

Jefferson Transit Authority

Resolution No. 10-05 *Adopting Amended Substance Abuse Policy and Drug & Alcohol Testing Program*

WHEREAS, Jefferson Transit Authority adopted a substance abuse policy and drug and alcohol testing program in 1995 and last amended in 2008; and

WHEREAS, the Authority wishes to amend the current policy and program to comply with 49 CFR Part 655 USDOT regulations and Federal Transit Administration 49 CFR Part 40 regulations; and

WHEREAS, the attached amended policy provides rules and procedures that are consistent with current regulations; now therefore,

BE IT RESOLVED that the Jefferson Transit Authority Board of Directors does hereby adopt the attached Amended Substance Abuse Policy and Drug & Alcohol Testing Program.

CERTIFICATION

The undersigned duly qualified Clerk of the Board, acting on behalf of the Jefferson County Public Transportation Benefit Area, certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the Jefferson Transit Authority Board held on this 16th day of February, 2010.

CR

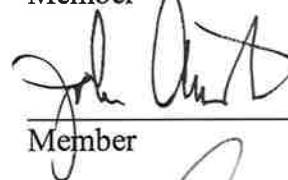
Chair



Vice-Chair



Member



Member



Member

Attest:


Clerk of the Authority

<i>Title:</i> Substance Abuse Policy And Drug & Alcohol Testing Program	<i>Resolution:</i> 10- 05 (Policy revision)
<i>Author:</i> Van A. Church	<i>Effective Date:</i> 10/17/95 Revised 2/16/10



Jefferson Transit Authority

**SUBSTANCE ABUSE POLICY
AND
DRUG & ALCOHOL TESTING PROGRAM**

Effective: October 17, 1995
Amended: January 18, 1996
Amended: September 17, 2002
Amended: July 19, 2005
Amended: September 19, 2008
Amended: February 16, 2010

Jefferson Transit Authority
SUBSTANCE ABUSE POLICY and
DRUG & ALCOHOL TESTING PROGRAM

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Jefferson Transit Authority
**SUBSTANCE ABUSE POLICY AND
DRUG & ALCOHOL TESTING PROGRAM**

INTRODUCTION

Jefferson Transit Authority (JTA) performs a vital public service to our community. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free environment and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, it is JTA's policy to:

- Assure that employees have the ability to perform assigned duties in a safe, healthy and productive manner;
- Create a workplace free from the adverse effects of drug and alcohol abuse or misuse;
- Prohibit the unlawful manufacture, distribution, dispense, possession or use of controlled substances or misuse of alcohol for all employees.

JTA cares about the health and well-being of its employees. JTA urges any employee who believes that they have an alcohol or chemical dependency problem to seek treatment before their job performance and employment are endangered.

A. PURPOSE

The purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988 and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation (USDOT) has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The USDOT has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

Underlined areas of this policy denote the provisions that are set forth and included under the sole authority of JTA and are not under the authority of the above named Federal regulations.

B. APPLICABILITY

This policy applies to all safety-sensitive employees (full-time, part-time, and temporary employees) when they are performing transit-related business. Under the sole authority of JTA, employees that do not perform safety-sensitive functions are also covered under this policy, with the exception of Section O Random Testing. A safety-sensitive function is any duty related to the safe operation of mass transit service, which includes the operation of a revenue service vehicle (whether or not the vehicle is in

revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or persons controlling the movement of revenue service vehicles, and any other transit employee who is required to hold a Commercial Drivers License. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. Under JTA's authority, the operation of any JTA-owned vehicle is subject to the appropriate provisions of this policy.

A list of safety-sensitive positions who perform one or more of the above mentioned duties is provided in Attachment A. Managers and Supervisors are only safety-sensitive if they perform one of the above functions.

C. DEFINITIONS

Accident means an occurrence associated with the operation of any JTA-owned vehicle, whether or not in revenue service or whether or not it requires a Commercial Drivers License to operate, if as a result:

1. A person dies;
2. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
3. One or more vehicles incur disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, ***disabling damage*** means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Adulterated specimen. A specimen that contains a substance that is not expected to be present in human urine or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing (EBT) device.

Canceled Test is a drug test that has been declared invalid by a Medical Review Officer (MRO). A canceled test is neither positive nor negative.

Covered Employee means an employee who performs a safety-sensitive function, including an applicant or transferee who is being considered for hire into a safety-sensitive function (see Attachment A for a list of safety-sensitive employees), and other employees, applicants, or transferees that will not perform a safety-sensitive function but fall under the policy of the agency's own authority.

Designated Employer Representative (DER). An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer consistent with the requirements of 49 CFR Parts 40, as amended, and 655. JTA's DER may also be called the Drug & Alcohol Program Manager (DAPM); the two terms are interchangeable for the purposes of administering this policy.

Department of Transportation (DOT). The department of the federal government which includes the U.S. Coast Guard, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carrier Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

Dilute specimen means a specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Drug and Alcohol Program Manager (DAPM). The employee designated by the employer to manage the Drug and Alcohol Testing Program consistent with the requirements of 49 CFR Parts 40, as amended, and 655. JTA's DAPM may also be called the Designated Employer Representative (DER); the two terms are interchangeable for the purposes of administering this policy.

Evidentiary Breath Testing Device (EBT). A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the NHTSA conforming products list.

Medical Review Officer (MRO) means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute. A drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine. A drug test sample of 2-5 mg/dl specific gravity is considered a negative dilute.

Negative test result for a drug test means a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC (breath alcohol concentration) is a negative test result.

Non-negative test result is a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.

Performing (a safety-sensitive function) means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive test result for a drug test means a verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC (breath alcohol concentration) or greater.

Prohibited drug means marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Revenue service vehicles include all transit vehicles that are used for passenger transportation service or that require a CDL to operate and include all ancillary vehicles used in support of the transit system.

Safety-sensitive functions include: (a) the operation of a transit revenue service vehicle even when the vehicle is not in revenue service; (b) the operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a CDL; (c) maintaining a revenue service vehicle or equipment used in revenue service; (d) controlling the movement of a revenue service vehicle; and (e) carrying a firearm for security purposes.

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addition counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen means a specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

Test Refusal. The following are considered a refusal to test if the employee:

1. Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer.
2. Verbal or physical refusal to provide a specimen.
3. Fails to remain at the testing site once a test is underway, failing to remain at the site and provide a specimen.
4. Fails to provide a urine or breath specimen for any drug or alcohol test required by 49 CFR Part 40 or DOT agency regulation or this policy.
5. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the provision of a specimen.
6. Fails to provide a sufficient amount of urine or breath when directed and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.
7. Fails or declines to take a second test the employer or collector has directed the employee to take.
8. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures.

9. Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process, etc.).
10. If the MRO reports that there is a verified tampering, adulterated or substituted test result.
11. Failure or refusal to sign DOT required testing forms for breath collection.

Verified negative test means a drug test result reviewed by a MRO and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test means a drug test result reviewed by a MRO and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

D. EDUCATION AND TRAINING

Every employee covered under this policy will receive a copy of the policy (and each time it is amended) and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

All supervisory personnel or agency officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. Under JTA's own authority, supervisory personnel will also be trained on how to intervene constructively and how to effectively integrate an employee back into his/her work group following intervention and/or treatment. Information on the signs, symptoms, health effects, and consequences of drug abuse and alcohol misuse is presented in Attachment B of this policy.

E. PROHIBITED SUBSTANCES

Prohibited substances addressed by this policy include the following:

1. Illegally Used Controlled Substance or Drug under the Drug-Free Workplace Act of 1988, any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed

drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana or the use of hemp-related products, which cause drug or drug metabolites to be present in the body above the minimum thresholds, is a violation of this policy.

FTA drug testing regulations (49 CFR Part 655) require that all safety-sensitive employees and, under JTA's authority, all non-safety-sensitive employees be tested for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in Section E of this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

2. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a JTA supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her job functions.
3. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol test can be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety-sensitive job functions. Under JTA's authority, an alcohol test can be performed on any employee at any time a covered employee is on duty.

F. PROHIBITED CONDUCT

1. All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.
2. Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.
3. JTA shall not permit any covered employee to perform or continue to perform safety-sensitive functions or non-safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
4. Each covered employee is prohibited from reporting to work or remaining on duty whether or not the employee performs safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
5. No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
6. No covered employee shall consume alcohol within eight (8) hours prior to the performance of safety-sensitive job functions.
7. JTA, under its own authority, also prohibits the consumption of alcohol at all times an employee is on duty, is in uniform, or while on agency business.
8. Consistent with the Drug-Free Workplace Act of 1988, all JTA employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited

substances in the workplace including any JTA premises, transit vehicles, while in uniform, or while on agency business.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all JTA employees are required to notify JTA management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. In addition, under JTA's authority, all employees are required to notify JTA management of any criminal drug or alcohol statute conviction for a violation occurring outside the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section S of this policy.

H. TESTING REQUIREMENTS

Analytical urine drug testing and alcohol breath testing will be conducted as required by 49 CFR Part 40, as amended. All covered employees shall be subject to testing prior to employment, for reasonable suspicion, following an accident, and random as defined in Sections J, K, L, M, N and O of this policy. Employees who have tested positive for drugs or alcohol on a random, reasonable suspicion, or post-accident test will be subject to termination under this policy. All covered employees who are returning to duty after completion of a Substance Abuse Professional's (SAP) recommended treatment program and subsequent release to duty will be tested prior to returning to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

A drug test can be performed any time a covered employee is on duty. Under JTA authority, an alcohol test can be performed any time a covered employee is on duty.

All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with JTA. Any safety-sensitive or non-safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and terminated as defined in Section S of this policy. Any covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employee's removal from duty and terminated as defined in Section S of this policy. Refer to Section C for behavior that constitutes a refusal to test.

Under JTA's authority, all elements of this entire section apply to all JTA employees.

I. SELF-REFERRAL

Jefferson Transit supports employees who volunteer for treatment of alcohol or drug abuse. Alcoholism and drug dependency are treatable illnesses and can be successfully dealt with if identified in their early stages and referred to an appropriate source for treatment. JTA encourages employees to seek treatment voluntarily and makes available the Employees Assistance Program (EAP). Any employee who comes

forth and notifies the agency of alcohol or chemical abuse problems will be given the assistance extended to employees with any other illness. Sick leave, general leave, or leave without pay may be granted for treatment and rehabilitation as in other illnesses, and insurance coverage for treatment will be provided to the extent of individual coverage.

Employees are encouraged to contact the Administration Department for help in understanding benefits and leave policies when participating in the EAP. Any decision to seek help through the Employee Assistance Program or privately will not interfere with an employee's continued employment or eligibility for promotional opportunities. CONFIDENTIALITY of information will be maintained at all times.

Self-referral means an employee who admits the abuse of alcohol or other substances to a supervisor in his/her chain of command when there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use. An employee who self-refers (and who is not already a participant in a treatment program), shall be referred to the SAP for an assessment. JTA shall place the employee on administrative leave in accordance with the provisions set forth under Section S of this policy. Testing in this circumstance would be performed under the direct authority of JTA. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under federal authority. However, self-referral does not exempt the covered employee from testing under federal authority as specified in Sections L through O of this policy or the associated consequences as specified in Section S.

An employee who has been directed to submit to any drug and/or alcohol test, with the exception of a post-accident test, and who self-refers and seeks assistance for a substance abuse problem will be allowed to go through one referral to the SAP and voluntary rehabilitation during their employment.

J. DRUG TESTING PROCEDURES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.

The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

The test results from the HHS certified laboratory will be reported to a Medical Review Officer (MRO). A MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the JTA Drug and Alcohol Program Manager (DAPM). If a legitimate explanation is found, the MRO will report the test result as negative to the DAPM and no further action will be taken. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

If Jefferson Transit is informed by the MRO that a negative drug test was dilute, the employee will be required to take another test immediately. Such recollections will not be collected under direct observation, unless there is another basis for use of direct observation.

Any covered employee who questions the results of a required drug test under Sections L through R of this policy may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the MRO within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. JTA will ensure that the cost for the split specimen is covered in order for a timely analysis of the sample, however JTA will seek reimbursement for the split sample test from the employee.

If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled and will direct JTA to retest the employee under direct observation.

The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the employee through the MRO. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year.

Observed collections:

Consistent with 49 CFR Part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:

1. The laboratory reports to the MRO that a specimen is invalid and the MRO reports to JTA that there was not an adequate medical explanation for the result; or
2. The MRO reports to JTA that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed; or

3. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen; or
4. The temperature on the original specimen was out of range; or,
5. The employee is taking a return to duty test; or
6. The employee is taking a follow-up test after returning to duty.

K. ALCOHOL TESTING PROCEDURES

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA) -approved Evidential Breath Testing (EBT) device operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device which is also approved by NHSTA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section S of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the workday, whichever is longer, and will be subject to the consequences described in Section S of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.

JTA affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies of procedural flaws that do not impact the test result will not result in a canceled test.

The alcohol testing form (ATF) required by 49 CFR Part 40, as amended, shall be used for all FTA-required testing and all alcohol testing under this policy. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

L. PRE-EMPLOYMENT TESTING

All applicants for covered transit positions shall undergo urine drug testing with a verified negative result prior to performance of safety-sensitive or non-safety-sensitive duties.

1. All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug test. An applicant shall not be hired into a covered position unless the applicant takes a drug test with verified negative results.
2. A non-safety-sensitive employee shall not be placed, transferred, or promoted into a safety-sensitive position until the employee takes a drug test with verified negative results.
3. If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded. Failure of a pre-employment drug test will disqualify an applicant for employment for a period of at least one year. Evidence of the absence of drug dependency from a Substance Abuse Professional (SAP) that meets with 49 CFR Part 40, as amended, and a negative pre-employment drug test will be required prior to further consideration for employment. The cost for assessment and any subsequent treatment will be the sole responsibility of the applicant.
4. When an employee being placed, transferred, or promoted from a non-safety-sensitive position to a safety-sensitive position submits a drug test with a verified positive result, the employee shall be subject to disciplinary action in accordance with Section S herein.
5. Failure to remain at the testing site prior to commencement of the test is not to be considered a failure to undergo drug testing.
6. Aborting the drug testing collection before the drug test commences is not refusal to undergo drug testing.
7. If a pre-employment/pre-transfer test is canceled, JTA will require the applicant to take and pass another pre-employment drug test.
8. In instances where a covered employee is on extended leave for a period of 90 days or more, regardless of reason, the employee will be required to take a drug test and have negative test results prior to assuming safety-sensitive job functions.
9. An applicant with a dilute negative test result will be required to retest.
10. Applicants are required to report previous DOT-covered employer drug and alcohol test results; failure to do so will result in the employment offer being rescinded.

M. REASONABLE SUSPICION TESTING

All JTA employees will be subject to Reasonable Suspicion drug and/or alcohol testing when there are reasons to believe that drug or alcohol use is impacting job performance and safety. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion testing decisions must be made by one supervisor who is trained to detect the signs and symptoms of drug and alcohol use and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. Under 49 CFR Part 40, as amended, a reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under JTA's authority, reasonable suspicion alcohol testing may be performed any time any employee is on duty. A reasonable suspicion drug test can be performed any time the employee is on duty.

JTA shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Section S of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall

not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section S of this policy.

A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation prior to the release of the test results. This written record shall be submitted to the DAPM and shall be attached to the forms reporting the test results.

N. POST-ACCIDENT TESTING

All covered employees will be required to undergo urine and breath testing if they are involved in an accident with any transit-owned vehicle, regardless of whether or not the vehicle is in revenue service, that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other employees whose performance cannot be completely discounted as a contributing factor to the accident.

In addition, a post-accident test will be conducted if an accident with any transit-owned vehicle results in injuries requiring immediate transportation to a medical treatment facility or one or more vehicles incurs disabling damage as defined in this policy, unless the operator's performance can be completely discounted as a contributing factor to the accident.

1. As soon as practicable following an accident, as defined in this policy, the JTA supervisor investigating the accident will notify the transit employee operating the transit vehicle, and all other covered employees whose performance could have contributed to the accident, of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.
2. The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable but no longer than eight (8) hours of the accident for alcohol and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within eight (8) hours or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.
3. Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test and is released by the supervisor.
4. An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.
5. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
6. In the rare event that JTA is unable to perform a FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), JTA may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test.

The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

O. RANDOM TESTING

All safety-sensitive employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees. JTA is a member of the Association of Washington Cities (AWC) Drug & Alcohol Testing Consortium, who administers the random testing selection of safety-sensitive employees.

1. The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year.
2. The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations. The current random testing rate for drugs established by FTA equals twenty-five percent (25%) of the number of covered employees in the pool and the random testing rate for alcohol established by FTA equals ten percent (10%) of the number of covered employees in the pool.
3. Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time a selection is made. Employees will remain in the pool and subject to selection whether or not the employee has been previously tested. There is no discretion on the part of management in the selection and notification of the individuals who are to be tested.
4. Covered employees that fall under the FTA regulations will be included in one random pool.
5. Random tests can be conducted at any time during an employee's shift for drug testing. Under FTA rules, alcohol random tests can be performed just before, during, or just after the performance of a safety sensitive duty. However, under JTA's authority, a random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
6. Employees are required to proceed ***immediately*** to the collection site upon notification of their random testing selection.

P. RETURN-TO-DUTY TESTING

Employees who have self-referred to management and who have completed any substance abuse program directed by a Substance Abuse Professional (SAP) must test negative for drugs and alcohol before returning to work. Employees will be allowed to return following completion of the SAP's recommended course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test(s) only when the employee has completed the treatment requirements and is known to be drug- and alcohol-free and there is no undue concern for public safety.

All return to duty tests will be conducted as observed tests.

Q. FOLLOW-UP TESTING

Employees who have, through self-referral, completed any substance abuse program and return-to-duty test(s) will be required to undergo frequent, unannounced drug and alcohol testing. The follow-up testing will be performed for a period of one to five years with a minimum of six (6) tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

All follow-up testing will be conducted as observed tests.

R. RETURN TO WORK AFTER EXTENDED LEAVE

Safety sensitive employees who have been on paid leave, FMLA, leave of absence, workers compensation, suspended or otherwise not worked for 45 or more days will be subject to the same drug and alcohol testing requirements as for pre-employment.

S. RESULT OF DRUG/ALCOHOL TEST

Any covered employee that has a verified positive drug or alcohol test result, as defined in this policy, will be terminated from his/her position and provided information about Substance Abuse Professionals (SAPs) in the area.

1. As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test result, or a test refusal, the JTA DAPM will contact the employee's supervisor to have the employee cease performing any safety-sensitive function and to begin the termination proceedings.
2. ***Refusal to submit to a drug/alcohol test shall be considered a positive test result and a direct act of insubordination and shall result in termination.*** A test refusal includes the following circumstances:
 - a. A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to post-accident drug/alcohol testing, if required.
 - b. A covered employee who leaves the scene of an accident without a legitimate explanation prior to submission to drug/alcohol testing, if required.
 - c. A covered employee who is suspected of providing false information in connection with a drug test.
 - d. A covered employee who provides an insufficient volume of urine specimen or breath sample without a valid medical explanation; the medical evaluation shall take place within 5 days of the initial test attempt.
 - e. A verbal or written declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test within the specified timeframe.
 - f. A covered employee whose urine sample has been verified by the MRO as substitute or adulterated.

- g. A covered employee fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.
 - h. A covered employee fails to remain at the testing site until the testing process is complete.
 - i. A covered employee fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations.
 - j. A covered employee fails to permit the observation or monitoring of a specimen collection.
 - k. A covered employee fails or declines to take a second test the employer or collector has directed him/her to take.
 - l. A covered employee fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DAPM as part of the "shy bladder" or "shy lung" procedures.
 - m. A covered employee fails to cooperate with any part of the testing process (e.g., refusal to empty pockets when so directed by the collector, behavior of a confrontational nature that disrupts the collection process).
3. An alcohol test result of 0.02 to 0.039 BAC shall result in the removal of the employee from duty for eight (8) hours or the remainder of the workday, whichever is longer. The employee will be provided information about SAPs in the area. The employee will not be allowed to return to duty for his/her next shift until he/she submits to an alcohol test with a result of less than 0.02 BAC. If the employee has an alcohol test result of 0.02 to 0.039 one more time within a six-month period, the employee will be terminated.
4. In the case of self-referral, the cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued leave to participate in the SAP-prescribed treatment program. If the employee has insufficient accrued leave, the employee shall be placed on leave without pay until the SAP has determined that the employee has successfully completed the required treatment program and releases him/her to return to duty. Any leave taken, either paid or unpaid, shall be considered leave taken under the Family and Medical Leave Act, as applicable in the labor agreement.
5. In the instance of a self-referral, action shall include:
- a. Mandatory referral to a SAP for assessment, formulation of a treatment plan, and execution of a return-to-work agreement.
 - b. Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from JTA employment.
 - c. Compliance with the return-to-work agreement means:
 - the employee has submitted to a drug/alcohol test immediately prior to returning to work with a verified negative test result; and
 - in the judgment of the SAP, the employee is cooperating with the SAP-recommended treatment program; and
 - the employee has agreed to periodic unannounced follow-up testing as defined in Section Q of this policy.
 - d. Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination.
 - e. A self-referral to the SAP does not constitute a violation of the federal regulations or this policy and will not be considered as a positive test result.

- f. Periodic unannounced follow-up drug/alcohol tests conducted as a result of a self-referral which results in a verified positive shall be considered a positive test result and shall result in the employee's termination.
 - g. A self-referral does not shield an employee from future disciplinary action or guarantee employment with JTA due to any drug/alcohol testing.
 - h. A self-referral does not shield an employee from the requirement to comply with drug and alcohol testing.
6. Failure of an employee to report within five (5) days a criminal drug statute conviction for a violation occurring in or outside the workplace shall result in termination.

T. REPORTING OF POSITIVE TEST RESULTS TO THE WASHINGTON STATE DEPARTMENT OF LICENSING (DOL)

Confirmed positive drug or alcohol test results or a refusal to test shall be reported as a positive test to the Department of Licensing (DOL) for all CDL holders in accordance with RCW 46.25.

U. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 655 for a positive test or test refusal are not subject to arbitration.

V. PROPER APPLICATION OF THE POLICY

JTA is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy or who is found to deliberately misuse the policy in regard to subordinates shall be subject to disciplinary action, up to and including termination.

W. INFORMATION DISCLOSURE

Drug/alcohol testing records shall be maintained by the JTA DAPM and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without the expressed written consent of the tested employee.

1. The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records and records of laboratory certifications. Employees may not have access to SAP referrals and follow-up testing plans.
2. Records of a verified positive drug/alcohol test result shall be released to the DAPM and department manager on a need-to-know basis.
3. Records will be released to a subsequent employer only upon receipt of a written request from the employee.

4. Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision-maker in the proceeding. The information will only be released with binding stipulation that the decision-maker will make it available only to parties in the proceeding.
5. Records will be released to the National Transportation Safety Board (NTSB) during an accident investigation.
6. Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
7. Records will be released if requested by a Federal, state, or local safety agency with regulatory authority over JTA or the employee.
8. If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40, as amended, necessary legal steps to contest the issuance of the order will be taken.
9. In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

X. SYSTEM CONTACTS

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the individual(s) shown below.

**JTA Drug and Alcohol Program Manager (DAPM)
and Designated Employer Representative (DER)**

Van A. Church, Finance and HR Administrator
1615 West Sims Way, Port Townsend, WA 98368
Voice: (360) 385-3020 x120 Fax: (360) 385-2321
Email: vchurch@jeffersontransit.com

Testing Site: Jefferson General Hospital

834 Sheridan Street
Port Townsend, WA 98368
(360) 385-2200 x4444

Testing Site: CliniCare

621 East Front Street
Port Angeles, WA 98362
360-452-5000

Medical Review Officer (MRO)

Dr. Calvin Jones
HealthForce Partners
6720 Fort Dent Way, Suite 150
Tukwila, WA 98188
(206) 223-7501

Employee Assistance Program (EAP) & Substance Abuse Professional (SAP)

First Choice Health
One Union Square
600 University Street, Suite 1400
Seattle, WA 98101
(800) 777-4114
www.1stchoicceap.com

HHS Certified Laboratory – Primary Specimen

LabCorp
1904 Alexander Drive
Research Triangle Park, NC 27709
(800) 341-1150

HHS Certified Laboratory – Split Specimen

PAML
110 West Cliff Drive
Spokane, WA 99204
(509) 755-8600

Drug & Alcohol Testing Consortium

Deanna Krell, HR Program Coordinator
Association of Washington Cities
1076 Franklin Street S.E.
Olympia, WA 98501-1346
(800) 562-8981

This Policy was adopted by the Jefferson Transit Authority Board of Directors on October 17, 1995 and last amended on February 16, 2010.

ATTACHMENT A

Safety-Sensitive Positions

All JTA employees, positions and classifications, and the duties and potential duties of each have been reviewed. Each of the positions shown below have been designated as safety-sensitive and, as such, are subject to all categories of testing for drugs and alcohol under this policy.

Administrative Classifications:

- General Manager
- Transit Services (Operations) Administrator
- Safety and Training (Operations) Supervisor
- Mobility Coordinator
- West End Services Administrator
- Finance/HR Administrator

Non-Administrative Classifications:

- Transit Operator
- Dispatcher
- Customer Service Clerk
- Lead Mechanic
- Mechanic
- Maintenance Service Worker
- Facilities Maintenance Worker
- Maintenance Cleaner

ATTACHMENT B

Health & Safety Fact Sheet

Related to Drug Abuse & Alcohol Misuse

Substance abuse, the misuse of drugs and alcohol, is not a new issue but it is one of growing concern to employers. Nationwide, substance abuse is a problem in the workplace. Research has shown that substance abuse affects organizations, as evidenced by increased medical benefit claims, increased absenteeism, increased worker's compensation claims, and decreased productivity. Substance abuse poses serious safety and health risks not only to the user, but also to those who work with or come into contact with the user. As a result, employers have become even more concerned about the misuse of drugs and alcohol by employees who perform safety-sensitive functions in the organization and in functions involving direct contact with the public.

ALCOHOL FACTS

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

Except for the odor, the following are general signs and symptoms of any depressant substance:

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

Health Effects

The chronic consumption of alcohol (average of 3 12-oz. servings per day of beer, 3 1-oz. servings of whiskey, or 3 6-oz. Servings of wine) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10% 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% of all birth defects are alcohol related)

Social Issues

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- 2% to 3% of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
- 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.
- 40% 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% of burns, 40% of falls, 69% of boating accidents, and 76% 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 six times more likely to have an accident than a sober person.

AMPHETAMINE FACTS

Amphetamines are central nervous system stimulants that speed up the mind and body. Signs and symptoms of use include hyper-excitability, restlessness, confusion, panic, talkativeness, inability to concentrate, and heightened aggressive behavior. Regular use produces strong psychological dependence and increasing tolerance to the drug.

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

COCAINE FACTS

Cocaine is abused as a powerful physical and mental stimulant; the entire central nervous system is energized. Signs and symptoms of use include financial problems, increased physical activity and fatigue, isolation and withdrawal from friends and normal activities, unusual defensiveness, anxiety, agitation, and wide mood swings. Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. Cocaine causes spasms of blood vessels in the brain and heart and can lead to

ruptured vessels causing strokes or heart attacks. Extreme mood and energy swings create instability. Work performance is characterized by forgetfulness, absenteeism, tardiness, and missed assignments.

MARIJUANA FACTS

People use marijuana for the mildly tranquilizing, mood altering and perception altering effects it produces. Signs and symptoms of use include reddened eyes, slowed speech, chronic fatigue, and lack of motivation. Chronic smoking of marijuana causes emphysema-like conditions. Regular use can cause diminished concentration, impaired short-term memory, impaired signal detection, and impaired tracking (the ability to follow a moving object with the eye).

Marijuana smoking has a long-term effect on performance. Combining alcohol and other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

OPIATES (NARCOTICS) FACTS

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and, when taken in large doses, cause a strong euphoric feeling. Signs and symptoms of use include mood changes, impaired mental functioning, depression and apathy, impaired coordination, and physical fatigue and drowsiness. IV needle users have a high risk for contracting hepatitis and AIDS due to sharing of needles.

Unwanted side effects of opiates such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident. Workplace use may cause impairment of physical and mental functions.

PHENCYCLIDINE (PCP) FACTS

- A. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes a stimulant. Signs and symptoms of use include impaired coordination, severe confusion and agitation, extreme mood shifts, rapid heartbeat, and dizziness. The potential for accidents and overdose is high due to the extreme mental effects combined with the anesthetic effect on the body. PCP use can cause irreversible memory loss, personality changes, and thought disorders.