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Policy: Barrett Hospital & HealthCare (BHH) provides a drug and alcohol-free workplace to ensure the health, safety and welfare of its staff, community and patients.

Montana statute does not mandate drug and alcohol testing. Montana law does require all employers using drug and alcohol testing to adopt procedures developed by the DOT (49 Code of Federal Regulations, part 40). This policy complies with 49 CFR, part 40.

1 Purpose: It is the purpose of this policy to:

- 1.1 Assure employees are not impaired, and are performing assigned duties in a safe, productive and healthy manner;
- 1.2 Prohibit the unlawful manufacture, sale, distribution, dispensing, possession, or use of prohibited substances in hospital facilities or on BHH property;
- 1.3 Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;
- 1.4 Recognize drug and alcohol abuse as a treatable disease and encourage employees to seek professional assistance for alcohol or drug dependency;
- 1.5 Maintain a work environment and promote work habits that foster public confidence;
- 1.6 Strive to improve the service we provide the public and recognize the key role our hospital plays in public health and safety; and
- 1.7 Administer appropriate penalties to employees who violate this policy.

2 Procedures:

2.1 Definitions. The following definitions apply to this policy:

- 2.1.1 “Adulterated specimen” is one that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.
- 2.1.2 “Alcohol” means an intoxicating agent in alcoholic beverages, ethyl alcohol, also called ethanol, or the hydrated oxide of ethyl.
- 2.1.3 “Alcohol concentration” means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath, as indicated by an evidential breath test.
- 2.1.4 “Confirmation test” for alcohol is a second test following a screening test that provides an exact measure of alcohol concentration. For controlled substances testing, a second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.
- 2.1.5 “Controlled substance” means a dangerous drug, as defined in 49 CFR, part 40, except a drug used pursuant to a valid prescription or as authorized by law, and shall, for all purposes of this Policy, include the drug commonly referred to as marijuana, regardless of whether the employee has obtained a registry identification card, or has been issued a written certification by a physician, pursuant to the Montana Medical Marijuana Act, or a similar act of any other state.
- 2.1.6 “Dilute specimen” is a specimen with creatinine and specific gravity values that are lower than expected, but are still within the physiologically producible ranges of human urine.
- 2.1.7 “Medical Marijuana” shall mean marijuana, when use is pursuant to the Montana Medical Marijuana Act, or a similar act of any other state.
- 2.1.8 “Medical Review Officer” (MRO) means a licensed physician trained in the field of substance abuse.
- 2.1.9 “Primary specimen” in drug testing is the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system.
- 2.1.10 “Rehabilitation program” is the program established by the Substance Abuse Professional for the employee who violates this policy or voluntarily seeks treatment for drug and/or alcohol related issues, including recommendations concerning education, treatment, follow-up testing, and aftercare.
- 2.1.11 “Safety-sensitive function” is any on-duty work task, activity, or duty that has potential of causing significant physical or mental injury to people or damage to property. The focus is on function rather than job description. A person’s job may require several different functions, some of which are not safety-sensitive.
- 2.1.12 “Sample” means a urine specimen, a breath test, or oral fluid obtained in a minimally invasive manner and determined to meet the reliability and accuracy criteria accepted by laboratories for the performance of drug testing that is used to determine the presence of a controlled substance or alcohol.
- 2.1.13 “Screening test” (a/k/a initial test” in alcohol testing is an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in his or her system. In controlled substance testing, a screen to eliminate negative urine specimens from further consideration.
- 2.1.14 “Split specimen” in drug testing is the part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the



employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

- 2.1.15 “Substance Abuse Professional” (SAP) is a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders. The SAP evaluates employees who have violated drug and alcohol regulations, or voluntarily enrolled in drug and alcohol treatment, and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
- 2.1.16 “Substituted specimen” is a specimen that has been submitted in place of the donor’s urine, as evidenced by creatinine and specific gravity values that are outside the physiologically producible ranges of human urine.

2.2 Legal Sanction: The unlawful manufacture, distribution, possession, or use of a controlled substance may result in a conviction under federal, state and local laws and may result in incarceration, restitution payments, probation, forfeiture of assets and loss of other property rights or civil liberties. A conviction may also result in loss of a professional license.

2.2.1 Standards of Conduct and Sanctions:

2.2.1.1 Department Managers or charge persons are primarily responsible for assuring a drug-free work place.

2.2.1.2 Working while impaired by a controlled substance or alcohol is strictly prohibited and will result in disciplinary action up to and including termination.

2.2.1.3 The use, possession, transfer, sale manufacture or purchase of a controlled substance on hospital property or while performing hospital business is strictly prohibited and will result in disciplinary action up to and including termination.

2.2.1.4 The use, sale, transfer, purchase, manufacture or possession of a controlled substance off of hospital property is strictly prohibited and will result in disciplinary action up to and including termination if the use, sale, possession, transfer, manufacture or purchase of the controlled substance will adversely affect the employee’s ability to perform their job in a safe and professional manner or would involve an unreasonable risk to hospital property or to the safety or welfare of specific individuals or the general public.

2.2.1.5 A conviction for the use, sale, transfer, purchase, manufacture or possession of a controlled substance will result in disciplinary action up to and including termination if conviction adversely affects the employee’s ability to perform their job in a safe and professional manner or would involve an unreasonable risk to hospital property or to the safety or welfare of specific individuals or the general public. An employee convicted of any drug or alcohol offense must report such violation to their supervisor in writing upon the next scheduled work shift.

2.2.1.6 The appropriate use of legally prescribed drugs and non- prescription medications is not prohibited. However, the use of any substance that affects mental functioning, motor skills or judgment must be reported to the supervisor before performing any duties. The misuse or abuse of legal drugs while performing the assigned duties is strictly prohibited and will result in disciplinary action up to and including termination.

2.2.1.7 Absent the mitigating circumstances set forth in 2.2.1.9 below, an employee testing positive for the presence of controlled substances, including Medical Marijuana, shall be deemed

to be in violation of this standard of conduct, regardless of whether the use of such controlled substances occurred while at work or during non-work hours.

2.2.1.8 If a supervisor directs an employee who he or she believes to be impaired by the use of illegal or legal substances to leave the campus, the supervisor must provide a safe means of transportation to the employees' home for the employee.

2.2.1.9 BHH will take no negative sanctions if the employee presents a reasonable explanation or medical opinion indicating the positive test results were not caused by illegal use of controlled substances or by alcohol consumption. This explanation must be given to the Medical Review Officer (MRO) and confirmed as a reasonable explanation resulting in the rendering of the test negative. The MRO may not, however, downgrade a positive test to negative based on the fact that the employee has obtained a registry identification card, or has been issued a written certification by a physician, pursuant to the Montana Medical Marijuana Act, or a similar act of any other state.

2.3 Rehabilitation and Education

- 2.3.1 Any employee who feels that he or she has an addiction or dependence to drugs or alcohol is encouraged to seek assistance. Requests for information concerning such assistance and use of BHH's Employee Assistance Program will be confidential.
- 2.3.2 Employees who test positive for drugs or alcohol, pursuant to the procedures described below, may be required or allowed by management to participate in an appropriate drug or alcohol counseling, treatment, or rehabilitation program as a condition of continued employment. Employees who voluntarily enter treatment prior to termination, as a condition of continued employment or as a result of a *Drug Testing: Last Chance Agreement Form (BPM linked form)*, will be allowed to use accrued paid leave time. All paid or unpaid leave will be simultaneously charged to the employee's Family and Medical Leave Act eligibility (where the employee is eligible for such leave). Failure to complete the program, including aftercare, or to fully comply with the terms and conditions of the *Drug Testing: Last Chance Agreement Form* will be grounds for immediate dismissal.
- 2.3.3 BHH must receive written notification from a Substance Abuse Professional that the employee has successfully completed the rehabilitation program and passed (negative result) a drug and/or alcohol test in order to return to work. The employee will be subject to unannounced tests for 2-years following release from rehabilitation.
- 2.3.4 BHH provides periodic training and education for employees regarding the adverse impacts of controlled substances and alcohol. An employee seeking additional information should contact BHH's Employee Assistance Program.

2.4 Tests and Procedures

Barrett Hospital & HealthCare will perform the following types of tests:

2.4.1 Alcohol Testing. Alcohol testing may occur at any time during working hours, and will be administered by a certified breath alcohol technician using testing equipment that appears on the list of conforming products published in the Federal Register. An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and is a prohibited standard of conduct under this policy that will result in disciplinary action up to and including termination.

2.4.2 Drug Testing. Drug testing may occur at any time during working hours. The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. An initial drug screen will be conducted on each specimen **by an independent laboratory**. For those specimens that are



positive a **confirmatory test will be performed by a** laboratory using a Gas Chromatography/Mass Spectrometry process. A positive drug test is a prohibited standard of conduct under this policy that will result in disciplinary action up to and including termination(reference sanctions in item 6 below).

2.4.3 Pre-employment. A successful applicant, as a condition of employment, will be required to undergo a urine drug test after an offer of employment has been made. The employment offer is conditioned on receipt of a negative drug test. Failure to achieve a negative drug test will disqualify the person for the position on the grounds that the applicant failed to meet a condition precedent to employment.

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50ng/mL	THCA ¹	15ng/mL
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Opiate metabolites	2000 ng/mL	Codeine Morphine	2000 ng/mL 2000 ng/mL
Codeine/Morphine ²	10 ng/mL	6-Acetylmorphine	10 ng/mL
6-Acetylmorphine	25 ng/mL	Phencyclidine	25 ng/mL
Phencyclidine	500 ng/mL	Amphetamine Methamphetamine ⁵	250 ng/mL 250 ng/mL
Amphetamines ³ AMP/MAMP ⁴	500 ng/mL	MDMA MDA ⁷ MDEA ⁸	250 ng/mL 250 ng/mL 250 ng/mL
MDMA ⁶			

¹Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA)

²Morphine is the target analyte for codeine/morphine testing

³Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff

⁴Methamphetamine is the target analyte for amphetamine/methamphetamine testing

⁵To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL

⁶Methylenedioxymethamphetamine (MDMA)

⁷Methylenedioxyamphetamine (MDA)

⁸Methylenedioxyethylamphetamine (MDEA)

ng/mL = nanograms per milliliter

2.4.4 Reasonable Suspicion.

2.4.4.1 A reasonable suspicion determination must be made by a Department Manager, Supervisor or Administrator that has been trained in reasonable suspicion, and based on specific, articulable observations concerning the appearance, behavior, speech or body odors of the employee.



2.4.4.2 A properly trained Department Manager, Supervisor or Administrator is one who has completed the assigned “ Substance Abuse In The Workplace on HealthcareSource. Confirmation of this status is available in the Human Resources Department HealthcareSource training records.

2.4.4.3 Any properly trained Department Manager, Supervisor or Administrator who suspects an employee’s job performance may be affected by drug or alcohol use, should confront the employee privately and state the reasons for suspicion and then request that the employee voluntarily submit to a urine test, and:

- the employee will be immediately placed on administrative leave with pay pending completion of an investigation. The investigation will consist of certification of the test results by a medical review officer and review by the medical review officer of any information relevant to interpreting the test results provided by the employee. All positive tests will be confirmed by a confirmation test.
- if the employee refuses to submit for testing when requested, this action will be considered a per se admission of being under the influence of a controlled substance or alcohol and will result in disciplinary action up to and including termination (*reference sanctions in item 6 below*).

2.4.4.4 Reasonable suspicion determinations must be documented using the *Reasonable Suspicion Form (BPM linked document)* within 24 hours after the observation. The person who made the determination must sign a written statement containing a description of the behaviors that led to the determination (*reference sanctions in item 6 below*).

2.4.5 Follow-up Testing. Employees who previously had a positive drug or alcohol test must have a negative test and be evaluated and released to duty by a substance abuse professional (SAP) before returning to duty. Employees will be required to undergo unannounced follow-up alcohol and/or drug testing as directed by the substance abuse professional or management. This may consist of at least six (6) tests in the first 12 months following the employee’s return to duty.

2.4.5.1 All testing will be conducted using a split sample methodology.

2.4.5.2 Any employee or prospective employee who refuses to sign all required release(s) for release of information relative to test results or required follow-up evaluations by the substance abuse professional, fails to comply with a request for testing, provides false information in connection with a test, or who attempts to falsify test results through tampering, contamination, adulteration or substitution shall be considered as having a positive test. Refusal includes an inability to provide a urine specimen or saliva sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test. If the employee or prospective employee is unable to provide the required amount of urine for drug testing, she or he will be instructed to drink not more than twenty-four (24) ounces of fluids and assigned to a waiting area. After a period of up to two (2) hours, a second attempt to obtain a complete sample using a fresh collection container with the original insufficient specimen discarded, will be attempted. If the employee is still unable to provide a sufficient amount of urine, this will be considered a positive test and disciplinary action up to and including termination will follow.

2.5 Testing Compliance Requirements

2.5.1 All information obtained in the testing is confidential. Test results will only be disclosed to the tested employee, the employer’s designated representative, in connection with a legal action arising out of



an employer's implementation of 39-2-205 through 39-2-211 MCA, or inquiries relating to a workplace accident involving death, physical injury, or property damage when there is reason to believe that the tested employee may have caused or contributed to the accident.

2.5.2 All specimen collection, transportation, and testing procedures will comply with 49 CFR, part 40 as amended and with MCA 39-2-205 through 39-2-211.

2.5.3 Testing shall be conducted in a manner to assure accuracy and reliability and using techniques, equipment and laboratory facilities, which have been approved by the U.S. Department of Health and Human Services. All testing will be conducted consistent with the procedures put forth in 49 CFR part 40, as amended.

2.5.4 If an employee's drug test comes back diluted, the following will apply:

2.5.4.1 A positive dilute test result will be treated as a verified positive test and subject to sanctions set forth above.

2.5.4.2 For a negative test that is dilute, BHH will follow the MROs direction, which may include another test, possibly under direct supervision, which will take place as soon as the MRO informs BHH of the diluted test results. The results of this second test will be the results on which BHH will rely. If the employee refuses to take the additional test based on the diluted result, it will be treated as a refusal to test.

2.6 Consequences of a Positive Drug or Alcohol Test

Employees who test positive the first time for controlled substances or alcohol will be required to participate in a drug and/or alcohol counseling treatment or rehabilitation program at the employee's expense as a condition to continued employment. If an employee tests positive for controlled substances and/or alcohol a second time, it will result in immediate termination. Barrett Hospital & HealthCare may also inform the licensing board of all licensed employees who have a positive drug or alcohol test.

2.7 Employee Requested Drug Testing and Right to Rebuttal

2.7.1 An employee who questions the results of a confirmed positive drug test may request an additional test be conducted. This test must be conducted at a different testing DHHS-certified laboratory. The test must be conducted on the split sample that was provided at the same time as the original sample. The method of collecting, storing and testing the split sample will be consistent with procedures set forth in 49 CFR part 40, as amended.

2.7.2 The employee's request for a re-test must be made to the Medical Review Officer (MRO) within 72 hours of notice of the initial test result. The employee will pay all costs for a retest on the split sample unless the second test invalidates the original test.

2.8 Employment Assessment

2.8.1 Any employee who has a confirmed positive test for the presence of illegal drugs or alcohol above the minimum thresholds may voluntarily enter a rehabilitation program as a condition of continued employment. The employee must sign a release so that management can obtain information on the program duration, completion, and follow-up requirements. Failure to complete the program, or failure to comply with the terms and conditions of a *Drug Testing: Last Chance Agreement Form (BPM linked form)*, will result in the immediate termination of the employee.

2.8.2 If an employee is released to return to duty, she or he must properly follow the rehabilitation program and have a verified confirmed negative return-to-duty test result as indicated above. The employee will be subject to follow-up testing.

2.9 Miscellaneous

2.9.1 Dispute Resolution Procedures. If an employee or prospective employee is tested and the employee or prospective employee disputes the result or believes that he or she has a reasonable explanation for the failed test, the employee or prospective employee will be given the opportunity to provide the medical review officer with any medical information that is relevant to interpreting the test results, including information concerning current or recently used prescription or non-prescription drugs.

2.9.2 The employee or prospective employee will be provided a copy of the test report. The employee or prospective employee has the right to request an additional test of the split sample by an independent laboratory selected by the person being tested. If a second test is requested, the cost of such test will be at the employee's or prospective employee's expense if the test is positive, and at t BHH's expense if the test is negative. If the second test is negative, the results of the test shall be deemed to have been negative. The employee or prospective employee may rebut or explain the results of *any* test.

2.9.3 Confidentiality Requirements. All information, interviews, reports, statements, memoranda, and test results shall be confidential and shall not be disclosed to anyone, except:

2.9.3.1 The tested employee or prospective employee;

2.9.3.2 Human Resources or designee;

2.9.3.3 In connection with any legal or administrative claim arising out of the implementation of sanctions, or in response to inquiries relating to a workplace accident involving death, personal injury, or property damage in excess of \$1,500 when there is reason to believe that the employee may have caused or contributed to the accident.

2.9.3.4 Information obtained in the testing process that is unrelated to the use of controlled substances or alcohol may not be released by the medical review officer to the employer.

2.9.4 Chain of Custody Requirements. The collection, transportation and confirmation testing of any urine samples will be performed in accordance with 49 CFR, part 40, as amended.

2.9.5 Summary of Criminal Sanctions for Use of Controlled substances. The manufacture, distribution, possession, or use of controlled substances (other than pursuant to a valid prescription or otherwise authorized by law) is illegal under state and federal law, and is subject to various criminal sanctions, including fines of up to \$50,000 and prison sentences of up to life in prison and in some cases, there are mandatory minimum prison sentences. Federal sanctions are generally more severe than are state sanctions.

2.9.6 Distribution of Safety Materials

Employer will make information available to all employees concerning the health and workplace safety risks of using controlled substances and alcohol. Employees review this information during new-hire orientation and annually thereafter. These materials are also provided to all employees and prospective employees who test positive for controlled substances or alcohol. Individuals wishing to receive additional copies of these materials may do so by contacting Human Resources or using the following link:

https://www.in.gov/spd/files/Alcohol_Drug_information_Employee.pdf



BASIC INFORMATION ABOUT ALCOHOL & CONTROLLED SUBSTANCES

Section 382.601(b)(11) FMCSR mandates that all employees be provided with informational material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

Substance abuse can destroy your family, your livelihood, your life. The total cost to society - to you and me as taxpayers - is still impossible to calculate. The cost in the workplace (not including medical costs, prison, or law enforcement costs), is estimated to be between \$60 and \$100 billion per year. Some experts say between 10 and 30 percent of all U. S. workers use drugs on the job. They estimate that as many as 65 percent of young people coming into the work force have at one time or another used drugs.

Facts about employees who misuse drugs:

- Are likely to be late more than three times as often as a non-user
- Absenteeism is 66% higher among drug users than non-users
- Will make use of health benefits at least three times more than a non-user
- 5 times more likely to file claims for worker's compensation
- Almost four times as likely to be involved in an accident on the job
- It is estimated drug-users are 1/3 less productive

The following information is intended to help individuals understand the consequences of alcohol and substance abuse.

ALCOHOL

Alcohol is a legal substance that is used by many people. It is a socially accepted drug that has been consumed throughout the world for centuries. Often 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. The intent of the DOT rule is to realize that even small amounts of alcohol affect us and our job performance and to prevent its use or possession by people performing safety sensitive jobs.

Signs and Symptoms of Use:

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

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils

Health Effects

The chronic consumption of alcohol (average 3 drinks per day) may result in the following health hazards.

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use.
- Heavy alcohol use can severely affect the gastrointestinal tract, contribute to inflaming the esophagus, exacerbating peptic ulcers, and cause acute and chronic pancreatitis.
- Contributes to malnutrition as alcohol interferes with absorption of nutrients from food.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension and strokes.
- Either direct or indirectly through malnutrition, liver disease or other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx and larynx.



- Heavy alcohol consumption causes brain damage manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

Social Issues:

- About two in every 5 Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.
- Falls are the most common cause of nonfatal injuries in the U.S., and the second most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between .05 and .10 increases the likelihood of a fall by 3 times. Between .10 and .15, it increases by 10 times, and above .16, it increases by 60 times.
- Research indicates that over 60 percent of those killed in nonvehicular fires have BACs over .10.
- Up to 40 percent of industrial fatalities and 47 percent of industrial injuries can be linked to alcohol consumption and alcoholism.
- Approximately 38 percent of those who drown have been exposed to alcohol at the time of their death.
- Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.
- Alcohol also plays a significant role in crime and family violence, including spousal and child abuse

ALCOHOL'S TRIP THROUGH THE BODY

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

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

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

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease die during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

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

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

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



CONTROLLED SUBSTANCES

Marijuana

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception altering affects it produces. Its action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

Health Effects

- Emphysema-like conditions
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- One joint causes the heart to race and overwork. People with heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus aspergillus, which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. Therefore, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver, and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborns.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
 - ✓ delayed decision making
 - ✓ diminished concentration
 - ✓ impaired short-term memory
 - ✓ impaired signal detection
 - ✓ impaired tracking
 - ✓ erratic cognitive function
 - ✓ distortion of time estimation

Workplace Issues

- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana increases the impairment.
- Combining alcohol or other depressant drugs with marijuana increases impairment.

Cocaine

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

Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the

aging process by causing damage to critical nerve cells.

- Parkinson's Disease could also occur.
- Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than other chemical dependencies.
- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid.
- Fatal effects are usually not reversible by medical intervention.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness and missing assignments.

Opiates

Sometimes referred to as narcotics, opiates are a group of drugs used medically to relieve pain. Some opiates come from a resin taken from the seedpod of the Asian Poppy, i.e. opium, morphine, heroin and codeine. Other opiates are synthesized or manufactured. The term "opioids" includes naturally occurring opiate drugs, as well as the synthetic narcotics.

Health Effects

- Intravenous users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for an overdose.
- Because of tolerance, there is an ever-increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the user.

Workplace Issues

- Side effect such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental functions.

Amphetamines

Drugs which are central nervous system stimulants are used to increase alertness and physical activity. The physical sense of energy at lower doses and the mental exhilaration of higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or manufactured in clandestine crude laboratories. Mobile labs are of concern and a problem for law enforcement officers today.

Health Effects

- Regular use causes strong psychological dependency and increased tolerance.



- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes an impairment.

Phencyclidine (PCP)

Often used as a large animal tranquilizer and abused primarily for its mood-altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treating with thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse:
 - ✓ Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
 - ✓ Toxic psychosis with visual and auditory delusions, paranoia and agitation.
 - ✓ Drug induced schizophrenia.
 - ✓ Induced depression, which may create suicidal tendencies and mental dysfunction.

Reference: Web pages accessed 6/2021

Employee Education Information:

https://www.in.gov/spd/files/Alcohol_Drug_information_Employee.pdf

Montana Workforce Drug and Alcohol Testing Act: Montana Code Annotated Sections 39-2-205 through 39-2-211:

http://leg.mt.gov/bills/mca/title_0390/chapter_0020/part_0020/sections_index.html

Montana Department of Labor and Industry “Employer’s Guide to Drug Testing in Montana”:

<http://wsd.dli.mt.gov/employers/employer-guide-to-drug-testing>

Department of Transportation (DOT) (49 Code of Federal Regulations, part 40):

<https://www.transportation.gov/odapc/part40>