

UNIVERSITY OF MICHIGAN DRUG & ALCOHOL SUBSTANCE ABUSE POLICY

Revised April, 2025

UNIVERSITY OF MICHIGAN is dedicated to the health and safety of our drivers. Drug and/or alcohol use may pose a serious threat to the driver's health and safety. Therefore, it is the policy of UNIVERSITY OF MICHIGAN to prevent the use of drugs and abuse of alcohol from having an adverse effect on our drivers and to provide a drug and alcohol free environment.

UNIVERSITY OF MICHIGAN is committed to a drug and alcohol free environment. Use of alcohol or the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any employee while on University premises, engaged in University business, while operating a University vehicle or other equipment, or while operating under the authority or in the employment of UNIVERSITY OF MICHIGAN is strictly prohibited.

The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require UNIVERSITY OF MICHIGAN to implement an alcohol and controlled substances testing program. Tests must be conducted under certain specific situations to determine whether employees have used alcohol or drugs. The procedures and technology we will employ in this testing are specified in a Department of Transportation Regulation, Procedures for Transportation Workplace Drug and Alcohol Testing Program, (49 CFR, Part 40).

The purpose of the FMCSA issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles.

UNIVERSITY OF MICHIGAN will comply with these regulations and is committed to maintaining a drug-free workplace. Therefore, we have established this policy toward the use, sale, purchase, transfer, possession or presence in one's system of alcohol or any controlled substance, unless medically prescribed to the driver. ***Any employee found violating this policy will be subjected to disciplinary action up to and including termination, solely at the option of the University of Michigan.***

It is not the intention of this policy or any items listed in it, to create an employment contract.

UNIVERSITY OF MICHIGAN reserves the sole right to change, amend, or modify any term or provision of this policy without notice while remaining within compliance of the FMSA regulations.

DRIVER ACKNOWLEDGEMENT

The Department of Transportation, DOT, requires that each driver sign a statement certifying that he/she has received a copy of the materials in this complete policy. The employer shall maintain the original signed certificate and may provide a copy to the driver. This receipt is found on the last page of these materials. Refusal to sign this receipt may result in termination or disqualification from employment if a new hire. **YOU MUST READ BEFORE SIGNING.**

The DOT also requires employers to provide drivers and representatives of driver organizations, with educational materials that explain the DOT regulations regarding drug and alcohol abuse. This policy includes the procedures for meeting those regulations along with the educational information concerning the effects of alcohol and controlled substance use.

DESIGNATED EMPLOYER REPRESENTATIVE (DER) CERTIFIED SUBSTANCE ABUSE PROFESSIONAL (SAP) CERTIFYING LABORATORY & MEDICAL REVIEW OFFICER.

DER

Annette Green
Environment, Health & Safety
UNIVERSITY OF MICHIGAN-Campus Safety Services
Bldg. 1239 Kipke Drive Ann Arbor, MI 48109-1010
Office: 734-615-2140

MEDICAL REVIEW OFFICER (MRO)

A. Malik Qavi, DO, MRO
IPS Drug Testing Services
363 W. Big Beaver Road, Suite 100
Troy, Michigan 48084
Telephone Number: (248) 526-9000
Fax Number: (248) 526-9001

SPECIMEN COLLECTION SITE

Concentra Medical Centers Monday – Friday 8 am – 6 pm

3131 S. State Street
Suite 100 (East Entrance)
Ann Arbor, Michigan 48108
(734) 213-6285

After Hours:

Concentra Medical Centers – Romulus, 48174

11700 Metro Airport Center Dr Ste. 104
Phone: (734) 955-7000
Fax: (734) 955-7006
St. Joseph Mercy Hospital – Emergency Center
(734) 712-3000

PRIMARY CERTIFIED LABORATORY

Alere Toxicology Services

1111 Newton St
(504) 361-8989
FAX 504-361-8298

REFERRALS FOR CERTIFIED SUBSTANCE ABUSE EVALUATION /SAP/

University of Michigan Faculty & Staff Assistance Program (FASAP)

COUNSELING/TREATMENT: Must be an entity other than the Substance Abuse Professional who performed the evaluation. Referral will be made to appropriate facility/service subsequent to SAP evaluation.

SUBSTANCE ABUSE CRISIS HOTLINES

Alcoholics Anonymous	800-356-9996
Cocaine	800-262-2463 (800 COCAINE)
National Institute of Drug Abuse	800-622-2255 (800 622-HELP)

DRUGS AND ALCOHOL PROCEDURES REGULATORY REQUIREMENTS

All drivers who operate commercial motor vehicles that require a commercial driver's license under 49 CFR Part 383 are subject to the FMCSA's drug and alcohol regulations, 49 CFR Part 382.

NON REGULATORY REQUIREMENTS

The Federal Motor Carrier Safety Regulations (FMCSR's) set the minimum requirements for testing. The University's policy in certain instances may be more stringent. This policy will clearly define what is mandated by the FMCSR's and what University procedure is.

RESPONSIBILITIES

It is the University's responsibility to provide testing for the driver that is in compliance with all federal and state laws and regulations, and within the provisions of this policy. The University will retain all records related to testing and the testing process in a secure and confidential matter in strict adherence with the Federal Regulations.

UNIVERSITY OF MICHIGAN.'S Alcohol and Drug Program Administrator/ DER, who is designated to monitor, facilitate, and answer questions pertaining to these procedures is: Annette Green:
734-615-2140

The driver is responsible for complying with the requirements set forth in this policy. The driver will not use, have possession of, abuse, or have the presence of alcohol or any controlled substance in excess of regulation established threshold levels while on duty. (All levels are established by the FMCSA and SAMHSA) The driver will not use alcohol within 4 hours of performing a 'safety-sensitive' function, while performing a 'safety-sensitive' function, or immediately after performing a 'safety-sensitive' function.

The driver is responsible to obtain advice and instructions from a prescribing physician, the effects of any legal medication given to them by that physician. This is to be disclosed to the DER.

All supervisors must make every effort to be aware of a driver's condition at all times the driver is in service of the University. The supervisor must be able to make reasonable suspicion observations to determine if the driver is impaired in some way, and be prepared to implement the requirements of this policy if necessary. Such supervisor will have completed the Supervisory Training for Reasonable

Suspicion as described in 49 CFR 382.307. **DEFINITIONS**

When implementing and interpreting the drug and alcohol policies and procedures required by the FMCSA as well as the policies and procedures required by the University, the following definitions apply:

ACTUAL KNOWLEDGE means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the driver, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or a controlled substance, or a driver's admission of alcohol or controlled substance use under the provisions of Sec. 382.121. Direct observation as used in this definition means observation of alcohol or controlled substance use and does not include observation of driver behavior or physical characteristics sufficient to warrant reasonable suspicion testing under Sec. 382.307

ALCOHOL means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

ALCOHOL CONCENTRATION (or content) 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.

ALCOHOL SCREENING DEVICE (ASD) A breath or saliva device, other than an evidential breath testing device (EBT) that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

ALCOHOL USE means the consumption of any beverage, liquid mixture, or preparation, including any medication, containing alcohol.

BREATH ALCOHOL TECHNICIAN (OR BAT) An individual who instructs and assists individuals in the alcohol testing process, and operates an evidential breath testing device (EBT).

CFR means Code of Federal Regulations.

COLLECTION SITE A place designated by the University, where individuals present themselves for the purpose of providing a urine specimen for a drug test.

COMMERCIAL MOTOR VEHICLE means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds (11,794 or more kilograms) inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds (4,536 kilograms); or
2. Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
3. Is designed to transport 16 or more passengers, including the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

CONFIRMATION (OR CONFIRMATORY) DRUG TEST means a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite. GC/Mass Spec is the secondary test type for these tests.

CONFIRMATION (OR CONFIRMATORY) VALIDITY TEST means a second test performed on a urine specimen to further support a validity test result.

CONFIRMED DRUG TEST means a confirmation test result received by an MRO from a laboratory.

CONSORTIUM/THIRD-PARTY ADMINISTRATOR (C/TPA) is a service agent that provides or coordinates the provision of a variety of drug and alcohol testing services for the University. C/TPAs typically perform administrative tasks concerning the operation of the University's drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers."

CONTROLLED SUBSTANCES mean those substances identified in 49 CFR, Section 40.85. In accordance with FMCSA rules, urinalyses will be conducted to detect the presence of the following substances: Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP).

DETECTION LEVELS requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the requirements established in 49 CFR, Section 40.87.

DESIGNATED EMPLOYER REPRESENTATIVE (DER) is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove drivers from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of the University. Service agents cannot serve as Designated Employer Reps.

DISABLING DAMAGE means damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. Inclusions: Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.

Exclusions: Damage which can be remedied temporarily at the scene of the accident without special tools or parts. Tire disablement without other damage even if no spare tire is available. Headlight or taillight damage, damage to turn signals, horn, or windshield wipers which make them inoperative.

DRIVER means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers, vehicle mechanics who will be required to drive a CMV in the course of maintaining and / or repairing the vehicle, or anyone who may be required to drive a CMV for any other purposes of this policy, all such individuals shall be defined as "drivers" who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle at the direction of or with the consent of an employer.

DRUG means any substance (other than alcohol) that is a controlled substance as defined in this policy and 49 CFR Part 40.

EVIDENTIAL 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 0.04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.

FMCSA means Federal Motor Carrier Safety Administration, U.S. Department of Transportation.

LICENSED MEDICAL PRACTITIONER means a person who is licensed, certified, and/or registered, in accordance with applicable federal, state, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

MEDICAL REVIEW OFFICER (MRO). A person who is a licensed physician (Doctor of Medicine or Osteopathy) and who is responsible for receiving and reviewing laboratory results generated by the University's drug testing program and evaluating medical explanations for certain drug test results.

PERFORMING (A SAFETY-SENSITIVE FUNCTION) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

PRESCRIPTION MEDICATIONS means the use (by a driver) of legally prescribed medications issued by a licensed health care professional familiar with the driver's work related responsibilities.

REFUSE TO SUBMIT (to an alcohol or controlled substances test) means that a driver:

1. Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the University, consistent with applicable DOT regulations, after being directed to do so by the University. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a C/TPA;
2. Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
3. Fails to provide a urine specimen for any DOT required drug test (except pre-employment if the driver leaves before the testing process begins);
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;
5. Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the employer or collector has directed the driver to take;
7. 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 (In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
8. Fails to cooperate with any part of the testing process; or
9. Is reported by the MRO as having a verified adulterated or substituted test result.

SAFETY-SENSITIVE FUNCTION means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

SAFETY-SENSITIVE FUNCTIONS INCLUDE:

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the University;
2. All time inspecting equipment as required by Sections 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;

4. All time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeper berth (a berth conforming to the requirements of Sec. 393.76);
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

SCREENING TEST/INITIAL SCREEN:

1. In drug testing, a test to eliminate "negative" urine specimens from further analysis or to identify a specimen that requires additional testing for the presence of drugs.
2. In alcohol testing, an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in a breath or saliva specimen.

SCREENING TEST TECHNICIAN (STT) A person who instructs and assists employees in the alcohol testing process and operates an alcohol screening device (ASD).

STAND-DOWN means the practice of temporarily removing a driver from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive drug test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test results.

SUBSTANCE ABUSE PROFESSIONAL (SAP) A person, who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. A SAP must be: a licensed physician (Doctor of Medicine or Osteopathy); a licensed or certified social worker; a licensed or certified psychologist; a licensed or certified employee assistance professional; or a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC). Effective January 4, 2004, additional certification by the Department of Transportation is required for every SAP to evaluate anyone under these regulations.

PROHIBITED CONDUCT (Ref 382 Subpart B)

The following conduct is strictly prohibited:

- (a) Drivers are prohibited from using, being under the influence of, or possessing illegal drugs (any drug listed in 21 CFR 1308) when the drug has been dispensed or used (or is in the driver's possession) in a manner not approved by the DEA;
- (b) Drivers are prohibited from using or being under the influence of legal drugs that are being used illegally (including a drug prescribed for another person)
- (c) Drivers are prohibited from using or being under the influence of legal drugs that can adversely affect the ability of the driver to perform his or her job safely (see 382.213 (a) re: driver's responsibility to obtain advice and instructions from the prescribing physician before performing safety-sensitive duties)

- (d) Drivers (and University non-dot workers) are prohibited from selling, buying, soliciting to buy or sell, transporting, or possessing illegal drugs.
- (e) Drivers are prohibited from using alcohol within 4 hours before driving or performing any other safety-sensitive function.
- (f) Drivers are prohibited from using or being under the influence of alcohol at any time while driving or performing any other safety-sensitive function.
- (g) Drivers are prohibited from possessing any amount of alcohol (including possessing medications which contain alcohol, over the counter or otherwise) while on duty or driving, unless the alcohol is manifested and being transported as part of the shipment.
- (h) Testing positive for drugs or alcohol (Breath Alcohol Concentration 0.04 or greater)
- (i) Refusing to be tested for drugs and/or alcohol (as defined in this policy and under Refusal to Submit)
- (j) Failing to submit to a drug and/or alcohol test as and when directed
- (k) Failing to stay in contact with the University DER and its Medical Review Officer while awaiting the results of a drug test
- (l) Violating any applicable federal and/or state requirement governing the use of drugs and or alcohol
- (m) Doing anything to obstruct the University's goals with respect to drugs and alcohol policy.

OTHER PROHIBITED CONDUCT AND /OR RELATED NOTICES

EQUIPMENT MAY BE RANDOMLY INSPECTED for drugs or alcohol and related paraphernalia and all other contraband items. Discovery of such items will result in termination and prosecution per University policies. In addition:

DRIVERS WILL BE TERMINATED for parking at a tavern or bar with University equipment. Drivers will be terminated for drinking of any alcoholic beverage or use of controlled substance while on University property or while in possession of University equipment whether on or off duty at any location.

USE OF HEMP PRODUCTS Hemp products may contain substances which can result in a positive test for THC (whether or not such ingredients are listed on the product label). The use of such products is prohibited. The use of products containing Hemp for any reason (including "medical" or "nutritional") will not be considered a legitimate explanation for a positive drug test.

PRESCRIPTION OR OTHER USE OF MARIJUANA OR THC will not be accepted as an explanation for a positive test. The only allowable medical explanation for the presence of THC is notification (provided to the University in writing prior to use) of a valid prescription for Marinol for a DEA approved use.

USE OF ADULTERANTS, DILUTANTS, OR MASKING AGENTS the use of any substance for the purpose of masking the presence of any drug or drug metabolite in a specimen intended for drug testing is strictly prohibited. Specimen dilution, adulteration, or the use masking agents, (including but not limited to a determination by a specimen collector, laboratory, or Medical Review Officer) will be considered a "Refusal to test" and will result in disciplinary action up to and including discharge.

COMPLIANCE WITH THIS POLICY is a condition of employment. Refusal to take a required drug or alcohol test, or failure of such test(s) shall result in removal from performing safety-sensitive duties and shall, as with any other prohibited conduct, subject the individual to disciplinary action up to and including discharge

ALCOHOL PROHIBITIONS

Part 382, Subpart B, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

This alcohol prohibition includes: use while performing safety-sensitive functions; use during the 4 hours before performing safety-sensitive functions; reopening for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater; use of alcohol for up to 8 hours following an accident or until the driver undergoes a post-accident test; or refusal to take a required test.

NOTE: Per FMCSA regulation (Sec. 382.505), a driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. University policy forbids the use of alcohol on University grounds or in University vehicles.

DRUG PROHIBITIONS

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions. This drug prohibition includes: Use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a commercial motor vehicle. (The use of marijuana under California Proposition 215 or the use of any Schedule I drug under Arizona Proposition 200 is not a legitimate medical explanation. Under federal law, the use of marijuana or any Schedule I drug does not have a legitimate medical use in the United States.); testing positive for drugs; or refusing to take a required test.

University policy forbids the use of any controlled substances on University grounds or in University vehicles.

All drivers will inform the DER of any therapeutic drug use prior to performing a safety-sensitive function. He/she may be required to present written evidence from a health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks. The driver may be required to have a fitness for duty evaluation by the University physician. ***It is illegal to take any prescription medication belonging to someone else. A positive test result from a medication that was not prescribed for the donor will be reported as a positive drug test by the MRO.***

TESTS REQUIRED

At a minimum, the University is required by DOT to conduct drug and/or alcohol tests under the following conditions or times: pre-employment / pre-duty (for drugs only) random/post-accident (for drugs and alcohol) reasonable suspicion (for drugs and alcohol). Other tests may also be required under DOT's regulations or University authority. An employee of UNIVERSITY OF MICHIGAN transferring to a driving position is also subject to and must pass a urine drug test as a condition of the transfer. .

The drugs tested for are: ***Marijuana, Cocaine, Opiates, Amphetamines and PCP***. All alcohol tests conducted under this policy require the driver to provide a breath specimen for any confirmatory test conducted by, or on behalf of, the University. In the case of an initial alcohol test, The University may test the driver using either a DOT approved breath or saliva testing device. In the case of an alcohol test conducted by a federal, state, or local law enforcement officer following an accident, the driver will be required to provide either a breath or blood or other specimen, as directed by the law enforcement officer.

Except as otherwise provided by this policy, drivers required to submit to a drug and or alcohol test will submit to such testing either just before, during, or just after performing or being required to perform safety-sensitive functions.

UNIVERSITY OF MICHIGAN's policies, procedures, and requirements for each of these tests are as follows:

PRE-EMPLOYMENT/PRE-DUTY (REF 382.201)

Prior to a driver performing a safety-sensitive function, drug testing is required. Prior to an applicant being hired or transferred into a position which requires a CDL or into any other position requiring the individual to drive a CMV for any purpose on behalf of the University, a verified negative test result must be received from the MRO. Pre-employment alcohol testing is not required.

The applicant's signature on any custody and control form used with any test requested under this policy will constitute the driver's consent to be tested and authorization to release any information permitted or required by applicable Federal or State regulations or University Policy. Applicants will be required to:

- (1) Complete a Previous employment Drug & Alcohol Test Statement-
- (2) Complete the authorization for the Alcohol and/or Controlled Substance History – to be completed by previous employers from the past 3 years.
- (3) Take and pass a pre-employment controlled substance test.
- (4) Comply with any other conditions or requirements of which the applicant is advised in connection with the position.

The University will notify applicants of test results only upon written request provided by the applicant within 60 days of having notification of the University's hiring decision. Existing workers will be notified only in the event of a positive test.

POST ACCIDENT: (REF. 382.303) Drivers are to notify the dispatcher on duty and the Safety Department as soon as possible if they are involved in an accident.

For purposes of this policy, the term "accident" means an accident involving a University vehicle in which (a) there is a fatality, (b) an individual is injured because of the accident and the injuries require immediate medical treatment away from the accident scene; (c) one or more motor vehicles involved in the accident incur disabling damage and must be towed away from the accident scene by a tow truck or another vehicle, or, (d) the driver was issued a citation for a moving violation..

A drug and alcohol test must be given in any of these situations.

A test may be ordered by the University safety manager if he/she assesses the accident and deems that there may be future litigation and the post accident testing requirements do not cover the circumstances of the accident. (This will be conducted as a non-Federal test, bur mirroring the Federal test)

In order to facilitate compliance with the post-accident testing requirements:

1) Drivers must contact their immediate supervisor or another University official as soon as possible following the accident and remain readily available for testing, and,

2) Drivers who submit to drug and alcohol testing conducted by a law enforcement official must contact Annette Green (or another University official) immediately and provide the name, badge number, and telephone number of the officer who conducted the testing.

At the University's discretion, drivers who are required to submit to post-accident drug and alcohol testing may be assigned to non-safety-sensitive duties, or place on non-disciplinary suspension, while awaiting the post-accident test results.

In addition to any penalties imposed by DOT, drivers who test positive for drugs and/or alcohol, who refuse to submit to post-accident drug and alcohol testing, or who otherwise fail to comply with the University's post-accident testing procedures, will be subject to disciplinary action up to and including discharge.

If the alcohol test is not administered within 2 hours following the accident, the DER will prepare a report and maintain a record stating why the test was not administered within two hours.

If the alcohol test is not administered within 8 hours following the accident, all attempts to administer the test will cease. A report and record of why the test was not administered will be prepared and maintained.

The drug test must be administered within 32 hours of the accident. If the test could not be administered within 32 hours, all attempts to test the driver will cease.

The DER will prepare and maintain a record stating the reasons why the test was not administered within the allotted time frame.

RANDOM (REF 382.305)

UNIVERSITY OF MICHIGAN will conduct random testing for all drivers as follows: UNIVERSITY OF MICHIGAN will use a Third Party Administrator to conduct all random drawings. The TPA will use a selection process based on a scientifically valid method, prescribed by FMCSA regulations.

Allied Substance Abuse Professionals will administer the random testing program, maintaining all pertinent records on random tests administered.

The University is required by DOT regulations to test drivers for drugs and alcohol at random and without prior notice. Random tests will be conducted at a minimum annual rate of 50% for drugs and 10% for alcohol. There will be an average four random selections conducted per year, but drivers may be subject to additional random selection and testing at other times throughout the year. Selections are made on a mathematically random basis to ensure that drivers cannot be singled out by name or by any other means. Each driver in a random pool will have an equal chance of being selected from their pool during each selection period and as a result may be required to submit to a random drug and/or alcohol test more than one time per year.

Once notified that he/she has been randomly selected for testing, the driver must proceed immediately to the assigned collection site.

A driver may only be tested for drugs and alcohol while he/she is performing a safety-sensitive function, just before performing a safety-sensitive function, or just after completing a safety-sensitive function.

A driver who fails or refuses to submit to random testing immediately following notification (or who tests positive) is unqualified to perform (or continue to perform) any safety-sensitive function for the University, and is subject to immediate termination.

REASONABLE SUSPICION/FOR CAUSE (REF. 382.307, 603)

If the driver's supervisor or another University official designated to supervise drivers believes a driver is under the influence of alcohol or drugs, the driver will be required to undergo a drug and/or alcohol test.

For the purpose of requiring drug or alcohol testing, reasonable suspicion will exist when a driver's appearance, behavior, speech, breath, or body odors indicate drug or alcohol use, or chronic or withdrawal effects of drugs.

With regard to a reasonable suspicion drug test, such observations must be personally observed and documented by at least one University official who has received a minimum of 60 minutes training covering the physical, behavioral, speech, and performance indicators of probable drug use.

With regard to a reasonable suspicion alcohol test, such observations must be personally observed and documented by at least one University official who has received a minimum of 60 minutes training covering the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

With regard to alcohol, such observations must be made by the University official (and any required testing performed) just prior to, during, or just after the period of the work day that the driver is required to be in compliance with this policy. Third party observations indicative of substance abuse must be personally confirmed by a University official who has received the above training.

The driver's supervisor or another University official will immediately remove the driver from any and all safety-sensitive functions and take the driver or make arrangements for the driver to be taken to a testing facility.

The person who makes the determination that reasonable suspicion exists to conduct an alcohol test may not administer the alcohol test.

Per FMCSA regulation, reasonable suspicion alcohol testing is only authorized if the observations are made during, just preceding, or after the driver is performing a safety sensitive function.

Per FMCSA regulation, if the driver tests 0.02 or greater, but less than 0.04, for alcohol the driver will be removed from all safety-sensitive functions, including driving a commercial motor vehicle for at least 24 hours.

If an alcohol test is not administered within **two hours** following a reasonable suspicion determination, the program administrator will prepare and maintain a record stating the reasons why the test was not administered within 2 hours.

If the test was not administered within **8 hours** after a reasonable suspicion determination, all attempts to administer the test shall cease. A record of why the test was not administered must be prepared and maintained.

A written record of the observations leading to an alcohol or controlled substance reasonable suspicion test, signed by the supervisor or University official who made the observation, will be completed within 24 hours of the observed behavior or before the results of the alcohol or controlled substances test are released, whichever is first. A driver awaiting the results of a reasonable suspicion drug test will be suspended without pay; if the test result comes back negative the driver will be reinstated in accordance with University policies.

Drivers will be transported to the specimen collection site and be tested as directed (alcohol and/or drugs) as soon as possible. The University will also attempt to contact a family member (or other person designated by the driver), or make arrangements for other suitable transportation in order to transport the driver to his/her home following reasonable-suspicion testing. Once a driver has been sent for a reasonable suspicion test they cannot remove their vehicle from University property. It is the responsibility of the University to notify the local law enforcement agency if the driver fails to comply with the no driving clause of this section.

Drivers who are required to take reasonable suspicion tests are considered unqualified to work and placed on immediate suspension, without pay, pending the results of their tests. If the test results are negative and if the tested driver has fully cooperated with the testing, reimbursement will be made for the time of the suspension.

A driver who refuses to be tested or who refuses to be escorted to or from the test site, or who tests positive will be subject to immediate discharge, in addition to any penalties imposed by the DOT.

RETURN TO DUTY (REF. 382.309)

After failing an alcohol test, a driver must undergo a return-to-duty test prior to performing a safety-sensitive function. The test result must indicate a breath alcohol concentration of less than 0.02.

After testing positive for a controlled substance, a driver must undergo a return-to-duty test prior to performing a safety-sensitive function. The test must indicate a verified negative result for drug use.

The University is not obligated to (and by the inclusion of this provision in this Policy does not undertake or commit to any obligation under this Policy to) reinstate, retain and/or rehire any driver who violates any DOT or University prohibition or requirement concerning drugs or alcohol.

Should the University elect to consider reinstating or rehiring a driver who violates any DOT and/or University prohibition concerning drugs or alcohol, before he or she will be permitted to return to duty, that driver will be required to: (1) be evaluated by the University's substance abuse professional (SAP) who will determine what assistance the driver needs in resolving problems associated with alcohol misuse or controlled substances use, (2) execute the University's last chance agreement, (3) pass a DOT return-to-duty drug and/or alcohol test

Such drivers must also be further evaluated to determine their compliance with any rehabilitation program if prescribed by the SAP. In addition to the penalties imposed by the DOT, any driver who refuses to execute the University's "last-chance" agreement, who fails to fully cooperate and comply with the SAP rehabilitation program, who refuses to submit to a return to duty test, or who tests positive will be considered medically unqualified to perform a safety-sensitive function and immediately discharged.

FOLLOW-UP (REF. 382.311, 382.605 (C) (2) (II)

The University is not required to reinstate or rehire a driver who violates any DOT and/or University prohibition concerning drugs or alcohol and by the inclusion of this provision does not obligate itself to do so. Should the University elect to reinstate or rehire a driver determined by the Substance Abuse Professional to be in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances; the driver must remain in full compliance with the provisions of e above and must meet all other requirements of the position, and will be subject to a minimum of 6 unannounced follow-up tests over the 12 months after returning to duty. At the direction of the SAP, the driver may be required to submit to further unannounced testing for up to four additional years.

In addition to any penalties imposed by the DOT, a driver who refuses to be tested (as defined in Section B-8 or elsewhere in this policy) or fails to successfully continue or complete any rehabilitation program prescribed by the SAP, or who tests positive will be considered medically unqualified to perform a safety-sensitive function, immediately suspended without pay, and subject to University discipline, up to and including discharge.

Refusal to Submit According to Sec. 382.211, a driver may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test required by the regulations. A driver who refuses to submit to such tests may not perform or continue to perform safety-sensitive functions and must be evaluated by a substance abuse professional as if the driver tested positive for drugs or failed an alcohol test.

Refusal to submit includes failing to provide adequate breath or urine sample for alcohol or drug testing and any conduct that obstructs the testing process. This includes adulteration or substitution of a urine sample.

ALCOHOL TESTING PROCEDURES

Alcohol testing will be conducted at a facility that is certified to perform alcohol tests (in accordance with the Federal Motor Carrier Safety Regulations) by a qualified breath alcohol technician (BAT) or screening test technician (STT), according to 49 CFR Part 40 procedures. Only products on the conforming products list (approved by the National Highway Traffic Safety Administration (NHTSA) and Part 40 requirements will be utilized for testing under this policy.

The testing will be performed in a private setting. Only authorized personnel will have access, and are the only individuals who can see or hear the test results.

When the driver arrives at the testing site, the BAT/STT will ask for identification. This identification must be a valid photo identification issued by the State of Residence. The driver may ask the BAT/STT for identification.

The BAT/STT will then explain the testing procedure to the driver. The BAT/STT may only supervise one test at a time, and may not leave the testing site while the test is in progress.

A screening test is performed first. When a breath testing device is used, the mouthpiece of the breath testing device must be sealed before use, and opened in the driver's presence. Then the mouthpiece is inserted into the breath testing device.

The driver must blow forcefully into the mouthpiece of the testing device for at least 6 seconds or until an adequate amount of breath has been obtained.

Once the test is completed, the BAT/STT must show the driver the results.

- If the reading is less than 0.02, both the driver and the BAT/STT must sign and date the result form. The form will then be confidentially forwarded to the University's designated employer representative (DER).
- If the reading is 0.02 or more, a confirmation test must be performed.

The confirmation test must be performed after 15 minutes have elapsed, but within 30 minutes of the first test. The BAT/STT will ask the driver not to eat, drink, belch, or put anything into his/her mouth. These steps are intended to prevent the buildup of mouth alcohol, which could lead to an artificially high result.

After conducting the alcohol confirmation test, the BAT/STT must show the driver the results.

If the employee has a breath alcohol confirmation test result of 0.02 or higher the BAT/STT will notify the DER immediately and instruct the driver that they may not drive any vehicle. That the DER or employee's supervisor will arrange for transportation for them.

*If the results of the confirmation test and screening test are not the same the confirmation test will be used.

*Refusal to complete and sign the alcohol testing form or refusal to provide breath or saliva will be considered a failed test, and the driver will be removed from all safety-sensitive functions until the matter is resolved.

DRUG TESTING PROCEDURES

Drug testing will be conducted at a facility that is certified to perform controlled substance tests (in accordance with the Federal Motor Carrier Safety Regulations) by a qualified technician. Specimen collection will be conducted in accordance with 49 CFR Part 40 and any applicable state law. The collection procedures have been designed to ensure the security and integrity of the specimen provided by each driver. The procedures will strictly follow federal chain of custody guidelines.

To protect drivers, the integrity of testing processes, and to ensure the validity of the test results, DOT has established stringent regulations to which the University will adhere. DOT's requirements include procedures covering: specimen collection processes; chain-of-custody for specimens, initial and confirmation tests, review of positive test results by a Medical Review Officer (MRO); reporting and recordkeeping.

SPECIMEN COLLECTION AND CHAIN-OF-CUSTODY (REF. 40.23, 25, 51-83)

For both alcohol and drug testing, specimen donors must report for testing immediately following notification. A DOT required custody and control form will be utilized. Specimen donors will receive a copy of the applicable custody and control forms at the time specimens are provided. The collection site person is responsible for maintaining the integrity of the specimen collection and transfer process, ensuring modesty and privacy of the specimen donor, and avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.

DRUG TESTING: Failure of the specimen donor to remain at the collection site or to provide an adequate specimen within 3 hours of the first unsuccessful attempt will be considered a refusal to submit to testing. The collection site person shall have successfully completed training to carry out this function or shall be a licensed medical professional or technician who is provided instructions for the specimen collection and certifies its completion in accordance with 49 CFR 40.23

A collection kit meeting the requirements of Part 40, Appendix A must be used for the drug test.

The collection of specimen must be conducted in a suitable location and must contain all necessary personnel, materials, equipment, facilities, and supervision to provide for collection, security, and temporary storage and transportation of the specimen to a certified laboratory.

When the driver arrives at the collection site, the collection site employee will ask for identification. The driver may ask the collection site person for identification.

The driver will be asked to remove all unnecessary outer garments (coat, jacket) and secure all personal belongings. The driver may keep his/her wallet.

The driver will then washes and dry his/her hands. After washing hands, the driver must remain in the presence of the collection site person and may not have access to fountains, faucets, soap dispensers, or other materials that could adulterate the specimen.

The collection site person will select, or allow the driver to select, an individually wrapped or sealed container from the collection kit materials. Either the collection site person or the driver, with both individuals present, must unwrap or break the seal of the collection container. The seal on the specimen bottle may not be broken at this time. Only the collection container may be taken into the room used for urination.

The driver is then instructed to provide his/her specimen in a room that allows for privacy.

The specimen must consist of at least 45 ml of urine. Within 4 minutes after obtaining the specimen, the collection site person will measure its temperature. The acceptable temperature range is 90 to 100 degrees Fahrenheit. If the specimen temperature is outside the acceptable range, the collector must note this on the CCF and must immediately conduct a new collection using direct observation procedures outlined in Sec. 40.67. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.

The collection site person will also inspect the specimen for color and look for signs of contamination or tampering. If there are signs of contamination or tampering, the collector must immediately conduct a new collection using direct observation procedures outlines in Sec. 40.67. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.

The 45ml sample provided must be split into a primary specimen of 30 ml and a second specimen (used as the split) of 15 ml. The collection site person must place and secure the lids on the bottles, place tamper-evident bottle seals over the lids and down the sides of the bottles, and write the date on the tamper-evident seals. The driver then initials the tamper-evident bottle seals to certify that the bottles contain specimens he/she provided. All of this must be done in front of the driver.

All identifying information must be entered on the CCF by the collection site person.

The CCF must be signed by the collection site person, certifying collection was accomplished in accordance with the instructions provided. The driver must also sign this form indicating the specimen was his/hers.

The collector is responsible for placing and securing the specimen bottles and a copy of the CCF into an appropriate pouch or plastic bag.

At this point, the driver may leave the collection site.

The collection site must forward the specimens to the lab as quickly as possible, within 24 hours or during the next business day.

Initial testing will utilize an immunoassay screen to eliminate "negative" urine specimens from further consideration. Specimens will also be screened for adulterants, dilutants, and masking agents. An initial lab positive result will be followed by gas chromatography, mass spectrometry (GC/MS) to ensure reliability and accuracy of the lab result prior to review by the MRO.

In general, drivers will be permitted to give a urine specimen in privacy and without being observed by the collection site personnel. A driver forfeits this right if there is reason to believe that he/she may alter or substitute a specimen. In the event that an observed collection is required, the observer will be an individual of the same gender as the driver. The driver's direct supervisor is not permitted to serve as a urine specimen collector fir a drug test unless it is impracticable for another person to perform this function (ref. 49 CFR 40.25, 40.29, 40.31)

ALCOHOL TESTING:

The specimen shall be collected only by a Breath Alcohol Technician (BAT) or by a Screening Test Technician (STT) trained to proficiency in the operation of the DOT approved evidential breath testing (EBT) or screening test device (STD) used for the test. Positive tests must be confirmed by EBT.

INITIAL, CONFIRMATION, AND SPLIT TESTING

Alcohol: For an initial alcohol test, the University may test the driver using either a DOT approved saliva testing device, a non-evidentiary breath testing device, or an evidential breath testing (EBT) device. An initial alcohol test with result of 0.02 or greater will be followed by a confirmation test using an EBT. A post-accident alcohol test conducted by a Federal, State, or local law enforcement officer will utilize whatever specimens and testing devices have been approved for such use by the relevant authority. (ref. 49 CFR 40.3, 40.63, 40.65)

LABORATORY ANALYSIS: As required by FMCSA regulations, only a laboratory certified by the Department of Health and Human Services /SAMHSA, to perform urinalysis for the presence of controlled substances will be retained by UNIVERSITY OF MICHIGAN... The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance, and scientific analytical methodologies. All specimens are required to undergo an initial screen followed by confirmation of all positive screen results. Alere Laboratories is the primary lab for this University.

REPORTING, RECORDKEEPING, AND CONFIDENTIALITY (REF. 382.405) The results of all alcohol and controlled substances tests will be considered confidential and will be maintained in a secure location with controlled access. In accordance with DOT regulations, the University will provide access to facilities, property, and records to DOT agency representatives and to other officials involved in any action that arises by or on behalf of the employee. Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances.

The University is required to provide information about test results (including refusals to submit to testing) when authorized by the driver in writing, or as may otherwise be required by Federal, or State law. Additionally, as one condition of being hired by the University, the driver will be required to provide the University with written authorization to obtain past test results from other companies for which the driver worked within the previous 24 months. (ref. 382.413)

RESULTS: According to FMCSA regulation, the laboratory must report all test results directly to UNIVERSITY OF MICHIGAN'S Medical Review Officer (MRO), A. Malik Qavi, D.O. All test results must be transmitted to the "MRO" in a timely manner, preferably the same day that the review by the certifying scientist is completed. All results must be reported.

The MRO is responsible for reviewing and interpreting all confirmed positive, adulterated, substituted, or invalid drug test results. The MRO must determine whether alternate medical explanations could account for the test results. The MRO must also give the driver who has a positive, adulterated, substituted, or invalid drug test an opportunity to discuss the results prior to making a final determination. After the decision is made, the MRO must notify the DER.

If the MRO, after making and documenting all reasonable efforts, is unable to contact a tested driver, the MRO shall contact the DER instructing him/her to contact the driver. The DER will arrange for the driver to contact the MRO before going on duty.

Once notified of a required drug test, the driver must remain available for contact by the University and is required to make contact with the University at least daily. Failure to do either shall be cause for disciplinary action up to and including discharge.

In the event the primary specimen is verified as positive, the driver will be notified by the University's MRO of the positive test and be given the option to have the secondary specimen bottle sent to a different laboratory for analysis. To exercise this option, the driver must advise the University's MRO within 72 hours of being told that the primary specimen was positive. Pending the outcome of the retest, the driver will be considered unqualified to work in any safety-sensitive position for the University.

Except as otherwise prohibited by an applicable state law, a driver who elects to have his/her secondary specimen tested will be required to pay for the testing of that specimen.

The MRO may verify a positive, adulterated, substituted, or invalid drug test without having communicated with the driver about the test results if:

- the driver expressly declines the opportunity to discuss the results of the test;
- neither the MRO or DER has been able to make contact with the driver for 5 days; or
- within 72 hours after a documented contact by the DER instructing the driver to contact the MRO, the driver has not done so.

Except for the use of methadone, marijuana, and medications containing alcohol, nothing in this policy prohibits a driver's use of a medication legally prescribed (for a DEA approved use) by a licensed physician: (i) who is familiar with the driver's medical history and specific safety-sensitive duties, and (ii) who has advised the driver that the prescribed medication will not adversely affect the driver's ability to operate a motor vehicle safely or to perform his/her duties safely. Medications prescribed for someone other than the driver, or which contain alcohol, will not be considered lawfully used when taken by a driver under any circumstances. (ref. 49 CFR 40.33)

Use of products containing any form of hemp or marijuana will not be considered a legitimate medical explanation for positive tests. The presence (as determined by the Medical Review Officer) of adulterants, dilutants, or masking agents in any specimen will be reported to the University and will be considered a "refusal to test".

SPLIT SAMPLE: As required by FMCSA regulations, the MRO must notify each driver who has a positive, adulterated, substituted, or invalid drug test result that he/she has 72 hours to request the test of the split specimen. If the driver requests the testing of the split, the MRO must direct (in writing) the lab to provide the split specimen to another certified laboratory for analysis. The University will pay for the testing of the split specimen.

If the analysis of the split specimen fails to reconfirm the results of the primary specimen, or if the split specimen is unavailable, inadequate for testing, or unstable, the MRO must cancel the test and report the cancellation and the reasons for it to the DER and the driver.

SPECIMEN RETENTION: Long term frozen storage will ensure that positive urine specimens will be available for any necessary retest. UNIVERSITY OF MICHIGAN's designated drug testing laboratory will retain all confirmed positive specimens for at least 1 year in the original labeled specimen bottle.

CONFIDENTIALITY /RECORDKEEPING All driver alcohol and controlled substance test records are considered confidential (Sec. 382.401). For the purpose of this policy/procedure, confidential recordkeeping is defined as records maintained in a secure manner, under lock and key, accessible only to the program administrator.

Driver alcohol and controlled substance test records will only be released in the following situations:

- to the driver, upon his/her written request;
- upon request of a DOT agency with regulatory authority over UNIVERSITY OF MICHIGAN
- upon request of state or local officials with regulatory authority over UNIVERSITY OF MICHIGAN
- upon request by the United States Secretary of Transportation;
- upon request by the National Transportation Safety Board (NTSB) as part of an accident investigation;
- upon request by subsequent employers upon receipt of a written request by a covered driver;
- in a lawsuit, grievance, or other proceeding if it was initiated by or on behalf of the complainant and arising from results of the tests; or
- upon written consent by the driver authorizing the release to a specified individual.

All records will be retained for the time period required in Sec. 382.401.

Driver Assistance

Driver Education and Training (Sec. 382.601): All drivers will be given information regarding the requirements of Part 382 and this policy by their supervisor. All drivers will be given our University handbook that provides all of the materials and information required to be in compliance with all Federal Motor Carrier Safety Regulations. In addition a copy of this policy, along with the required training program will be provided to each driver during the orientation process.

The DER will supervise and/or conduct the training and it will cover all forms of required testing, the regulations, the effects of alcohol and controlled substances on the body, University policies regarding alcohol and controlled substances, the names, addresses and telephone numbers of the substance abuse

program manager, the laboratory, the medical review officer, the third party administrator, various counseling hotlines, and the substance abuse professional.

Supervisor Training: According to FMCSA regulation, all employees of UNIVERSITY OF MICHIGAN designated to supervise drivers will receive training on this program. The training will include at least 60 minutes on alcohol misuse and 60 minutes on drug use. The training content will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and drug use. The training allows supervisors to determine reasonable suspicion that a driver is under the influence of alcohol or drugs.

The Supervisor go through the same training as the drivers, with additional training being performed on how to spot individuals that may fall under the reasonable suspicion testing requirements.

Referral, Evaluation, and Treatment (Sec. 382.605): According to FMCSA regulation, a list of substance abuse professionals will be provided to all drivers who fail an alcohol test or test positive for drugs.

The alcohol and drug program administrator will be responsible for designating the appropriate DOT certified substance abuse professional (SAP) who will diagnose the problem and recommend treatment. A list of DOT Certified SAP's will be given to the driver by the DER.

The driver will be responsible for payment of the evaluation by the SAP and any treatment required.

According to FMCSA regulations, prior to returning to duty a driver must be evaluated by a SAP and must complete the treatment recommended by the SAP. Successful completion of a return to duty test and all follow-up tests is mandatory. A driver who fails to complete an evaluation by the SAP, treatment recommended by the SAP, a return to duty test or a follow-up test cannot return to any University to perform a safety sensitive function until these provisions have been met.

TRAINING MATERIALS

ALCOHOL

Alcohol is the most widely abused of all drugs and belongs to the class of drugs known as depressants. Depressants affect the central nervous system; lowering down mental functions, depressing the pulse rate, blood pressure, respiration, and other bodily functions. 60% of all automobile accident fatalities involve alcohol. (Source: DMV)

Alcoholism is a progressive disease which typically passes through four symptoms: craving: a strong need, or compulsion, to drink. Loss of control: inability to limit one's drinking on any given occasion. Physical dependence: withdrawal symptoms as nausea, sweating, shakiness, and anxiety occur when alcohol is stopped after a period of heavy drinking. Tolerance: the need to drink greater amounts of alcohol in order to "get high". (Source: U.S. Dept. of Health & Human Services Admin. 09/04/02)

Approximately 14 million Americans, 7.4% of the population, meet the diagnostic criteria for alcohol abuse. (Gran ET al.1994) More than ½ of American adults have a close family member who has alcoholism. (Dawson and Grant 1998)

SIGNS AND SYMPTOMS

Typical Sources: Beer, Wine, Hard liquors

Physical Symptoms: Odor on breath, slurred speech, very bloodshot/very watery eyes, poor balance/coordination, sleepy or stuporous condition gaze nystagmus (spasmodic movement of eyes) possibly constricted pupils, greatly impaired driving ability, impaired judgment, inability to divide attention, lowered inhibitions, changes in sleep patterns.

Behavioral Symptoms: excessive use of mouthwash or mints to cover odor of alcohol; focus on alcohol related activities, hidden drinking, morning drinking, drinking before attending an activity that includes drinking, drinking instead of eating, chronic, unjustifiable problems with family, employer, other drivers, excessive irritability and impatience, extreme change in personality.

PERSONAL HEALTH, SAFETY, AND WORK ENVIRONMENT

The annual alcohol related death toll includes, 35,000 auto accident deaths, 15,000 in non-highway deaths, 40,000 deaths due to liver and brain disease or suicide, 125,000 in other alcohol related conditions/accidents. Two thirds of all homicides are committed by people who drink prior to the crime. Two to three percent of the drivers on the highway are legally drunk on a typical workday, and four to six percent on nights and weekends. (NIDA 2002)

General Health Effects: reduced coordination and reflex action, impaired vision and judgment, depressed genital reflexes and increased sexual dysfunction/impotency (in spite of reduced inhibitions) vitamin/mineral deficiencies resulting from improper diet, increased risk of miscarriage/ premature birth/ birth defects, ruptured veins, high blood pressure, damage to stomach, pancreas, brain cells, esophagus, liver, increased danger of auto/boating accidents, slips/ trips/ falls, fire, drowning, or becoming a victim of violence, crime, murder.

Safety and the Work Environment: Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body (increasing with each additional drink) and resulting in an accident rate of up to 6 times the rate for an unimpaired individual. It takes an average person (150 pounds) about an hour to process one serving of an alcoholic beverage from the body.

Overdose Effects: unconsciousness, amnesia, blackouts, impotency, coma, death

Withdrawal Syndrome: Alcohol withdrawal can be fatal. Symptoms include: sleep disturbance, sweating and tremors, convulsions, coma, heart failure. The alcoholic requires professional medical attention during withdrawal.

WORKPLACE TRENDS: Employed drug abusers cost their employers about twice as much in medical and worker's compensation claims as their drug- free coworkers. Monthly drug use among workers decreased from 17% in 1985 to 7% in 1992. (NIDA 06/03)

MARIJUANA

Marijuana use is very common; about one third of all adult Americans have tried the drug. In the 1985 National Household Survey on Drug Abuse (NIDA, 1986b) about 10 percent of Americans over the age of 12 reported that they had used the drug within the month prior to their interviews. Among those young adults who have tried marijuana, 39 percent of males and 24 percent of females report using it more than 100 times. Regardless of any state or local statutes permitting the use of marijuana or THC, such use (including a prescription by a licensed physician) violates Federal statutes.

Passive inhalation of marijuana smoke does occur and can result in detectable levels of THC in urine. Clinical studies have shown, however, that it is highly unlikely that a nonsmoking individual could unknowingly inhale sufficient smoke by passive inhalation to result in a high enough drug concentration in urine for detection at the cutoff level currently used in the Federal program.

SIGNS AND SYMPTOMS

Evidence of Presence: plastic bags, smoking papers, roach clip holder, small pipes of bone, brass, or glass, smoking bongs, distinctive odor (like burning rope).

Physical Symptoms: reddened eyes (often masked by eye drops); stained fingertips from holding "joints" particularly for non-smokers, chronic fatigue, irritating cough, chronic sore throat, accelerated heart beat, slowed speech, impaired motor coordination, altered perceptions, increased appetite.

Behavioral Symptoms: impaired memory, time-space distortion, feeling of euphoria, panic reactions, paranoia, "I don't care attitude; false sense of power.

PERSONAL HEALTH, SAFETY, AND WORK ENVIRONMENT

Marijuana produces a pleasant euphoria or "high" commonly followed by drowsiness. Intoxication temporarily impairs concentration, learning, and perceptual-motor skills. Thus, for at least 4-6 hours after a dose of marijuana, drivers function with reduced abilities. Preliminary studies suggest that performance is impaired long after the acute subjective effects have ended. Experienced pilots in a flight simulator were impaired for at least 24 hours after a dose, long after the subjective high had disappeared. Functional impairments are less well understood in cases of prolonged, heavy marijuana use, because although THC accumulates in the body, behavioral and physiological tolerance also develops.

General Health Effects: Chronic marijuana smoking causes emphysema-like conditions. One "joint" is the cancer causing equivalent of 1/2 to a full pack of tobacco cigarettes. Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections. Chronic marijuana smoking causes changes in brain cells and brain waves. Long-term brain damage is likely to occur. The active chemical, THC, and 60 other chemicals in marijuana tend to concentrate in the ovaries and testes. Chronic smoking of marijuana in males causes a decrease in the male sex hormone and an increase in the female sex hormone, which can lead to female sex characteristics including breast development. Chronic smoking of marijuana in females causes a decrease in fertility and an increase in male hormones. THC has been linked with malformations of the brain, spinal cord, forelimbs, liver, and spine, and visual problems.

Safety and the Work Environment: Regular use can cause: delayed decision making, diminished concentration, impaired short term memory, impaired signal detection (ability to detect a flash of light)

impaired tracking (the ability to follow moving objects with the eyes) and visual distance measurements. The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle (or any other safety-sensitive work) very dangerous.

Overdose Effects: Aggressive urges, anxiety, confusion, fearfulness, hallucinations, heavy sedation, immobility, mental dependency, panic, paranoia, unpleasant/distorted body image.

Withdrawal Syndrome: Sleep disturbance, hyperactivity, decreased appetite, irritability, gastrointestinal distress, salivation, sweating and tremors.

COCAINE

Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride ("snorting coke") is a white to creamy granular or lumpy powder (chopped fine before use). Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.

Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.

Cocaine first produces psychomotor and autonomic stimulation, with a euphoric subjective "high". Larger doses may induce mental confusion or paranoid delusions, and serious overdoses cause seizures, respiratory depression, cardiac arrhythmia, and death.

Cocaine abusers, even if they do not use at work, often report vocational impairment due to exhaustion; they use the drug until late at night. Among chronic users, exhaustion, lethargy, and mental depression appear, and the stimulant effect may seem progressively weaker. But the drug is highly reinforcing; repeated experiences with it tend to drive further episodes of self-administration. Many patients say that although the drug no longer produces much "high" they are unable to abstain.

SIGNS AND SYMPTOMS

Evidence of Presence: small folded envelopes, plastic bags, or vials used to store cocaine; razor blades, cut-off drinking straws or rolled bills for snorting; small spoons, heating apparatus.

Physical Symptoms: dilated pupils, runny or irritated nose, dry mouth, tremors, needle tracks, loss of appetite, hyper excitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).

Behavioral Symptoms: increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences, wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

PERSONAL HEALTH, SAFETY AND THE WORK ENVIRONMENT

General Health Effects: may upset chemical balance of the brain, speed up the aging process, cause irreparable damage to critical nerve cells, causes the heart to beat faster and harder and rapidly increases blood pressure, causes spasms of blood vessels in the brain and heart leading to strokes and heart attacks. Cocaine causes the strongest mental dependency of any known drug. Treatment success rates are lower than

those of other chemical dependencies. Cocaine is extremely dangerous when taken with depressant drugs. Medical intervention for overdoses in such cases usually proves ineffective.

Safety and the Work Environment: Regular use can cause the following effects: Paranoia and hallucinations. Hyper excitability and overreaction to stimulus. Difficulty in concentration. Wide mood swings. Withdrawal leads to depression and disorientation. Cocaine use results in an artificial sense of power and control which leads to a sense of invincibility.

Lapses in attention and the ignoring of warning signals greatly increase potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions.

The cost of maintaining cocaine dependency frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Overdose Effects: agitation, increase in body temperatures, hallucinations, convulsions, death

Withdrawal Syndrome: apathy, long periods of sleep, depression, irritability, disorientation.

AMPHETAMINES / METHAMPHETAMINES

In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms including pill, capsule, tablet, (ingested) powder, (snorted) and liquid, (injected). Amphetamine ("speed") is sold in counterfeit capsules or as a white, flat, double scored "mini bennies". Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or plastic bags.

These synthetic drugs are much less widely abused than cocaine or marijuana. The stimulant effects of amphetamine and methamphetamine are similar to those of cocaine, but last longer. A single therapeutic dose enhances attention and performance, but performance deteriorates as the effects wear off, or with repeated dosing.

These stimulant drugs are useful in treating narcolepsy and attention-deficit-disorder, and are sometimes prescribed for depression which has not responded to other treatments. The drugs cause anorexia, but tolerance quickly develops, limiting their merit for treating obesity. Because of the abuse risk, medical boards in several jurisdictions have formally determined that it is inappropriate to treat obesity with these drugs for more than a few weeks. However, a tested individual producing a confirmed positive should be carefully queried about prescribed medications.

SIGNS AND SYMPTOMS

Evidence of Presence: Most frequently: pills, capsules, tablets, envelopes, bags, vials for storing. Less frequently: syringes, needles, tourniquets.

Physical Symptoms: dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).

Behavioral Symptoms: confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of power and confidence, "amphetamine psychosis" which might result from extended use.

PERSONAL HEALTH, SAFETY, AND THE WORK ENVIRONMENT

General Health Effects: "Amphetamine psychosis" resembling schizophrenia, users may see, hear, and feel things that do not exist (hallucinations), have irrational thoughts of beliefs (delusions), and feel as though people are out to get them (paranoia). Regular use produces strong psychological dependence and increasing tolerance to the drug. The euphoria increases impulsive and risk taking behavior, such as bizarre and violent acts. Intoxication may induce a heart attack or stroke due to the spiking of the blood pressure. Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels. Lack of sleep, weight loss, and depression also result from regular use. Users who inject drugs can get serious and life-threatening infections, lung or heart disease, and/or kidney damage.

Safety and the Work Environment: Regular use can cause: restlessness, anxiety, moodiness, false sense of power. Extended use can cause; hallucinations, delusions, paranoia, brain damage.

A false sense of alertness can result in risky driving behavior and increased accidents.

Drivers who fail to get sufficient rest may use the drug to increase alertness and become dependent.

While limited doses cause short term mental/physical improvement, greater use impairs functioning.

Amphetamine hangover effects are a danger in safety-sensitive positions.

Overdose Effects: agitation, hallucinations, convulsions, death, increase in body temperature.

Withdrawal Syndrome: apathy, long periods of sleep, depression, disorientation, irritability.

OPIATES/ OPIOIDS: MORPHINE/CODEINE/HEROIN/OTHERS

Natural and natural derivatives include: opium, codeine, and heroin (semi-synthetic). Synthetics include: meperidine (Demerol) oxycodone (Numorphan). Opiates may be taken in pill form, smoked, or injected, depending on the type of narcotic used.

Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders.

Since the body metabolizes codeine to morphine, both substances may occur in urine following the use of codeine. Poppy seeds contain trace amounts of morphine and codeine, so a driver who consumes poppy seed rolls may produce urine positives for morphine (with or without codeine). The cut off levels were raised to eliminate this however. The MRO MUST find that a urine containing morphine, or morphine and codeine, does not demonstrate drug abuse unless other signs also are present; needle tracks or signs of intoxication or withdrawal...moderate, non lethal, "flu"-like abstinence syndrome with nausea, diarrhea, coryza, occasional vomiting, weakness, malaise, gooseflesh, and mydriasis.

However, the metabolite 6-monoacetylmorphine in the urine comes only from heroin; this compound confirms illicit drug use.

SIGNS AND SYMPTOMS

Evidence of Presence: needles: syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug). Foil, glassine envelopes, or paper bindles (packets for holding drugs) balloons or prophylactics used to hold heroin, bloody tissues used to wipe the injection site, and a pile of burned matches used to heat the drug prior to injection.

Physical Symptoms: constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or "tracks", wearing long sleeves to cover "tracks", loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.

Behavioral Symptoms: mood swings, impaired coordination, depression, apathy, stupor, and euphoria

PERSONAL HEALTH, SAFETY, AND THE WORK ENVIRONMENT

General Health Effects: Intravenous needle users have a high risk for contacting hepatitis and AIDS due to sharing of needles. Because opiates increases tolerance to pain. Individuals may under-estimate the extent of injuries, leading to failure to seek medical attention after an accident. Because the effects of opiates are multiplied when used in combination with other depressant drugs and alcohol, overdoses are more likely.

Safety and the Work Environment: Regular use can cause the following effects. Depression, apathy, wide mood swings, slowed movement, slower reflexes, high physical/ psychological dependence. The apathy caused by opiates results in an "I don't really care" attitude towards performance. Physical effects, depression, fatigue, and slowed reflexes raise the potential for accidents.

Overdose Effects: Slow / shallow breathing, clammy skin, convulsions, coma, and death

Withdrawal Syndrome: watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, sweating.

PCP

PCP is not used in medicine and does not occur in nature. PCP's use as a human anesthetic was discontinued because it produced psychotic reactions, and its more prolonged use as a veterinary tranquilizing agent has also stopped. Thus, the drug has no therapeutic role, and is strictly illegal.

It is commonly sold a creamy, granular powder (brown or white) and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet or liquid form. It is sometimes smoked in marijuana, tobacco, or other leafy materials.

The behavioral reinforcement is striking, considering the drug's pronounced adverse effects. The psychosis which sometimes develops with intoxication may be long-lasting, and there are suggestions of personally and cognitive changes persisting for months after chronic use.

Its toxicity has given it a bad reputation even among drug users. It remains a popular drug of abuse in some cities, notably Washington, DC, Los Angeles, Ca. and Baltimore, MD.

SIGNS AND SYMPTOMS

Evidence of Presence: foil or paper packets, stamps (off which PCP is licked) injection paraphernalia (needles, syringes, and tourniquets) leafy herbs (for smoking).

Physical Symptoms: dilated or floating pupils, blurred vision, nystagmus (jerky eye movements), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired coordination, severe disorientation, rapid heartbeat

Behavioral Symptoms: anxiety, panic/ fear/ terror, aggressive / violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

PERSONAL HEALTH, SAFETY, AND THE WORK ENVIRONMENT

General Health Effects: There are 4 phases of PCP abuse.

Phase 1: Acute toxicity: can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perceptions are common.

Phase 2: Toxic Psychosis: while this phase does not always follow the first, users may experience visual and auditory delusions, paranoia, and agitation.

Phase 3: Drug induced schizophrenia: may last a month or longer

Phase 4: Drug induced depression: suicidal tendencies and mental dysfunction can last for months.

Safety and the Work Environment: Regular use can cause the following effects. Irreversible memory loss, personality changes, thought disorders, hallucinations, extreme mental / anesthetic effects create high potential for accidents and for overdose emergencies, because the effects are aggravated by other depressant drugs such as alcohol, overdose potential is high. PCP induced hallucinations may be misdiagnosed as LSD induced. The standard treatment for LSD induced hallucinations is Thorazine, which when administered with PCP can be fatal. Distortions in perception and potential visual and auditory delusions make performance unpredictable and dangerous in safety-sensitive positions. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous in any safety sensitive position.

Overdose effects: longer, more intense "trip" episodes, psychosis, and coma death

Withdrawal syndrome: none reported

Certification of Receipt of University Substance Abuse Policy

Revised and updated June, 2020

I certify that I have received a copy of the UNIVERSITY OF MICHIGAN Substance Abuse Policy and other educational and training materials which the University is required to provide in accordance with 49 CFR 382.601 and that I have a record of the Name, Address, and Phone Number of the University's current Substance Abuse Program Manager (DER).

Furthermore, I agree that I am responsible for reading, understanding and obeying all current University policies and DOT regulations regarding alcohol and drug use testing and all future changes in or additions to those policies and regulations as they may be adopted by the University.

I further understand and agree that I will be subject to disciplinary action up to and including termination, solely at the option of the University, and other liability for violating DOT regulations and/or University policies. I understand that in the event of a positive test, I am responsible to follow up with the SAP in order to return to work in a safety sensitive position here or any where in the United States.

Prior to signing this Receipt, I have read it carefully and any questions I had regarding the above materials and/or this form have been answered to my satisfaction.

Signature: _____ Date: _____

Print Name: _____

Supervisor/Witness's Signature: _____