



(LEAD US TRADEMARK 2,531,911)

Copyright protected

May not be reproduced without the express written permission of LEAD

DRUG SCREENING POLICY AND PROCEDURES



Revised October, 2010

LEAD

(CHARLESTON, WEST VIRGINIA)

1627 Bigley Avenue, Charleston, WV 25302 (304) 346-1350

Toll Free Telephone Number: 866-448-LEAD • 866-448-5323

Revised October, 2010

INTRODUCTION

Effective December 1, 1992, the Trustees representing the Kanawha Valley Builders "Association" and the Charleston Building and Construction Trades Council, AFL-CIO "Council" executed an Agreement and Declaration of Trust establishing the Charleston Labor Education and Development Trust Fund (LEAD) for the purpose of adopting a training, education and research program in occupational safety and health.

On August 1, 1991, the Trustees of LEAD adopted a Policy and Procedure on Drug Screening which has been amended from time to time since such date.

The Policy and Procedures on Drug Screening and the Agreement and Declaration of Trust are intended to meet the requirements of Section 501 (c) (5) of the Internal Revenue Code of 1954, as amended by the Employees Retirement Income Security Act of 1974.

The signatory parties recognize that drug abuse is an illness that creates serious problems for workers, their families, the workplace and the community, that this illness acknowledges no boundaries of age, or socioeconomic status, that punishing the victim will not eradicate the problem, therefore, efforts must focus on treatment of the illness and restoration of the victim to a meaningful and productive life.

The signatory parties recognize that a cooperative and constructive effort is needed to overcome the impact of drug abuse on safety, productivity, quality of work and morale.

The signatory parties also recognize the need to provide education and assistance to employees and their families; encourage the participants to receive treatment as needed; foster and encourage an environment which produces a high skill quality product that is “drug free”. Therefore, in implementing the principles stated above, the parties agree as follows:

The parties to this program will cooperate to accomplish a drug free environment and a safe work place.

The policy and procedures for drug screening herein set forth shall be exclusive and the only such policy and procedures recognized by the Kanawha Valley Builders Association (Association) and other employers who may become parties hereto, and the Local Unions affiliated with the Charleston Building and Construction Trades Council (Council) who do not have a policy and procedure for drug screening recognized by the Association and Council.

The substance abuse program will be conducted in keeping with the established testing procedures developed by the Department of Health and Human Services Scientific and Technical Guidelines dated April 11, 1988 and any subsequent amendments thereto and shall be licensed or certified, as the case may be, by the Substance Abuse and Mental Health Service Administration (SAMHSA), the College of American Pathologists and the Department of Defense and shall participate in the proficiency testing programs required by each of those respective organizations.

This policy will parallel the Federal DOT and the Drug Free Workplace Act of 1988 wherever possible. All urine analysis will be conducted by a SAMHSA certified laboratory.

DRUG CATEGORIES AND CUT-OFF LIMITS

The analytical method for a confirmatory drug test must combine chromatographic separation and mass spectrometric identification (i.e.) GC/MS, LC/MS) for ten (10) categories of drugs (with expanded opiates) will be required with the following cut-off limits:

Drug Class	Screening Cut-Off Limit (ng/ml)	Confirmation Cut-Off Limit (ng/ml)
Amphetamines	500	250
MDMA (Ecstasy)	500	250
Barbiturates	300	300
Benzoylcegonine (Cocaine)	150	100
Cannabinoids (THC-Pot)	50	15
Opiates	2000	2000
(Oxycodone)	100	100
(Hydromorphone)	300	300
(Hydrocodone)	300	300
(6-Acetylmorphine) (Heroin)	10	10
Phencyclidine (PCP)	25	25
Benzodiazepines	300	300
Methadone	300	300
Propoxyphene	300	300

Cut off limits established by the Department of Health and Human Services in their mandatory Guidelines for Federal Workplace Drug Testing Programs and/or standard general industry practices.

All screening and analysis will be performed by a SAMHSA Certified Independent Testing Laboratory selected by L.E.A.D. which meets the requirements of number paragraph 3 of the Introduction. The Certified Laboratory shall be responsible for implementing the drug screening test and shall report all results to the Medical Review Officer (MRO) to perform the duties hereafter set forth.

ALCOHOL TESTING

L.E.A.D. will conduct and administer breath alcohol testing on a project by project basis where contractually required by the owner/contractor.

Alcohol testing will be performed only by certified Breathalyzer equipment (appearing on the Department of Health and Human Resources conforming product list) and a trained breath alcohol technician. Confirmed breath alcohol concentrations equal to or exceeding .040g/210L will be considered a verified positive result. All initial positive breath alcohol tests shall be confirmed by an Evidentiary Breath Test (EBT) that provides a print out. Blood testing for alcohol is strictly forbidden.

Participants who refuse to submit to an alcohol test required hereunder or who test “positive” will be treated by the contractor in accordance with the contractors and/or project owner’s written policy.

HEMP OIL PRODUCTS

Participants should avoid the use of hemp oil and ingestion of hemp products that may be contaminated with levels of THC. The use of any of these products is not an explanation that an MRO can or will verify if a participant tests positive for THC.

VOLUNTARY ANNUAL TESTING

Annual testing will be performed on a voluntary basis. A dated Drug Free Certification Card will be issued to all participants testing negative. Record of such tests shall be maintained by the Independent Testing Laboratory. All costs, such as for collection, analysis, reporting, maintenance of records, issuing cards and notification shall be borne by L.E.A.D. for all participants covered by the appropriate collective bargaining agreement. Securing the drug screen test shall be the applicant’s responsibility and shall be performed on his/her time.

MANDATORY DRUG SCREENING

Participants referred to a job site where the owner requires mandatory drug screening must have a Drug Free Certification Card or secure a drug-screening test before reporting to the job site. Securing the drug screen test shall be the participant's responsibility and shall be performed on his time. Any participant currently working on a job site without a drug free certification card where owner required mandatory drug screening must secure a drug-screening test.

DRUG SCREENING PROCEDURES

- a) The Local Union will provide the participant a chain of custody form for voluntary drug screening at an approved collection facility.

All chain of custody forms contain Consent/Release of Liability verbiage that is acceptable for all testing procedures identified herein (i.e. Annual, Pre-Employment, Post Accident, Cause, Random, Other, etc.). Urine specimen will not be processed without a proper signature.

- b) A qualified health professional at the collection facility will require photo identification by all participants.
- c) The qualified health professional at the collection facility will furnish the participant affirmation that a drug screen test has been performed and is being processed. In some prearranged cases the Employer may accept the participant's copy of the chain of custody form as temporary confirmation that the drug test is being processed.
- d) A dated annual drug-free certification card will be issued to all participants testing negative. All positive specimens will be sent to the Medical Review Officer for processing.

COLLECTION FACILITIES

In order to reduce travel and inconvenience to the participants, the L.E.A.D. office will make available a list of approved collection stations in the jurisdiction of each participating Local Union. Such lists will be distributed to all appropriate parties.

MEDICAL REVIEW OFFICER (MRO)

The Medical Review Officer shall be responsible for:

- a) Notifying the tested participant of a positive or adulterated result
- b) Reviewing and verifying a confirmed positive or adulterated test result
- c) Providing the tested participant with an opportunity to discuss the reasons why their test might be positive or adulterated
- d) Reviewing the participant's medical record as provided by or at the arrangement of the tested participant as appropriate
- e) Verifying the laboratory result
- f) Notifying L.E.A.D. of all test results, positive and negative or adulterated, if required
- g) Processing retest requests
- h) Participating in return to duty decision as required
- i) Referring participants testing "Positive" or "Adulterated" to the LEAD office upon completion of interview for follow-up.
- j) Referring participants testing Positive or Adulterated to an appropriate employee assistance program. Cost of treatment shall be the responsibility of the participant, reduced to the extent, if any, the respective local union's health and welfare plan provides coverage.

“POSITIVE” OR “ADULTERATED” TEST RESULTS

In the case of Positive or Adulterated results of any test, the participant:

- a) Shall have the right to have the original sample independently retested by a laboratory (which must meet the qualifications of the Program as outlined in #3 of the Introduction) of their choice and at their expense within sixty (60) days. If the independent retest is Negative the participant should be allowed to begin work immediately and to be reimbursed for the cost of the independent test.
- b) Participants testing positive shall be subject to an evaluation by a Licensed Substance Abuse Professional (approved by LEAD) and based upon the evaluation said Professional will recommend to the LEAD office if the participant should be allowed to retest. If recommended to retest, the participant must obtain a chain of custody form from the LEAD office at a cost of the current price of an individual drug screen. After testing, if negative, the participant shall be issued a drug free certification card but shall be subject to random testing for up to a one-year period. If after evaluation the Licensed Substance Abuse Professional recommends rehabilitation, participants may retest after he or she provides certificate of evidence from the rehabilitation program approved by L.E.A.D.
- c) Once a participant tests positive, said participant will be barred from testing on a L.E.A.D. chain of custody form until having met the requirements as defined in the Drug Policies and Procedures.
- d) Should a participant testing positive attempt to retest on a L.E.A.D. chain of custody form without

the proper consent from the L.E.A.D. office, that particular individual will be required to reimburse L.E.A.D. for the costs of any unauthorized tests.

- e) The results of unauthorized tests are invalid.
- f) The participant will be reinstated to an active status upon satisfactory completion of the requirements as designated in the Drug Policies and Procedures.

A participant shall not be entitled to retesting for a period of one year if any test is the second test within a period of one-year producing a Positive or Adulterated result.

A retest chain of custody form can only be obtained from the L.E.A.D. office. L.E.A.D. only pays for one test annually (unless test is performed under LEAD authorized random screening). Any retesting expense is borne by the participant.

ADULTERATED RESULTS

In the case of an Adulterated result of any drug test (adulterated meaning to make impure by adding an improper substance to specimen) the participant will follow the same procedure of a Positive result.

SUBSTITUTIONS

Any substituted specimen creating creatinine and specific gravity values that are so diminished that they are not consistent with human urine will be treated as a Positive and marked as Refusal to Test unless the donor provides a valid medical explanation to the contrary.

Possessing or wearing a prosthetic device, possessing a container that contains urine or other device that could be used to interfere

with the collection process or used to substitute a sample shall be considered an immediate positive and marked as a Refusal to Test.

POST ACCIDENT/REASONABLE CAUSE

A participant shall be subject to drug testing for reasonable cause for any of the following reasons:

Post Accident - Involvement in, or cause of, an incident or an accident during contractor work assignment while on Owner/Contractor premises which causes or could have caused injury to the participant or another individual or which causes or could have caused destruction or damage to Owner/Contractor property.

For purposes of this program an accident shall be defined as:

An event that results in a fatality;

An event that results in personal injury sufficient to require medical treatment or first aid;

An event that results in property damage;

A near miss that could have resulted in serious property damage or personal injury.

POST ACCIDENT TESTING

- In the event that a participant must, as a condition of employment submit to post accident drug and/or alcohol screening the following procedures shall be followed:
- The participant and the collection facility must utilize a chain-of-custody form approved by LEAD which can be obtained at the LEAD office. The “post accident” box should be marked on the form.
- The drug testing must be performed within twenty-four (24) hours of any accident or incident as described in paragraph 10(c).Breath alcohol testing must occur as soon as possible, within 8 hours following the reporting of the accident, or not

at all. The participant is prohibited from consuming alcohol prior to the breath alcohol test being conducted or until the 8 hours has elapsed.

- The participant shall immediately surrender his or her LEAD Drug Free Certification Card.
- The participant is to be accompanied by a supervisor or other representative of the Contractor to the nurse on site or to the collection facility. The contractor shall immediately notify the LEAD office (304-346-1350) that a participant has undergone a post accident drug screening.
- A copy of the chain-of-custody form and the participant's LEAD Drug Free Certification Card shall be immediately mailed or delivered to the LEAD office at 1627 Bigley Avenue, Charleston, WV 25302.
- Upon receiving the results of the participant's drug screening, the LEAD office will notify the contractor as soon as possible.
- In the event of a "positive" result of any test, the Policy and Procedure on Drug Screening previously set forth will be followed.
- Participants testing "negative" will receive an updated LEAD Drug Free Certification Card.
- In the event a participant refuses to take the post accident test, the contractor must complete the chain-of-custody form noting the participant's refusal to test on the form. The contractor shall notify the LEAD office immediately.
- Participants who refuse to submit to a post accident drug screening shall be considered as testing "positive" and all such policies and procedures applicable to participants testing "positive" shall be followed.

Reasonable Cause/Suspicion - Reasonable suspicion testing will occur when management has reason to suspect that an employee may be in violation of this Program. The suspicion will be documented in writing prior to the release of the test findings. A reasonable suspicion test may occur based on:

- ◆ Observed behavior, such as direct observation of drug/alcohol use or possession and/or physical symptoms of drug and/or alcohol use
- ◆ A pattern of abnormal conduct or erratic behavior
- ◆ Arrest or conviction for a drug related offense or identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking. The employee is responsible for notifying the Company, within five (5) working days of any drug related conviction
- ◆ Information provided either by reliable and credible sources or independently corroborated regarding an employee's substance use or
- ◆ Newly discovered evidence that the employee has tampered with previous drug or alcohol test.

To help ascertain and justify implementation of a reasonable suspicion test, all managers/supervisors will be trained to recognize drug and alcohol related signs and symptoms. Testing may be for drugs or alcohol or both. (Alcohol testing will be performed only by certified breathalyzer equipment and by a trained breath alcohol technician. All initial positive breath alcohol tests shall be confirmed by an Evidentiary Breath Test (EBT) that provides a print out.

A refusal to submit to a drug/alcohol test in the event of a Post accident or Reasonable cause will be considered to be a positive test result.

REASONABLE CAUSE TESTING

In the event that a participant must, as a condition of employment, submit to Reasonable cause drug and/or alcohol screening, the following procedures shall be followed:

- The participant and the collection facility must utilize a chain-of-custody form approved by LEAD which can be obtained at the LEAD office. The “reasonable cause” box should be marked on the form.
- The participant must be informed of the reason that he or she is being tested. The testing must be performed within twenty-four (24) hours of the incident. Breath alcohol testing must occur as soon as possible, within 8 hours following the incident of the accident, or not at all. The participant is prohibited from consuming alcohol prior to the breath alcohol test being conducted or until the 8 hours has elapsed.
- The participant shall immediately surrender his or her LEAD Drug Free Certification Card.
- The participant is to be accompanied by a supervisor or other representative of the contractor to the nurse on site or to the collection facility.
- The participant shall be removed from the jobsite pending the results of the testing. If the test results are determined to be negative, the contractor shall be responsible for paying the participant all lost wages for the period that the participant is off the jobsite for testing and waiting for the results.
- The contractor shall immediately notify the LEAD office (304-346-1350) that a participant has undergone a reasonable cause drug screening.

- A copy of the chain-of-custody form and the participant’s LEAD Drug Free Certification Card shall be immediately mailed or delivered to the LEAD office at 1627 Bigley Avenue, Charleston, WV 25302.
- Upon receiving the results of the participant’s drug screening, the LEAD office will notify the contractor as soon as possible.
- In the event of a “positive” or “adulterated” result of any test, the Policy and Procedure on Drug Screening previously set forth will be followed.
- Participants testing “negative” will receive an updated LEAD Drug Free certification Card.
- In the event a participant refuses to take the reasonable cause test, the contractor must complete the chain-of-custody form noting the participant’s refusal to test on the form and forward to the LEAD office immediately by fax (304) 346-1557.
- Participants who refuse to submit to a reasonable cause drug screening shall be considered as testing “positive” and all such policies and procedures applicable to participants testing “positive” shall be followed.

RANDOM DRUG TESTING

L.E.A.D. will conduct and administer random drug screening and/or breath alcohol testing on a project by project basis where contractually required by the owner/contractor. Random drug screening and/or breath alcohol testing requirements and parameters will be adjusted to comply with customer/owner specifications.

Except to the extent hereinafter modified, Random Drug Testing will be performed in accordance with and subject to the conditions, procedures, and cut-off limits of L.E.A.D.’s Policy and Procedure on Drug Screening previously set forth.

1. Random Testing will only be conducted on projects where the L.E.A.D. Drug Free Certification Card is accepted.
2. Contractors or owners whose employees are to be tested will provide the L.E.A.D. office, on a monthly basis, with a list setting forth the name, social security number, and craft of each of its employees.
3. From the list so submitted, the MRO (Medical Review Officer) shall select at random a group of employees to be tested. The number to be selected for drug testing shall be based on at least a twenty-five (25%) annualized number. The number to be selected for breath alcohol testing shall be based on at least a ten (10%) annualized number.
4. Random testing shall be performed at a percentage and frequency determined by LEAD and the Contractor/Owner.
5. Testing will be performed on the project site or such convenient collection site as agreed to by Contractor and L.E.A.D. and will be conducted during working hours.
6. At the time of testing L.E.A.D. participants shall surrender their L.E.A.D. Drug Free Certification Card. Participants who do not have their card available must surrender such card to the Contractor within twenty-four (24) hours. Upon receipt of such card, the Contractor will immediately notify L.E.A.D. to that effect and forward the card to L.E.A.D. Pending test results, the employee's copy of the chain of custody form will serve as a replacement for the L.E.A.D. Drug Free Certification Card.
7. Employees who cannot submit a specimen within a reasonable time frame, as determined by the L.E.A.D. representative charged with collecting the specimen, will be required to report to a pre-arranged site within twenty-four (24) hours and submit to the collection of a specimen (unless the contractor/owner requires a lesser time frame allowance for specimen collection.)

Failure to report will be considered as having refused to submit to the test.

8. Upon receipt of the test results, L.E.A.D. will provide the same to the Contractor and to the employees Union if applicable.
9. All costs directly associated with the testing will be borne by L.E.A.D.
10. Employees testing negative will receive an updated L.E.A.D. Drug Free Certification Card.
11. Direct observation collections (collector views donor's genitals while providing specimen) are not permitted under the LEAD Program, however, monitored collections (collector stands in view of donor to insure donor does not try to substitute or adulterate sample) may be permitted when requested in advance by Owner and/or Contractor.
12. Participants in L.E.A.D. who refuse to submit to a test required hereunder or who test Positive or Adulterated will:
 - a) forfeit the surrendered L.E.A.D. Drug Free Certification Card, and
 - b) be required to comply with L.E.A.D.'s Policy and Procedure on Drug Screening in the event of a Positive or Adulterated test result.
 - c) be treated by the contractor in accordance with the Contractors and Project Owners written policy.
 - d) be required to submit to an evaluation of a Substance Abuse Professional (approved by LEAD) and if recommended to retest the participant must obtain a chain of custody form from the LEAD office at a cost of the current price of an individual drug screen in the event said participant "Refuses to submit to the random drug test."

RESULT REPORTING

The LEAD program will report results of random testing, post accidental testing and reasonable cause testing to the person that is the *Designated Employer Representative* of the contractor who requested the testing to be conducted.

The *Designated Employer Representative* of the contractor/owner requesting the testing must report in a confidential manner the test results of those individuals who are employed by one of their subcontractors directly to the subcontractors' *Designated Employer Representative*.

Test results should only be released to those individuals with a legitimate need to know.

EMPLOYEE ASSISTANCE PROGRAMS

Upon request the Medical Review Officer, Licensed Substance Abuse Professional and/or the LEAD office will assist participants testing positive to the appropriate Employee Assistance program. However, costs of treatment shall be the responsibility of the participant, reduced to the extent of the union's respective health & welfare plan coverage, assuming eligibility.

NOTIFICATION OF ANNUAL RENEWAL

Participants with annual drug-free certification cards will be notified when they are required to renew their certification (which shall be within a 90-day period before their anniversary date). Upon notification, participants will have five (5) calendar days (to include Saturday and Sunday) within which to contact their local union for a chain of custody form and submit for testing.

RECIPROCITY

The Trustees of the Charleston Labor Education and Development (LEAD) Fund are authorized to enter into Reciprocal Agreements with other Funds providing similar programs and procedures or employees in the construction industry and pursuant to any such Agreements are authorized to share the results of any individual testing positive or adulterated with such other Funds and to act upon the results transmitted by any other such Fund to this Fund as though the testing performed had been conducted under this Funds Procedures and Policy.

DRUG-FREE WORKPLACE PROGRAMS (DFWP)

The legislature of the State of Ohio has enacted legislation commonly known as the Ohio Drug-Free Workplace, which applies to construction work being done in the State of Ohio under contracts with the State, County, townships etc. The West Virginia Workers' Compensation Commission has also implemented a drug-free workplace. The Charleston/North Central, West Virginia LEAD program, through its Trustees, is committed to administer a program that meets the requirements imposed by both the State of Ohio and the State of West Virginia. Irrespective of any language contained herein to the contrary, the existing policy as identified herein shall be applicable to provide for participant and contractor compliance required by the DFWP. LEAD reserves the right to modify the existing policy at any time without regard to the requirements imposed by the Ohio or West Virginia DFWP.

DFWP Administrator: LEAD shall serve as the exclusive administrator for bargaining unit participants/employees for all drug-free workplace programs. Contractors are responsible for identifying an administrator for non-bargaining unit participants/employees and assume and assure that the program which may be in the LEAD program by becoming a participating employee in LEAD, extends to all required levels of management. Each administrator is responsible for complying with the duties imposed

by DFWP, including but not limited to, assuring participants/employees notice, education and assistance.

Participant Education: LEAD will provide at least two (2) hours of education to bargaining unit eligible participants/employees annually or bi-annually, whichever required. The education will be provided through LEAD's medical review officer or other qualified educator. The covered topics shall include, but not be limited to the details of the LEAD Policy, operational guidelines, substance abuse in the workplace, drug/alcohol effects, and consequences of policy violation and assistance that is available. Contractors shall be responsible for assuring that any non-bargaining unit participants/employees are provided the required education.

Supervisor Education Training: LEAD will provide at least four (4) hours of supervisor training to eligible participants/employees initially and at least two (2) hours annually thereafter. The training will be provided through LEAD's medical review officer or other qualified educator. The covered topics shall include but not be limited to, the recognition of a drug/alcohol problem, confronting others, reasonable suspicion drug testing, and post accident testing. Contractors shall be responsible for insuring that any non-bargaining unit participants/employees are provided the required education. Supervisors must be trained prior to ordering reasonable suspicion testing.

Employees/Participant Assisted Program: LEAD has identified REACH Employee Assistance Program at (800) 950-3434 as a local provider of drug and alcohol assistance. The administrator may provide additional providers of drug and alcohol assistance, including those providers that may be identified under a participant/employee health insurance plan. Also, the administrator may discuss problems and violations of this program and/or this policy with any participant/employer. Information regarding a participant/employee status in an employee assisted program shall be confidential and limited to the Ohio DFWP administrator.

Confidentiality: Each Administrator shall protect the confidentiality of records and information. Information and test results shall not be disclosed except to persons who have a legitimate need for such information including, but not limited to, bargaining unit and employer representatives.

Law Enforcement: Violation of policy requirements by participants/members shall not be reported to law enforcement unless required by regulation, by law, as a safety precaution, or where appropriate for criminal prosecution.

DEPARTMENT OF TRANSPORTATION TESTING (DOT)

Participants covered under the U.S. Department of Transportation and any of its modal administrations for mandated drug and alcohol testing will be administered separately by LEAD. Covered contractors are responsible for identifying that they are covered and the administration of jurisdiction (i.e. Research and Special Programs Administration). Additionally, contractors are responsible for identifying covered participants. LEAD shall act as contractors consortia/third party administrator as defined under 49 CFR Part 40. Covered participants and contractors are required to follow the separate LEAD DOT drug and alcohol policy which will be provided upon notification of DOT coverage to the LEAD office.

SEVERABILITY CLAUSE

If any provision of this LEAD policy is in conflict with the laws and/or regulations of the United States, or any state in which these policies and procedures are implemented, such provisions shall be superseded by such law or regulation, but all other provisions of this LEAD policy shall continue in full force and effect.

DRUGS & DRUG ABUSE



-Amphetamines

Barbiturates-

Cocaine-



-Opiates

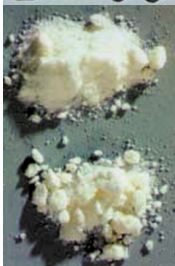
-Ecstasy

-Benzodiazepines

Methadone-



-Marijuana



PCP-

Alcohol



This booklet was developed in an effort to familiarize the reader with information regarding various drugs of addiction.

Some of the drugs listed in this booklet are utilized to alter mood, thought, and feeling through their actions on the central nervous system; alleviate pain; anxiety or depression; induce sleep and energize. Though therapeutically useful, the “feel good” effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

When drugs are used in a manner or amount inconsistent with the medical or social patterns of a culture, it is called drug abuse. While legal pharmaceuticals are prescribed and used by patients for medical treatment, the use of these same pharmaceuticals outside the scope of sound medical practice is drug abuse.

In addition to having abuse potential, most controlled substances are capable of producing dependence, either physical or psychological.

Drug Classes

Alcohol

Narcotics – (Opiates, Methadone, Propoxyphene)

Depressants – (Barbiturates, Benzodiazepines)

Stimulants (Amphetamines, Benzoyllecgonine)

Hallucinogens (Phencyclidine (PCP))

Cannabis (Marijuana)

Alcohol

Alcohol is the oldest and most widely used drug in the world. Nearly half of all Americans over the age of 12 are consumers of alcohol. Although most drink only occasionally or moderately, there are an estimated 10 to 15 million alcoholics or problem drinkers in the United States, with more than 100,000 deaths each year attributed to alcohol.

Illegal drugs can be more rapidly addicting than alcohol and may well have a more powerful effect on human behavior, but the high level of alcohol consumption, which is many times greater than the level of

illegal drug use, makes it one of America's most serious drug problems.

In addition to risk of injury or death as a result of accident or violence, alcohol abuse poses a broad range of physiological and psychological dangers.

Neurological - impaired vision and impaired motor coordination.

Cardiological - elevated blood pressure and heart rate.

Respiratory - respiratory depression and failure.

Liver - liver disease including alcoholic fatty liver, hepatitis, and cirrhosis.

Psychological - impaired judgment and verbal ability, antisocial behavior, and deterioration of relationships with family, friends, and co-workers.

Chronic abuse of alcohol can lead to addiction or alcoholism. The behavior of abusers and the consequences of that behavior are better indicators of alcoholism than how often or how much a person may drink.

Amphetamines & Methamphetamines

Common or Street Names for Amphetamines &

Methamphetamine:

Meth, poor man's cocaine, crystal meth, ice, glass, speed.

What are the methods of usage?

Amphetamines can be injected, snorted, or orally ingested.

The Scoop on Amphetamines & Methamphetamines:

Amphetamines are used medically for patients with attention deficit disorder and narcolepsy. Amphetamines have also been used for weight reduction.

What are some consequences of Methamphetamine and Amphetamines?

- ◆ *Effects of usage include addiction, psychotic behavior, and brain damage.*

- ◆ *Withdrawal symptoms include depression, anxiety, fatigue, paranoia, aggression, and intense cravings.*
- ◆ *Chronic use can cause violent behavior, anxiety, confusion, insomnia, auditory hallucinations, mood disturbances, delusions, and paranoia.*
- ◆ *Damage to the brain caused by meth usage is similar to Alzheimer's disease, stroke, and epilepsy.*

Barbiturates

Common or Street Names for Barbiturates:

Barbs, downers, sleepers, stumblers, blues, yellow jackets, purple hearts, red dolls, rainbows, tootsies, red birds, red devils, goof balls, pink ladies, blue birds.

What are the methods of usage?

Taken orally (pills of various colors).

The Scoop on Barbiturates: *Barbiturates such as Dilantin, Fiorinal are often prescribed for migraine and chronic tension headaches. Barbiturates are depressants that affect the central nervous system (CNS). Depressants act as downers, and can slow the body and mind down. Tolerance for barbiturates develops very rapidly, therefore as much as ten times the original dosage may be required to produce the same high. There are over 2,000 known barbiturates.*

What are some consequences of Barbiturates?

Barbiturates are some of the most addictive drugs. They are often a substitute for alcohol (as similar effects are produced.) People use Barbiturates to get a sense of euphoria and relaxation. However, it is illegal to take barbiturates without a doctor's prescription and supervision.

Benzodiazepines

Common or Street Names for Benzodiazepines:

Valium, Librium, Xanax, Halcion, downers, benzos, nerve pills.

What are the methods of usage?

Taken orally (pills of various colors).

The Scoop on Benzodiazepines:

Benzodiazepine such as diazepam (Valium), chlordiazepoxide HCl (Librium) and alprazolam (Xanax), can be prescribed to treat anxiety, acute stress reactions, and panic attacks; the more sedating benzodiazepines, such as triazolam (Halcion) can be prescribed for short-term treatment of sleep disorders. In higher doses, some CNS depressants can be used as general anesthetics.

What are some consequences of Benzodiazepines?

Despite their many beneficial effects, benzodiazepines have the potential for abuse and should be used only as prescribed. If one uses these drugs long term, the body will develop tolerance for the drugs, and larger doses will be needed to achieve the same initial effects. In addition, continued use can lead to physical dependence and – when use is reduced or stopped – withdrawal. Withdrawal symptoms are similar to that of alcohol and may require hospitalization. Abrupt cessation of benzodiazepines is not recommended and tapering-down the dose eliminates many of the unpleasant symptoms such as anxiety, racing thoughts, panic attacks etc.

Cocaine (Benzoyllecgonine)

Common or Street Names for Cocaine: *coke, dust, snow, blow, nose candy, snowball, tornado, wicky stick.*

What are the methods of usage?

White crystalline powder is generally snorted or dissolved in water and injected.

“Crack” or “Rock” cocaine is generally smoked.

The Scoop on Cocaine:

Cocaine is used medically as a topical anesthetic to stop bleeding. Cocaine has been labeled the drug of the 1980's and 1990's because of its extensive popularity and use during this period.

What are some consequences of Cocaine?

- ◆ *Cocaine is powerfully addictive.*
- ◆ *Smoking crack can cause severe chest pains with lung trauma and bleeding.*
- ◆ *The mixing of cocaine and alcohol create cocaethylene while increasing risk of sudden death.*
- ◆ *Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.*

Marijuana (Cannabinoids)

Common or Street Names for marijuana: *grass, pot, weed, bud, Mary Jane, dope, indo, hydro, blunt, reefer.*

What are the methods of usage?

Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong.

The Scoop on Marijuana: *All forms of marijuana are mind-altering. In other words, they change how the brain works. Moderate doses of marijuana induce a sense of well-being and a state of relaxation that encourages fantasies, makes users highly suggestible and distorts perceptions. At stronger doses, reactions as extreme as paranoia and hallucinations can occur.*

What are some consequences of Marijuana?

- ◆ *Impairs short-term memory*
- ◆ *Impairs attention, judgment*

- ◆ *Impairs coordination and balance*
- ◆ *Increases heart rate*
- ◆ *Can lead to addiction*
- ◆ *Increases risk of chronic cough, bronchitis.*
- ◆ *Increases risk of cancer of the lungs.*

MDMA (Ecstasy)

Common or Street Names for Ecstasy: “X”, “E”, “EXT”, Adam, hug, beans, love drug, lovers speed.

What are the methods of usage?

Ecstasy is taken orally as a capsule or tablet.

The Scoop on Ecstasy:

Before it was made illegal in 1985, MDMA (Ecstasy) was used by some psychologists as a therapeutic tool. Today it is often used recreationally by young adults and adolescents at clubs, all night dance parties and raves.

What are some of the consequences of Ecstasy?

Risks are similar to the use of amphetamines and cocaine

Psychological effects: *confusion, depression, sleep problems, anxiety, paranoia during and sometimes weeks after taking.*

Physical: *muscle cramping, blurred vision, teeth clenching, nausea, chills and sweating.*

Can interfere with the body’s ability to regulate temperature which can be lethal. Also increases heart rate and blood pressure. Chronic use can cause memory impairment.

Methadone

Common or Street Names for Methadone:

Meth, Dolophine, chocolate chip cookies, dollies, fizzies.

What are the methods of usage?

Taken orally or injected.

The Scoop on Methadone:

This drug is used to treat severe chronic pain. Since the 1960's it has been used to treat narcotic addiction. Methadone's effects can last up to 24 hours, thereby permitting once-a-day oral administration in heroin detoxification and maintenance programs. High-dose methadone can block the effects of heroin, thereby discouraging the continued use of heroin by addicts under treatment with methadone.

What are some consequences of Methadone?

Chronic administration of methadone results in the development of tolerance and dependence. The withdrawal syndrome develops more slowly and is less severe but more prolonged than that associated with heroin withdrawal. Methadone used to control narcotic addiction is frequently encountered on the illicit market and has been associated with a number of overdose deaths.

Phencyclidine (PCP)

Common or Street Names for Phencyclidine: *PCP, Angel Dust, Supergrass, Killer Weed, Embalming Fluid, Rocket Fuel, wack, ozone*

What are the methods of usage?

PCP is most commonly sold as a powder or liquid. PCP may also come in tablet or capsule form. PCP may be snorted, smoked, injected, or swallowed.

The Scoop on PCP:

PCP (phencyclidine) was developed in the 1950's as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965 because it was found that patients often became agitated, delusional and irrational while recovering from its anesthetic effects. PCP is very addictive.

What are some consequences of Phencyclidine?

- ◆ *Numbness, slurred speech, loss of coordination, rapid and involuntary eye movements, drop in blood pressure, pulse rate and respiration.*
- ◆ *In some users PCP use may result in acute anxiety, a feeling of impending doom, paranoia, violent hostility, and in some it may produce a psychosis indistinguishable from schizophrenia.*
- ◆ *PCP use is associated with a number of risks and many believe it to be one of the most dangerous drugs of abuse.*

Opiates (Narcotics)

Common or Street Names for Opiates: *Junk, smack, opium, horse, brown sugar, black tar, dope, Big H, Morphine, Codeine, Heroin, Methadone*

What are the methods of usage?

Narcotics can be taken in a variety of ways, the most common being with intravenous needles. Narcotics can also be smoked in pipes (or mixed with marijuana), inhaled through the nose, or obtained through a misuse of cold medicines containing codeine.

The Scoop on Narcotics:

Heroin is by far the most used narcotic on the market (90% of all narcotic abuse is heroin). However, there are several significant

risks associated with heroin use. Heroin is extremely expensive; so many dealers will “cut” it by adding baking soda, flour, sugar, or even baby powder. When a user buys a drug, he/she never knows how pure it really is- a national average is estimated around 35% pure. 35% pure means that 65% of the injected drug is composed of some other substance.

What are some consequences of Narcotic’s?

- ◆ *Tolerance—Tolerance to narcotics develops faster than almost any other drug. Even after one use, a person can be highly addicted. As soon as a person has come down from a narcotic-induced high, they immediately feel cravings for more of the drug.*
- ◆ *Withdrawal - Withdrawal symptoms from narcotics, especially heroin, can start as early as 12 hours after the last injection of the drug. Many experience shaking, vomiting, diarrhea, aches, chills, severe cramping, and stomach problems.*

Additional Drug Descriptions for Opiates

Codeine

Codeine is the most widely used, naturally occurring narcotic in medical treatment in the world. Most codeine used in the United States is produced from morphine. Codeine is also the starting material for the production of two other narcotics, dihydrocodeine and hydrocodone.

Codeine is medically prescribed for the relief of moderate pain and cough suppression. Compared to morphine, codeine produces less analgesia, sedation, and respiratory depression, and is usually taken orally. It is made into tablets either alone or in combination with aspirin or acetaminophen (i.e., Tylenol with Codeine).

Hydrocodone

Hydrocodone is an orally active analgesic and antitussive narcotic. Hydrocodone has an analgesic potency similar to or greater than that of oral morphine. Trade names include Anexsia, Hycodan, Hycomine, Lorcet, Lortab, Tussionex, Tylox, Vicodin, and Vicoprofen. These are available as tablets, capsules, and/or syrups. Generally; this drug is abused by oral rather than intravenous administration.

OxyContin

Sometimes known as: Hillbilly heroin, Oxy, Oxycotton, this drug is a legal, time-release pain medication that comes in tablet form. Long-term usage can lead to physical dependence. A large dosage can cause severe respiratory depression that can lead to death. Because it is a legal drug, OxyContin is supplied across the country for legitimate medical purposes. When legally sold, a 10-mg tablet of OxyContin will cost \$1.25 and an 80-mg tablet will cost \$6. When illegally sold, a 10-mg tablet of OxyContin can cost between \$5 and \$10. An 80-mg tablet can cost between \$65 and \$80.

“Drugged” Driving

While the consequences of drunk driving have become well known over the last twenty years, the subject of drugged driving has received fairly limited attention. Unfortunately, too many Americans are unaware of the dangers and are uncertain about the possibility of being arrested for drugged driving.

- ◆ Illegal drugs are used by approximately 10-22 percent of drivers involved in all motor vehicle crashes, often in combination with alcohol.
- ◆ Marijuana on driving performance. Marijuana - the most widely abused illegal drug - slows a driver's perception of time, space, and distance.

- ◆ Cocaine causes drivers to speed, change lanes without signaling and puts other innocent people at risk of a deadly accident.
- ◆ Estimates show that only 15 percent of all drivers involved in fatal crashes had their blood alcohol content tested, suggesting that the incidence of driving while impaired by alcohol or other drugs is potentially significantly underestimated.
- ◆ While it is illegal in all states to drive a motor vehicle while under the influence of alcohol, drugs other than alcohol, or a combination of alcohol and other drugs, there is no consistent method across states for identifying drug impairment. As a result, we do not know the full impact of illegal drug use on public safety.

RESOURCES FOR HELP

<p>LEAD 1 (304) 346-1350</p>	<p>Administrator of the drug screening program, can provide referrals for drug rehabilitation and counseling services.</p>
<p>1 (800) COCAINE</p>	<p>An information and referral hotline that provides information by mail on cocaine and crack and referrals to drug rehabilitation and counseling services.</p>
<p>NICA Hotline 1 (800) 662-HELP</p>	<p>A service of the National Institute on Drug Abuse providing free referrals to drug and alcohol programs</p>
<p>Al-Anon (AA) 1 (800) 356-9996</p>	<p>Provides information on alcohol abuse and offers support through local chapters to the family and friends of alcoholics</p>
<p>Nar-Anon (NA) 1 (818) 780-3951</p>	<p>Provides informational support to friends and relatives of substance abusers</p>

The National Council 1 (800) 622-2255	Provides referral services for alcoholism and drug addiction
Alcoholics Anonymous 1 (800) 827-7016	Referral service and treatment program for alcoholics
Narcotic Anonymous 1 (800) 234-0420	Referral service and treatment program for narcotic abuse and addiction
REACH 1 (800) 950-3434	Provide drug assessments and referral for drug addiction treatments



1627 Bigley Avenue
Charleston, West Virginia 25302
(304) 346-1350

Toll Free Telephone Number

866-448-LEAD

866-448-5323

www.leadwv.com

Charleston L.E.A.D Program Acknowledgement, Consent, Release, and Information Form

Charleston L.E.A.D. Program Acknowledgement, Consent, Release, and Information Form. The individual identified below hereby acknowledges as follows: 1.) that they received a copy of the current written Drug-Free Workplace Program and Policy; 2.) that they are responsible and obligated to read, understand, and comply with the policy; 3.) that they had the opportunity to discuss the Policy and have questions answered; 4.) that they understand all of the provisions in the Policy; 5.) that the policy may be modified from time to time; 6.) that they will be notified of any material changes to the policy; 7.) that this policy does not modify at-will-employment.

Moreover, the individual identified below also acknowledges as follows: 1.) that this policy requires that employee submit to urine drug tests and/or breath/blood alcohol tests; 2.) that the purpose of tests is to detect the presence of prohibited, prescribed, and/or non-prescribed substances in the system; 3.) that participation, in all forms, under this policy is a required condition of employment, but actual participation by employees is done freely and voluntarily; 4.) that completing this form constitutes explicit express consent to the release, transmission of any drug, alcohol, or other test results to owners, contractors, employers, unions or others with a reasonable need to know.

Printed Name: _____
(print first and last name)

Social Security No.: _____

Home Address: _____

Date: _____ Home Phone No: _____

Signature: _____

HIPAA Release - I, the individual identified above, hereby authorize the use or disclosure of drug-free workplace program protected health information (i.e. drug/alcohol test results) about me as described in this instrument. Medical providers or others rendering medical or other services directly related to this drug-free workplace program are authorized to make the use or disclosure to NCI – Nursing Corps, MRO Drug Test Results, Charleston LEAD, and related persons administering this drug-free workplace program. NCI – Nursing Corps, MRO Drug Test Results, Charleston LEAD, and related persons administering this drug-free workplace program are hereby authorized to disclose information about me to extent necessary to apprise my employer, the owner or manager of any project or workplace of whether I am qualified or not qualified under this drug-free workplace program. Records and information concerning drug-free workplace related medical and/or other care, including but not limited to name, social security number, employer, control and custody for information, drug test results, breath alcohol test results, chemical dependency counseling and/or assessment information/status, and other information, past and future relevant to this drug-free workplace program may be used or disclosed. I understand that I may revoke this authorization by notifying my employer in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions take in reliance on it before revoked. I understand that treatment may not be conditioned on whether or not I sign this authorization. I understand that refusal to sign this authorization may affect my eligibility for employment and/or benefits. I understand that this authorization will expire on the date following the conclusion of my employment with any party named above where the party is no longer required to maintain records regarding employment under the OSHA regulations. A photocopy of this authorization shall have the same force and effect as the original.



1627 BIGLEY AVENUE

CHARLESTON, WV 25302

Toll Free Telephone Number

866-448-5323 • (304) 346-1350

