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Drug and Alcohol Awareness

**Information for Employees Covered
by “Pasco’s Reasonable Suspicion
Drug Testing Program”**

**District School Board of Pasco County
Program Managers and Designated Employer Representatives**

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TABLE OF CONTENTS

- Scope of the Problem
- Drug Free Workplace Commitment
- Standards of Conduct Related to Drugs and Alcohol
- Consequences of Violation of Substance Abuse Policy
- Employee Assistance Program and Rehabilitation
- Reasonable Suspicion Drug and Alcohol Testing
- What Drugs are Tested
- Drug Testing Procedures
 - Urine Specimen Collection
 - Testing at the Laboratory
 - Review by the Medical Review Officer (MRO)
 - Overview of the Drug Testing Process
- Alcohol Testing
- Common Drug and Alcohol Testing Myths
- Substance Abuse Information
 - Alcohol
 - Amphetamines
 - Cannabis (Marijuana)
 - Cocaine
 - Opiates
 - Phencyclidine (PCP)
- Addenda: Pasco's Reasonable Suspicion Drug Testing Program Contract Language
 - Notification Form
 - Supervisor's Observation Form
 - Acknowledgement Form

SCOPE OF THE PROBLEM

- One out of every 10 Americans has an alcohol problem.
- One out of every 12 Americans has a problem with illicit drugs.
- Drug and alcohol abusers are involved in almost four times the number of workplace accidents as non-abusers.... or 65% of all work related accidents.
- The cost to the American public is now established to be over \$100 billion.
- It is estimated that drug and alcohol abuse adds \$400-\$800 to the sticker price of every new car manufactured in the United States today.
- In the United States every day there are 500 new cocaine users.
- Each and every day 2,700 planes, boats, and automobiles are engaged in the activity of smuggling illegal drugs into the United States.
- \$180 billion is grossed annually from the sale of illegal drugs.
- On average, an addicted employee costs his company \$8,600 a year.
- The average absentee rate of an addicted employee is 22 days per year.
- 41% of American employees said drug and alcohol abuse by employees in their organization "seriously affects (their own) ability to get the job done."

Drug and alcohol abuse affects workplace safety, employee productivity, and the quality of the work product.

DRUG FREE WORKPLACE COMMITMENT

Over 85% of United States employers (public and private sector) have a program, including policies and procedures, to deter and detect substance abuse. Drug and alcohol abuse is a threat to both the employer and the employee. A drug free workplace policy will help to:

- Maintain safe operations by establishing a drug and alcohol free environment to minimize the possibility of substance abuse related accidents;
- Identify employees who may need assistance with substance abuse problems;
- Provide an effective deterrent against experimentation and use of illegal drugs;
- Ensure employee productivity;
- Guard against liability resulting from the actions of impaired or unfit employees;
- Deter illegal activities; and
- Comply with public expectations for a safe, productive educational environment for students.

STANDARDS OF CONDUCT RELATED TO DRUGS AND ALCOHOL

The District has established standards of conduct related to drugs and alcohol consistent with deterring and detecting employee substance abuse.

Prohibited Conduct:

- Use, possession, sale, or transfer of controlled substances/illicit drugs and/or alcohol while on school property or while on duty.
- Testing positive for drugs or alcohol.
- Refusing to test (including adulterating or tampering with a drug/alcohol test).
- Reporting for work or performing work while under the influence of controlled substances and/or alcohol.
- Possession of illicit drugs or drug paraphernalia, including same found in work area controlled or used exclusively by the employee.

Prescription Drug Use:

- Employees may use controlled substance medications under appropriate medical authorization and supervision.
- It is the responsibility of the employee to discuss potential safety/performance issues related to prescription medications that affect mental and motor functioning. The prescribing physician should be made aware of the employee's duties and daily job functions and ensure that use of the medications as directed does not adversely affect safety or performance.
- Misuse or abuse of prescribed medications is prohibited conduct.
- Prescriptions for controlled substances must be in the employee's own name, not prescribed for someone else and used by the employee.
- Prescriptions for controlled substance medications must be current (e.g., within the last year) and have been legally dispensed by a pharmacy.
- Prescriptions for controlled substance medications such as narcotic pain killers, tranquilizers, sleep aides, etc. obtained from an Internet Pharmacy site without a physician-patient relationship and medical examination of the individual are not considered valid.

CONSEQUENCES OF VIOLATION OF SUBSTANCE ABUSE POLICY

- Immediate removal from duty.
- Disciplinary actions up to and including dismissal or mandatory participation in a substance abuse rehabilitation program as a condition of continued employment.
- Rehabilitation opportunity will be offered only for the first offense.
- A refusal to test will result in a recommendation for termination of employment.

Entry into a rehabilitation program does not preclude additional disciplinary actions based on the employee's behavior or conduct at the time suspected substance abuse is determined.

EMPLOYEE ASSISTANCE PROGRAM AND REHABILITATION

The District's Employee Assistance Program (EAP) offers support to all District staff for a variety of needs, including confidential linkage with a licensed mental health professional who can assist with assessing the need for and finding appropriate resources for substance abuse counseling and intervention. Employees who are concerned about their use or misuse of alcohol or controlled substances are encouraged to pursue assessment and intervention to help prevent any substance-related incident at work. To access the program confidentially, an employee may contact the EAP office at the numbers listed below.

When to be concerned

As a rule, dependence on or addiction to alcohol or other substances does not improve without professional intervention. Addiction gets worse without treatment.

Alcohol/drug dependence involves using the drug as a coping mechanism to relieve tension or to distance one's self from problems or difficult situations. A drug dependent person often finds that he/she needs more and more of the drug to achieve any desired effect.

Alcohol/drug addiction occurs when a physical or psychological need for the drug exists. Indicators of addiction include:

- **Obsession/Compulsion:** Spending an increasing and inordinate amount of time thinking about the substance, looking forward to and planning for using the substance, or "covering for" or "fixing" problems caused while using the substance.
- **Intermittent Control:** Purposely stopping or decreasing the amount or frequency of use for a period of time (usually to verify to one's self that there is no addiction), then eventually returning to the same level/frequency of use. If a person is using "will power" to abstain from drinking/using, dependence or addiction is likely. Most people can do anything "by will power" for a while.
- **Loss of Control:** Being unable to predict the outcome of a drinking/using episode. Many people can drink a limited amount some or most of the time. "Loss of control" means that, with any given episode, the drinker/user cannot predict with complete reliability whether the episode will be a normal or an abnormal drinking/using episode
- **Continued Use In Spite of Consequences:** Continuing to use the substance in spite of actual consequences or being willing to risk losing something of value when drinking/using (i.e. a job, relationships, savings, credentials, etc.). Also, compromising one's values, morals, or standards to continue use.
- **Tolerance and Withdrawal Symptoms:** Needing an increasing amount of the substance to achieve the same effect (tolerance) and experiencing symptoms of withdrawal when use is discontinued.

Using the Employee Assistance Program after a Violation of the Substance Abuse Policy

When participation in a substance abuse rehabilitation program is required as a condition of continued employment, the employee must undergo a substance/alcohol evaluation by a licensed and approved professional and follow the recommendations made as a result of that evaluation. Unless the employee requests otherwise, a referral will be made to the Supervisor of the Employee Assistance Program who will facilitate completion of this process and, with employee authorization, report compliance status to the Director of Employee Relations. Though the cost of the substance abuse evaluation may be covered through the employee's EAP benefit, the cost of any required treatment will be the responsibility of the employee. A portion of the cost of treatment is often covered by medical or behavioral health insurance plans.

To confidentially contact the Employee Assistance Program, please call:

813-794-2366

727-774-2366

352-524-2366

or District Extension: 42366

REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

As a tool for supporting and enforcing the District's policy on substance abuse, employees are subject to reasonable suspicion drug and alcohol testing. An employee must submit to drug and/or alcohol testing when a supervisor or manager observes specific, contemporaneous, physical, behavioral, or performance indicators consistent with possible drug and/or alcohol use. Supervisors and managers will have received training on the signs and symptoms of drug or alcohol use/abuse. All incidents where reasonable suspicion exists will be documented in writing and signed by the supervisor making the reasonable suspicion testing determination.

Procedures for reasonable suspicion testing include the following:

1. Discussion with the employee concerning the behavior, conduct, or physical appearance indicators leading to the decision to conduct reasonable suspicion testing.
2. Notification to the employee of the requirements to undergo reasonable suspicion testing and of his/her option, if a bargaining unit member, to have a union representative present.
NOTE: Testing will not be delayed or postponed if the union representative is not readily available.
3. The employee will be transported and escorted to the testing site (medical facility or mobile collection/testing facility).
4. The employee completes the testing process (urine specimen collection and/or breath alcohol test).
5. The employee is transported/escorted back to the worksite and placed on paid administrative leave status pending the test results.
6. The employee will make arrangements for transportation to his/her home. If the employee does not have a family member or other individual available to provide transportation home, the District will arrange transportation to the employee's home. If the employee refuses to be transported from the worksite and insists on driving his/her vehicle, local law enforcement will be notified that the employee has refused the offer to be transported home and there is reason to believe the employee may not be capable of safely operating a motor vehicle.
7. The employee will continue on administrative leave status until the reasonable suspicion test results are received by the District and will be contacted when the test results are available.

WHAT DRUGS ARE TESTED?

Drug tests are conducted using urine specimens. The urine specimens are commonly analyzed for the following drugs/metabolites:

- Marijuana metabolites/THC.
- Cocaine metabolites.
- Amphetamines (including methamphetamine).
- Opiates (including codeine, heroin, morphine).
- Phencyclidine (PCP).

DRUG TESTING PROCEDURES

Urine Specimen Collection

The collection of your urine will be conducted using standard procedures developed by the federal government. These procedures provide for your individual privacy unless there is reason to believe that you may have tampered with the urine specimen. Please take a few minutes to read the following information which describes your role in the collection process.

- Present required photo ID to the collector. If you do not have a photo ID, an employer representative will be asked to identify you.
- You may ask the collector to show his/her identification.
- Remove any unnecessary outer garments, (e.g., coat, jacket, hat). All personal belongings (e.g., purse, briefcase) must remain with outer garments. You may retain your wallet.
- Empty your pockets and display the items in them. If okay, you can place the items back into your pocket. If you have brought anything that can be used to affect the urine drug test (eye drops, medications, etc.), the collector will secure and maintain it until the collection process is completed.
- When instructed by collector, wash and dry your hands.
- You will be provided with a sealed specimen collection container, or the collector may unwrap it in your presence.
- You may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- You should keep your urine specimen in your sight during the entire collection procedure. The collector will check the specimen for volume, temperature, and color. The collector will also split the specimen into two specimen bottles (A and B) and seal each bottle with a tamper-evident label/seal.
- You should initial the label/seal on each specimen bottle to certify that it is your specimen.
- You should complete the information on copies 2-5 of the custody and control form. You will be given a copy of the completed form after the collector has completed his/her certification statement on the form.
- You should NOT list medications/prescriptions on any copy of the form other than the one you are given for your own records.
- The sealed specimen bottles and a copy of the custody and control form will be packaged by the collector and sent to a certified laboratory for analysis.

Testing at the Laboratory

At the laboratory, the staff will:

- Determine if the paperwork is correct and that the bottle seals and labels are secure and intact. If not, the specimen is rejected for testing.
- Open only bottle A and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology.
 - If the specimen tests negative in either test, the result will be reported as a negative.
 - Only if the specimen tests positive under both methods will the specimen be reported to the Medical Review Officer (MRO) as a positive test.
- Report the findings of the analysis of the A bottle to the MRO.
- Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months.

Remember: The laboratory may conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and will be considered a refusal to test.

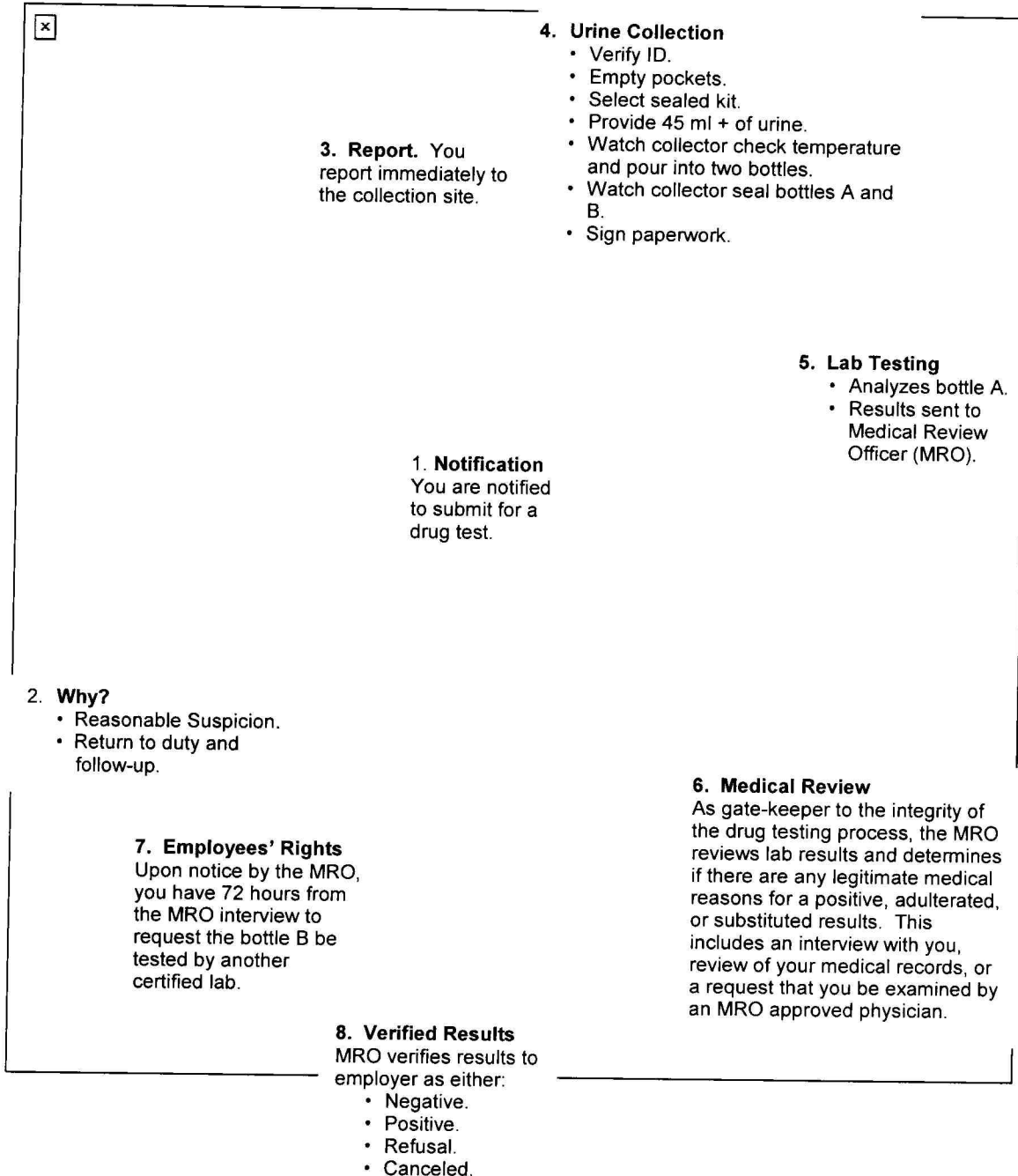
Review by the Medical Review Officer (MRO)

Upon receipt of the test result from the laboratory, the MRO will:

- Review the paperwork for accuracy.
- Report a negative result to the Designated Employer Representative (DER).
- If the laboratory results are positive, the MRO will contact you at the phone number you provided on the custody and control form to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drug(s) identified in your urine specimen. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive.
- If the result is an adulterated or substituted test, the MRO will conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as canceled. If not, the MRO will report the result to the DER as a refusal to test.

If you believe there has been an error in the laboratory analysis of your urine specimen, the MRO will offer you the opportunity to have bottle B (split specimen) sent to a second Department of Health and Human Services (DHHS) certified laboratory for reconfirmation analysis. All costs associated with the bottle B reconfirmation analysis are your responsibility. Should the results of this reconfirmation analysis be negative, the District will reimburse you for the cost of the reconfirmation analysis.

OVERVIEW OF DRUG TESTING PROCESS



ALCOHOL TESTING

Use or possession of alcohol while on duty or reporting for work with a prohibited level of alcohol in your body is prohibited under the District's policy. If there are observed indications that you may have engaged in prohibited alcohol conduct, you will be required to take a breath alcohol test to measure the alcohol concentration in your body.

Alcohol testing is a two-step process involving testing a breath specimen for the presence of alcohol. If the initial test of the employee's breath indicates the presence of alcohol (0.020 or greater), a second test is conducted to confirm the specific amount of alcohol present. The confirmation test is done using a second breath specimen provided after a waiting period of 15 minutes.

An alcohol concentration of 0.040 or greater as measured in the breath specimen is considered a positive test.

Breath alcohol tests will be conducted at a medical facility using an evidential breath alcohol testing device operated by a qualified Breath Alcohol Technician. The breath alcohol testing equipment must be calibrated and checked for accuracy in accordance with requirements of the National Highway Traffic Safety Administration.

Appropriate use of alcohol-containing personal hygiene products (mouthwash, colognes, etc.) will not produce a positive breath test. Appropriate use of over-the-counter medications that contain alcohol (cough syrups, flu and cold medicines) will not produce a positive breath test. Individuals whose bodies produce significant levels of ketones or acetone will not test positive for alcohol, because the breath testing devices do not register ketones or acetone.

COMMON DRUG AND ALCOHOL TESTING MYTHS

- 1. MYTH** - Over-the-counter medications, vitamins, and herbal supplements will cause a positive drug test.

FACT - Since the drug tests only detect controlled substances, the drugs detected in the testing program are not allowed to be in over-the-counter medications, vitamins, or herbal supplements. Products containing caffeine, antihistamines, aspirin, and other non-prescription pain relievers do not produce a positive test.
- 2. MYTH** - Exposure to second-hand smoke from marijuana or crack cocaine will cause a positive drug test.

FACT - The cut-off levels used to determine a positive test for marijuana or cocaine are set high enough to ensure that incidental, passive exposure to marijuana or cocaine smoke will not cause a positive drug test. Only use of the drugs (direct smoking, snorting, taken by mouth) will produce a positive test.
- 3. MYTH** - Drugs are only detectable in your system for a few hours after using the drug.

FACT - Most drugs are detectable in a urine specimen for several days after using the drug. Marijuana and PCP, in particular, are detectable for several days to several weeks after frequent, regular use.
- 4. MYTH** - Most commonly prescribed medications will be detected on a drug test.

FACT - There are relatively few prescribed medications that contain or metabolize to the drugs commonly tested for under this program. If your drug test is positive, you will have an opportunity to discuss the test with the MRO (a physician) who will ask you about medications that may cause a positive test. If you are able to provide legitimate documentation of a prescribed medication (pharmacy record, bottle label, doctor's prescription) the MRO will report your test as a negative.

5. **MYTH** - Eating poppy seeds or other foods or drinking herbal teas will cause a positive drug test.
FACT - Some poppy seeds do come from the opium poppy plant. However, the cut-off levels used for opiate testing are set to ensure that eating foods containing poppy seeds will not cause a positive test. There are no other food products that can produce a positive drug test. Herbal teas, legally sold in the United States, do not contain substances that will produce a positive test. However, teas commonly available in Central and South America (but illegal for importation into the United States) may be brewed from the marijuana or coca plants, and thus contain marijuana or cocaine that will cause a positive test.
6. **MYTH** - Alcohol beverages consumed the night before or several hours before reporting to work will not show up on an alcohol test at work.
FACT - Consumption of significant amounts of alcohol, depending on the person's size and the time between drinking and reporting for work, may result in alcohol being in the bloodstream many hours after drinking. For example, for a 160-180 pound person, it takes the liver one hour to eliminate the alcohol in 1-1 ½ drinks.

SUBSTANCE ABUSE INFORMATION

Alcohol: Beer, Wine, Distilled Spirits

An estimated 18 million Americans are reported alcoholics or alcohol abusers, a figure that increases by four million each year. Illnesses resulting from alcohol abuse represent the third leading cause of death in the United States.

Other studies indicate that alcohol abuse results in hospitalization more than any other drug; that alcohol is a contributing factor in 20% of work-related injuries and in 40% of traffic deaths; that up to 68% of people who drown were under the influence of alcohol; that the rate of suicide among alcoholics is 30 times that of the general population; that productivity of an alcoholic employee is 25% to 40% lower than normal productivity.

While alcoholism (physical and psychological dependence on alcohol) is epidemic in our country, high levels of alcohol consumption that fall short of actual alcoholism are also dangerous to the drinker, to his or her family and community, and to safety at work. Excessive drinking (and what is considered "excessive" varies widely depending upon body weight, sensitivity to alcohol, and health factors) in and of itself may result in liver and kidney disease, pancreatitis, chronic gastritis, and cirrhosis.

Alcohol Drinks

A standard drink of liquor contains approximately 1-1.5 oz. of 80-86 proof liquor. A 12-oz. bottle of beer and a 4½ - 5 oz. glass of wine contain approximately the same amount of alcohol as a "shot glass" of liquor.

Alcohol Effects

The first noticeable effects of alcohol ingestion are heightened activity and loss of judgment. Individuals react differently: many drinkers tend to feel happy, gregarious, filled with enthusiasm, relaxed, and more self-confident, while others become hostile, withdrawn, and depressed.

As more alcohol reaches the brain, thinking and memory become moderately impaired and perceptual and motor functions may be adversely affected and inhibitions may be lowered. The face and skin may seem warm and flush.

After several drinks, motor functions become impaired and reaction time is slowed. Emotions tend to become magnified; depression or rage is common. Symptoms include sweating, "double vision" (an inability to focus well), unsteadiness, dehydration, frequent urination, slurred speech, vomiting, and

sudden, heavy sleep. With very high doses, stupor or coma may occur. An individual may vomit while asleep, and be unable to awake, and die as a result.

Chronic Use

The physical and psychological dependence on alcohol becomes increasingly likely with chronic use. The chronic drinker frequently suffers from depression, anxiety, confusion, slurring (even when sober), impairment of perceptual/motor functions, and increasing loss of ability to reason, as well as the wide range of serious diseases stated above.

Withdrawal

While the "hangover" experienced after a night of drinking is actually a mild withdrawal syndrome, the symptoms experienced by an alcoholic or long-term chronic drinker are extremely serious. With cases of severe alcoholism, the process of detoxification must be carried out under medical supervision. If not handled correctly, severe symptoms may result, such as delirium tremens (DTs), which can be fatal.

Alcohol and Pregnancy

One of the most tragic results of the consumption of alcohol is Fetal Alcohol Syndrome (FAS). FAS can cause fetal damage that ranges from low birth weight to mental retardation; it has been shown to be the leading cause of mental retardation in newborns.

ALCOHOL CONCENTRATION AND DRINKS PER HOUR

Body Weight in Pounds	1 drink	2 drinks	3 drinks	4 drinks	5 drinks	6 drinks
100	.04	.08	.11	.14	.17	.21
120	.03	.06	.09	.11	.14	.17
140	.03	.05	.08	.10	.12	.14
160	.02	.05	.07	.09	.11	.12
180	.02	.04	.06	.08	.09	.11
200	.02	.04	.05	.07	.09	.10
220	.02	.03	.05	.06	.08	.09

NOTES: 1 Drink = 12 ounces of beer; 4 ½ ounces of wine; 1-1 ½ ounces of 80-86° liquor. Alcohol concentration is expressed in grams of alcohol per deciliter of blood = grams of alcohol per 2100 ml of breath.

These calculations are estimates. Blood Alcohol Content (BAC) can vary based on body chemistry, circumstance, etc. Additionally, alcohol intake often is unmeasured, and estimates of intake are often inaccurate. This information should be used only as an aid to understanding BAC.

This is the approximate number of hours to zero BAC from the time drinking began.

Hours to Zero BAC for Women

	100 lbs.	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.
15 Drinks	42 hrs	35 hrs	30 hrs	26 hrs	23 hrs	21 hrs
14 Drinks	39 hrs	32 hrs	28 hrs	24.5 hrs	22 hrs	19 hrs
13 Drinks	37 hrs	30 hrs	26 hrs	23 hrs	20 hrs	18 hrs
12 Drinks	34 hrs	28 hrs	24 hrs	21 hrs	19 hrs	16.5 hrs
11 Drinks	31 hrs	25 hrs	22 hrs	19 hrs	17 hrs	15 hrs
10 Drinks	28 hrs	23 hrs	20 hrs	17.5 hrs	16 hrs	14 hrs
9 Drinks	26 hrs	21.5 hrs	18.5 hrs	16 hrs	14.5 hrs	13 hrs
8 Drinks	23 hrs	19 hrs	16.5 hrs	14.5 hrs	13 hrs	11.5 hrs
7 Drinks	20 hrs	17 hrs	14.5 hrs	12.5 hrs	11.5 hrs	10 hrs
6 Drinks	17.5 hrs	14 hrs	12.5 hrs	11 hrs	9.5 hrs	8.5 hrs
5 Drinks	14.5 hrs	12 hrs	10.5 hrs	9 hrs	8 hrs	7 hrs
4 Drinks	12 hrs	9.5 hrs	8.5 hrs	7 hrs	7 hrs	5.5 hrs
3 Drinks	9 hrs	7 hrs	6.5 hrs	5.5 hrs	5 hrs	4.5 hrs
2 Drinks	6 hrs	5 hrs	4 hrs	3.5 hrs	3 hrs	3 hrs
1 Drinks	3 hrs	2.5 hrs	2 hrs	2 hrs	1.5 hrs	1.5 hrs

Hours to Zero BAC for Men

	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.	220 lbs.
15 Drinks	29 hrs	24 hrs	22 hrs	19 hrs	17 hrs	16 hrs
14 Drinks	27 hrs	23 hrs	20 hrs	17.5 hrs	16 hrs	15 hrs
13 Drinks	25 hrs	21 hrs	19 hrs	16 hrs	15 hrs	14 hrs
12 Drinks	23 hrs	20 hrs	17 hrs	15 hrs	13.5 hrs	13 hrs
11 Drinks	21 hrs	18 hrs	16 hrs	14 hrs	12 hrs	12 hrs
10 Drinks	19 hrs	16 hrs	14 hrs	12.5 hrs	11 hrs	11 hrs
9 Drinks	18 hrs	15 hrs	13.5 hrs	11.5 hrs	10.5 hrs	10 hrs
8 Drinks	16 hrs	13.5 hrs	12 hrs	10 hrs	9 hrs	9 hrs
7 Drinks	14 hrs	12 hrs	10.5 hrs	9 hrs	8 hrs	8 hrs
6 Drinks	12 hrs	10 hrs	9 hrs	8 hrs	7 hrs	6.5 hrs
5 Drinks	10 hrs	8.5 hrs	7.5 hrs	6.5 hrs	6 hrs	5.5 hrs
4 Drinks	8 hrs	7 hrs	6 hrs	5.5 hrs	5 hrs	4.5 hrs
3 Drinks	6 hrs	5 hrs	4.5 hrs	4 hrs	3.5 hrs	3.5 hrs
2 Drinks	4 hrs	3.5 hrs	3 hrs	3 hrs	2.5 hrs	2 hrs
1 Drinks	2 hrs	2 hrs	2 hrs	1.5 hrs	1 hrs	1 hrs

These calculations are estimates and should only be used to understand that alcohol is eliminated from the body very slowly. No "sobering up method" will decrease the elimination time. Some things (stimulant intake, exercise, showering) might help a person feel more alert, but does nothing to increase the rate of elimination or decrease BAC.

Amphetamine: Amphetamine (speed, uppers, bennies, dexies) and methamphetamine (crank, crystal, meth, ice)

Stimulants work directly on the central nervous system increasing alertness and strength and decreasing hunger. Because of these effects, stimulants tend to be abused by students (to stay awake and focused to study for exams), by long-distance drivers (to stay alert and to combat boredom), and by athletes (to improve performance).

In the 1960's, stimulants were widely prescribed to help dieters control their appetites without suffering the fatigue and weakness that stringent dieting causes. However, numerous studies have since proved that, while stimulants may result in modest weight loss over two to four weeks, tolerance to the hunger reducing effects is rapidly developed and higher levels of the drug must be consumed to continue the weight reduction. This cycle of tolerance followed by increasing levels of a substance leads almost inevitably to physical dependence. Individuals who take stimulants to lose weight will quickly regain the lost weight. Today, most physicians feel that the benefits of stimulants are small and short-lived, and the liabilities so high that prescribing them for weight loss is both inappropriate and, ultimately, ineffective.

Stimulants may be taken by mouth, by nose ("snorted"), or injected. When taken in tablet form, the effects last from eight to twelve hours, and from three to four hours when snorted or taken by injection.

Low Dose Effects

Increased activity, heart rate, and pulse rate; increased blood pressure; decreased appetite; euphoria; constricted blood vessels; dilated pupils; increased alertness, strength, and initiative; self-confidence and ability to concentrate; speech that stumbles over itself in its haste. A sensation of crawling skin, especially on the scalp when fingers are run through the hair. Dry mouth and excessive sweating are often seen.

High Dose Effects

Often headaches, palpitations, dizziness, vasomotor disturbances, agitation, confusion, apprehension, paranoia, delirium, and fatigue. In high doses, auditory hallucinations, panic states, paranoid delusions, and suicidal or homicidal tendencies, convulsions, seizures, coma, and sudden death.

Chronic Use

Tolerance develops to some of the central effects of amphetamines (primarily the euphoric and appetite decreasing effects), leading the user to increase the dose to obtain the same effect. Additional symptoms caused by chronic use include sleep deprivation and sleep disturbances; paranoid delusions; auditory hallucinations; panic states; suicidal and homicidal tendencies.

Withdrawal

Irritability, fatigue, depression, weakness, and increased appetite. The withdrawal symptoms may last for two or three days, or they may last for several weeks, depending upon the length of use, the amount of stimulant used, and the individual's physical variables.

Cannabis: Marijuana ("pot," "weed," "grass," "reefer"); Hashish ("hash")

Marijuana, the dried leaves of the Cannabis Sativa plant, has been used for its intoxicating effects for more than 4000 years by the Chinese. It wasn't introduced into America until the late 1930's. It became widely used in the 1960's, and in the years since then marijuana's popularity has remained fairly constant. Cross-breeding and significant improvements in optimal growing conditions have considerably increased the potency of the drug. Today, marijuana is as much as ten times more potent than the marijuana used in the early 1970's.

The main psychoactive ingredient in marijuana and hash is a mild hallucinogen called delta-9-tetrahydrocannabinol (THC), but more than 400 other chemicals are also present in the tropical plant. Although it is classed as a hallucinogen, it differs from the other drugs in this class (such as LSD) both because it is much less potent and because it induces much more sedation.

Hashish (hash) is a concentrated form of marijuana that is made by taking the resin from the leaves and flowers of the Cannabis Sativa plant and pressing it into cakes. Hashish in this cake form is a brown,

sticky, crumbling substance, similar to a crumbled bouillon cube, and can contain as much as ten times the amount of THC found in the marijuana used to make it. Hash oil can contain as much as 50% THC.

Marijuana is usually smoked, rolled in a very thin paper like a cigarette, or in a water pipe called a "bong." Sometimes other substances, such as PCP or powdered sedatives, are sprinkled on the marijuana prior to smoking it. Hashish is smoked in a small pipe. The smell produced by the smoke of marijuana or hashish is distinctively sweet.

Low Dose Effects

Mild euphoria, sedation, increased pulse, disturbance in short-term memory (a user may have difficulty recalling something said only minutes earlier), dry and bloodshot eyes, mild perceptual and sensory distortions (for example, lights and colors may appear brighter than they really are, or an enormous amount of time may seem to go by between the time that one person speaks and another person answers), spontaneous laughter, sudden hunger, reduced attention span, dry mouth that is not easily alleviated by drinking water, slowed reaction time, and mild impairment of cognitive and motor functions. Some people have an adverse reaction to marijuana, involving an "acute panic anxiety reaction" (paranoia). This may occur only the first time a person tries the drug, or every time.

High Dose Effects

Mental confusion, impaired performance of simple motor tasks, paranoia, increased desire for sleep. In very large doses, the impaired cognitive and motor abilities, the mental confusion, and resultant mild depression may last for several weeks after termination of use.

Chronic Use

Studies indicate that marijuana smoking, like tobacco, leads to chronic bronchitis, emphysema, and lung cancer. Marijuana users who have cardiovascular disease are at greater risk of developing angina, possibly due to the elevation in heart rate that occurs when smoking the drug. In addition, chronic users of marijuana often develop what is known as "a motivational syndrome," characterized by lethargy/low motivation to engage in productive work, boredom, mild depression, and difficulty in concentrating and remembering.

Withdrawal

Recent research has documented the existence of withdrawal symptoms in chronic, heavy marijuana users. These symptoms include decreased appetite (weight loss), irritability, anxiety, restlessness, sleep difficulty, and unusual dreams. There is also an effect known as the "marijuana hangover." This is characterized by cloudy headedness, slowed reaction time, and lowered concentration lasting as long as 24 hours after the use of the drug is discontinued.

Cocaine: (coke, "snow," "blow," "nose candy," "crack")

Although cocaine was the drug epidemic of the 80's and 90's, it's a drug that's been around for a long time and continues to be a significant problem today. Spanish explorers in South America 400 years ago described natives who continually chewed the leaves of the coca plant to stay in a state of perpetual intoxication. From the South American tropics to the board rooms of corporate America, cocaine has proved to be one of the most highly addictive drugs known. In laboratory experiments, animals allowed to choose freely between food, water, or cocaine chose cocaine repeatedly, ignoring food and water until they would have died.

Cocaine is a white powder typically mixed with various white cutting agents. It can be administered in a number of ways: inhalation ("snorting"), injection ("shooting up"), free-basing, or smoking as crack.

Cocaine snorters often develop nose and throat trouble due to the irritation caused to these passages when snorted. Bloody nasal discharge, runny nose, infections of the sinuses, and frequent coughing are common. Some users lose all sense of smell as a result of this practice.

"Shooting up" is often the method of choice for cocaine addicts, as the onset of the drug is almost instantaneous and the initial euphoria more intense. The drug takes effect so quickly that in the case of an overdose a person may have a heart attack or seizure while the needle is still in his or her arm. In addition to these dangers, a user who injects any drug risks hepatitis, infections of the skin which can travel to the lungs and heart valves, and AIDS. A "speedball" is an injection of cocaine and heroin

combined. As the name implies, such a combination produces an extremely intense reaction, and is even more dangerous than cocaine alone.

"Free-basing" is the term used for the process of smoking cocaine that has been purified through a chemical process. The risks associated with free-basing are cardiac arrhythmia, suppression of respiration, seizures, convulsions, and a dangerous chemical reaction that can result in fire or explosion. Crack cocaine is the solid form of free-based cocaine powder. It is extremely potent and when smoked produces an intense and immediate euphoric state.

Low Dose Effects

Euphoria lasting approximately 20 minutes when snorted, and less long when free-based or smoked; constricted blood vessels; increased pulse and blood pressure; increased energy, strength, and alertness; decreased appetite; lowering of inhibitions.

High Dose Effects

Confusion, paranoia, hallucinations and impulsive behavior (mental effects identical to the symptoms of paranoid schizophrenia); seizures due to the stimulation of the nervous system; irregular heartbeat; heart attack; inflammation of the heart muscle; cardiovascular collapse; cardiac arrest; and sudden death.

Chronic Use

Extremely high risk of addiction. The time from first use to full-blown addiction can be very short, a matter of weeks or months. Tolerance to the euphoric effects occurs very quickly.

Withdrawal

A person withdrawing from cocaine will experience irritability, weakness, marked reduction in energy, increased desire for sleep, depression, loss of concentration, and increased appetite.

Cocaine use during pregnancy can lead to fetal damage, premature delivery, low birth weight, respiratory difficulties, and increased risk of Sudden Infant Death Syndrome (SIDS). Use of crack during pregnancy can result in the infant being born cocaine dependent or addicted.

Opiates: Opium, Heroin, Morphine, Codeine

Opiates are narcotic drugs derived from opium, a black, sticky substance that is produced when the pod of the poppy plant is slashed at a certain time of the year. All of the opiates act in a similar manner, but the intensity of the effects (and, therefore, the abuse potential) differs from drug to drug.

Morphine and codeine are prescribed for their pain-killing abilities. Codeine is the least strong of the opiates and is often found in cough syrups and mild analgesics (such as the prescription Tylenol/Codeine combination). Morphine, on the other hand, may be used to combat pain following surgery, and is usually given via IV, a pump, or skin patch delivery system.

Heroin has no legitimate medical use and is not pharmaceutically available. Studies have shown that approximately 3.5% of the young adult population (18-34) use heroin at least once a month. This figure has stayed fairly consistent over several decades, suggesting that a certain number of people will always be drawn to and addicted by the drug. A dose of heroin lasts two to six hours when injected, and injection is the primary method of use (bringing with it all the dangers of hepatitis and AIDS).

Low Dose Effects

Suppression of pain, feeling of well-being, relaxation in some people and activity in others, mental cloudiness, euphoria, possible decreased appetite, nausea, and vomiting.

High Dose Effects

Decreased sensitivity and emotional response to pain, impaired concentration, deep sleep, stupor, coma, death due to suppression of respiratory functions.

Chronic Use

Tolerance (more drug must be taken to obtain the desired effect) and addiction.

Withdrawal

Withdrawal can begin eight hours after the last dose of the drug. The symptoms include uneasiness, restlessness and anxiety, watery eyes, runny nose, loss of appetite, sweating, nausea, tremors, stomach cramps, vomiting, diarrhea, and panic. Another symptom of withdrawal is gooseflesh, which makes the skin of an individual resemble a plucked turkey or chicken. It is this phenomenon which gave rise to the expression "cold turkey" as a way of describing a sudden and difficult withdrawal from a substance. Withdrawal can last days or weeks, depending upon the level of abuse. While withdrawing from narcotics can be extremely uncomfortable and temporarily debilitating, it is rarely fatal unless the individual had a pre-existing serious medical problem, such as heart disease.

Because of the rapid onset of withdrawal symptoms, an addicted employee may, and probably will, experience these symptoms on the job. To try to avoid this, many addicts will inject themselves just prior to reporting for work, or will bring a small quantity of the drug with them. An employee experiencing the effects of narcotics while at work is a safety hazard due to the sedative effects of the drug.

Phencyclidine: (PCP, angel dust)

PCP was developed in the 1950's as a surgical anesthetic for veterinary practice and was used sparingly in medicine. However, when human patients began to report hallucinations while under the drug, its use in medicine was discontinued. As better and safer animal anesthetics were developed, PCP's use in the United States was discontinued prior to 1980.

PCP is technically classed as a hallucinogen because of the hallucinations that are so frequently reported with its use. It differs, however, from other hallucinogens in that it also acts as a stimulant, a depressant, and an analgesic.

PCP is a powder. It is usually taken orally, inhaled through the nose ("snorted"), injected, or sprinkled on tobacco, marijuana, or parsley, and smoked in cigarette form. When smoked in this way, the drug is called "angel dust," and users are referred to as "dusters."

The acute drug reactions usually last four to six hours, but the effects of PCP have a unique pattern: they "come and go." The hallucination may suddenly become very strong, and then fade away, and then reoccur. The reason for this is that the drug is absorbed by a person's body fat; then released into the blood stream; then metabolized, and released again, prolonging the drug's effects.

Low Dose Effects

Low dose effects include euphoria, delusions, hallucinations (especially visual), impaired short term memory and judgment, staggering walk, numbness of hands and feet, slurred speech, confused thinking patterns, apathy. Aggressive, hostile, and even psychotic behavior is not unusual.

High Dose Effects

These include increased heart rate and blood pressure, drooling, fever, sweating, muscular rigidity. Other reactions may be anxiety, depression, paranoia that is schizophrenic in intensity, homicidal and suicidal behavior, stupor, coma (although the eyes remain open), and convulsions.

Chronic Use

Half of PCP users claim to take it once a week or less. "Runs" can occur in which the user takes the drug constantly for two or three days with little sleep or food.

Withdrawal

Abrupt withdrawal after chronic use results in fearfulness, tremors and facial twitches.

ADDENDUM

Pasco's Reasonable Suspicion Drug Testing Program

As part of its commitment to safeguard the health of its employees, to provide a safe place for its employees to work and our students to attend, and to promote a drug-free working environment, the Pasco County School Board (Board) has established this Reasonable Suspicion Drug Testing Program (Program) relating to the abuse of drugs (including alcohol) by its employees.

This Program has been prepared so as not to conflict with public policy, and, further, not to be discriminatory or abusive. The ultimate goal of the Program is to balance the Board's respect for privacy with its need to keep a safe, productive, drug-free environment. Reasonable suspicion drug testing shall be required by a supervisor or designee, outside the bargaining unit, who has been trained for at least 60 minutes on alcohol misuse and an additional 60 minutes on controlled substance misuse. All test results will be kept confidential to the extent allowed by law.

Employees who engage in prohibited drug related conduct as verified by the testing results must be immediately removed from duty.

Any employee who is in violation of the Program shall be subject to discipline up to and including dismissal or required to participate in and complete a drug-abuse or alcohol rehabilitation program (rehabilitation program) as a condition of continued employment. The opportunity to participate in a rehabilitation program as a condition of continued employment will be offered only to employees who test positive for drugs or alcohol and who have not been previously found to be in violation of any provision of this Program. The employee is responsible for all costs associated with the rehabilitation program and will provide evidence of satisfactory completion of all phases and terms of the rehabilitation program to the Board. The rehabilitation program will include the involvement of a Substance Abuse Professional (SAP) approved by the Board. The SAP will evaluate the employee and make recommendations relative to fitness to return to work, appropriate education, treatment, follow-up tests, and aftercare. The employee will sign an authorization and release of information form allowing the SAP to release, and the Board to obtain, information relative to the employee's progress in the rehabilitation program. The employee will be on leave pending the successful completion of the rehabilitation program. The employee may use accrued sick leave during this period if available; otherwise, the leave will be unpaid. Upon completion of the rehabilitation program, the employee will be returned to work in a position similar to the position held when the violation occurred and for which he/she is qualified in the judgment of the Superintendent. An employee returning to work following successful completion of a rehabilitation program will be subject to random unannounced follow-up testing for one calendar year or longer if required by the SAP as part of the rehabilitation program.

The provision allowing entry into a rehabilitation program does not preclude the employee from being disciplined for other violations of the Program or other behaviors which would otherwise subject the employee to discipline up to and including termination of employment. These other behaviors include an employee's actions or behaviors at the time suspected drug or alcohol misuse is determined.

When a meeting is called to inform an employee that reasonable suspicion testing is required, a Union representative shall be permitted to attend the meeting with the right to ask questions for the purpose of clarification. Because time is important when giving tests, the meeting will not be delayed if the Union representative is unable to be present at the time specified for the meeting to begin. During the meeting, the supervisor calling the meeting will cite the indicators, which led to the reasonable suspicion, and the employee shall be given an opportunity to give an explanation if he/she desires.

Any employee who is discharged from the rehabilitation program for unsuccessful participation will be recommended for termination from employment. Any employee who is in violation of the Board's Program a second time will be recommended for termination from employment.

Definitions

"Drug" is defined as: alcohol, including a distilled spirit, wine, a malt beverage, or an intoxicating liquor; an amphetamine; a cannabinoid; cocaine; phencyclidine (PCP); a hallucinogen; methaqualone; an opiate; a barbiturate; a benzodiazepine; a synthetic narcotic; a designer drug; or a metabolite of any of the substances listed in this paragraph. Employees tested under reasonable suspicion testing shall be tested for the following drugs: cannabinoids, cocaine, opiates (morphine), amphetamines, phencyclidine (PCP), and alcohol.

Notification

Prior to implementation, the Board will provide all employees with an orientation that includes educational materials that explain the requirements of this program and the Board's policies with respect to these requirements. Each employee who has received these materials shall be required to sign a form certifying that he/she has received a copy of the materials.

An employee may be subject to a drug screening test under any of the following circumstances:

(1) Where there is a finding of reasonable suspicion based on specific facts and inferences reasonably drawn from these facts in light of experience which would lead a prudent person to reasonably suspect that the employee was under the influence of illegal drugs or alcohol.

(2) When an employee's conduct or appearance is directly observed or perceived as indicative of being under the influence of a drug or alcohol during work time. It is the Board's intention that such an observation be made by two or more supervisors trained in alcohol and controlled substance misuse before requiring a reasonable suspicion drug test. However, this is not a requirement.

(3) When an employee is found in possession of suspected illicit drugs or drug paraphernalia, or when suspected illicit drugs or paraphernalia are found in an area controlled or used exclusively by the employee.

(4) As part of a rehabilitation program or as specified in the agreement.

(5) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on school board property.

Testing

Testing of employees shall be done in accordance with the applicable Federal and State law.

Refusal to submit to a drug screening test is defined as:

(1) failing to provide adequate breath for alcohol testing without a valid medical explanation;

(2) failing to provide adequate urine for drug testing without a valid medical explanation;

(3) engaging in conduct that clearly obstructs the testing process; or

(4) tampering with a drug test

Failure to comply or provide an adequate urine or breath sample, absent a documented and verified medical excuse, shall be determined to be a positive test result.

Follow-up Testing

Should the employee successfully complete the drug-abuse or rehabilitation program, the employee, upon returning to work, shall be subject to follow-up drug or alcohol testing as determined by the SAP or as specified in this agreement.

This program will take effect on September 1, 2008.

Employees in safety sensitive positions covered by provisions of the Omnibus Transportation Testing Act (OTETA) as outlined in Addendum D of this agreement are not subject to this program.



**Pasco's Reasonable
Suspicion Drug Testing
Program
Notification Form**

Employee Name (Please Print)

Employee Social Security Number

Section 1 (To be completed by supervisor)

Complete the employee information. Indicate the appropriate agency collection site, type of test, and category of testing.

Employee Worksite

Employee Home Telephone Number

Date

Time a.m./p.m.

Collection Site

Type of Test

- Urine Drug Screen
- Breath alcohol

Category of Testing

- Reasonable Suspicion
- Return-to-duty
- Follow-up

Signature of Supervisor

Signature of Employee

Section 2 Collection Sites

- District's CareHere Health & Wellness Centers
- Company Care
- Professional Onsite Management, Inc.
- LabCorp Patient Service Centers (Drug Only)

If Test Result
is **Negative:**

Mail employer copy
marked "Confidential" to:

Ms. Elizabeth Kuhn, Esq.
Director, Office for Employee Relations
District School Board of Pasco County
7227 Land O' Lakes Boulevard
Land O' Lakes, FL 34638

If Test Result
is **Positive:**

Contact the Office for Employee Relations immediately at (813) 794-2322 or (813) 549-9020.

If Ms. Kuhn cannot be reached by the Breath Alcohol Technician (B.A.T.), contact FirstLab immediately at (215) 396-5500.

SUPERVISOR'S OBSERVATION FORM

Pasco's Reasonable Suspicion Drug Testing Program

Section 1

Employee Name _____
 Employee Job Title _____ School/Worksite _____
 Date of Observation _____ Time _____ am / pm
 Location _____

Section 2

Observations: Check ALL that apply:

BEHAVIOR

- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- sweating
- cold, clammy, sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt grooming

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

BODY ODOR

- alcohol
- marijuana

Other observations _____

Section 3

The observations documented above were made of the employee identified in Section 1.

Supervisor's Name (printed or typed) _____ Signature _____ Date _____

Additional Witness:

Witness Name (Printed or typed) _____ Signature _____ Date _____

Section 4

Test Determination:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Reasonable Suspicion Alcohol Breath Test <input type="checkbox"/> Reasonable Suspicion Drug Urine Test <input type="checkbox"/> No Test Required <input type="checkbox"/> Employee Refused Test | <ul style="list-style-type: none"> <input type="checkbox"/> No Test Conducted <input type="checkbox"/> 8 hours elapsed <input type="checkbox"/> No collection available <input type="checkbox"/> Employee transported for medical care <input type="checkbox"/> Other (explain) _____ |
|---|--|

Section 5

Employee transported to collection site by _____

Time transported _____ am / pm Collection Site _____



Employee Position

Instructional

Noninstructional

Employee Name (Please print)

Employee Worksite

Employee Social Security Number

Employee Personal Telephone Number

Pasco's Reasonable Suspicion Drug Testing Program Acknowledgment Form

Information for employees about Pasco's Reasonable Suspicion Drug Testing Program

I have received the following informational materials:

- 1) A copy of "Pasco's Reasonable Suspicion Drug Testing Program."
- 2) A "Drug and Alcohol Awareness" document containing information for employees covered by the program including standards of conduct related to drugs and alcohol and consequences for a violation of the program's provisions.

In addition, I have been provided the opportunity to ask questions about this information and given the name and title of the Program Manager(s) to whom I may address any additional questions I have.

Principal or Worksite Supervisor

Employee Signature

Date

Note: "Pasco's Reasonable Suspicion Drug Testing Program" effective date is September 1, 2008.