



TRRA POLICIES

POLICY: Substance Abuse Policy

POLICY No. 3

Effective: November 15, 2009

Revised: June 1, 2022

TERMINAL RAILROAD ASSOCIATION OF ST. LOUIS SUBSTANCE ABUSE POLICY

For Employees with Duties that Include Safety Sensitive Functions

I. INTRODUCTION

There is heightened concern on the part of the Federal Government, private citizens, Labor Unions, and Management regarding the use of illegal drugs and the abuse of alcohol in our society and the work force of our Nation. The railroad industry in general, TRRA in particular, is not immune to the problems of substance abuse in the work place.

As a result, TRRA, recognizing its obligation to eliminate drug and alcohol abuse and their effects from the work place, has committed itself to a program designed to eliminate the abuse of drugs and alcohol by its employees.

The Company aims to provide a safe environment for its employees, its customers and the general public; maintain a work place free from the use or effects of prohibited substances; and to identify and assist employees who may have substance abuse problems. Toward this end, we intend to continue a program which requires employees to demonstrate their safety posture through:

1. Urine screens to detect the presence of marijuana, cocaine, opioids, phencyclidine and amphetamines (including methamphetamines and ecstasy (MDMA, MDA));
2. Breath alcohol tests to detect the unauthorized use of alcohol.

The purpose of this policy is to ensure compliance with Carrier Rules and Regulations prohibiting the use of prohibited substances. Testing under this policy--whether by urinalysis or breathalyzer--is designed to identify and eliminate prohibited substances in the work place. The same standard used by the Department of Transportation will be used, as defined in 49 CFR Part 40.

For those employees and members of their households who may have a problem or possible concern about drug or alcohol use, the Company's Employee Assistance Program will provide professional counseling to deal with the issues of alcohol abuse and drug dependency. The Company's goal is not only to provide a safe work place, but also to conserve human resources, the most valuable resource this Company has.

We encourage you to read what follows as it sets forth the Company's programs and how these affect all employees of TRRA. The Company reserves the right to revise or amend this program at its discretion at any time in the future.

It is the TRRA's belief that substance abuse problems are treatable illnesses, but are progressive if they are not treated. Accordingly, intervention is sometimes an appropriate treatment to prevent a more serious substance abuse problem from developing. For such employees, the Company is committed to appropriate rehabilitation programs as set forth in this program.

II. GENERAL CODE of OPERATING {GCOR} RULES 1.5

The use of alcoholic beverages by employees subject to duty, when on duty, or on Company property is prohibited.

The illegal use of any drug, narcotic, or controlled substance is prohibited at any time, either on duty or off duty. Employees are expected to know those drugs, narcotics, or controlled substances that are illegal to use.

Employees must not report for duty or be on Company property under the influence of, or use while on duty, or have in their possession while on Company property, any alcoholic beverage or illegally obtained drug, narcotic or other controlled substance.

Employees must not report for duty or be on Company property under the influence of, or use while on duty, any over-the-counter or prescription drug or medication which will in any way adversely affect their alertness, coordination, reaction, response, or safety. If an employee has been issued a prescription drug, or is in doubt as to whether an over-the-counter medication may have an adverse effect on their alertness, coordination, reaction, response or safety, the employee should make sure that the following steps are taken:

- 1) A medical practitioner or otherwise authorized to practice by a state of the United States or a physician designated by the Railroad makes a good faith judgment, in writing, with notice of the employee's assigned duties, and on the basis of the available medical history, that use of the substance by the employee at the prescribed or authorized dosage applicable is consistent with the safe performance of the employee's duties; and
- 2) The substance is used at the dosage prescribed or authorized; and
- 3) The employee notifies the TRRA, in writing, prior to use on duty (a) of their need to use the prescribed or authorized drug or medication and (b) of the medical practitioner's judgment, as set out above; and
- 4) The proper TRRA Official gives approval in writing to the employee for use on duty of the drug or medication.

The need to effectively deal with problems of alcohol and drug abuse is the responsibility of everyone; family, Company managers, Union Representatives, and the individuals themselves. It is the responsibility of all of us to recognize that a problem may exist, to see that such employees are identified and treated, and, where indicated, enforce discipline. It is a further responsibility that those who are not addicted be educated regarding the dangers of substance abuse, especially as they relate to the work place. TRRA's effort to control alcohol and drug abuse involves a multifaceted approach, including several types of testing programs.

III. IDENTIFYING INFORMATION

Railroad

Name: Terminal Railroad Association of St. Louis
Address: 1017 Olive Street
St. Louis, Missouri 63101
Phone: 618-451-8430
Secure Fax: 618-451-8430
E-Mail: bragland@terminalrailroad.com

Designated Employer Representative

Name: Brad Ragland
Phone: 618-451-8430
Secure Fax: 618-451-8430
E-Mail: bragland@terminalrailroad.com

Alternate Designated Employer Representative

Name: Matt Whitney
Phone: 618-451-8441
E-Mail: mwhitney@terminalrailroad.com

Medical Review Officer

Name: Dr. Christopher Knapp
Address: 2044 Madison Avenue, Suite G6
Granite City, IL 62040
Phone: 618-798-3376
FAX: 618-798-3868

Testing Laboratory

Name: Clinical Reference Laboratory, Inc.
Address: 8433 Quivira Road
Lenexa, KS 66215
Phone: 800-445-6917

Collection Facility

Name: Gateway Regional Medical Center/Occupation Health
Address: 2044 Madison Avenue, Suite G-1
Granite City, Illinois 62040
Phone: 618-798-3376
Fax: 618-798-3379

Name: Guardian Medical Logistics
Address: 1868 Craigshire Road
St. Louis, MO 63146
Phone: (314) 576-7766

Name: Midwest Occupational Medicine
Address: 325 E. Madison (Hwy 143)
Wood River, IL 62095
Phone: (618) 251-5202

Employee Assistance Program

Name: Gateway Regional Medical Center
Address: 2100 Madison Avenue
Granite City, Illinois 62040
Phone: 618-798-3457

IV. TYPES OF ALCOHOL/DRUG TESTING UNDER TRRA POLICY

1) PRE-EMPLOYMENT PHYSICAL EXAMINATIONS

Terminal Railroad as part of the pre-employment physical, requires all applicants for employment to submit to testing for the presence of drugs and alcohol. Passing a pre-employment drug and alcohol test is a condition of employment. If an applicant refuses to submit to the drug and alcohol test, or tests positive on the drug or alcohol tests, the applicant will no longer be considered for employment.

2) RETURN TO WORK PHYSICAL EXAMINATIONS

Any employee who has been furloughed as a result of force reductions and is recalled to service; has been reinstated following dismissal; returns from any form of leave of absence, including discipline; may be subject to a physical examination, functional capacity evaluation and drug and alcohol testing. The TRRA will determine the type of examination for the employee's specific class of service. Employees tested under this section will be considered as subject to duty and be handled in accordance with their individual collective bargaining agreements.

3) FOR CAUSE TESTING

Employees will be tested if there is reasonable cause to believe that an employee has violated the standards of conduct set forth in this policy. Reasonable cause will be documented and based on physical, behavioral, or performance indicators, including but not limited to, errors, safety violations, or unusual behavioral patterns.

The occurrence of any of the following events will be grounds for testing under this portion of TRRA's Alcohol and Illegal or Controlled Substances Testing Program:

A. Reasonable Suspicion Testing.

TRRA personnel will be required to submit to a drug and/or alcohol test whenever a properly trained supervisory employee of this Railroad has reasonable suspicion that a covered employee is currently under the influence of, or impaired by, a controlled substance or alcohol. Reasonable suspicion must be based on specific, contemporaneous, personal observations the supervisor can articulate concerning the employee's appearance, behavior, speech, body odor, chronic effects or effects of withdrawal. The observations must be made by at least one qualified supervisor who has received proper training in the signs of alcohol use and/or at least two qualified (one of whom has been trained and is on-site) supervisors who have received proper training in the signs and symptoms of drug use.

B. Reasonable Cause Testing.

(1) Possession of alcohol/illegal substances

If an employee is found in possession of alcohol while on duty or on Company property, or in possession of an illegal substance while on or off duty, the employee will be removed from service and an investigation scheduled. If the employee is on duty, a urine and breath specimen may be collected. The presence of any alcohol or illegal substance in the body fluids, or as revealed by the breathalyzer test, of employees on duty or on Company property, is considered possession. "Illegal substance" as defined in this program includes any illegal drug or narcotic, or the possession of a legal drug for which the employee does not have a valid prescription or medical authorization.

(2) Accident, Incident or Rule Violation.

If an employee has been involved in an accident, incident or rule violation, the supervisor has an obligation to determine if the employee's acts or omissions contributed to the occurrence. The supervisor may direct the employee to provide a urine and breath specimen for testing to determine if alcohol or drugs were a contributing factor.

In the case of an accident involving the operation of a Company Vehicle, the supervisor must direct the employee to provide a urine and breath specimen for testing to determine if alcohol or drugs were a contributing factor, if as a result of the accident:

- someone is killed; or
- someone is injured sufficiently to require medical treatment away from the accident scene, or
- damage to any property or vehicle occurs

(3) Work Related Injury Testing.

Employees who sustain work related injuries will be tested for drugs and alcohol when they are taken or sent from the work location for medical evaluation/treatment.

V. RANDOM TESTING

All schedule and non-schedule employees, whose job duties include a safety sensitive function or whose direct actions or decisions may affect the safety of themselves, other employees,

customers, and/or the public, will be subject to unannounced Random Testing for drugs and alcohol.

Safety sensitive functions may include, but are not limited to, the following: (Individuals who supervise these jobs are usually considered as performing safety sensitive functions.)

- operating on, working on/with or around moving equipment or machinery
- operating on, working on/with or around rotating machinery or electricity
- working in situations in which a slip, trip or fall could cause death or serious injury
- working with, planning, or designing decisions which if not accurate could result in accidents/incidents that could lead to serious injury or death.
- working with or giving instructions to others who are placing, loading or unloading, storing, moving or handling hazardous materials
- all employees who are in the chain of events dealing with drug or alcohol testing selection or result notification
- all security sensitive employees
- all employees who inspect, maintain and repair machinery and equipment that must meet Federal Safety Guidelines due to interest in public safety
- all employees who interpret, design, write, or instruct Safety Rules or Safety procedures
- all employees who carry a firearm for security purposes

PROGRAM GUIDELINES

The selection process will ensure that each employee will have a substantially equal statistical chance of being selected within a specified time frame.

Each employee shall perceive the possibility that a random test may be required on any day and time that an employee is working.

Notice of the employee's selection will not be provided to the employee until they are working and as close to collection as possible.

The employee shall be tested only while on duty.

The employee selected for testing will be informed that the selection was made on a random basis.

Non-compliance by an employee selected for participation in a random drug test shall be excused only in the case of a documented medical or family emergency.

An employee, who upon being notified to provide a sample, refuses to provide a sample, shall be immediately withdrawn from service and shall be deemed disqualified for a period of nine months.

SELECTION PROCESS

Selection will be generated on a monthly basis by the Designated Employee Representative via <https://www.randomizer.org/#randomize> or a similar website. The number of selections will be made each month based on the Carrier's fulfillment of annual requirements.

Selections will be made prior to the start of the month to be tested, based on employee name. Each employee will be on a list, maintained by the Program Administrator, and assigned a numeric designation (for example, 1 through 50). The Program Administrator will input into the randomizer, the number of persons required for testing in a given month. Based on this information, the randomizer will select the required amount of numbers for that month's testing. Those numbers are associated directly with an employee's name on the designated list.

The Program Administrator will update the pool as required; however, at least on a monthly basis.

The selections will be reviewed by the Program Administrator who will then have the month in which to schedule testing with the collector.

The Program Administrator will then notify the TRRA Officer no more than twenty-four hours in advance of the individual to be tested and the time to be tested, i.e. beginning, middle or end of shift. **EXCEPTION** – notification for weekend testing and Monday testing will be on the Friday prior to the scheduled test.

The collector and Program Administrator will determine times and locations, not the TRRA Officer.

This railroad will safeguard these selection records to ensure that information concerning collection dates and selections are not disclosed until necessary to arrange for collection or provide notifications.

These random testing records are required to be maintained in accordance with the Carrier's Record Retention Policy.

Only a substantiated medical emergency involving the selected person or an emergency involving an immediate family member (e.g., birth, death, or a medical emergency) provides the basis for excusing an employee from being tested once notified. A medical emergency is defined as an acute medical condition requiring immediate emergency care. A person excluded under these criteria must provide substantiation from a credible outside professional (e.g., doctor, hospital, law enforcement officer, school authority, court official) which can be furnished prior to this release or within a reasonable period of time after the emergency has been resolved. Such excluded (excused) persons will not be tested based on this selection.

Once the employee selection is made, the DER will arrange notification. No prior notification will be given. A selected person will only be tested during his/her tour of duty, extended only long enough to complete testing. The person, once notified, must proceed to the selected testing facility immediately. The program administrator will notify the TRRA officer no more than 24 hours in advance of the specific employee to be tested and the time to be tested, i.e. beginning, middle or end of shift. **EXCEPTION** – notification for weekend testing and Monday testing will be on the Friday prior to the scheduled test. The collector and Program Administrator will determine times and locations, not the TRRA officer. The TRRA officer will then notify the selected employee(s) of their testing requirement.

The collection date and time during the selection period (testing window) will be varied by the DER to ensure that it cannot be anticipated. It is not necessary for the railroad to randomly select the testing date.

VI. DRUG TESTING PROCEDURES

The designated collection agents will be qualified and follow the proper collection procedures as described in 49 CFR Part 40.

- a. The Medical Review Officer (MRO) will review drug test results as required in 49 CFR Part 40. All test results will be reported exclusively through the MRO.
- b. A laboratory certified by the Department of Health and Human Services/Substance Abuse and Mental Health Service Administration (DHHS/SAMHSA), under the Mandatory Guidelines for Federal Workplace Drug Testing Programs, will perform all drug testing.
- c. Test results will be reported from the laboratory only to the MRO for review and action consistent with 49 CFR Part 40.
- d. The name of the individual providing the specimen will remain confidential and will not be provided to the laboratory performing the test. The testing laboratory is only able to identify the specimen by the specimen ID number printed on the chain-of-custody form. The laboratory will only use specimen custody and control form consistent with the requirements of 49 CFR Part 40.
- e. The designated laboratory will only test for the drugs listed in 49 CFR Part 40.85.
- f. The MRO will verify the results and report (using procedures in 49 CFR Part 40) to the DER whether the test was positive or negative, and the drugs for which there was a positive result.

VII. ALCOHOL TESTING PROCEDURES

Breath Alcohol Testing will be performed by fully trained and certified Breath Alcohol Technicians (BAT) using the National Highway Traffic Safety Administration (NHTSA) approved testing devices. The results will be signed by the employee and the BAT. At the time of the alcohol test, the employee will receive a copy of the test result, with an identical copy being sent to the Railroad's DER.

- a. *Negative Results:* The DER will be mailed a copy of the negative test results.
- b. *Positive Results:* The BAT will immediately and directly notify the Railroad's DER if the test results are positive (0.02 percent or higher), who will take appropriate action to remove the employee from service.

VIII. DRUG TEST RESULTS

Positive or Otherwise Non-Negative Results: If the laboratory reports the drug test result as POSITIVE or otherwise non-negative, the following procedures will be followed:

- a. The MRO will immediately inform the person of the result and offer that person the opportunity for an interview to discuss the test result. If the MRO has difficulty reaching the employee, the procedures set forth in 49 CFR 40.131 will be followed.

- b. The MRO will complete and document the review by procedures outlined in 49 CFR Part 40 Subpart G, determining if the external chain of custody was intact, if the person has a legitimate medical explanation for the presence of the controlled substance, and whether there is any basis to question the scientific sufficiency of the test results. In the case of an opiate positive, the MRO will also make the special determinations required by the regulation.
- c. If the MRO verifies the test result as positive, the MRO will report the result to the railroad's DER. If the MRO determines that the result is non-negative and the non-negative result cannot be explained, the appropriate regulatory action will be pursued. The chart at Appendix D delineates the appropriate action. The MRO will provide the DER with the quantitative test results unless the employee, as stipulated in the regulation, disputes the test.

Negative Results: If the MRO has determined that the drug test is NEGATIVE, the MRO will accomplish the required administrative review and report the negative results to this railroad's DER. If the MRO determines that the drug test is negative but dilute then an immediate second collection will take place. The donor will be tested within 24 hours of the result notification or the next day the donor reports in for duty. The reason for the test will be the same as the first negative dilute test. The results of the second test will be the final result the Company accepts. If the donor refuses to participate in the second collection then this will be considered a refusal to test. NOTE: this second collection will be unobserved unless an observed collection is requested by the MRO.

IX. CONFIDENTIALITY

Medical information a person provides to the MRO during the verification process is treated as confidential by the MRO and is not communicated to the TRRA except as provided in Part 40.

Confidentiality of Federal drug or alcohol testing results will be maintained as required by the regulations. For example:

- 1) The laboratory observes confidentiality requirements as provided in the regulations. The TRRA does not advise the laboratory of the identity of persons submitting specimens. The laboratory performing the testing must keep all records pertaining to the drug test for a period of two years.
- 2) All tests results will remain exclusively in the secure files of the MRO. The MRO will observe strict confidentiality in accordance with the regulations and professional standards. The MRO will retain the reports of individual test results by procedures outlined in Part 219 Subpart J.
- 3) The DER will maintain all test results reported by the MRO, both positive and negative, in secure storage. The results will be retained by procedures outlined in Part 219 Subpart J. Other personnel will be informed of individual test results only in the case of positive tests and authorized only on a need-to-know basis.

X. PRESCRIPTION DRUGS (Procedures outlined in 40 CFR 219.103)

The use of controlled substances (on Schedules II through V of the controlled substance list) is not prohibited as long as they are prescribed or authorized by a medical practitioner and used at the

dosage prescribed or authorized. Either one, a treating medical practitioner or a railroad-designated physician, should determine that use of the prescription(s) at the prescribed or authorized dosage is consistent with the safe performance of the employee's duties. Employees should also seek the advice of a medical professional whenever they are taking any over-the-counter drug that may adversely effect the safe performance of duties. This includes use instructions and medication labeling which could present a safety concern.

XI. COMPLIANCE WITH TESTING PROCEDURES

- a. All personnel/applicants requested to undergo a Company drug and/or alcohol test are required to promptly comply with this request. The TRRA expects all prospective and current personnel to exercise good faith and cooperation in complying with any procedures required under this policy. Refusal to submit to a drug or alcohol test, engaging in any conduct which jeopardizes the integrity of the specimen or the reliability of the test result, could subject the person to disciplinary action (up to and including termination), independent and regardless of any test result. This includes failure to show up on time for a drug/alcohol test, postponing or rescheduling of specimen collections or failing to remain at the testing site until the testing process is complete, etc. (see procedures outlined in 40.191). The TRRA reserves the right to require a direct observation collection of subsequent return to duty or follow up urine specimen collections when the employee has had a previous positive test result, or has previously refused to take a test.
- b. Direct Observation Urine Collection Procedures (40.67 (i)): The collector (or observer) must be the same gender as the employee. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container. The observer will request the employee to raise his or her shirt, blouse or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device. 1) If the employee has a device, the observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of the testing form. The collector notifies the DER. This is a refusal to test. 2) If the employee does not have a device, the employee is permitted to return his/her clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process. 3) Failure of the employee to permit any part of the direct observation procedure is a refusal to test.
- c. As a minimum, the employee will be removed from service for a minimum of nine months if there is a "refusal to test."

XII. POSITIVE TEST RESULTS

Personnel should receive written notification of their test results which are other than negative. A positive drug test or an alcohol test result of 0.02 percent or greater or a refusal to test will result in immediate removal from service.

An employee with a positive drug test or a breath alcohol test result of 0.02 percent or greater will be required to undergo an evaluation by the Carrier's Employee Assistance Program (EAP) to determine the need for treatment and/or education. The employee will be required to participate and comply with the EAP recommended treatment and any after-care or follow-up treatment that may be recommended or required at their own expense.

After successful treatment, the person will be required to provide a return-to-duty urine specimen and/or breath specimen for testing (which is negative) prior to being allowed to return to service. In addition, the person will be subject to additional unannounced follow-up testing, as determined by the EAP, for a maximum period of 60 months, with a minimum of six tests being performed in the first twelve months. Failure to comply with these provisions and remain alcohol and/or drug free will result in subsequent removal from service and could result in disciplinary action, up to and including termination.

If an employee has an alcohol test result of at least 0.02 percent or greater or a positive drug test the employee will be removed from service and a formal Company Investigation will be scheduled to determine if TRRA "GCOR" 1.5 has been violated.

A second violation of this part could result in disciplinary action, up to and including termination. Any combination of two violations of drugs or alcohol, listed in part XII, could result in disciplinary action, up to and including termination.

XIII. REHABILITATION

The TRRA has employed the services of Gateway Regional Medical Center for Employee Assistance and Substance Abuse Professional services to help employees and their dependent family members who may have various personal problems, in addition to drug and alcohol addictions. There is no cost to the employee or his eligible family members for the Employee Assistance Program services. The EAP Counselor will provide you with information about the benefits that are available to employees.

Employee Assistance Program Administrator

Contact Person: Bob Turck, MSW, LCSW
2100 Madison Avenue
Granite City, Illinois 62040
24 hour Hotline: 618-798-3457

The TRRA adopted the following policies designed to encourage and facilitate the identification of employees who abuse alcohol or drugs and insure that such employees are provided the opportunity to obtain counseling or treatment:

- a. **VOLUNTARY REFERRAL POLICY:** Any employee who is affected by an alcohol or drug use problem may maintain an employment relationship with the Carrier, if, prior to being charged with conduct deemed to be sufficient to warrant dismissal, the employee seeks assistance through the Carrier's Employee Assistance Program. Such assistance may be requested by the employee or through referral by another employee, Union Representative, or family member. In order to invoke the benefits of this policy, the employee must contact The Director of Labor Relations for instructions either:

- (1) during non-duty, or

- (2) while unimpaired and otherwise in compliance with the Carrier's GCOR 1.5

The Company will treat all referrals and subsequent handling, individual counseling and treatment, as confidential. Confidentiality will be waived, however, if:

- (1) the employee at any time refuses to cooperate in a recommended course of counseling or treatment and/or
- (2) the employee is later determined, after investigation, to have an alcohol or drug related disciplinary offense growing out of subsequent conduct.

The Company will, to the extent necessary for treatment and rehabilitation, grant a leave of absence for the period necessary to complete primary treatment and establish control over the employee's alcohol or drug problem. If necessary, the involved leave of absence will not be less than forty-five (45) days for the purpose of meeting initial treatment needs. Employees will be returned to service upon recommendation of the Employee Assistance Professional and upon successful completion of a return-to-work physical examination, which will include a drug and/or alcohol test.

This Voluntary Referral Policy does not apply to an employee who has previously been assisted by the Company under this Policy or who has previously elected to waive investigation under the Co-Worker Report Policy outlined in Paragraph (b) of this notice.

- b. **CO-WORKER REPORT POLICY:** Any employee may maintain an employment relationship with the Company following an alleged first offense under the Company's GCOR 1.5, provided the alleged violation comes to the Company's attention as a result of a report by a co-worker that the employee was apparently unsafe to work with, or was, or appeared to be, in violation of GCOR 1.5.

If a TRRA representative can confirm that the employee is in violation, that employee will immediately be removed from service in accordance with existing policies and procedures.

The employee will be notified of the GCOR 1.5 violation charge in accordance with applicable Agreement Rules where required. Along with the Notice of Investigation, the employee will be furnished an option form on which he/she can select one of the following options:

- (1.) Will attend the investigation on GCOR 1.5 violation charge; or
- (2.) Will contact the Charging Officer within five (5) days of the date of the Notice of Investigation and waive their Investigation. They must agree to enroll in and participate in an approved rehabilitation program with the understanding that:
 - (i) The GCOR 1.5 charge Investigation will be held in abeyance.
 - (ii) The employee will continue to remain out of service, and
 - (iii) The employee will be carried on the Company's records as being off due to illness.

- (3.) The Director of Labor Relations will refer the employee to the Employee Assistance Professional who will schedule interviews with the employee and complete an evaluation within ten (10) calendar days of the date on which contacted by the employee for evaluation under the policy, unless it becomes necessary to refer the employee for further evaluation. In each case, all necessary evaluation will be completed within twenty (20) days of the date on which the employee contacts the Employee Assistance Professional or his or her representative.

If the Employee Assistance Professional determines the employee is affected by psychological or chemical dependency on alcohol or drugs or by another identifiable and treatable mental or physical disorder involving the abuse of alcohol or drugs as a primary manifestation, the Company will:

- (i) Grant the employee a leave of absence for the period necessary to complete primary treatment and establish control over the alcohol or drug problem. If necessary, the involved leave of absence will not be less than forty-five (45) days for the purpose of meeting initial treatment needs.
- (ii) The employee will be expected to undertake and successfully complete a course of treatment deemed acceptable to the Employee Assistance Counselor.
- (iii) The employee will be promptly returned to service, on recommendation of the Employee Assistance Counselor, when the employee has established control over the substance abuse problem and successfully completes a drug and/or alcohol return-to-work test(s).

As a further condition of withholding of discipline, the employee, following return to service, may, as necessary, be required to participate in a program of follow-up treatment, which will include periodic random drug and/or alcohol test(s). Furthermore, all employees will be subject to periodic follow-up test(s) per the EAP recommendation for a period of up to five (5) years from the date the employee was originally withdrawn from service.

If the Employee Assistance Professional determines that an employee is not affected by an identifiable and treatable mental or physical disorder:

- (i) The employee will be returned to service within five (5) days after completion of the evaluation which will involve a drug and/or alcohol test and return-to-work physical exam.
- (ii) The employee may be expected to participate in a program of education and training concerning the effects of alcohol and drugs during and/or following the out-of-service period.

An employee who elected option (2) of Section (b) and fails to enroll in the recommended rehabilitation program within the prescribed period or, after enrolling, fails to continue participation in the program, will be considered as having elected option (1) of Section (b). Under such circumstances, any provision of any applicable agreement Rule providing a time limit from the date of incident in which the investigation must be held will be considered waived.

Upon being notified by the Employee Assistance Counselor of such fact, the Carrier will reschedule the Investigation to be held within the time specified in the person's Union Contract.

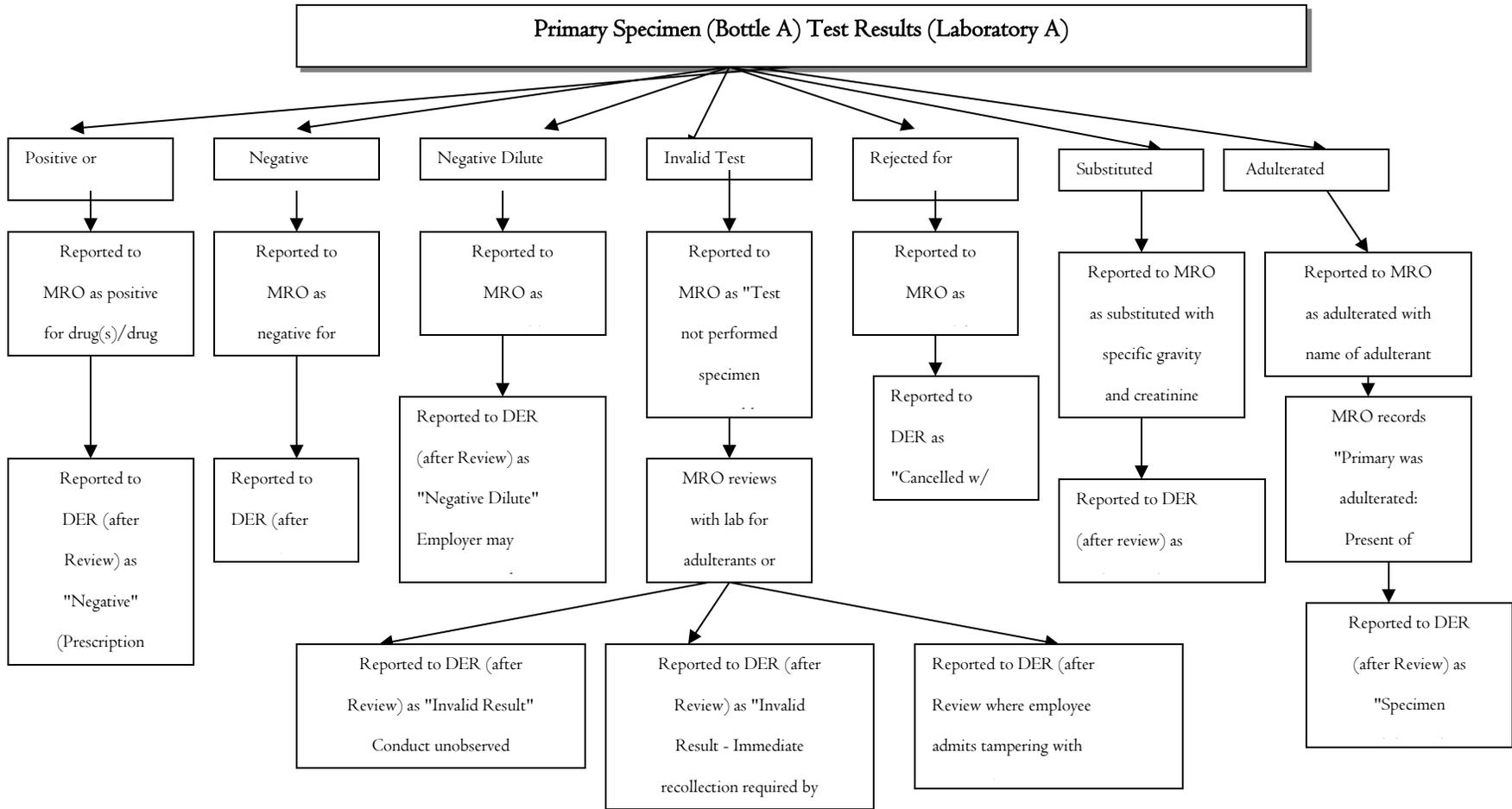
- c. **NON-PEER REFERRAL:** The TRRA will accept non-peer referrals from family members and friends (non-employee) that contact the railroad.

A railroad representative will meet with the employee in person regarding the information and determine whether the employee is unsafe to work. If the railroad representative determines that employee is unsafe, the employee may either accept or reject the referral.

If rejected, a railroad representative trained in signs and symptoms would perform a GCOR 1.5 observation on the employee in question. If signs and symptoms are present, then the railroad representative would order reasonable suspicion testing of the on-duty employee.

If a TRRA representative can confirm that the employee is in violation, that employee will immediately be removed from service in accordance with existing policies and procedures. All guidelines contained within Section b (1), b(2), and b(3) of this section will apply.

FLOW CHART FOR HANDLING OF PRIMARY SPECIMENS



Effective August 1, 2001

NOTE: Positive, adulterated and substituted specimens are retained by the laboratory for

** Adulterated specimen with no split specimen available is reported to DER as "Specimen Adulterated - Refusal"

ALCOHOL AND DRUG EFFECTS

Dear Employee,

The attached information regarding alcohol and drugs is important not only for you, but every member of your family. If you have questions or would like counseling or treatment resources in your community, please contact me.

Brad Ragland
Director of Labor Relations
Phone: (618) 451-8430

Effects of Alcohol

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- Dulled mental processes
- Lack of coordination
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(NOTE: Except for the odor, these are general signs and symptoms of any depressant substance).

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer-12 ounces, whiskey-1 ounce, or wine-6 ounce glass) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is legally drunk at any one time.
- Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- Forty percent of family court cases are alcohol problem related.
- Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

The Annual Toll

- 24,000 people will die on the highway due to the legally impaired driver. 12,000 more will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents.
- 30,000 will die due to alcohol-caused liver disease. 10,000 will die due to alcohol-induced brain disease or suicide. Up to another 125,000 will die due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Alcohol-Related Birth Defects

Definitions ---

- Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with accompanying mental retardation - and the only preventable cause among those three. FAS can be prevented by abstaining from alcohol consumption during pregnancy.
- FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as a small head circumference, flattened mid-face, sunken nasal bridge and flattened and elongated philtr central nervous system dysfunction; and varying degrees of major organ system malformations.
- Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birth weight, subtle behavior problems or partial display of

physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.

Incidence and Risks Factors ----

- Nearly 5,000 babies - one in every 750 - are born with FAS every year. (FAS prevalence rates range from one in 1,000 to one in 200). Comparatively, FAE may affect 36,000 newborns each year.
- One in six women in the peak childbearing years of 18-34 may drink enough, either chronically or episodically, to present a hazard to an unborn infant.
- Alcoholic women are at highest risk of bearing children with FAS. Alcoholism is a primary, chronic disease often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences and distorted thinking (most notably denial).
- FAS is prevalent in 9.8 of every 1,000 American Indians form a particular high-risk culture. Other American Indian populations have rates ranging from 1.3 to 10.3 for every 1,000.
- A daily average of one to two reported drinks is linked to decreased birth weight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at an even lower dose: one to two drinks weekly.
- The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAE and the consequences of alcohol exposure.
- There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy. Although 90 percent of the public is aware that drinking during pregnancy may damage the fetus, one study showed that one-third of women interviewed believed that drinking no more than three drinks a day during pregnancy was safe.

Economic Factors ----

- Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat the 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were \$510.5 million.
- Women are now heavily targeted for marketing alcoholic beverages. (Women will spend \$30 billion on alcoholic beverages in 1994, up from \$20 billion in 1984.)

Public Health Recommendations ----

- The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.
- Women who breast-feed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.
- Nine states and 18 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.

THE 9 SIGNS OF ALCOHOLISM...

1. Increase in alcohol tolerance.

"I can drink them under the table."

2. Occasional or partial memory lapses.

"Did I really do that last night?"

3. Drinking beyond one's intentions.

"Boy did I get smashed! I should have eaten something."

4. Increased dependence on alcohol.

"I can't wait...got to have a quickie."

5. Sneaking drinks.

"I needed the extra one ... who's to know?"

6. Preoccupation with alcohol.

"Election day tomorrow...better pick up a bottle."

7. Resentful whenever one's drinking is discussed.

"It's none of their business....I can handle it."

8. Futile, frustrating water-wagon attempts.

"This time I've just got to dot it....Just got to!"

9. Rationalizing loss of control.

"If they had my problems, they'd drink too!"

A Chart of Alcohol Addiction & Recovery

Onset
of Memory
Blackouts

Increasing
Dependence on
Alcohol

Feelings of Guilt

Memory Blackouts
Increase

Decrease of Ability to Stop
Drinking When Others Do So

Grandiose and Aggressive
Behavior

Efforts to Control Fail Repeatedly

Tries Geographical Escapes

Family and Friends Avoided

Unreasonable Resentments

Loss of Ordinary Willpower

Decrease in Alcohol Tolerance

Onset of Lengthy Intoxications

Impaired Thinking

Indefinable Fears

Obsession with Drinking

All Alibis Exhausted
Complete Defeat Admitted

crucial phase

chronic phase

Occasional Relief Drinking

Constant Relief Drinking Commences

Increase in Alcohol Tolerance

Surrepitous Drinking

Urgency of First Drinks

Unable to Discuss Problems

Drinking Bolstered by Excuses

Persistent Remorse

Promises and Resolutions Fail

Loss of Other Interests

Work and Money Troubles

Neglect of Food

Tremors and Early Morning
Drinks

Physical & Moral
Deteriation

Drinking with Inferiors

Unable to Initiate Action

Vague Spiritual Desires

Enlightened and Interesting Way of
Life Opens Up with Road to
Higher Levels Than Ever
Before

Group Therapy and Mutual Help Continue

Increasing Tolerance

Contentment in Sobriety

Confidence of Employers

Appreciation of Real Values
Rebirth of Ideals

New Interests Develop

Adjustment to Family Needs

Desire to Escape Goes

Return of Self Esteem

Diminishing Fears of the
Unknown Future

Start of Group Therapy

Right Thinking Begins

Meets Former
Addicts Normal & Happy

Told Addiction
Can Be Arrested

Honest Desire for Help

rehabilitation

Realizations
Recognized

Care of Personal
Appearance

First Steps Toward
Economic Stability

Increase of Emotional Control

Facts Faced with Courage
New Circle of Stable Friends

Family and Friends Appreciate
Efforts

Natural Rest and Sleep

Realistic Thinking

Regular Nourishment Taken

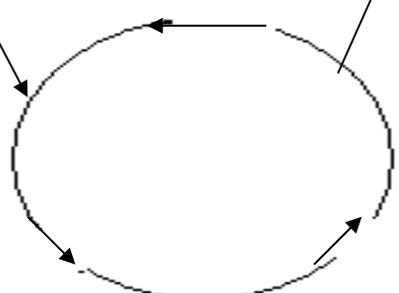
Appreciation of Possibilities of New Way of Life

Onset of New Hope

Spiritual Needs Examined

Assisted in Making Personal

Stops Taking Alcohol
Learns Alcoholism is an Illness



ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it does down.

Stomach and Intestines: Alcohol has an irritating effect 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. One out of five patients who develop this disease dies during the first attack. Pancreatitis 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: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes 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, death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

EFFECTS OF DRUGS

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 effect 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.

Description----

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

Signs and Symptoms of Use----

- 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, chronic sore throat.

Health Effects----

- The active chemical, tetrahydrocannabinol (THC), and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics including breast development occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs and liver, and water on the brain and spine.
- Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and causes other ophthalmic problems.

Mental Function---- Regular use of marijuana can cause the following effects:

- Delayed decision making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow moving objects with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- 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.

Acute/Overdose Effects---

- Aggressive urges
- Anxiety
- Confusion
- Fearfulness
- Hallucinations
- Heavy sedation
- Immobility
- Mental dependency
- Panic
- Paranoid reaction
- Unpleasant distortions in body image

Workplace Issues---

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC potency in the past several years makes smoking three to five joints a week today, equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effects of both the depressant and the marijuana.

Cocaine

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description ---

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America.
- **Cocaine Hydrochloride**- "snorting coke" is a white creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums or injected in veins. The effect is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams). Common paraphernalia includes a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.
- **Cocaine Base** --- "rock, crack or free base: is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within seven seconds. Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.

Signs and Symptoms of Use----

- Financial problems
- Frequent and extended absences from meetings or work assignments
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
- Unusual defensiveness, anxiety, agitation
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- Restlessness
- Formicating (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations and irregular rhythm
- Hallucinations
- Hyper-excitability and overreaction to stimulus
- Insomnia
- Paranoia and hallucinations
- Profuse sweating and dry mouth
- Talkativeness

Health Effects ---

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes and heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than for other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are usually not reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.
- Cocaine overdose was the second most common drug emergency in 1986, up from 11th place in 1980.

Workplace Issues ----

- Extreme mood and energy swings create instability. Sudden noises can cause a violent reaction.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine frequently leads to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

Opiates

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

Description ----

- Natural and natural derivatives - opium, morphine, codeine and heroin
- Synthetics - meperidine (Demerol®), oxymorphone (Numorphan®), and oxycodone (Percodan®).
- May be taken in pill form, smoked or injected depending upon the type of narcotic used.

Signs and Symptoms of Use ----

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting and constipation

Health Effects ----

- 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.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Social Issues ----

- There are over 500,000 heroin addicts in the U.S., most of whom are IV needle users.
- An even greater number of medicinal narcotic dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

Workplace Issues ---

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental function.

Amphetamines

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration of higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical

conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Description ----

- Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies". It is usually taken by mouth. Methamphetamine ("meth", "crank", or "crystal") is nearly identical in action to amphetamine. It is often sold as a creamy, white and granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose.

Signs and Symptoms of Use ---

- Hyper-excitability, restlessness
- Dilated pupils
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Profuse sweating
- Rapid respiration
- Confusion
- Panic
- Talkativeness
- Inability to concentrate

Health Effects ---

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

Workplace Issues ----

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual demands or failure to get rest.

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. Hangover effect is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Phencyclidine (PCP)

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. 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 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.

Description ----

- PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folded paper "packets".
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

Signs and Symptoms of Use -----

- Impaired coordination
- Severe confusion and agitation
- Extreme mood shift
- Muscle rigidity
- Nystagmus (jerky eye movements)
- Dilated pupils
- Profuse sweating
- Rapid heartbeat
- Dizziness

Health Effects -----

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.

Workplace Issues ---

- PCP abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.
- 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.

The Warning Signs of Substance Abuse

The existence of an alcohol or drug problem often manifests itself in an employee's work performance, behavior or appearance in the following ways:

1. Excessive absences and/or tardiness (especially after a weekend holiday).
2. Frequent requests for time off during the workday.
3. Numerous accidents without explanation.
4. Pattern of accidents in area during a particular time shift.
5. Noticeable increase in medical insurance claims, particularly for non-job injuries.
6. Unsatisfactory work performance.
7. Lack of concentration or decreased productivity after lunch or breaks.
8. Non-work-related visits from other employees or strangers.
9. Frequent trips to the restroom or water fountain.
10. Long lunch hours.
11. Frequent visits to automobile/parking lot.
12. Drowsiness, slurred speech, lack of coordination, inability to concentrate, nausea or other physical symptoms.
13. Agitation, rapid or slurred speech, dizziness, dilated pupils.
14. Bloodshot eyes, runny nose.
15. Drastic weight changes.
16. Marked change in mood, attitude and behavior.
17. Deterioration in personal grooming and hygiene.
18. Wearing sunglasses and long-sleeved shirts at inappropriate times to hide dilated pupils or needle marks.
19. Frequent need to borrow money.
20. Avoidance of supervisors.

