Employee Handout - Alcohol & drugs - supervisor (alcohol)

1. Discuss the regulatory requirements connected with reasonable suspicion testing.

Content: Section 382.307 of the Federal Motor Carrier Safety Regulations (FMCSRs) addresses reasonable suspicion testing. The regulation requires a driver to submit to an alcohol or drug test when his/her employer has reasonable suspicion to believe the driver has violated the drug and alcohol prohibitions in Part 382, Subpart B.

The employer's suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver.

Section 382.603 states that all people who are designated to supervise drivers must receive at least 60 minutes of training on alcohol misuse and an additional 60 minutes of training on drug use.

Only one supervisor or company official is required to make the observations necessary to require a test.

Alcohol testing is authorized only if the observations are made during, just before, or just after the driver performs safety-sensitive functions. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test may not conduct the alcohol test.

If a reasonable suspicion alcohol test is not administered within 2 hours following the observations, the employer must prepare and maintain on file a record stating the reasons the alcohol test was not administered promptly. If the test was not administered within 8 hours, the employer must cease attempts to administer the test, and shall prepare and maintain the record stating the reasons the alcohol test was not administered.

If reasonable suspicion is observed but a reasonable suspicion test has not yet been administered, a driver may not perform safety-sensitive functions until:

* an alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or

* 24 hours have elapsed following the determination of reasonable suspicion.

The regulations do not give the employer authority to take any action, other than stated above, against a driver based solely on the driver's behavior and appearance with no test result. However, the employer
may take other action independent of the regulations.

A written and signed record of the supervisor or company official’s observations that led to a reasonable suspicion test must be completed within 24 hours of the observed behavior, or before the results of the test are released, whichever is earlier.

Notes: Distribute a copy of the FMCSRs. Review the alcohol prohibitions listed in Part 382, Subpart B, the reasonable suspicion testing regulations in Sec. 382.307, and the training requirements for supervisors in Sec. 382.603.

Exercises: None

2. Discuss how to approach a driver when you reasonably suspect he/she is misusing alcohol.

Content: If you suspect that a driver is misusing alcohol, stick to the facts. Base your observations on what you can see or smell, not on a hunch or what someone else tells you. The following are some things you may see or smell if alcohol misuse is in question:

* poor balance, lack of coordination;
* alcohol odor on breath;
* odor or presence of vomit on clothes;
* inability to divide attention; and/or
* slurred speech.

It is important to remember that some medical emergencies may resemble alcohol use. For this reason it is recommended that the following approach to reasonable suspicion testing be taken.

1. Explain to the driver that you are concerned about the behavior or physical appearance you see. Ask the driver to explain what is happening.

2. Unless you are fairly certain that alcohol has been misused require the driver to undergo both alcohol and drug testing. (NOTE: This is a suggested approach. Your company policy may vary.)

3. Explain that based on the alcohol and drug regulations and your observations, you believe the driver should be evaluated for alcohol and/or drug use.

4. Explain to the driver that a short health assessment will be done at the test site to rule out medical problems. (NOTE: Some medical emergencies such as heart attack, stroke, or diabetic crisis may cause the same symptoms as alcohol or drug use. It is highly recommended...
that a blood pressure reading and pulse and respiratory rates be checked at the testing site. Check your company policy for details on how this is handled within your company.

5. For safety reasons, do not allow the driver to drive himself/herself to the testing site. The driver should be accompanied by a company official or supervisor.

Notes: Distribute a copy of your company's policy on determining reasonable suspicion and how a driver should be approached. Open your session to discussion and questions.

Exercises: None

3. Discuss additional approaches for situations that are difficult.

Content: Telling someone that they must undergo alcohol or drug testing for reasonable suspicion can be awkward and uncomfortable. The following are some suggestions for handling difficult situations.

1. The driver becomes defensive or denies your comments.

* Listen respectfully.
* Repeat what you have observed, emphasizing the DOT rules and your company policy.
* Point out that the situation requires action, in this case evaluation (testing).

2. The driver talks non-stop.

* Interrupt by asking questions that require only a yes or no answer. This will help focus the event and place you in control of the situation.

3. The driver cries.

* Listen and respond with kindness.
* Allow a few minutes for the driver to regain control.
* Make it clear that you are not blaming, rather you are following the established rules.

4. The driver remains silent.

* State that you are not blaming, but following the rules.
* Ask a non-threatening question such as 'Is there anything you'd like to tell me?' then remain quiet until the person answers.

5. The driver is aggressive or belligerent.
* Maintain your composure by using a calm tone of voice.
* Avoid yelling because it sets up a win-lose situation and could escalate the aggressive behavior.
* Ignore inflammatory remarks.
* Stick to the facts, repeating them when needed.

6. The driver is uncooperative.

* Repeat your observations and the need for evaluation in a calm, firm voice.
* Stick to the facts.

Notes: A role playing exercise may help your students understand how to approach a driver and handle what can be an uncomfortable situation. Either design a scenario for your students to act out or use the scenario provided in this the handout.

Exercises: Reasonable suspicion role playing.

4. Discuss the signs and symptoms of alcohol misuse.
   
   Content: Alcohol is a socially acceptable drug that when consumed in moderation, is considered a recreational beverage. However, when consumed primarily for its physical and mood-altering effects it is considered a substance of abuse. Alcohol is a depressant that slows down physical responses and progressively impairs mental functions. Signs and symptoms of use include:

   * dulled mental processes;
   * lack of coordination;
   * odor of alcohol on breath;
   * possible constricted pupils;
   * sleepy or stuporous condition;
   * slowed reaction rate; and
   * slurred speech.

   Notes:

Exercises: None

5. Discuss the health effects of alcohol misuse.
   
   Content: The chronic consumption of alcohol (average of three servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounce glass)) over time may result in the following health hazards:

   The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.

   Heavy alcohol use can also severely affect the gastrointestinal tract,
contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.

Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.

Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.

There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.

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

Notes:

Exercises: None

6. Discuss the social issues involved with alcohol misuse.

Content: About two in every five Americans will be involved in an alcohol-related vehicle accident during their lifetimes.

The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.

Falls are the most common cause of nonfatal injuries in the U.S., and the second most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. An alcohol concentration between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by 10 times, and above 0.16 percent, it increases by 60 times.

Research indicates that over 60 percent of those killed in nonvehicular fires (fourth leading cause of accidental death in the U.S.) have alcohol concentrations over 0.10 percent.

Up to 40 percent of industrial fatalities and 47 percent of industrial injuries can be linked to alcohol consumption and alcoholism.

Approximately 38 percent of those who drown (third leading cause of accidental death in the U.S.) have been exposed to alcohol at the times of their deaths.
Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

In 1999, 38 percent (15,786) of all traffic fatalities were alcohol-related.

The intoxication rate for drivers of large trucks in fatal crashes was 1 percent in 1999.

Notes:
Exercises: None

7. Discuss how alcohol can cause birth defects.

Content: Fetal alcohol syndrome (FAS) is linked to birth defects and is the leading known cause of preventable mental retardation. FAS can be prevented by abstaining from alcohol consumption during pregnancy.

FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as a small head circumference, flattened mid-face, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.

Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birth weight, subtle behavioral problems, or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.

Pregnant women who consume one to two drinks per day are twice as likely as nondrinkers to have a growth-retardant infant weighing less than 5.5 pounds.

Newborns whose mothers drink heavily (an average of five drinks per day, especially in the last three months of pregnancy) may show signs of alcohol withdrawal such as tremors, sleeping problems, inconsolable crying, and abnormal reflexes.
There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy.

Public Health Recommendations: The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.

Notes:
Exercises: None

8. Discuss the warning signs of alcoholism.

Content: The following are warning signs of alcoholism.

1. Increased difficulty at home - Conflicts, absences, disappearances, and discrepancies.

2. Significant emotional and behavioral changes - Family, friends, and co-workers concerned about behavior.

3. Unexplained absenteeism at work - Isolates and withdraws.

4. Alterations in lifestyle to accommodate alcohol use - Lies about use.

5. Frequent illness - Need for medication/over-prescribing.

6. Unexplained time spent alone in the office/prolonged time spent in the bathroom.

7. Legal and financial troubles - DUls, lawsuits, debts, etc.

8. Problems at work - Difficulties dealing with coworkers, complaints.

9. Continued use of alcohol with elaborate justification for need.

Notes:
Exercises: None

9. Discuss how alcohol impairs functions needed for driving.

Content: Alcohol consumption is associated with a wide range of accidents and injuries resulting from the impaired performance of complex mental and motor functions. The relationship between alcohol and motor vehicle crashes is well known. The subtlety and complexity of the skills required to operate motor vehicles make them susceptible to impairment by even low doses of alcohol.

The evidence linking alcohol and transportation accidents is supported
by National Institute on Alcohol Abuse and Alcoholism experimental studies of alcohol's effect on specific driving-related skills. These skills may be divided into cognitive skills, such as information processing, and psychomotor skills (those involving eye-brain-hand coordination).

Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, an alcohol concentration of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

The brain's control of eye movements is highly vulnerable to alcohol. In driving, the eyes must focus briefly on important objects in the visual field and track them as they (and the vehicle) move. Low to moderate alcohol concentrations (0.03 to 0.05 percent) interfere with voluntary eye movements, impairing the eye's ability to rapidly track a moving target.

Steering is a complex psychomotor task in which alcohol effects on eye-to-hand reaction time are superimposed upon the visual effects described above. Significant impairment in steering ability may begin as low as about 0.035 percent alcohol concentration and rises as alcohol concentration increases.

Alcohol impairs nearly every aspect of information processing by the brain. Alcohol-impaired drivers require more time to read a street sign or to respond to a traffic signal than unimpaired drivers; consequently, they tend to look at fewer sources of information. Research on the effects of alcohol on driver performance shows a narrowing of the attentional field beginning at about 0.04 percent alcohol concentration.

The most sensitive aspect of driving performance is the division of attention among component skills. Drivers must maintain their vehicles in the proper lane and direction while monitoring the environment for vital safety information, such as other vehicles, traffic signals, and pedestrians. Alcohol-impaired subjects who are required to divide their attention between two tasks tend to favor one of them. Therefore, alcohol-impaired drivers tend to concentrate on steering, becoming less vigilant with respect to safety information. Results of numerous studies indicate that divided attention deficits occur as low as 0.02 percent alcohol concentration.

Notes:

Exercises: None

10. Review the warning signs of alcohol misuse.

Content: The existence of an alcohol problem often manifests itself in an
employee's work performance, behavior or appearance in the following ways.

1. Excessive absences and/or tardiness (especially after a weekend or holiday).

2. Frequent requests for time off during the workday.

3. Numerous accidents without explanation.

4. Pattern of accidents in area during particular time shift.

5. Noticeable increase in medical insurance claims, particularly for non-job injuries.


7. Lack of concentration or decreased productivity after lunch or breaks.

8. Non-work-related visits from other employees or strangers.

9. Frequent trips to the restroom or water fountain.

10. Long lunch hours.

11. Frequent visits to automobile/parking lot.

12. Drowsiness, slurred speech, lack of coordination, inability to concentrate, nausea or other physical symptoms.

13. Agitation, rapid or slurred speech, dizziness, dilated pupils.


15. Drastic weight changes.

16. Marked change in mood, attitude and behavior.

17. Deterioration in personal grooming and hygiene.

18. Frequent need to borrow money.

19. Avoidance of supervisors.

Notes: Literature about the signs and symptoms of alcohol abuse as well as the effects of alcohol abuse are available from several sources,
including hospitals, clinics, and public health departments. Distribute copies of this information to your students.

Exercises: None