

IMPORTANT NOTICE

Your Classification/Position is Subject to Random Drug/Alcohol Testing,

pursuant to the following Rules and you are subject to the requirements in the attached policy.

The attached policy applies to both DOT (Dept. of Transportation/Commercial Drivers) regulated positions **AND it ALSO applies to certain classifications/positions at Sutter County deemed to be “Safety Sensitive” positions that are NOT Commercial Drivers.** (The same policy applies to both DOT and Non-DOT positions.) In addition, the County’s *Alcohol and Drug Abuse Policy* also applies to **ALL employees**, including your classification (included in your New Hire packet and the Personnel Rules and Regulations Section 24).

Sutter County Personnel Rules and Regulations Section 24:

24.9 Testing Pursuant to U. S. Department of Transportation Regulations – General, Supervisory, Professional and Management Units

Employees who operate “Commercial Motor Vehicles”, as defined by the U. S. Department of Transportation Regulations implementing the Federal Omnibus Transportation Employee Testing Act of 1991, shall be subject to drug and alcohol testing in accordance with the provisions of those regulations and the County policy developed in response to those regulations. The County shall determine which employees are covered by the regulations and County policy and shall inform those employees of their rights and responsibilities thereunder.

Any employee who violates one or more of the prohibitions outlined in the regulations and County policy may be subject to discipline, up to and including termination. However, an employee removed from work as a result of violating one or more of the prohibitions shall be placed on Leave of Absence With Pay pursuant to subsection 14.16 of the Sutter County Rules Governing Employee Compensation, Benefits and Working Conditions until they return to work pursuant to the regulations and County policy or discipline is imposed which would remove them from a paid status. The cost of all drug and alcohol testing and the cost of the services of a Substance Abuse Professional required pursuant to the regulations and County policy shall be paid by the County. The cost of any rehabilitation program the employee may be required to undergo upon a determination of a Substance Abuse Professional shall be paid by the affected employee.

(Amended 03/01/11, General, Supervisory and Professional Units MOU)

(Amended 04/19/11, Resolution 11-037, Management Unit)

24.10 Testing of Employees Not Covered by U.S. Department of Transportation Regulations

A. General, Supervisory, Professional and Management Units

Effective July 1, 2000, the County of Sutter Drug and Alcohol Policy Pursuant to the Department of Transportation **(DOT) Regulations shall apply to all regular and hourly employees in classifications that contain “safety-sensitive function(s)” who are not covered by the DOT regulations as required by law.** A listing of classifications that contain “safety-sensitive function(s)” is available at the Personnel (HR) Department and on the intranet (also attached). Employees subject to testing will be provided a copy of the policy.

Employees in classifications that contain “safety-sensitive function(s)” shall be covered regardless of driving and/or licensing requirement(s). “Safety sensitive function” shall be defined as follows:

- Operating a vehicle or power driven equipment.
- Handling hazardous or controlled substances.
- Carrying a firearm.
- Working in an environment that is inherently dangerous as defined by the department head.

The County shall inform those employees of their rights and responsibilities thereunder. Any employee who violates one or more of the prohibitions outlined in the regulations and County policy may be subject to discipline, up to and including termination. However, an employee removed from work as a result of violating one or more of the prohibitions shall be placed on Leave of Absence With Pay pursuant to subsection 14.16 of the Sutter County Rules Governing Employee Compensation, Benefits and Working Conditions until they return to work pursuant to the regulations and County policy or discipline is imposed which would remove them from a paid status. The cost of all drug and alcohol testing and the cost of the services of a Substance Abuse Professional required pursuant to the regulations and County policy shall be paid by the County. The cost of any rehabilitation program the employee may be required to undergo upon a determination of a Substance Abuse Professional shall be paid by the affected employee.

(Amended 03/01/11, General, Supervisory and Professional Units MOU)

(Amended 04/19/11, Resolution 11-037, Management Unit)

B. Drug and Alcohol Testing - Fire Safety Unit

Effective January 3, 1998, the County of Sutter Drug and Alcohol Policy Pursuant to the Department of Transportation Regulations shall apply to all employees in the Fire Safety Unit. All employees shall be covered regardless of driving and/or licensing requirement(s). For purposes of the Fire Safety Unit "safety sensitive function" shall be defined as any and all time worked. The County shall inform those employees of their rights and responsibilities thereunder. Any employee who violates one or more of the prohibitions outlined in the regulations and County policy may be subject to discipline, up to and including termination. However, an employee removed from work as a result of violating one or more of the prohibitions shall be placed on Leave of Absence With Pay pursuant to subsection 14.16 of the Sutter County Rules Governing Employee Compensation, Benefits and Working Conditions until they return to work pursuant to the regulations and County policy or discipline is imposed which would remove them from a paid status. The cost of all drug and alcohol testing and the cost of the services of a Substance Abuse Professional required pursuant to the regulations and County policy shall be paid by the County. The cost of any rehabilitation program the employee may be required to undergo upon a determination of a Substance Abuse Professional shall be paid by the affected employee.

(Amended 01/04/11, Fire Safety Unit MOU)

C. Law Enforcement Unit

Effective July 1, 2002, the County of Sutter Drug and Alcohol Policy Pursuant to the Department of Transportation (DOT) Regulations shall apply to all regular and hourly employees in classifications that contain “safety-sensitive function(s)” who are not covered by the DOT regulations as required by law. A listing of classifications that contain “safety sensitive function(s)” is available at the Human Resources Department and on the intranet. Employees subject to testing will be provided a copy of the policy.

Employees in classifications that contain “safety-sensitive function(s)” shall be covered regardless of driving and/or licensing requirement(s). “Safety sensitive function” shall be defined as follows:

- Operating a vehicle or power driven equipment.
- Handling hazardous or controlled substances.
- Carrying a firearm.
- Working in an environment that is inherently dangerous as defined by the department head.

The County shall inform those employees of their rights and responsibilities hereunder. Any employee who violates one or more of the prohibitions outlined in the regulations and County policy may be subject to discipline, up to and including termination. Any employee who tests positive for drugs and/or alcohol, or any employee who is being treated in the same manner as an employee who tests positive for drugs and/or alcohol pursuant to Section 24.6, Refusal of or Tampering with a Drug or Alcohol Test, shall be terminated pursuant to Section 18.0, Discharge, Dismissal, Suspension, Reprimand, Reduction in Rank, and Right of Appeal. Notwithstanding the forgoing, the first time an employee tests positive for alcohol or any positive drug test that is the result of using prescription or over-the-counter medication, such employee may be eligible for a last chance agreement at the discretion of the appointing authority.

However, an employee removed from work as a result of violating one or more of the prohibitions shall be placed on Leave of Absence With Pay pursuant to subsection 14.16 of the Sutter County Rules Governing Employee Compensation, Benefits and Working Conditions until they return to work pursuant to the regulations and County policy or discipline is imposed which would remove them from a paid status. The cost of all drug and alcohol testing and the cost of the services of a Substance Abuse Professional required pursuant to the regulations and County policy shall be paid by the County. The cost of any rehabilitation program the employee may be required to undergo upon a determination of a Substance Abuse Professional shall be paid by the affected employee.

(Adopted 01/08/02, Law Enforcement Unit MOU)
(Amended 11/26/13, Law Enforcement Unit MOU)

Also attached is the list of job titles/classifications subject to Random Testing and the DOT Policy regulations. The most current list of titles is available on the County’s Intranet site, “SutterNet” on the Human Resources page under “County Rules” Section, under Random Drug Testing Classification.

Sutter County

Random Drug Testing Classifications

COMMERCIAL DRIVER CLASSIFICATIONS (DOT REQ'D)

Pursuant to *Personnel Rules & Regs 24.9*

Agricultural & Standards Biologist I, II, III
 Agricultural Field Assistant Trainee, I and II
 Assistant Ag Comm/Sealer
 Assistant Director of Weights and Measures
 Fleet Maintenance Supervisor
 Heavy Equipment Mechanic
 Public Works Equipment Operator
 Public Works Lead Maintenance Worker
 Senior Heavy Equipment Mechanic
 Supervising Ag & Standards Biologist (some positions)
 Supervising Heavy Equipment Mechanic
 Public Works Maintenance Worker Trainee, I and II
 Public Works Maintenance Supervisor I and II
 Road Maintenance Superintendent

*ALMOST ALL CLASSIFICATIONS ON THE DOT LIST DO
 REQUIRE A COMMERCIAL LICENSE IN THE M.Q.s
 HOWEVER, BY LAW
 ANY POSITION/PERSON THAT HAS A COMMERCIAL
 LICENSE AND WILL BE USING IT ON THE JOB
MUST BE INCLUDED IN THIS POOL

"SAFETY SENSITIVE" CLASSIFICATIONS AS DEFINED

Pursuant to *Personnel Rules & Regs 24.10*

Assistant Chief Investigator	Fire Fighter (regular & seasonal)
Building Services Supervisor	Fire Services Manager
Building Service Lead Worker	Food Service Worker
Building Service Worker	Groundskeeper I and II
Building Service Worker-HVAC	Head Nurse
Charge Nurse	Jail Nurse Manager
Chief Investigator DA	Licensed Vocational Nurse
Chief Probation Officer	Nurse Practitioner I and II
Clinical Lab Scientist	Patrol Lieutenant
Correctional Food Services Supervisor	Psychiatric Emergency Supervisor (Only if incumbent has a nursing license)
Correctional Lieutenant	Psychiatric LVN
Correctional Officer	Psychiatric Technician
Correctional Sergeant	Public Health Laboratory Technician
Criminal Investigator	Public Health Nurse I, II and III
Day Treatment Coordinator (Only if incumbent has a nursing license)	Public Safety Dispatcher I/II
Deputy Chief Probation Officer	Senior Building Service Worker
Deputy Probation Officer I, II and III	Senior Criminal Investigator
Deputy Sheriff	Sheriff's Sergeant Detective
Director of PH Nursing	Staff Nurse
Director of Public Health Lab	Supervising Nurse
Division Commander	Supervising Probation Officer
Equipment Mechanic I and II	Supervising Public Safety Dispatcher
Fire Battalion Chief	Undersheriff
Fire Captain	Work Release Coordinator
Fire Engineer (regular & seasonal)	

**COUNTY OF SUTTER
DRUG AND ALCOHOL POLICY PURSUANT TO
THE DEPARTMENT OF TRANSPORTATION REGULATIONS**

Revised March 2008 for General, Professional, Supervisory and Management
Revised August 2008 for Fire Unit
Revised November 2013 for Law Unit

Effective January 1, 1996, the County of Sutter must comply with the United States Department of Transportation regulations implementing the Federal Omnibus Transportation Employee Testing Act of 1991. Specifically, the County must comply with the regulations of the Federal Highway Administration (FHWA). Adoption of a policy is one of the County's obligations under the regulations. This policy sets forth the rights and obligations of covered employees. If you are an employee covered by these requirements you should familiarize yourself with the provisions of this policy **BECAUSE COMPLIANCE WITH THIS POLICY IS A CONDITION OF YOUR EMPLOYMENT.**

If you are an employee covered by this policy, you should be aware that you are still required to comply with the provisions of the County's drug and alcohol policy adopted by the Board of Supervisor's on October 10, 1989. The obligations and requirements set forth below are in addition to those existing in that policy.

A. EMPLOYEE QUESTIONS

Employees shall refer any questions regarding his/her rights and obligations under this policy to his/her department head or to the Sutter County Human Resources Department, 1160 Civic Center Blvd., Yuba City, California 95993.

B. COVERED EMPLOYEES

Regular and hourly employees are subject to alcohol and controlled substances testing if they possess a commercial drivers license (Class A or Class B) and are assigned to operate any "commercial motor vehicle" in the course of employment with the County. A listing of classifications subject to testing is available at the Human Resources Department and on the intranet. Employees subject to testing will be provided a copy of this policy.

The employee's department shall inform the Human Resources Department, in advance, of any employee who will be assigned to operate a commercial motor vehicle. The classifications covered by this policy may be amended from time to time by the Human Resources Director to reflect changes in operations.

For purposes of this policy, "commercial motor vehicle" is defined as any of the following:

- 1) a vehicle with a gross combination weight of at least 26,001 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds;
- 2) a vehicle with a gross weight of at least 26,001 pounds;
- 3) a vehicle designed to transport 16 or more passengers, including the driver; or

- 4) a vehicle used to transport those hazardous materials found in the Hazardous Materials Transportation Act.

C. SAFETY-SENSITIVE FUNCTIONS

Employees covered by this policy may not be under the influence or in possession of alcohol or controlled substances during “on-duty time”. “On duty time” includes any period of time in which the employee is actually performing, ready to perform or immediately available to perform any “safety-sensitive functions”.

“Safety-sensitive functions” include the following:

- 1) All time at a carrier or shipper, plant, terminal, facility, or other property waiting to be dispatched, unless the driver has been relieved from duty by their supervisor;
- 2) All time inspecting equipment as required by Federal Motor Carrier Safety Regulations (FMCSRs), 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;
- 4) All time, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in sleeper berth);
- 5) All time loading or unloading a commercial motor 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 shipment loaded or unloaded;
- 6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle; or
- 7) All time spent performing the driver requirements associated with an accident.

D. PROHIBITIONS

The following conduct is prohibited and may result in discipline, up to and including termination:

- 1) Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration level of 0.04 or greater;
- 2) Performing a safety-sensitive function within four hours of using alcohol;
- 3) Being on duty or operating a vehicle described above, while possessing alcohol;
- 4) Using alcohol while performing a safety-sensitive function;

- 5) Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when the employee used any controlled substances, except if the use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely operate a commercial motor vehicle;
- 6) Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions if the employee tests positive for controlled substances;
- 7) Refusing to submit to any alcohol or controlled substances test required by this policy; or
- 8) Consuming alcohol during the eight hours immediately following an accident, or until the employee undergoes a post-accident alcohol test, whichever occurs first, when such a test is required by this policy.

In addition to the above prohibitions, employees are reminded of their obligations under the Federal Drug Free Workplace Act of 1988. All employees covered by this policy have previously been provided with a copy of the County's Alcohol and Drug Abuse Policy and have signed an acknowledgement that they have read that policy.

E. ALCOHOL AND CONTROLLED SUBSTANCES TESTING

Covered employees will be required to submit to alcohol and controlled substances testing under the following circumstances:

- 1) Pre-Placement/Pre-Duty Testing: All applicants for classifications which are covered by this policy as well as all employees who transfer from classifications which are not covered to classifications which are covered will be required to submit to pre-placement/pre-duty controlled substances testing. Applicants and transferring employees will not be assigned to a position requiring safety-sensitive functions unless the medical review officer indicates a verified negative test. Applicants and transferring employees testing positively on pre-placement/pre-duty testing shall be removed from the eligibility list for the current recruitment.
- 2) Post-Accident Testing: As soon as practical following an accident involving a commercial motor vehicle, a surviving driver shall be tested for alcohol, a controlled substances if (a) the accident involved the loss of life, or (b) the driver receives a citation under State or local law for a moving violation arising from the accident.

The alcohol test shall be administered within two hours but not more than eight hours after the accident. If the test is not administered within the two hours, a record stating the reasons the test was not properly administered shall be prepared and maintained.

The controlled substances test shall be administered within 32 hours after the accident. If the test is not administered within 32 hours, a record stating the reasons the test was not properly administered shall be prepared and maintained.

A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed to have refused to submit to testing. However, this should

not be construed to require the delay of necessary medical attention for injured people or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

All employees covered by this policy shall be provided a copy of the post accident instructions attached to this policy upon implementation of this policy or before being assigned safety-sensitive functions after implementation of this policy.

Any alcohol or controlled substances test conducted by Federal, State, or local official having independent authority for the test (i.e. law enforcement) shall meet the requirements for post accident testing if they conform to applicable Federal, State or local requirements, and the results are obtained by the County. If these criteria can not be met, the testing required herein shall be conducted.

- 3) Random Testing: Covered employees will be subject to random, unannounced alcohol and controlled substances testing. A random alcohol or controlled substances test will be administered just prior to the employee performing safety-sensitive functions, while the employee is performing safety-sensitive functions, or just after the employee has stopped performing safety-sensitive functions. Some employees may be tested more than once in a year, while others may not be tested at all depending on the random selection.

Upon notification of selection for random testing, the employee shall proceed to the test site immediately. The employee's supervisor shall ensure that the employee is released from duty to attend random testing.

The County may either randomly test covered employees based upon minimum percentages required by the FHWA Administrator for the County alone or based on the total number of drivers covered by any consortium in which the County may participate.

- 4) Reasonable Suspicion Testing: Covered employees shall submit to an alcohol and/or controlled substances test when a supervisor or other County official, trained pursuant to FHWA guidelines, has reasonable suspicion to believe that an employee has violated the prohibitions outlined in Section D of this policy, excluding item D.3. relating to the position of alcohol. A determination that reasonable suspicion exists to require an alcohol and/or controlled substances test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. Observations may include indications of the chronic and withdrawal effects of controlled substances but not for alcohol. Observations must be made during, just preceding or just after the period of the work day that the employee is involved in safety-sensitive functions.

The alcohol test should be administered within two hours but no later than eight hours of the observations. Documentation shall be prepared to explain the reasons why the test was not administered within two hours of the observation.

A written record shall be made of the observations leading to a controlled substance reasonable suspicion test, signed by the supervisor or other County official making

the observations, within 24 hours of the observed behavior or before the results of the controlled substances test can be released, whichever is earlier.

No supervisor or other County official shall be enabled to require reasonable suspicion alcohol or controlled substances testing unless they have undergone at least 60 minutes of training on alcohol misuse and at least an additional 60 minutes of training on controlled substances use. The training shall cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

- 5) Return to Duty/Follow-up Testing: A covered employee who has violated any of the prohibitions of this policy must submit to a return to duty test before he/she may be returned to his/her position. The test result must indicate an alcohol concentration of less than 0.02 or a verified negative result on a controlled substance test. In addition, under the direction of a substance abuse professional, the employee will be subject to follow-up testing which is separate from the random testing obligation. The employee will be subject to at least six unannounced drug and/or alcohol test during the first year back to safety-sensitive position following the violation.

F. TESTING PROCEDURES

Alcohol testing will be conducted by using an evidential breath testing device (EBT) approved by the National Highway Traffic Safety Administration. Non-EBT devices may be used for initial screening test. A screening test will be conducted first. If the result is an alcohol concentration of less than 0.02, the test is considered a negative test. If the alcohol concentration is 0.02 or more, a second confirmation test will be conducted.

Drug testing will be conducted by urine specimen. The specimen will be split into two bottles labeled as “primary” and “split” specimen. Both bottles will be sent to the lab. The urine sample will be tested for marijuana, cocaine, opiates, amphetamines and phencyclidine. If the test is positive for one or more drugs, a confirmation test will be performed using chromatography/mass spectrometry analysis.

All drug test results will be reviewed and interpreted by a physician before they are reported to the employee and then to the County. With all positive drug tests, the physician (a.k.a. medical review officer) will first contact the employee to determine if there is an alternative medical explanation for the positive test result. If documentation is provided and the MRO determines that there was a legitimate medical use for the prohibited drug, the test result may be reported to the County as negative. If the urinalysis of the primary specimen tests positive for the presence of controlled substances the employee has 72 hours to request that the split specimen be analyzed by a different certified lab. If the lab reports that a negative test was dilute as defined in DOT regulations §40.197, the employee will be required to take another test. No further retest will be conducted except as required by the MRO pursuant to DOT regulations §40.197(b) (1).

The specific procedure that will be used to test for the presence of alcohol and/or controlled substances, protect the driver and the integrity of the testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver are attached to this policy.

G. COVERED EMPLOYEE OBLIGATIONS

Any employee covered by this policy is required to submit to alcohol and controlled substances testing specified in Section E when directed by their supervisor, department head or Human Resources Department pursuant to the provisions therein. Compliance with this requirement is a condition of employment.

H. REFUSAL TO SUBMIT TO REQUIRED TEST

A covered employee who refuses to submit to any required alcohol or controlled substances testing will be treated in the same manner as an employee who tested 0.04 or greater on an alcohol test or tested positively on a controlled substances test.

A refusal to submit to an alcohol or controlled substances test required by this policy includes, but is not limited to, the following:

- 1) A refusal to provide a urine sample for a drug test;
- 2) An inability to provide a urine sample without a valid medical explanation;
- 3) A refusal to complete and sign the breath alcohol testing form, or otherwise to cooperate with the testing process in a way that prevents completion of the test;
- 4) An inability to provide breath or to provide adequate amount of breath without a valid medical explanation;
- 5) Tampering with or attempting to adulterate the urine specimen or collection procedure;
- 6) Leaving the scene of an accident without valid reason as to why authorization from a supervisor or other County official who can make a determination whether to send the employee for a post-accident drug and/or alcohol test was not obtained.

I. CONSEQUENCES FOR VIOLATING POLICY PROHIBITIONS

Violation of any of the prohibitions outlined in Section D of this policy may result in disciplinary action, up to and including termination.

If a covered employee is not terminated, the employee:

- 1) Must be removed from performing safety-sensitive functions;
- 2) Must submit to an evaluation by a substance abuse professional selected by the County. Upon a determination by the substance abuse professional, the employee may be required to undergo a rehabilitation program for his/her alcohol and/or controlled substances problem;
- 3) May not be returned to his/her former safety-sensitive position until the employee submits to a return-to-duty alcohol and/or controlled substances test (depending upon

which test was failed) which indicates an alcohol concentration level of less than 0.02 or a negative result on a controlled substances test;

- 4) Will be required to submit to unannounced follow-up testing after he/she has been returned to his/her safety-sensitive position.

Notwithstanding the absence of a reasonable suspicion alcohol test, an employee suspected of violating the alcohol prohibitions of this policy shall not be permitted to perform or to continue to perform safety-sensitive functions until (a) an alcohol test is administered and the alcohol concentration measures less than 0.02, or (b) twenty hours following the determination that there is reasonable suspicion to believe that the employee has violated the prohibitions of this policy concerning the use of alcohol.

J. ALCOHOL CONCENTRATION LEVELS BETWEEN 0.02 AND 0.04

An employee whose alcohol test indicates an alcohol concentration level between 0.02 or higher but less than 0.04 will be removed from his/her safety-sensitive duties, including driving a commercial motor vehicle, until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

K. ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION

Attached to this policy is information concerning the effects of alcohol and controlled substances use on an individual's health, work and personnel life, signs and symptoms of an alcohol or controlled substances problem, and resources available to address an alcohol or controlled substances problem.

COUNTY OF SUTTER
DOT ALCOHOL AND CONTROLLED SUBSTANCES POLICY POST ACCIDENT
INSTRUCTIONS

The following actions must be taken by a County driver involved in an accident while operating a commercial motor vehicle*:

1. Immediately report accident to law enforcement.
2. Report accident to supervisor, department head or Human Resources Department after reporting to law enforcement.
3. Unless directed otherwise by law enforcement personnel, remain at accident site until supervisor, department head or Human Resources Department representative arrives.
4. If alcohol or controlled substance testing is determined to be required, accompany supervisor, department head or Human Resources Department representative to testing facility and submit to testing.
5. If alcohol testing is determined to be required, refrain from consuming alcohol for eight hours following the accident or until completion of the alcohol test, whichever comes first.

Nothing in these instructions should be construed to require the delay of necessary medical attention for injured people or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

* Commercial motor vehicle is defined as any of the following:

- a) A vehicle with a gross combination weight of at least 26,001 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds.
- b) A vehicle with a gross vehicle weight of at least 26,001 pounds.
- c) A vehicle designed to transport 16 or more passengers, including the driver.
- d) A vehicle used to transport those hazardous materials found in the Hazardous Materials Transportation Act.

The following actions must be taken by a supervisor, department head or Human Resources Department representative:

1. Upon notification of an accident from an employee or other source, proceed immediately to accident site.
2. Confer with law enforcement personnel to determine if (a) the accident involved the loss of life, or (b) the driver will receive a citation under State or local law for a moving traffic violation arising from the accident and either (i) one or more persons involved in the accident required immediate medical treatment away from of the accident or (ii) one or more involved

vehicles required towing from the scene by a tow truck or other motor vehicle due to disabling damage , and (c) if the law enforcement personnel tested or will test the driver for alcohol and/or controlled substances.

3. If the answers to both 2(a) and 2(b) above are NO, the driver can be released to return to duty.
4. If the answers to both 2(a) and 2(b) above are YES, determine which, if any, tests will be conducted on the driver by law enforcement and verify with law enforcement that the test results will be available to the County. If law enforcement will not be both an alcohol and controlled substance test or the results will not be available to the County, transport the driver to the testing facility for whichever test were not conducted by law enforcement or for which the results will not be available to the County. Arrangements to move the vehicle by another employee should be made.
5. If the alcohol test can not be conducted within two hours of the accident or the controlled substances test within 32 hours of the accident, a record of why the test was not promptly administered shall be made. If the alcohol test can not be administered within eight hours of the accident or the controlled substances test within 32 hours of the accident, the supervisor, department head or Human Resources Department representative shall cease attempts to have the test conducted.
6. The driver shall be precluded from performing any safety-sensitive functions, including operating a commercial motor vehicle, until the alcohol test results are available and indicate an alcohol concentration of less than 0.02 and the controlled substances test is available indicating a verified negative result.

NOTE: Information in the remainder of this packet may be outdated at times – please contact Human Resources for specific questions 530-822-7113.

EXHIBIT B (SPECIMEN SUBMISSION PROCEDURES)

COUNTY OF SUTTER URINE COLLECTIONS AND DOCUMENTATION PROCEDURES FOR DOT REGULATED APPLICANTS AND EMPLOYEES CONTACTS

IF YOU HAVE QUESTIONS ABOUT	THEN
<ul style="list-style-type: none"> ○ Collection procedures ○ Completion of Chain of Custody Form ○ Collection Supplies and Documentation Supplies 	<ul style="list-style-type: none"> ○ Call Alere Laboratory Specialist (800) 433-3823 6 A.M. – 6 P.M. PST
<ul style="list-style-type: none"> ○ Courier fails to pick up specimen 	<ul style="list-style-type: none"> ○ Call Jaime Torres (800) 446-5177 <li style="text-align: center;">or ○ Call Asha Varma (800) 446-5177 8 A.M. – 5 P.M. (Mon. – Fri.)
<ul style="list-style-type: none"> ○ Applicant misses appointment 	<ul style="list-style-type: none"> ○ Call Sutter County Human Resources (530) 822-7113 Margaret Fraumeni, Jason Claunch or Gina Rowland
<ul style="list-style-type: none"> ○ Applicant/Employee is uncooperative ○ Insufficient urine or no specimen ○ Applicant/Employee did not bring an “Alcohol & Drug Testing Requisition Form” ○ Account number is incomplete 	<ul style="list-style-type: none"> ○ Contact Supervisor who accompanied donor to the appointment, or if no supervisor uses the contact(s) below: Contact Sutter County Human Resources (530) 822-7113 Margaret Fraumeni, Jason Claunch or Gina Rowland
<ul style="list-style-type: none"> ○ Tampering or adulteration of specimen 	<ul style="list-style-type: none"> ○ Contact: Call Alere Laboratory Specialist and report problem (800) 433-3823
<ul style="list-style-type: none"> ○ Alcohol Test Results 	<ul style="list-style-type: none"> ○ Report to accompanying supervisor or call ○ Sutter County Human Resources Margaret Fraumeni, Jason Claunch or Gina Rowland (530) 822-7113 ○ Mail hard copy results to: Sutter County Human Resources 1160 Civic Center Blvd., Ste B Yuba City, CA 95993 Attention Margaret Fraumeni

SECTION 1: PROCEDURES FOR COLLECTION AND DOCUMENTATION

COUNTY OF SUTTER Alcohol & Drug Testing Requisition Form

All applicants and employees (or their manager/supervisor) must bring the **Alcohol & Drug Testing Requisition Form** to the collection site. (See Forms section of this procedure for a copy of form.) In the event the applicant/employee arrives without a form, provide the supervisor with a blank form and require him/her to complete it before collection. County of Sutter will provide you with blank **Alcohol & Drug Testing Requisition Forms for this purpose.**

Upon receipt of the form, review all entries carefully to ensure that all information has been completed. If information is missing, you should contact the person listed in the “Employee Notified By” section of the form and complete the form as directed.

Following collection, you should distribute copies of the form as indicated on the bottom of the form. Give the top copy to the supervisor accompanying the donor. If no supervisor is present (i.e., for pre-hires), mail the form to the County of Sutter. Staple the yellow copy to the Chain of Custody Form and send it with the specimen to Alere Laboratories.

Split Specimens

County of Sutter requires a split specimen in all types of testing. A split specimen refers to a single urine donation that the collector pours into two bottles as described below. The collector will send both the parent specimen and the split to Alere Laboratories in the same shipping container.

To split a specimen, the collector pours at least 30 mls of urine from the graded specimen donation cup into one specimen bottle and at least 15 mls of the same specimen into a second bottle.

The bottle containing a minimum 30 mls of urine will be designated the parent specimen Bottle A, and the remaining bottle with a minimum of 15 mls of urine will be designated the split specimen, Specimen Bottle B. The Drug Testing Custody and Control form contains the barcodes and security seals for both bottles.

Adulteration or Tampering

When a specimen appears to be adulterated or is out of range temperature, the collection site should collect a second specimen and send both specimens to Alere. Collection should be documented on separate custody forms, and the collector should indicate in the “Remarks” space on both custody documents the reason for the second specimen and the barcode identifier number of the other specimen that is also being sent to Alere. In addition, when second collection is required due to tampering or out of range temperature, the collection site should ensure that Alere and the Medical Review Officer have clear notice that two specimens will be received. To ensure this, the collection site should call Alere Collection Management Service and the Medical Review Officer and inform them that two specimens will be sent when there is tampering.

Sufficient Urine

The DOT requires a minimum 45 mls of urine. Alere has provided a specimen collection cup graded in milliliters to ensure the collector is able to recognize the required amount of urine. If the applicant or employee cannot provide sufficient urine, the collector should offer liquids not to exceed 24 ounces and allow the employee/applicant to wait for up to two hours to provide urine. If sufficient urine cannot be provided, the collection site should notify the Medical Review Officer and the County of Sutter.

Restroom Preparation

Prior to collection, the collector is responsible for visually inspecting the restroom to ensure that it meets the following criteria:

- Bluing agent has been added to toilet or toilet tank
- At the time of collection, restroom closed to use by persons other than applicant
- Facilities posted against access during collection process
- Authorized personnel only in the collection area
- Access to water prevented

Failure to Cooperate

The collector should report failure to cooperate to the County of Sutter manager/supervisor. It is also essential when there is failure to cooperate that the actions subsequently taken by the collection site, and the directions given by the manager/supervisor be documented in detail in the clinic files. The collection site should retain documentation for five years.

Collection and Documentation Supplies

Prior to collection, the collector should ensure that appropriate supplies are on hand and should notify Alere Collections Management Services if there are any questions. It is the collection site's responsibility to order supplies to ensure that they are available when needed. To aid in this determination, Alere places a slip sheet indicating "Time to Reorder" approximately half way down in the chain of custody forms. The collector should place supply orders approximately two weeks in advance of when supplies are needed.

The following supplies are required:

- County of Sutter Alcohol & Drug Testing Requisition Form. This form is provided by the County of Sutter and is given to applicants and employees to bring to the collection site. Sutter will also provide blank forms to each site in case the applicant or employee fails to bring the form. In this case the collection site should call the County of Sutter manager who made the

appointment and ask for assistance in completing the form. This form must be completed prior to beginning collection.

- DOT Drug Testing Custody and Control Form
- Disposable Specimen Donation Cup
The applicant/employee should be allowed to select a wrapped cup from the available supply and should be instructed to unwrap the cup in the restroom.
- Specimen Bottles and Caps
Each bottle can accommodate 60 mls of urine. The collector should unwrap the bottles in the applicants/employees' presence only after the collector has received the specimen and is documenting its collection.
- Temperature Strips
Alere has provided temperature strips in a separate envelope included with your supply order. You should affix the strip to the donation cup following collection. The strip has purposely not been affixed before the applicant/employee gives the specimen in order to guard against the applicant/employee attempting to alter the temperature of the specimen.

The collector should ensure that the strip is placed on the cup below the urine line. When the strip has processed the temperature a green triangle appears below the temperature. If the strip fails to register, the collector should affix a second strip to the cup. If there is no temperature reading but the temperature feel "normal to the touch", the collector should call Alere Collections management Services and proceed as directed.

- Specimen Enclosure Bags
Alere provides a dual pocketed enclosure bag which meets all courier requirements and is leak proof. The collector should place both specimen bottles in one side of the specimen enclosure bag.

The collector should place the appropriate plies (copies) of the custody form of specimen enclosure bag and should seal the bag.

- Shipping Seal

Alere's custody document contains a seal that the collector should place on the flap on the outside of the specimen enclosure bag.

- Air bill

Alere provides a completed air bill that should be affixed to the outside of the courier pack.

SECTION 2: PROCEDURES FOR COLLECTION AND DOCUMENTATION

Unless otherwise noted, all entries referred to in these procedures should be made on the indicated copy on the Drug Custody and Control Form.

1. PROVIDE applicant/ employee with explanation of specimen collection procedure. ANSWER questions before beginning collection. PharmChem recommends you laminate the following explanation:
 - a) Donor will wash hands thoroughly under collector's supervision.
 - b) Donor will need to remove all unnecessary outer garments (i.e., coat, jacket, sweater, extra socks) before specimen donation.
 - c) Donor may not take purse, parcels or belongings into the restroom. Donor should take wallet into restroom. If donor wishes, you will provide a receipt for belongings if they must be left outside the restroom.
 - d) Donor will void into the disposable specimen cup until full and will bring the cup to you immediately after voiding.
 - e) Donor will flush the toilet when the collector has instructed the donor to flush the toilet. The toilet should be flushed only after the donor has given the specimen to you.
 - f) Collector will inspect specimen and restroom for overt signs of contamination or adulteration (i.e., blue dye in urine), drug paraphernalia or bottles, tubes etc. left in the restroom or in waste can. Evidence of tampering will require the collection of a second (unobserved) specimen. Both specimens are sent to the lab.
 - g) Donor will be given the opportunity to wash hands again after collection.
 - h) Donor must remain with you while specimen documentation on the custody forms takes place.
 - i) Collector will take temperature of specimen using a temperature strip. This must be done within four minutes of voiding.
 - j) The collector will split the sample and submit the split and parent specimen to the laboratory.

2. ASK donor for photo identification.

Note: Acceptable ID is one of the officially issued ID's that bears the donor's photograph (e.g., driver's license, employer-issued ID, U.S. State Department passport). If the ID appears to have been tampered with or altered, it is unacceptable.

-- If donor has acceptable identification, go on to Step 3.

-- If donor does not have acceptable ID, inform donor specimen cannot be collected without photo ID.

3. REVIEW entries on Alcohol & Drug Testing Requisition Form to ensure that all required information has been entered.

o Two Digit Department Number

o Reason for Test

-- If required information is present go on to Step 4

-- If any information is missing, call the County of Sutter manager or supervisor who made the appointment or accompanied the employee to the collection to complete the information.

4. ENTER in the account number space of the custody document the the TWO DIGIT Department number to which the employee/applicant is assigned (Numbers located on the Alcohol & Drug Testing Requisition Form).

5. ENTER reason for Test on COPY 1.

Note: Reason for Test is provided on the *Alcohol & Drug Testing Requisition Form*.

6. ENTER Employee ID on COPY 1.

7. ENTER date specimen collected in space provided on COPY 1.

8. CHECK "Yes" in "Split Specimen Collection" box on COPY 1.

9. ENTER donor's name, telephone number including area code, and date of birth in spaces provided on COPY 4.

10. CHECK the Breath Alcohol box on COPY 1 if a Breath Alcohol Test is Required.

11. ASK the donor to wash and dry hands in your presence.

12. ACCOMPANY the donor to the restroom door.

13. GIVE the donor wrapped disposable specimen cup. INSTRUCT the donor to urinate into the cup until full.

STOP. When you have been handed the specimen, instruct the donor to flush the toilet. Go on to Step 14.

14. **INSPECT** restroom for possible signs of specimen adulteration (e.g., extra bottles or other paraphernalia left in the restroom that would indicate adulteration.)

NOTE: Keep the specimen in your possession and in view of the donor while you inspect the restroom.

- - If no signs of adulteration, go on to Step 15.

- - If signs of adulteration, review findings with collection facility supervisor. Contact one of the County of Sutter representatives listed on the front of these procedures. Collect a second specimen and send both specimens to the laboratory.

15. **DETERMINE** if there is sufficient urine for testing.

IMPORTANT! Review information in "Sufficient Urine" section in these procedures to determine the maximum amount of waiting time between specimen donations if there is insufficient urine.

- - If approximately 45 mls of urine, go right to Step 16.

- - If less than 45 mls of urine:

a) Inform donor more urine is needed.

b) Discard urine from original specimen in donor's presence.

c) Offer donor water or other liquids (up to 24 ounces).

d) Repeat collection within two hours.

NOTE: If donor cannot provide sufficient urine after two hours, notify the supervisor.

16. **TAKE** temperature of urine as follows:

a. Affix temperature strip to outside of specimen cup, ensuring that urine line on cup is higher than (above) where strip is placed.

b. Read temperature indicated on strip. Normal temperature is 90° - 100°F.

17. DETERMINE if urine temperature is within normal range (90°-100°F using temperature strips).

-- If temperature is within range and has been read within four minutes of specimen donation, check "Yes" in "Specimen Temperature Within Range" space on COPY 1. Go on to Step 18.

-- If temperature is not within normal range and has been read within four minutes of donation:

a) Check "No". Record actual temperature in the space provided on COPY 1.

b) Inform donor that his/her urine temperature is not in the normal range. Inform donor he/she may have oral body temperature taken as a verification of urine temperature.

c) Take oral temperature if donor agrees.

d) Go on to Step 18 if oral temperature and urine temperature are 1.8 degrees fahrenheit or less apart.

e) Proceed as follows if oral and urine temperature are more than 1.8 degrees fahrenheit apart:

- Note in "Remarks" space that a second specimen is required.
- Indicate reason for second specimen in "Remarks" space on COPY 1 of Custody and Control Form, Cross reference Specimen ID number (barcode number) of second Drug Testing Custody and Control form that will be used for the second specimen.
- Prepare separate Drug Testing Custody and Control Form for second specimen with same information as on original form.
- Note in "Remarks" space on second custody form the reason for the second specimen. Cross reference the specimen ID number (barcode number) on the custody form used to collect the first specimen.
- Collect second specimen following all steps in these procedures.
- Submit both specimens to PharmChem.

18. POUR urine into bottles as follows:

- Unwrap two urine bottles and caps in the presence of the specimen donor.
- Pour urine into first bottle until it is one half full (1/2 bottle equals approximately 30 mls).

Note: A minimum of thirty (30) mls is required for the parent specimen.

POUR urine into bottles as follows: (Continued)

- o Pour urine into second bottle until it is at least one third full (1/3 bottle equals approximately 15 mls).

Note: A minimum of fifteen (15) mls is required for a split.

- o Place caps tightly on both bottles.
19. PEEL barcode label from Drug Testing Custody and Control form. AFFIX barcode vertically on specimen bottle. PEEL second barcode label from form and AFFIX vertically to the split specimen bottle.
 20. PEEL Security Seal A from Drug Testing Custody and Control form. AFFIX seal over top and down sides of bottle containing parent specimen. PEEL Security Seal B from form. AFFIX seal over split specimen.
 21. ASK donor to initial and date both security seals to verify his/her urine is in specimen bottles.
 22. ASK donor to verify specimen identifier numbers (i.e., barcode numbers) on bottles, on seals and on Drug Testing Custody and Control form are identical.
 23. READ and SIGN name on collector certification Statement on COPY 1. PRINT name in addition to signature. ENTER month/day/year and time of collection.
 24. ASK donor to read and sign "Donor Certification" statement on COPY 4.
 25. COMPLETE Purpose of Change information on COPY 1.

PURPOSE OF CHANGE	RELEASED BY SIGNATURE-PRINT NAME	RECEIVED BY SIGNATURE-PRINT NAME	DATE
PROVIDE SPECIMEN FOR TESTING	DONOR	Jane Jones collector	7-18-91
Send specimen to lab	Jane Jones collector	Jane Jones collector	7-18-91

26. PLACE parent and split specimen in the same pocket of specimen enclosure bag.
27. PLACE COPYS 1, 2, and 3 of Drug Testing Custody and Control form in separate pocket of specimen enclosure bag.
28. TEAR OFF COPY 5 of Drug Testing Custody and Control form and give to donor.

29. WRITE the "Time Out" on the *Alcohol & Drug Testing Requisition Form* and PLACE Yellow Copy of the requisition form with the Custody & Control Form to be sent to Laboratory. SEAL specimen enclosure bag.
30. PEEL Shipping Custody Seal from COPY 1 of Drug Testing Custody and Control Form and place over top of sealed flap of specimen enclosure bag or box.
31. DATE and INITIAL Shipping Custody Seal on box.
32. ADVISE donor of the following:
 - The County of Sutter Medical Review Officer (MRO) will send the outcome of the test (pass or fail) to the appropriate source at County of Sutter.
 - The Medical Review Officer will contact the donor if any further information is needed to clarify or interpret laboratory test results.
 - If the donor is contacted, the Medical Review Officer may ask about prescription and/or over-the-counter medications taken within the 30 days preceding specimen collection. Thus, the donor may want to list on the back of his/her copy of the Drug Testing Custody and Control form any prescription drugs or over the counter medications taken. This list is a "memory jogger" for the donor and is not to be revealed to the collector or employer.
33. THANK donor for keeping appointment. DISMISS donor.
34. PLACE specimen in locked or secure storage until courier pickup.
35. DISTRIBUTE remaining copies of the Drug Testing Custody and Control forms as follows:
 - Fax COPY 4 to the Medical Review Officer whose name, address, and box number appear on the Custody form. The fax number is 213-936-9681.
 - Mail COPY 7 to County of Sutter Employee Relations Department.
 - Retain COPY 6 for clinic files.
36. PLACE all specimen enclosure bags into the same Courier Pak.
37. COMPLETE courier log book indicating the number of specimens to be sent to PharmChem.

38. SEAL courier pak . AFFIX courier label to front.
39. GIVE courier pak to the courier driver.
40. VERIFY that driver signs log book acknowledging pickup of specimens

5343111491

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 | Phone: 504-361-8989 | Fax: 504-361-8298

Alert



57744420

AIRBILL NUMBER

LAB NUMBER

SPECIMEN ID NUMBER 57744420

A. Employer Name, Address, ID No.

SUTTER COUNTY/DOT
1160 CIVIC CENTER BLVD.
SUITE B
YUBA CITY, CA 95991
530-822-7113 530-822-7191

Facility Number grid

554618101

B. MRO Name, Address, Phone No., and Fax No.

HEINEN, BREAN ND
151 LEON AVE
EUNICE, LA 70535
(800) 457-0493 507-457-3353

C. Donor SSN or Employee I.D. No.:

SSN/ID No. grid

D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify):

F. Drug Tests to be Performed: THC, COC, PCP, OPI, & AMP THC & COC Only Other (specify):

G. Collection Site Address:

SUTTER NORTH OCCUP. HEALTH
444 PLUMAS BLVD
YUBA CITY, CA 95991

12096

Collector Phone No.: 530-749-3422
Collector Fax No.: 530-749-3482

Collector Number

Is temperature between 90° and 100°F? Yes No, Enter Remark Collection: Spill Single None Provided, Enter Remark Observed, Enter Remark

Remarks:

Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

PRINT Collector Name (First, MI, Last) grid

PRINT Collector Name (First, MI, Last)

Date Collected (Mo/Dy/Yr) grid

Date Collected (Mo/Dy/Yr)

X Signature of Collector

Time Collected: AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service

Received at Lab or IITF:

X Signature of Accessioner

Primary Specimen Bottle Seal Intact? Yes No If No, enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

PRINT Accessioner's Name (First, MI, Last)

Date (Mo/Dy/Yr)

- NEGATIVE POSITIVE for: Marijuana Metabolite (THCA) 6-Acetylmorphine Methamphetamine MDMA DILUTE Cocaine Metabolite (BZE) Morphine Amphetamine MDA PCP Codeine MDEA REJECTED ADULTERATED SUBSTITUTED INVALID RESULT

Remarks:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X Signature of Certifying Technician/Scientist PRINT Certifying Technician/Scientist Name (First, MI, Last) Date (Mo/Dy/Yr)

LABORATORY INFORMATION SECTION: Laboratory Name, Laboratory Address, RECONFIRMED/FAILED TO RECONFIRM, Signature of Certifying Scientist, PRINT Certifying Scientist Name, Date (Mo/Dy/Yr)

PEEL



SPECIMEN ID NO.

A



57744420 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

PEEL



SPECIMEN ID NO.

B (SPLIT)



57744420 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

OMB NO. 0930-0158

NON-FEDERAL CUSTODY AND CONTROL FORM

1062176108

Alere

Alere Toxicology Services, Inc.
1111 Newton St., Gretna, LA 70053
(504) 361-8989 (800) 433-3823

AIRBILL NUMBER



SPECIMEN ID NUMBER 36293900

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and / or ID
 SUTTER COUNTY/NON-DOT
 1160 CIVIC CENTER BLVD.
 SUITE 8
 YUBA CITY, CA 95991
 530-822-7113 530-822-7191

B. MRO Name and Address
 HEINEN, BRIAN MD
 151 LEON AVE
 EUNICE, LA 70535
 (800) 457-0493 337-457-3353

C. Name / I.D.:

D. Donor SSN or Employee ID No:

E. Test Code: Check here if ETHANOL required

Check here if special test required and indicate drug

F. Reason for Test: Pre-Employment Random Reasonable Suspicion / Cause Post Accident Return to Duty Follow-up Other

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90 - 100F/32 - 38C No, Below 90F Above 100F

Split Specimen Yes No Observed Collection Yes No

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: CHAIN OF CUSTODY

SUTTER NORTH OCCUP. HEALTH
 444 PLUMAS BLVD FACILITY

Collector Number 12096

530-749-3422 530-749-3482

BUSINESS PHONE NUMBER
 YUBA CITY, CA 95991

ADDRESS CITY STATE ZIP CODE

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor; that it bears the same specimen identification number as that set forth above, that it has been collected, labeled and sealed and released to the Delivery Service noted in accordance with applicable requirements.

PRINT Collector's Name (First, MI, Last) _____

Time of Collection _____ AM PM

Collector's Signature _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:
 COURIER
 Name of Delivery Service Transferring Specimen to Lab _____

STEP 5: TO BE COMPLETED BY DONOR

Daytime Phone No. _____ Evening Phone No. _____

Date of Birth _____ (Mo./Day/Yr.)

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

PRINT Donor's Name _____ Signature of Donor _____ (Mo./Day/Yr.) _____

TO BE COMPLETED BY LAB

RECEIVED AT LAB: X

Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:
 TEMPORARY STORAGE

SCREEN CONFIRMATION

DRUG _____

DRUG _____

THC _____

LAB NUMBER

Comments: _____

Certified by: _____

Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
 Street _____

 City, State, ZIP _____
 DER Name and Telephone No. _____
DER Name DER (Area Code & Phone Number)

D: Reason for Test: Random Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date Month / Day / Year _____

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No
 SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
--------	---------------------	--------------------------------------	-----------------	--------------	--------

CONFIRMATION TEST: Results **MUST** be affixed to each copy of this form or printed directly onto the form.

REMARKS: _____

Alcohol Technician's Company _____ Company Street Address _____
 (PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company, City, State, Zip _____
 Phone Number (Area Code & Number) _____
 Signature of Alcohol Technician _____ Date Month / Day / Year _____

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee _____ Date Month / Day / Year _____

Affix Or Print Screening Results Here
 Affix With Tamper Evident Tape
 Affix Or Print Confirming Results Here
 Affix With Tamper Evident Tape
 Affix Or Print Additional Test Results Here

Affix With Tamper Evident Tape

Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, ZIP _____
DER Name and Telephone No. _____
DER Name _____ DER (Area Code & Phone Number) _____

D: Reason for Test: Random Reasonable Susp. Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date Month / Day / Year _____

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results **MUST** be affixed to each copy of this form or printed directly onto the form.

REMARKS: _____

Alcohol Technician's Company _____ Company Street Address _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company, City, State, Zip _____
Phone Number (Area Code & Number) _____

Signature of Alcohol Technician _____ Date Month / Day / Year _____

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date Month / Day / Year _____

Affix Or Print
Screening Results Here

Affix With Tamper Evident Tape

Affix Or Print
Confirming Results Here

Affix With Tamper Evident Tape

Affix Or Print
Additional Test Results Here

Affix With Tamper Evident Tape

DOT DRUG TESTING PANEL

This panel complies with all federal regulations for drug testing, including those mandated by the U.S. Department of Transportation (DOT). No drugs may be added or deleted from this panel until approved by the regulating agency and the U.S. Department of Health and Human Services (DHHS).

Drug or Drug Class	EMIT/Initial Screening Level	GC/MS Confirmation Cutoff
Amphetamine amphetamine methamphetamine	1,000 ng/ml	500 ng/ml
Cannabinoids 11-nor- Δ -9-THC-9-carboxylic acid	50 ng/ml	15 ng/ml
Cocaine Metabolite benzoylecgonine	300 ng/ml	150 ng/ml
Opiates morphine codeine	300 ng/ml	300 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml

EMIT = Enzyme Multiplied Immunoassay Technique
GC/MS = Gas Chromatography/Mass Spectrometry
ng/ml = nanograms of drug/milliliter of urine

SUTTER-YUBA AREA

ALCOHOL AND DRUG TREATMENT RESOURCE LIST

Sutter-Yuba Bi-County Mental Health Services
1965 Live Oak Boulevard
Yuba City, CA 95991
(530) 741-7200

Alcoholics Anonymous (AL-ANON)
P O Box 3422
Yuba City, CA 95992
(530) 673-9380

Narcotics Anonymous
(530) 877-6361

Charter Counseling Center
1521 Starr Drive
Yuba City, CA 95993
(530) 671-7884

Pathways
430 Teegarden Avenue
Yuba City, CA 95991
(530) 674-4530

House of Hope Chemical and Alcohol Recovering Services
(530) 743-2536

Feather River Teen Challenge
2465 Birch
Live Oak, CA 95953
(530) 695-8006

FACTS ABOUT DRUGS

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KOPY KIT™

ALCOHOL

WHAT IT IS

Names: Ethyl (beverage) alcohol, ethanol, booze.

Type: Central nervous system depressant.

Forms: Clear absolute alcohol liquid diluted and/or blended as wine, beer, liquor (distilled spirits) or liqueur.

Usage: Swallowed in drinks which may be blended or mixed with other spirits or non-alcoholic substances.

Legal Status: Legal, regulated by various state laws for purchase eligibility and distribution location.

Other Forms: Small amounts used in products such as mouthwash and cough medicine. Nonbeverage isopropyl and methyl alcohols are "alley juice" drinks for street alcoholics and teenagers.

WHAT IT FEELS LIKE

Initial relaxed and/or sociable feeling may be replaced with depression, anger, loss of control, and drowsiness. Effects vary with individual.

WHAT IT DOES

To Your Mind: Lowers ability of brain to control behavior and impairs your ability to perform motor skills such as driving.

To Your Body: Lessens ability to move or speak effectively.

Special Characteristics: Milk can retard absorption. Food or drink does not change ongoing effects. One "shot" equals one glass of wine or beer. Effects vary by size of person related to blood absorption capacity, amount of food in stomach, built up tolerance level and other factors. There is no known cure for the next day withdrawal "hangover."

HOW IT CAN HURT YOU

Memory loss. Hypothermia. Decreased sex drive, impotence, menstrual problems, liver and kidney damage. General stomach and intestine damage. Lack of ability to feel pain, coma, susceptibility to alcohol related diseases, anxiety, insomnia, socially unacceptable behavior. Brain damage, affected walk. Depletion of vitamins and nutrients.

Death from inability to breathe, heart failure, severe withdrawal effects, interaction with other drugs, driving while under the influence, suicide. Aspiration of vomit leading to asphyxiation or pneumonia is not uncommon.

Dependence can be both emotional and physical.

Unborn children of drinking mothers may be affected by mental retardation, deformities and heart defects.

WHEN TO GET HELP

- Do you think you're more witty and attractive when you drink?
- Do you think about how and when you're going to drink again?
- Is your job performance affected by your drinking?
- Has your health changed?
- Are you spending more money on booze?
- Do family and friends mention your drinking to you?
- Do you stop and start drinking to test yourself?
- Are you a weekend binge drinker?
- Have you been stopped for drunk driving?

One "yes" and your common sense is all it takes to know it's time to get smart about alcohol and the rest of your life.

Fact: It's estimated that one in 20 Americans has an alcohol dependency problem. Of all the drugs in the world, alcohol and tobacco remain the two top killers.

MARIJUANA

WHAT IT IS

Names: Cannabis sativa, hashish, hashish oil, marijuana, Mary Jane, Acapulco Gold, ace, bhang, Colombian, ganja, grass, hemp, Indian, Jamaican, jive, joint, Mexican, Maui wowie, Panama red, Panama Gold, pot, reefer, ragweed, sativa, sinse, tea, Thai sticks, weed, roach, hash, hash oil, honey oil, weed oil.

Type: Hallucinogen.

Forms: Grey-green to green-brown dry leaf, resin oil, leaf oil.

Combinations: With PCP, "supergrass," "killer weed"; with opium, "O.J."; with heroin, "atom bomb," "A-bomb."

Usage: Inhaling by smoking a "joint," bong or pipe. May be cooked or baked in foods and eaten.

Legal Status: Illegal.

Other Forms: The prime psychoactive element of cannabis, Tetrahydrocannabinol (THC), is administered in gelatin capsules for medical research testing of nausea treatment related to cancer chemotherapy, glaucoma, epilepsy and muscle spasm due to multiple sclerosis or spinal cord injury.

WHAT IT FEELS LIKE

Feelings of contentment and relaxation may be accompanied by loss of inhibition, bouts of laughter, continuous talking, increased sensitivity to audio and visual effects, increased sensitivity of touch, smell, taste and movement. Confusion, disorientation, recent memory loss, reduced attention span, lack of balance and stability, loss of muscle strength, shaking, anxiety, and paranoia may occur with higher dosages.

WHAT IT DOES

To Your Mind: Distorts perception of reality.

To Your Body: Increases heart rate, lowers blood pressure, limits control of movement.

HOW IT CAN HURT YOU

Heart related effects. Asthma, bronchitis, damage to respiratory system and tissue. Reddening of eyes, change in sex drive, infertility. Changes in body temperature, hallucinations, slowed reaction time. Delusions, panic, toxic psychosis, activation of latent schizophrenia which may continue indefinitely. Amotivational syndrome, memory loss with possible permanent brain damage.

Death of self and others due to driving under the influence, especially when combined with alcohol.

Dependence can develop as a psychological craving.

Unborn children of mothers who use cannabis may develop congenital defects or experience delayed development after birth.

WHEN TO GET HELP

- Do you think about how and when you're going to smoke again?
- Do you worry if no marijuana is available?
- Is your job or school performance affected?
- Do you spend more and more money on pot?
- Have you been stopped for driving under the influence?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Cannabis is the most abused psychoactive drug by students, after alcohol.

COCAINE

WHAT IT IS

Names: Cocaine, rock cocaine, coke, "C", flake, snow, stardust, Peruvian marching powder, The devil's dandruff.

Type: Central nervous system stimulant.

Forms: Leaf of coca bush (ritual form)

White crystalline powder as cocaine hydrochloride.
Vapor as cocaine freebase.

Dried lump of combined baking soda or ammonia and cocaine processed as freebase "crack" or "rock."

Solution diluted in water.

Combinations: With heroin, "dynamite," "speedball," or "whiz-bang."

With morphine, also "whizbang."

Dissolved in liquid and drunk.

Usage: Chewed (leaves)

Smoked (paste and freebase lumps).

Sniffed or "snorted" into mucous membranes of nose (powder and vapor).

Applied to mucous membranes of mouth, vagina, rectum (powder).

Injected into bloodstream (in a water solution).

Legal Status: Illegal unless used by licensed physician as a local anesthetic. Also used in Brompton's cocktail to treat terminal cancer patients.

WHAT IT FEELS LIKE

Orgasmic "rush", then energetic, alert, with no need for food or sleep, talkative or peaceful, self-confident, in command, quick, agitated, anxious, unhappy.

WHAT IT DOES

To Your Mind: Stimulates rapid, intense general euphoria.

To Your Body: Slows, then increases heart rate and blood pressure, constricts blood vessels, increases breathing rate, dries mouth, dilates pupils, exaggerates movements.

Special Characteristics: A Cocaine "spree" may lead to a "crash" with severe depression, lethargy, hunger. Freebasing results in severe burn accidents.

HOW IT CAN HURT YOU

Shaking, muscle twitches, seizures, severe anxiety, compulsive repetition of movements. Paranoia, psychosis, heart related effects, nausea and vomiting. Changes in breathing, increase in body temperature, cold sweat, dramatic mood swings. Hallucinations, sensation of insects crawling under skin and other continuing psychotic effects. Eating and sleeping disorders, impaired sexual performance, destruction of nose tissue, ongoing respiratory problems, needle infections such as endocarditis, hepatitis and AIDS.

Death from overdose and heroin combination, suicide, homicide, fatal accidents while under the influence. Snorting can be fatal.

WHEN TO GET HELP

- Do you use cocaine regularly?
- Do you freebase or inject cocaine?
- Do you use it in the morning or at regular intervals?
- Do you lie about how much cocaine you use?
- Are you spending more on cocaine than you can afford?
- Are you having problems at work or school or with family and friends?
- Do you try to "buy" friendship or companionship with cocaine?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Cocaine may be the most addictive drug of all.

CRACK COCAINE

WHAT IT IS

Names: Crack, rock, "readyrock," "french fries" (three-inch sticks).

Type: Central nervous system stimulant.

Form: Dried chunk or shaving of cocaine combined with baking soda or ammonia in water. A freebase form less pure than freebase prepared with ether.

Usage: Smoked as a vapor.

Legal Status: Illegal.

Other Forms: Leaf of coca bush (ritual form).

White crystalline powder or lump ("rock") as cocaine hydrochloride.

Vapor as cocaine freebase.

Solution diluted in water.

For medicinal purposes, used in solution as a surface anesthesia.

Combinations: With heroin, "dynamite," "speedball," or "whiz-bang." With morphine, also "whiz-bang."

WHAT IT FEELS LIKE

Immediate and overwhelming high or euphoria lasting three to five minutes, followed by intense low with depression, worry, inability to concentrate.

WHAT IT DOES

To Your Mind: Stimulates intense alertness and excitement.

To Your Body: Speeds up all systems, increasing heart rate and blood pressure, constricts blood vessels, alters breathing, creates dry mouth, dilates pupils, exaggerates movements.

Special Characteristics: Increased risk of overdose due to uncontrollable, higher concentration in bloodstream. Increased risk of heart failure in otherwise healthy users. Severe breathing and lung effects. Liver damage, malnutrition, overstimulation of all body systems, destruction of brain neurotransmitters.

HOW IT CAN HURT YOU

Shaking, muscle twitches, seizures, severe anxiety, compulsive repetition of actions with no meaning. Paranoia, psychosis, heart related effects, nausea and vomiting, changes in breathing, increase in body temperature. Cold sweat, dramatic mood swings, hallucinations, sensation of insects crawling under skin and other continuing psychotic effects. Eating and sleeping disorders, impaired sexual performance. Extreme social problems can develop from irritability, depression, and financial difficulties.

Death from overdose is common, as are suicide, homicide, fatal accidents while under the influence. Snorting can be fatal in itself. Breathing is often stopped when combined doses of cocaine and heroin are taken. Lethal doses vary by individual and are not predictable.

Dependence occurs as a psychological craving and physical withdrawal process. Unlike other drugs, intense psychological dependence is developed with even occasional low doses.

Street purchases are commonly substitute or diluted drugs. The unsuspecting buyer risks having no knowledge of what such he or she is taking or what the effects may be.

WHEN TO GET HELP

- Do you use crack?
- Do you use it in the morning or at regular intervals?
- Do you think about crack often?
- Do you lie about how much you use?
- Are you spending more on crack than you can afford?
- Are you having problems at work, school, with family and friends?

One "yes" and your common sense knows it's time to get smart about drugs and the rest of your life.

Fact: Cocaine may be the most addictive drug of all for everyone.

HEROIN

WHAT IT IS

Names: Heroin, dust, "H," horse, junk, smack, shit, scag, Mexican mud, China white, black tar.

Type: Semisynthetic narcotic pain killer, opiate.

Forms: Fine, white crystalline powder, water soluble and bitter tasting.

Combinations: With amphetamines, "bombitas" with cocaine, "dynamite," "speedball," "whizbang" with marijuana, "atom bomb," "A-bomb."

Usage: Injected (water solution) into bloodstream, "mainlining."

Under skin, "skin popping," or into muscle.

Sniffing (powder), "snorting."

Smoking (vapor), "chasing the dragon."

Swallowing (powder wrapped in tissue or bread).

Legal Status: Illegal in U.S. for all use. Legal in some countries for extreme cancer or other pain and for regulated maintenance of addicted users.

WHAT IT FEELS LIKE

An immediate, powerful orgasmic rush, followed by peacefulness, lack of pain, euphoria, leading to drowsiness (a "nod"), inactivity, inability to concentrate, small pupils, droopy eyelids, limited vision, slowed breathing, nausea and vomiting, lack of appetite, constipation, reduced sex drive, increased urination, itching or burning on skin, low body temperature, sweating.

WHAT IT DOES

To Your Mind: Metabolizes into morphine and depresses central nervous system, suppressing pain sensation and relieving anxiety.

To Your Body: Affects both gastrointestinal and respiratory systems, causing constipation and slow breathing.

Special Characteristics: Repeated use develops

tolerance to nausea and vomiting. Then, tolerance to desired effects also develops, requiring increased dosage.

HOW IT CAN HURT YOU

Drowsiness may progress to coma. Irregular breathing and heartbeat, respiratory and cardiac arrest. Slowed breathing may lead to oxygen starvation and brain damage. Needle infection may cause collapsed veins, tetanus, hepatitis, endocarditis or Acquired Immune Deficiency Syndrome (AIDS).

Death results from overdose which brings on lung and heart complications. Overdose can result from purchase of impure and/or unpredictable street drugs.

Dependence develops even when "chipping," using heroin infrequently and in low doses. The tolerance which develops causes progression to higher doses. Fear of withdrawal creates dependence in itself. Withdrawal and abstinence reduce tolerance for only a brief period.

Psychological dependence can be prolonged after withdrawal with depression, anxiety, inability to sleep, lack of appetite, restlessness and craving for the drug.

WHEN TO GET HELP

- Do you think about how and when you're going to use heroin again?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Do you spend more on heroin than you can afford?
- Do you use drugs in addition to heroin?

One "yes" and your common sense is all it takes to know it's time to get smart about heroin and the rest of your life.

Fact: Of all similar drugs, you are most likely to become addicted to heroin.

PCP/ANGEL DUST

WHAT IT IS

Names : Phencyclidine, PCP, peace pill, angel dust, crystal, hog, horse tranquillizer, tic, zoot.

Type: Dissociative anesthetic.

Forms: White, crystalline powder (may be colored as sold on the street), soluble in water or alcohol, pills or capsules.

Combinations: With LSD with marijuana, tobacco, or parsley as "supergrass," "killer weed."

Usage: Swallowed as liquid, tablet, capsule.

Sniffed as powder, "snorted."

Smoked as sprinkle for marijuana or parsley (joints), tobacco (sherms), mint.

Injected into bloodstream.

Legal Status: Illegal. (Discontinued veterinary use.)

WHAT IT FEELS LIKE

Unpredictable. Various sensations including dissociation from the environment, euphoria, hallucinations, relaxation, distorted time, space and body sensations, feelings of floating and weightlessness, inability to think or concentrate, anxiety, paranoia, various auditory and visual experiences, as with LSD.

WHAT IT DOES

To Your Mind: Depresses and stimulates central nervous system.

To Your Body: Alters speech, coordination, dexterity, and vision. Induces dizziness and drowsiness. Increases heart rate, blood pressure, breathing rate, urinary output. Induces sweating and vomiting. Causes jerky eye movement that can last for months after a single dose.

Special Characteristics: PCP is often sold as a substitute for other drugs, causing panic in unsuspecting users.

HOW IT CAN HURT YOU

Loss of sense of pain, psychic experiences, states of panic and fear of death lasting for several days. Bizarre, compulsive and violent behavior, involuntary eye movement, rigid muscles, loss of gag and corneal reflexes. Arching of the body, coma, alternating high and low blood pressure, irregular heartbeat, irregular breathing, severe nausea and vomiting, alternating high and low body temperature. Loss of memory and thought processes, ongoing speech problems, depression, toxic psychosis as aggressive and assaultive behavior, hallucinations.

Death from stopped breathing, convulsions, brain hemorrhage, kidney failure, drug combinations, fatal accidents. Murder, suicide, self mutilation, and drowning from swimming under the influence to enhance floating sensation.

Dependence arises as tolerance develops. Use is often in "runs" of two or three days, with disorientation and depression after withdrawal.

WHEN TO GET HELP

- Do you use PCP at all?
- Do you think about how and when you're going to use PCP again?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Do you spend more on PCP than you can afford?
- Do you use other drugs in addition to PCP?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Even in low doses, PCP produces harmful psychological effects. One dose may produce physical effects that last for months.

SPEED/AMPHETAMINES

WHAT IT IS

Names: Amphetamine, speed, methamphetamine, bennies, black beauties, copilots, crystal, dexies, eye openers, lid poppers, meth, pep pills, uppers, wake-ups, Dexedrine, Desoxyn.

Type: Central nervous system stimulant.

Forms: White crystalline powder, soluble in water, slightly soluble in alcohol. (Methamphetamine is freely soluble in water and alcohol.) Off-white to yellow coarse powder, crystals, and chunks. Capsules or tablets of various colors.

Combinations: With barbiturates, "goofballs" with methamphetamine or cocaine and heroin, "speed-balls" with LSD and PCP.

Usage: Swallowed (capsules, tablets).

Injected into bloodstream (solution).

Sniffed (powder), "snorted."

Legal Status: Illegal except for licensed medical treatment of narcolepsy, childhood behavior disorders, parkinsonism, epilepsy, hypotensive states.

WHAT IT FEELS LIKE

Rush of pleasure similar to orgasm or electric shock (after injection). Reduced appetite. Increased alertness, euphoria, excitement, creativity, power. Altered sex drive. Restlessness, dizziness, confusion, depression, irritability. Paranoia, distorted perceptions, visions.

WHAT IT DOES

To Your Mind: Overstimulates central nervous system.

To Your Body: Increases heart rate, breathing rate. Effects irregular heartbeat and breathing. Dry mouth, foul taste, diarrhea. Appetite suppression. Retraction of gum tissue. Impotence. Increased urine output,

fainting, sweating, fever, convulsions, coma, hemorrhage.

Special Characteristics: Methamphetamine "run" of three to five days produces euphoria replaced by agitation on second day, along with frightening visual images and exhaustion. Amphetamine "run" psychosis may bring on uncontrollable violent behavior similar to paranoid schizophrenia.

HOW IT CAN HURT YOU

Chronic sleep problems, nervousness. Nutritional deficiency, skin rash, high blood pressure. Paranoia, chronic amphetamine psychosis, decreased emotional control, severe depression. Needle related hepatitis, infection, Acquired Immune Deficiency Syndrome (AIDS), collapsed and blocked blood vessels, overwork of body systems.

Death from suicide induced by psychic depression, collapse of blood vessels in brain, heart failure, extreme fever, violent accidents and murders.

Dependence arises from tolerance and cross-tolerance, and taking additional drug to stop withdrawal effects, risking return of psychosis.

WHEN TO GET HELP

- Do you use speed regularly?
- Do you think about how and when you're going to use speed again?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Do you spend more on speed than you can afford?
- Do you use drugs in addition to amphetamines?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Speed users reach a plateau where no pleasure is possible.

DOWNERS/BARBITURATES

WHAT IT IS

Names: Barbiturates, barbs, downers, goofballs, Amytal (amobarbital), Butisol (butabarbital), Nembutal (pentobarbital), Luminal (phenobarbital), Seconal (secobarbital), methaqualone (ludes, 714s).

Type: Sedative, hypnotic.

Forms: White, bitter tasting powders soluble in water.

Combinations: With amobarbital and secobarbital, "Tuinal" with butalbital, ASA (Aspirin), and caffeine, "Fiorinal" (with codeine, "Fiorinal C") with weak street heroin and methamphetamine.

Usage: Swallowed as tablet, capsule or liquid solution. Inserted as rectal suppository.

Injected into bloodstream (mainlining) or muscle, or under skin (skin popping).

Legal Status: Legal as manufactured and prescribed by license for clinical use.

Other Forms: Similar acting non-barbiturate downers once sold as Quaalude or Mandrox are no longer manufactured in America.

WHAT IT FEELS LIKE

Relaxation, peacefulness, sleepiness, pleasurable intoxication, dizziness, inactivity, withdrawal, interrupted thought processes, mood swing, excitement, increased pain, hostility, depression, anxiety, confusion, changed vision, increased sex drive, intense emotions, hangover.

WHAT IT DOES

To Your Mind: Depresses central nervous system.

To Your Body: Progressive decline in blood pressure, heart rate and breathing. Nausea, vomiting, abdominal pain. Alternate pupil constriction and dilation. Loss of reflex response. Low body temperature and blood temperature. Weak pulse.

Special Characteristics: Effects cause ever increasing depression of respiratory control centers of the brain. Medical application is based on the durations of action of the many and various barbiturates: ultra short, short and intermediate, long acting. Tolerance leads to increased doses, risk of life-threatening complications, and severe withdrawal symptoms.

HOW IT CAN HURT YOU

Anxiety, restlessness, depression. Psychotic episodes. Impaired memory, judgment and thinking. Worsening of preexisting emotional disorders. Hostility, chronic fatigue from sleep disturbance or insomnia. Slurred speech, limited motor coordination. Changes in eyesight. Vertigo, impotence, reduced sex drive, irregular menstruation, breathing disorders.

Death can come from stopped breathing, suicide, combination with other CNS depressants (such as alcohol), severe withdrawal reactions.

Dependence builds with tolerance, which varies for each individual, and develops as cross-tolerance to similar drugs. Craving continues after pleasurable effects disappear and drug use is stopped.

WHEN TO GET HELP

- Do you use downers regularly?
- Do you think about how and when you're going to use them again?
- Is your work or school performance affected?
- Are you having problems with family and friends?
- Are you spending more on drugs than you can afford?
- Do you use other drugs in addition to barbiturates?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Barbiturates are among the most dangerous, life threatening drugs.

HALLUCINOGENS

WHAT IT IS

Names: Cannabis (THC, marijuana), LSD (lysergic acid diethylamide, blotter, tile, windowpane, acid), peyote (mescaline), MDA (methylenedioxyamphetamine), MDMA (XTC, ecstasy, Adam), PCP (phencyclidine), PMA (paramethoxyamphetamine, death drug), STP (DOM), TMA (trimethoxyamphetamine), psilocybin (magic mushroom, shroom), fly agaric mushroom (amanita muscaria), atropine alkaloids, DMT (dimethyltryptamine) harmaline, ketamine.

Type: Hallucinogens, psychotomimetic, psychedelic.

Forms: Natural plant derivations, partial and total synthetics as powders, solutions, pills, vapors.

Usage: Sniffed (snorted), injected into bloodstream (mainlining), muscle or under skin (skin popping), smoked, swallowed, applied to membrane surfaces, cooked into foods, chewed.

Legal Status: Illegal except for licensed research, medical applications and ritual use of peyote by the Native American Church.

Other Forms: Ketamine is injected as anesthetic. Atropinic alkaloids control spasms, gastrointestinal problems, salivary and lung secretions, parkinsonism; dilate pupils for eye exam; prevent motion sickness.

WHAT IT FEELS LIKE

Unpredictable alterations of mood, thought and perceptions of time, space, and self. Produces vivid distortions of all senses ranging from extreme excitement and joy to absolute terror, in the same session and varying from session to session. Sensory experiences combine so that what is heard is also seen. Initial episodes are often negative, a "bad trip." Depending upon drug, episodes last from minutes to days, effects from hours to weeks.

WHAT IT DOES

To Your Mind: Disrupts and/or dissociates mental processes.

To Your Body: Disrupts systems variously from altered heart rate to convulsions.

Special Characteristics: All drugs in this category produce unpredictable effects. Risk is increased by deliberate mislabeling.

HOW IT CAN HURT YOU

Many illegally manufactured hallucinogens are sold on the street as substitute drugs, creating unpredictable risks for buyers. Effects are individual to each user. Psychic and physical reactions are not predictable. Depression can be mild or severe. Psychosis can last for months. Flashbacks can recur anytime.

Death can result from convulsions, poisonous dose levels, bizarre accidents and murder, suicide, driving under the influence, fatal effects of substitution or altered manufacture of drugs, lethal effects of combinations of drugs.

Unborn children of mothers who take hallucinogens may be aborted, born with abnormalities, or experience delayed development.

WHEN TO GET HELP

- Do you think about how and when you're going to use hallucinogens again?
- Is your work or school performance affected?
- Are you having problems with family and friends?
- Are you spending more on drugs than you can afford?
- Do you also use other drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: All hallucinogens produce unpredictable, negative effects.

INHALANTS

WHAT IT IS

Names: Solvents, aerosols, nitrites (poppers), nitrous oxide (giggle gas, whippets), trichloroethane, sniff.

Type: Sedative/hypnotic; anesthetic.

Forms: Hydrocarbon solvents as liquid or gas.

Combinations: Anti-freeze, gasoline, de-greaser. Windshield washers; foam dispensers, acetone. Cleaning fluid, spot remover or shoe polish, nail polish remover. Gasoline, household cements, lacquer thinners, lighter fluid, model cements. Airplane glue, plastic cements, rubber tire patching cement. Paint and varnish removers, paint brush cleaners, household waxes. Typewriter correcting fluids and thinners, general household cleaners. Floor wax removers, suede cleaners, liquid incense, room deodorizer.

Usage: Inhaling gas or vapor from balloon, paper or plastic bag.

Sniffing vapor directly from container.

Inhaling saturated material placed over mouth.

Heating and inhaling higher vapor concentrations.

Swallowing solvent mixed with alcoholic beverages.

Injecting into bloodstream.

Spraying aerosols directly into mouth.

Legal Status: Legal. Amyl nitrate by prescription.

WHAT IT FEELS LIKE

Dizzying rush. Alcohol-like intoxication. Distortion of senses and perceptions, delusions of grandeur. Dizziness, euphoria, weightlessness. Dissociation from environment. Silliness, awkward movement, muscle weakness. Altered speech, slowed reactions, altered judgment. Sensitivity to light, double vision, dilated pupils, ringing in ears. Drowsiness, sleep, anesthesia, depression, hallucinations, delirium, disorientation.

WHAT IT DOES

To Your Mind: In most cases, depresses central

nervous system. Nitrites stimulate.

To Your Body: Interrupts and increases heart rate, alters breathing.

Special Characteristics: Cheap and easily available, solvents are often used by adolescents who knowingly risk life-threatening effects to bolster self-esteem or gain peer approval. Nitrite blackout results from combination with other drugs.

HOW IT CAN HURT YOU

Toxic effects of inhalation of combined substances. Bizarre behavior. Severe depression, toxic psychosis. Pains in chest, muscles and joints, hangover, amnesia. Coma, seizures, brain damage, paranoia, nerve damage, Liver and kidney damage, respiratory tract damage, accumulation of body lead levels. Bone marrow deterioration, blood abnormalities, tremors, sleep disorders. Fatigue, loss of appetite, bronchial tube spasm, "glue sniffer's rash" (sores on nose and mouth). Nosebleeds. Nausea, diarrhea, eye/nose irritation; glaucoma, blood cell damage.

Death can come from "SSD" (sudden sniffing death), plastic bag suffocation, bizarre and reckless behavior, driving under the influence, poisoning of users and small children, suicide or respiratory depression. With fluorocarbons, death may be caused by "airway freezing" suffocation.

WHEN TO GET HELP

- Do you think about how and when you're going to use drugs again?
- Is your work or school performance affected?
- Are you having problems with family and friends?
- Is your drug use beyond what you can afford?
- Do you use other drugs in addition to inhalants?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Small amounts of inhalants can be instantly fatal.

DESIGNER DRUGS/ MICROCHIP DRUGS

WHAT IT IS

Names: Fentanyl citrate (Sublimaze, Sufentanil), alpha-methylfentanyl (AMF, China White), parafluorofentanyl (PFF), meperidine (MPPP), synthetic or new heroin).

Type: Analgesic, opioid.

Forms: Designed to resemble heroin as white powder or water solution.

Combinations: With MPTP as undesirable byproduct.

Usage: Injected into bloodstream or muscle.
Snorted into nasal passage.

Legal Status: Legal as synthetic substances, except AMF.

Other Forms: Fentanyl is the most powerful narcotic analgesic in medical use for surgical situations.

WHAT IT FEELS LIKE

Similar to heroin: Euphoric rush, anxiety, depression, nausea, vomiting, constipation.

WHAT IT DOES

To Your Brain: Depresses breathing brain center.

To Your Body: Depresses body systems including heart functions.

Special Characteristics: Rigid muscles and depressed breathing may last long after other effects end. AMF may relieve drug withdrawal symptoms longer than heroin does, but toxic effects are more potent and threatening. MPTP is a dangerous, accidental byproduct of sloppy MPPP manufacture.

HOW IT CAN HURT YOU

Muscle rigidity, depressed breathing, extreme toxic effects; MPTP induced immobility, alteration of speech; loss of body control, tremor, drooling, flattened facial expression and other symptoms of Parkinson's disease, depression, anxiety.

Death from stopped breathing due to powerful toxic effects.

Dependence develops with tolerance and craving for "rush."

Unborn children may be affected when pregnant women take designer drugs. Ingredients and potency are unpredictable.

WHEN TO GET HELP

- Are you using synthetic drugs?
- Do you think about how and when you're going to use drugs again?
- Is your work or school performance affected?
- Are you having problems with family and friends?
- Do you spend more on drugs than you can afford?
- Do you use a variety of drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Over 200 known high risk synthetic drugs exist on the street with potentially fatal toxic effects.

TRANQUILIZERS

WHAT IT IS

Names: Tranks, downers, antianxiety agents (anxiolytics), happy pills, BZDs, mood modifiers, mood elevators.

Minor Tranquillizers

Benzodiazepines I: Alprazolam (Xanax), chlorazepate (Tranxene), chlordiazepoxide (Librium, No-vopoxide), diazepam (E.Pam, Valium, Vivol), lorazepam (Ativan), oxazepam (Serax), Vs (Valium).

Benzodiazepines II: Flurazepam (Dalmane, Novoflupam, Somnol), nitrazepam (Mogadon), temazepam (Restoril), triazolam (Halcion).

Meprobamate: Equanil, Meprospan-400, Miltown.

Forms: Benzodiazepines I - white, creamy or yellow powder, crystalline or fine. Benzodiazepines II - white or yellow crystalline powder. Meprobamate - white powder. Soluble in varying degrees with water and/or alcohol.

Combinations: Librax (chlordiazepoxide, clidinium bromide) for peptic ulcer; 217 Mep (meprobamate, ASA, caffeine citrate), 282 Mep (217 Mep plus codeine phosphate). When abused, combined with other central nervous system depressants, especially alcohol and barbiturates.

Usage: Swallowed as capsule, tablet or liquid. Injected into bloodstream as solution.

Legal Status: Legal as manufactured and prescribed.

Other Forms: Major tranquilizers are used in managing psychiatric illness. Unlike minor tranquilizers, their effects do not mirror sedative/hypnotic drugs. Combined with alcohol and other depressants, however, side effects are intensified.

WHAT IT FEELS LIKE

Relaxation and calmness, (mild euphoria with diazepam, more intense with meprobamate), drowsiness, fatigue, hostility, dizziness, depression, blurred and

double vision, confusion, memory loss, hallucinations.

WHAT IT DOES

To Your Mind: Activates specific brain receptors.

To Your Body: Interferes with control of movements.

Special Characteristics: Diazepam is often substituted for methaqualone (ludes, 714s, Quaalude) when sold on the street. Small amounts of alcohol can be lethal when interacting with benzodiazepines. Heroin addicts and recovering alcoholics use Diazepam to achieve mild intoxication. Benzodiazepines can alleviate side effects of withdrawal from other drug abuse.

HOW IT CAN HURT YOU

Lack of coordination. Altered speech, confusion, coma. Withdrawal effects. Tremors, altered speech, rapid heart rate, blood pressure drop, headache. Mood swings, tension, nightmares, nausea, rash. Loss of sexual function, apathy, increased toxic effects in combination with other CNS depressant drugs.

Death from effects of combinations of tranquilizers and other drugs such as alcohol, or from driving under the influence.

WHEN TO GET HELP

- Do you find it hard to cope without a pill?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Do you use a variety of drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Tranquilizers are the most widely prescribed psychotherapeutic agents in the world, and are most involved in suicide attempts and accidental overdoses.

NARCOTICS

WHAT IT IS

Names: Codeine (Schoolboy), heroin (junk, horse, H, Harry, scat, smack, scag, brown sugar), hydromorphone (Dilaudid), meperidine (Demerol), methadone, morphine, oxycodone (Percodan), pentazocine (Talwin), propoxyphene (Darvon), diphenoxylate (Lomotil), fentanyl, hydrocodone (Novahistex DH), levallorphan (Lorfan), MPPP, opium, pain killers.

Type: Narcotic analgesic as natural or semisynthetic opiate. Synthetic opioids.

Forms: Poppy juice, powder, solution.

Combinations: With cocaine or methamphetamine (speedball).

Usage: Injected into bloodstream (mainlining, hit) or muscle, or under skin (skin popping). Swallowed.

Legal Status: Illegal except as manufactured and prescribed by license.

Other Forms: Narcotic combination compounds (ASA [Aspirin] and oxycodone or codeine) are used for moderate pain from inflammation. Morphine, codeine, hydrocodone and hydrocodone are used in cough suppressants. Morphine, opium and diphenoxylate (Lomotil) are used in antidiarrhea medications. Opiates are used to relieve pain and for anesthesia.

WHAT IT FEELS LIKE

Orgasmic rush of pleasure, numbness, lack of pain, euphoria. Anxiety, depression, nausea, constipation may occur as after-effects.

WHAT IT DOES

To Your Mind: Depresses breathing and other brain centers. Relieves pain and anxiety.

To Your Body: Depresses all body systems.

Special Characteristics: "Antagonists" such as

methadone prevent narcotic effects from developing and reverse the acute effects. Sharp, localized pain is not relieved well by narcotic analgesics. Withdrawal effects for all narcotics, and for methadone, can be severe.

HOW IT CAN HURT YOU

Impurity of street drugs, dangers of needle use (including infection and AIDS), withdrawal effects, limited vision, reduced sex drive, menstrual irregularity, chronic constipation, mood swings, breathing problems, heart problems, tremors, muscle twitches, hyperactive reflexes, nervousness, restlessness, seizures, toxic psychosis.

Death from malnutrition, overdose, combination effect of barbiturates and other sedative/hypnotic drugs.

Dependence develops with tolerance and cross-tolerance of other drug effects, and fear of withdrawal.

Unborn children of dependent mothers absorb the drugs and experience a life-threatening withdrawal process after birth. Methadone infant withdrawal is especially severe.

WHEN TO GET HELP

- Do you think about how and when you're going to take drugs again?
- Is your work or school performance affected?
- Has your health changed?
- Are you having problems with family and friends?
- Are you spending more on narcotics than you can afford?
- Do you use a variety of drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: All narcotics are addicting and dangerous.

OVER-THE-COUNTER DRUGS

WHAT IT IS

Names: Antihistamines, decongestants, cough syrups, pain relievers, mouthwashes, reducing aids, sleeping aids, stimulants, alcohol, caffeine, look-alikes, act-alikes.

Type: Psychoactive.

Forms: Tablets, capsules, powders, solutions, sprays, chewing gum.

Combinations: Cold and cough preparations with codeine and/or alcohol, with antihistamines and decongestants or with PPA.

Mouthwash with alcohol.

Aspirin with caffeine and/or acetaminophen.

Amphetamine (speed) look-a-like with caffeine, PPA, ephedrine.

Quaalude (lude) look-a-like with acetaminophen or aspirin.

Cocaine (coke) look-a-like with caffeine, PPA, ephedrine and benzocaine, lidocaine, procaine or tetracaine.

Usage: Swallowed.

Injected.

Sniffed (snorted).

Legal Status: Legal.

WHAT IT FEELS LIKE

Varies from mild single drug effects to extreme combination drug effect. Alertness, anxiety, restlessness, confusion, dizziness, numbness, lightheadedness, mild euphoria, drowsiness, relaxation, nausea, headache, hostility, delirium, excitement, body tension. Look-a-like amphetamine: agitation, hallucination. Look-a-like cocaine: rush of euphoria, anxiety.

WHAT IT DOES

To Your Mind: Stimulates or depresses central nervous system, especially respiratory center.

To Your Body: Alters heart rate, blood pressure, and breathing, interferes with control of body movements and reflex actions.

Special Characteristics: Depressant effect is intensified if antihistamines, alcohol, tranquilizers, and like drugs are combined. Nose sprays effect "nasal rebound effect" and addiction. Cold pills combined with cough syrups can double dose and side effects of all drugs. Small children are strongly affected by alcohol-based drugs. Aspirin should be avoided before surgery. It interacts with various prescription drugs and can cause internal bleeding when combined with alcohol. Aspirin use for children under age 16 with chicken pox or flu can bring on Reye syndrome. Aspirin is the most common cause of accidental poisoning in children. Ibuprofen may have side effects for those allergic to aspirin. PPA can cause heart palpitations. Indocin and PPA can raise blood pressure to life-threatening levels.

HOW IT CAN HURT YOU

Hypertension. Inability to sleep. Changes in blood pressure and heart functions. Respiratory depression, individual allergic or psychotic reactions, kidney and liver damage. Coma, vomiting, tremors, ulcers, colitis. Needle related infections and AIDS.

WHEN TO GET HELP

- Do you take more medication than is prescribed?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Are you spending more on drugs than you can afford?
- Do you use a variety of drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Aspirin is one of the top five drugs involved in emergency room visits for poisoning.

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CAFFEINE

WHAT IT IS

Names: Caffeine, pep pill.

Type: Psychoactive.

Forms: White, crystalline powder solution.

Seeds of *Coffea arabica* (coffee).

Leaves of *Thea sinensis* (Tea).

Seeds of *Theobroma cacao* (cocoa, chocolate).

Leaves of *Ilex paraguariensis* (yerba mate).

Kola nuts of *Cola acuminata* (cola drinks).

Combinations: with ASA and/or codeine (cold and cough medications);

With ergotamine (cafergot).

With PPA and ephedrine (look-alike amphetamine).

With theophylline or dextrose (stimulants).

Usage: Swallowed as coffee, tea, cola, soft drink beverage or as tablet/capsule medication. Eaten as chocolate product or ingredient. Injected in sodium benzoate solution.

Legal Status: Legal.

Other Forms: Migraine and other headache treatment (cafergot, Fiorinal, Fioricet). Pain relievers (Anacin, Vanquish, Excedrin, Midol; Darvon, Synalgos-DC, DGA). Muscle relaxant (Norgesic, Forte). Cold/allergy treatment (Coryban-D). Diuretic (Aqua-Ban). Pep pill (No Doz, Vivarin).

WHAT IT FEELS LIKE

Slightly elevated mood. Alertness. Sensitivity of touch, smell, sight, and hearing, nervousness. Irritability, insomnia, tremors, depression.

WHAT IT DOES

To Your Mind: Stimulates central nervous system.

To Your Body: Constricts cerebral blood vessels, increases blood flow in body, stimulates heart, increases basal metabolic rate, limits glucose metabolism, relaxes some smooth muscles, increases urine flow.

Special Characteristics: Caffeine shortens sleep time, reduces depth of sleep, increases early dream-state sleep, reduces later dream-state sleep. Coffee drinking combined with tobacco smoking intensifies elevated blood pressure effect. Caffeine is a substitute for amphetamine street drugs.

HOW IT CAN HURT YOU

Rapid, irregular heart beat, increased blood pressure, high blood sugar levels, urine acid, tremors, convulsions, headache, effects of "caffeinism" (ringing in the ears, extreme sensitivity to pain or touch), sleep disorders, possible cancer causing effects, withdrawal effects.

Death from convulsion, heart and breathing problems caused by overdose. Lower doses can be fatal for children.

Dependence develops with tolerance to effects and psychological need for ritual, such as morning coffee.

Unborn children may be affected by caffeine passed through placental barrier.

WHEN TO GET HELP

- Do you feel that you need your "pick-me-up" before beginning a day or project?
- Do you drink more than two cups of coffee a day?
- Is your work or school performance affected by your drug use?
- Are you having problems with family and friends?
- Are you spending more on drugs than you can afford?
- Do you use a variety of drugs?

One "yes" and your common sense tells you it's time to get smart about drugs and the rest of your life.

Fact: Caffeine is the most widely used drug in the world, for children and adults.

DRUG TERMINOLOGY

- Acquired Immune Deficiency Syndrome (AIDS):** loss of the ability to fight disease, brought about by virus spread through sexual contact or needle sharing.
- alkaloid:** the active element of a drug in its natural state.
- allergy:** extreme reaction to drug element.
- amotivational syndrome:** disinterested, uninvolved, unmotivated, passive, lethargic as associated with cannabis abuse.
- analgesic:** numbs pain while user is alert.
- anesthesia:** loss of sensitivity, usually in unconscious state.
- antagonist:** blocks effects of another drug.
- antitussive:** prevents coughing.
- cardiac arrest:** stopping of all heart function.
- cardiovascular system:** heart and blood vessels.
- central nervous system (CNS):** brain and spinal cord.
- cerebellum:** brain center controlling muscle coordination.
- cerebral cortex:** gray matter on upper surface of brain controlling sensory perception, thought process, control of movement.
- chronic:** long lasting.
- cirrhosis:** progressive liver disease, often related to alcohol abuse.
- coma:** unconsciousness beyond arousal.
- congener:** chemically related to another drug.
- convulsion:** severe, involuntary muscle spasm, usually with loss of consciousness.
- cross-dependence:** a similar drug can prevent withdrawal effects, but will not necessarily prolong other effects.
- cross-tolerance:** insensitivity to similar effects of other drugs.
- dependence:** craving or physical need for a drug which interferes with physical and mental health, social responsibility and well-being.
- depressant:** slows functions of specific organ system.
- depression:** physical slowing of functions or emotional despair and unhappiness.
- derivative:** extracted from another drug by chemical process.
- detoxication (detox):** eliminating harmful drug effects.
- disinhibitor:** causing loss of inhibitions.
- dissociative:** feelings of separation or distance from situation.
- drug:** any natural or manufactured substance with physiological or psychological effects.
- DTs:** delirium tremens related to alcohol withdrawal.
- euphoria:** heightened feeling of happiness, well-being.
- hallucination:** an unreal perception believed to be real.
- hemorrhage:** loss of blood from blood vessels.
- hepatitis:** inflammation of the liver related to toxic substances or viral infection.
- hypertension:** extremely high blood pressure.
- hyperthermia:** extremely high body temperature.
- hypotension:** extremely low blood pressure.
- hypothermia:** extremely low body temperature.
- hypnotic:** sleep inducing drug.
- intoxication:** both inebriation and poisoning.
- intramuscular:** within a muscle.
- intravenous:** within a vein
- metabolism:** body conversion of substances into various other substances.
- narcotic:** a drug which has a numbing or deadening effect.
- nasal rebound effect:** after frequent use of decongestant spray, nose clogs from effects and tolerance develops.
- needle pleasure syndrome:** experienced addicts associate pleasure with any drug or non drug injection.
- opiate:** natural or semisynthetic narcotic analgesic derived from the opium poppy.
- opioid:** a synthetic narcotic analgesic, also used in the general sense for all narcotic analgesics.
- OTC:** over-the-counter drug widely available without prescription.
- overdose:** amounts over the prescribed or indicated doses that produce damaging effects.
- paranoia:** extreme suspicion.
- parkinsonism:** brain disorder affecting involuntary twitches, tremors, unusual walk, Parkinson's disease.
- pseudohallucination:** perceived as real but known to be unreal by drug user.
- psychoactive:** affecting emotions, thoughts, behavior.
- psychosis:** severe mental disorder.
- respiratory arrest:** stopped breathing.
- Reye syndrome:** uncommon but sometimes fatal disease associated with the use of aspirin by children under age 16 who have chicken pox or a viral syndrome, causing violent headaches, vomiting, sleepiness, irritability, disorientation and delirium.
- schizophrenia:** bizarre behavior with extreme disturbances in thought and mood.
- sedation:** state of extreme calm and relaxation produced by a drug.
- seizure:** convulsions or other physical or psychic evidence of abnormal electric activity in the brain.
- side effect:** effect, usually undesirable, which accompanies primary desired effect.
- solvent:** liquid used to dissolve other substances.
- subcutaneous:** under the skin.
- tolerance:** body adaptation to repeated drug effects requiring increased dosage for original experiences.
- toxic psychosis:** severe mental disorder caused by psychoactive substances.
- ulcer:** injury to skin or mucosal surface in body.
- withdrawal sickness:** physical and psychological effects when use of drug is stopped.