MOA Part I |
| <input type="checkbox"/> | Regular Driver: | Handbook | MOA Part I |
| <input type="checkbox"/> | Health, Safety, Public Trust: | Handbook | MOA Parts I & II |

Position classification: _____ Date: _____

The person in the Department that I can contact should I have questions or need additional information is: _____ Phone _____

I acknowledge receipt of the applicable part of Memorandum of Agreement (as checked above), handbook, and the name of the department designee who I can contact for questions or more information:

Print Name: _____

Employee Signature: _____ Date: _____

Division: _____

Department representative: _____

Employee copy

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