Calvin College
Controlled Substance and Alcohol Testing Policy

Calvin College is committed to providing a safe working environment for employees, protecting company property, and prohibiting influences in the workplace that have a detrimental effect on job performance. Employees who use controlled substances illegally or who misuse alcohol tend to be less productive, less reliable, and more prone to accidents. The presence of controlled substances and/or alcohol adversely affects these goals.

Calvin College will comply with the requirements for testing mandated by the US Department of Transportation and other federal and state laws and regulations. Therefore, the unauthorized use, abuse, possession or sale of alcohol or controlled substances is prohibited by any applicant being considered for employment or current employee functioning in a safety-sensitive position. Violation of this policy or regulations and laws will result in disciplinary action, up to and including termination.

Calvin College has a history of maintaining high work standards. The safety and health of all employees, as well as the quality of work, is vital to our success as a company.

**POLICY**
Possessing, using, distributing, or being under the influence of prohibited substances while on the job or on college property is cause for termination of employment. “College Property” includes, but is not limited to, any college facilities, other college owned properties, parking lots, private roads, college-owned, rented or leased vehicles, and other equipment.

The use of prescribed substances or over-the-counter substances which may adversely affect performance or behavior must be reported by the individual to his or her supervisor upon reporting to duty. Misuse of over-the-counter or prescribed substances is prohibited.

Safety-sensitive positions (or functions) include full, part-time, and on-call driver positions that require a Commercial Driver License. These positions will be subject to testing. Testing will be conducted for the following reasons: pre-employment (for controlled substances only), reasonable suspicion, post-accident, random, return-to-duty, and follow-up.

Questions regarding this policy should be directed to Heather Chapman, EHS Officer, at 616.526.8591 or hlc5@calvin.edu.
DEFINITIONS

**Alcohol** The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl and isopropyl alcohol.

**Alcohol Use** The drinking or swallowing of any beverage, liquid mixture, or preparation, including any medication, containing alcohol.

**Commercial Driver's License (CDL)** A license issued by a State or other jurisdiction, in accordance with the standards contained in 49 CFR part 383, authorizing an individual to operate a class of commercial motor vehicle (CMV). The individuals required to have a CDL under 49 CFR part 383 are subject to controlled substances and alcohol testing. Individuals who are required to possess CDLs by virtue of State or local law or by employer policy, but not by Federal regulation, are not subject to the provisions of 49 CFR parts 382 and 383.

**Commercial Motor Vehicle (CMV)** A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle

(a) Has a gross combination weight rating (GCWR) of 11,794 kilograms or more (26,001 pounds or more) inclusive of a towed unit, with a gross vehicle weight rating (GVWR) of more than 4,536 kilograms (10,000 pounds); or

(b) Has a GVWR of 11,794 kilograms or more (26,001 pounds or more); or

(c) Is designed to transport 16 or more passengers, including the driver; or

(d) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and is required to be placarded under the Hazardous Materials regulations (49 CFR part 172, subpart F).

**Consortium/Third Party Administrator (C/TPA)** A service agent that provides or coordinates one or more drug and/or alcohol testing services to DOT-regulated employers. C/TPAs typically provide or coordinate the provision of a number of such services and perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers that join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members (e.g., having a combined random testing pool). C/TPAs are not employers under the rules.

**Controlled Substances** For the purposes of these guidelines, the terms "drugs" and "controlled substances" are interchangeable and have the same meaning. The DOT is testing only for the following five controlled substances: marijuana (THC), cocaine, opiates, phencyclidine (PCP), and amphetamines (including methamphetamine).

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

**Driver** Any person (volunteer or paid) who operates a CMV and is required to have a CDL. This includes, but is not limited to,
• Full-time, regularly employed drivers
• Leased drivers
• Independent owner-operator contractors (employed directly or leased)
• Casual, intermittent, or occasional drivers.

**Drug** See Controlled Substances.

**Employee** See Driver.

**Employer (or Motor Carrier)** Any person engaged in a business affecting interstate commerce who owns or leases a commercial motor vehicle in connection with that business, or assigns employees to operate it, but such terms does not include the United States, any State, any political subdivision of a State, or an agency established under a compact between States approved by the Congress of the United States.

**FMCSA** Federal Motor Carrier Safety Administration.

**FRA** Federal Railroad Administration.

**Gross Combination Weight Rating** The total value specified by the manufacturer(s) of the vehicle as the loaded weight of two or more vehicles. In the absence of a value specified by the manufacturer, it will be determined by adding the gross vehicle weight rating of the power unit to the total weight of the towed unit and any load thereon.

**Gross Vehicle Weight Rating** The value specified by the manufacturer of the vehicle as the loaded weight of a single vehicle

**Pre-Employment**- Prior to the first time an employee performs safety-sensitive duties, the employee shall complete controlled substance and/or alcohol screening. Other paperwork and physicals may be required by Calvin College. Applicants who decline to comply with this requirement will not be considered for employment.

**Post-Accident**- As soon as feasible following an accident, but no later than 8 hours (alcohol test) or 32 hours (controlled substance test), a covered employee will be tested if the accident involved loss of human life or a citation is issued for a moving traffic violation arising from the accident. Calvin College will provide employees with necessary post-accident information, procedures and instructions prior to the employee performing a safety-sensitive duty.

**Random**- Covered employees shall be entered into a third party consortium with whom Calvin College has contracted. This consortium is managed by Med-1. Employees will be selected for testing through use of a computer generated number. Each employee has an equal chance of being selected each time selections are made. Selections shall be made periodically throughout the year to reach the percentages mandated by the Department of Transportation. Random testing will be conducted at the rate of 50% (of all covered employees who are enrolled in the consortium) for controlled substances and 25% (of all covered employees who are enrolled in the consortium) for alcohol. The Environmental Health and Safety Officer will notify the employee of his/her date of selection and that person shall proceed immediately to the testing facility.

**Reasonable Cause**- When a situation arises in the workplace where an employee’s behavior, appearance, speech, or performance appears to be
affected by controlled substances and/or alcohol, steps must be taken to assess the employee’s ability to perform safety-sensitive duties.

A written record of the observations leading to a reasonable cause test must be made and signed within 24 hours of the observed behavior or before the results of the testing are released.

**Return-to-Duty** - Any employee who is temporarily removed from duty may be subject to testing prior to returning to perform safety-sensitive duties.

**Safety-Sensitive Function**
- All time at a carrier or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer. This includes employees who are "eligible" at work to drive a CMV at any time, e.g., salespersons, clerks, secretaries, supervisors.
- All time inspecting equipment as required by 392.7, "Equipment, Inspection, and Use," and 392.8, "Emergency Equipment and Use," or otherwise inspecting, servicing, or conditioning any CMV at any time.
- All driving time, which is any time spent at the driving controls of a CMV in operation.
- All time, other than driving time, in or upon any CMV except time spent resting in a sleeper berth.
- All time loading or unloading a vehicle, supervising or assisting in loading or unloading, attending a vehicle being loaded or unloaded, remaining ready to operate the vehicle, or giving or receiving receipts for shipments loaded or unloaded.
- All time repairing, obtaining assistance for, or remaining with a disabled vehicle.

**Not Safety-Sensitive**
- All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident, or follow-up testing required by part 382 when directed by an employer.
- Performing any other work in the capacity of or in the employ or service of a common, contract, or private employer.
- Performing any compensated work for any non-motor carrier entity.

**Behavior That Constitutes a Refusal to Submit to a Test**
- leaving the scene of an accident without a valid reason before the tests have been conducted.
- inability to provide sufficient quantities of breath, saliva, or urine to be tested without a valid medical explanation;
- tampering with or attempting to adulterate the specimen; interfering with the collection procedure;
- not immediately reporting to the collection site;
- failing to remain at the collection site until the collection process is complete;
- or having a test result reported by an MRO as adulterated or substituted;
**Consequences of a Positive Test**
A covered employee who refuses to submit to a test, has a verified positive controlled substances test result, or has an alcohol concentration of 0.04 or greater will be subject to disciplinary action up to and including discharge.

Disciplinary action may include:
- Suspension
- Rehabilitation (offered through the employee’s insurance)
- Submission to any and all referrals from the substance-abuse professional.
- Completion of a negative controlled substance or alcohol test.
- Submission to follow up testing at least 6 times in a 12 month period, plus additional testing up to a 60 month period.
- Signing a “Conditional Employment Agreement”

Any covered employee who tests positive for alcohol at 0.02% BAC through 0.039% BAC shall be removed from performing safety-sensitive duties for 24 hours.

**Workplace Searches and Inspections**
Calvin College reserves the right, at all times, to have properly authorized supervisors conduct unannounced reasonable searches and inspections of company facilities and properties such as: lockers, baggage, boxes, bags, parcels, food/beverage containers, desks, tool boxes and company vehicles for the purpose of determining if such employees or other persons are in possession, use, transportation or concealment of any of the prohibited items and substances of this policy.

**Record Keeping**
All records related to the testing program will be kept in a secure location in EHS office with restricted access, including:
1. Records of negative controlled substance and alcohol tests
2. Records relating to training and collection process
3. Equipment calibration documents, documentation of refusals to take required tests, records of positive tests will all be kept 5 years

**Confidentiality**
Except as expressly authorized by law, Calvin College shall not release information regarding and employee’s test results without the employee’s written consent.

**Employee Responsibilities**
It is the employee’s responsibility to read and know the US DOT Drug and Alcohol Testing requirements, Calvin College’s policies and procedures, including Transportation Dept policies. Compliance with these procedures is top
priority in the quality workings of this company. All covered employees are required to report to their supervisor any conviction they receive concerning alcohol or controlled substances as well as the taking of any substance that could influence their ability to function in a safety sensitive position.

Prohibited Conduct-
1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04% BAC or greater. No employer having actual knowledge that a driver has an alcohol concentration of 0.04% BAC or greater shall permit the driver to perform or continue to perform safety-sensitive functions.

2. No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment. No employer having actual knowledge that a driver possesses unmanifested alcohol may permit the driver to drive or continue to drive a commercial motor vehicle.

3. No driver shall use alcohol while performing safety-sensitive functions. No employer having actual knowledge that a driver is using alcohol while performing safety-sensitive functions shall permit the driver to perform or continue to perform safety-sensitive functions.

4. No driver shall perform safety-sensitive functions within four hours after using alcohol. No supervisor having actual knowledge that a driver has used alcohol within four hours shall permit a driver to perform or continue to perform safety-sensitive functions.

5. No driver required to take a post-accident alcohol test shall use alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

6. No driver shall refuse to submit to a post-accident, a random, a reasonable cause, or a return to duty controlled substance and/or alcohol test. No employer shall permit a driver who refuses to submit to such test to perform or continue to perform safety-sensitive functions.

7. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instruction of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.

8. No employer having actual knowledge that a driver has used a controlled substance shall permit the driver to perform or continue to perform a safety-sensitive function.
Alcohol Fact Sheet
Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Description
Generic/Chemical Names (Representative): Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).

Alternative Sources: After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.

Common Street Names: Booze, juice, brew, grain, shine, hooch.

Distinguishing Characteristics: Pure ethanol (sold in some States as "grain alcohol") is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.

Paraphernalia: Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.

Method of Intake: Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, "straight" liquor, glasses of wine). Alcohol is often consumed in combination with other beverages ("mixers"), either to make it more palatable or to disguise from others that alcohol is being consumed.

Duration of Single Dose Effect: Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz. roughly half the amount in a can of beer) of alcohol per hour. The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level
of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01 percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

| BAC Behavioral Effects | 0.02-0.09% Loss of muscular coordination, impaired senses, changes in mood and personality. |
| 0.10-0.19% Marked mental impairment, further loss of coordination, prolonged reaction time. |
| 0.20-0.29% Nausea, vomiting, double vision. |
| 0.30-0.39% Hypothermia, blackouts, anesthesia. |
| 0.40-0.70% Coma, respiratory failure, death. |

Detection Time: The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

Dependency Level: The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

Signs and Symptoms of Use

Evidence of Presence of Alcohol: Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver’s breath.

Physical Symptoms: Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.
Behavioral Symptoms: Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

Effects of Alcohol on the Individual
Physical Health Effects
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.

Other Health Effects
In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

- One half of all traffic accident fatalities are alcohol-related.
- The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.
- Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 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 a factor of 10, and above 0.16 percent it increases by a factor of 60.
- Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.
- Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time 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.

Effects on Driver Performance
The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely. Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

Overdose Effects
Unconsciousness, coma, death.

Withdrawal Syndrome
Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

Amphetamine Fact Sheet
Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

Description
Generic/Chemical Names: Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.

Common Street Names: Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
Distinguishing Characteristics: In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.

Paraphernalia: Needles, syringes, and rubber tubing for tourniquets, used for the injection method.

Method of Intake: The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.

Duration of Single Dose Effect: 2 to 4 hours.

Detection Time: 1 to 2 days after use.

Dependency Level: Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use
Evidence of Presence of Amphetamines: Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.

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

Behavioral Symptoms: Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

Effects of Amphetamine Use on the Individual
Physical Health Effects
Regular use produces strong psychological dependence and increasing tolerance to drug.
High doses may cause toxic psychosis resembling schizophrenia. Intoxication may induce a heart attack or stroke due to spiking of blood pressure. Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels. The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies. Lack of sleep, weight loss, and depression also result from regular use. Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

Effects on Mental Performance
- Anxiety, restlessness
- Moodiness
- False sense of power.

Large doses over long periods can result in
- Hallucinations
- Delusions
- Paranoia
- Brain damage.

Effects on Driver Performance
Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Overdose Effects
- Agitation
- Convulsions
- Increase in body temperature
- Death
- Hallucinations
- Withdrawal Syndrome
- Apathy • Depression
- Long-term periods of sleep • Disorientation
- Irritability

Workplace Issues
Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.

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

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

Description

Generic/Chemical Names: Cocaine hydrochloride or cocaine base.

Common Street Names: Coke, crack, snow, blow, flake, "C", toot, rock, base, nose candy, snort, white horse.

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

Paraphernalia: Cocaine hydrochloridesingle-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine basea "crack pipe" (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.

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

Duration of Single Dose Effect: 1 to 2 hours.

Detection Time: Up to 2 to 3 days after last use.

Dependency Level: Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate "reverse tolerance," in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Signs and Symptoms of Use

Evidence of Presence of Cocaine: Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.
Physical Symptoms: Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).

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

Effects of Cocaine Use on the Individual
Physical Health Effects
Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur. Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks. Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.

Treatment success rates are lower than those of other chemical dependencies. Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

Effects on Mental Performance
• Paranoia and hallucinations
• Hyperexcitability and overreaction to stimulus
• Difficulty in concentration
• Wide mood swings
• Withdrawal leads to depression and disorientation

Effects on Driver Performance
Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.
The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

**Overdose Effects**
- Agitation
- Convulsions
- Increase in body temperature
- Death
- Hallucinations
- Withdrawal Syndrome
- Apathy
- Depression
- Long periods of sleep
- Disorientation
- Irritability

**Cannabinoids (Marijuana) Fact Sheet**
Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

**Description**
- **Generic/Chemical Name:** Dronabinal, marinol, nabilone.

- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.

- **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.

- **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

- **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydrocannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.
Duration of Single Dose Effect: The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.

Detection Time: Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.

Dependency Level: Evidence indicates moderate psychological dependence.

Signs and Symptoms of Use

Evidence of Presence of Marijuana: Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.

Physical Symptoms: Reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.

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

Effects of Marijuana Use on the Individual

General Health Effects

When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.

One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.

Marijuana is commonly contaminated with the fungus Aspergillus, which can cause serious respiratory tract and sinus infections.

Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.

Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.

Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.
Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus.
Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

**Mental Function**

Regular use can cause the following effects:
- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

**Effects on Driver Performance**

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

**Overdose Effects**

- Aggressive urges
- Immobility
- Anxiety
- Mental dependency
- Confusion
- Panic
- Fearfulness
- Paranoic reaction
- Hallucinations
- Unpleasant distortions in body image
- Heavy sedation

**Withdrawal Syndrome**

- Sleep disturbance
- Irritability
- Hyperactivity
- Gastrointestinal distress
- Decreased appetite
- Salivation, sweating, and tremors
Workplace Issues
The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance. A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978. Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Opiates (Narcotics) Fact Sheet
Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Description
Generic/Chemical Names: Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic). Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

Common Street Names: Big M, micro, dots, horse, "H", junk, smack, scag, Miss Emma, dope, China white.

Distinguishing Characteristics: Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.

Paraphernalia: Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).

Method of Intake: Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.

Duration of Single Dose Effect: 3 to 6 hours.

Detection Time: Usually up to 2 days.

Dependency Level: Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use
Evidence of Presence of Drug: In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper "bindles"
(packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.

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

Behavioral Symptoms: Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

**Effects of Narcotics Use on the Individual**

IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

**Effects on Mental Performance**

Depression and apathy
Wide mood swings
Slowed movement and reflexes
In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

**Effects on Driver Performance**

The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

**Social Issues**

There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.
An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
Strong mental and physical dependency occurs.
The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

**Workplace Issues**
Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident. Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

**Phencyclidine (PCP) Fact Sheet**
Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

**Description**
Generic/Chemical Names: Phencyclidine.

Common Street Names: Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.

Distinguishing Characteristics: PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

Paraphernalia: Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).

Method of Intake: In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as "angel dust." It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.

Duration of Single Dose Effect: Days.

Detection Time: Up to 8 days.

Dependency Level: Psychological dependence on PCP is known to be high. Physical dependence is unknown.

**Signs and Symptoms of Use**
Evidence of Presence of PCP: Packets, stamps, injection paraphernalia, herbs.
Physical Symptoms: Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.

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

Health Effects
The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction. Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction. Use can cause irreversible memory loss, personality changes, and thought disorders.

There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Effects on Mental Performance
• Irreversible memory loss
• Personality changes
• Thought disorders
• Hallucinations

Effects on Driver Performance
The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

Overdose Effects
• Longer, more intense "trip" episodes
• Psychosis
• Coma
• Possible death.
Withdrawal Syndrome
• None reported

Workplace Issues
PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.
Controlled Substance and Alcohol Testing
Employee Acknowledgment Form

I have read and understood Calvin College’s policy and procedures as written above. I acknowledge that the unauthorized use of a controlled substance and/or alcohol is in violation of these policies and that my status as an employee is conditional upon my compliance with such policies.

I further agree that the collection/testing agency or laboratory is authorized by me to provide the results of any test performed to Calvin College. I also agree to hold Calvin College harmless from any and all claims, demands, actions, and liability in connection with the collection or testing and results for controlled substance and/or alcohol content and the use of the results as they pertain to my employment status.

_____________________________  ______________________________
Employee Signature                Printed Name

_____________________________  ______________________________
Witness Signature                  Date
Calvin College Conditional Employment Agreement

I have read and understood Calvin College’s policy and procedures as written above. I have completed all rehabilitation and documentation that the substance-abuse professional required. I have submitted to a controlled substance and/or alcohol screen and the results were negative. I agree to submit to controlled substance and/or alcohol testing a minimum of 6 times in the next 12 months and up to 60 months at the sole discretion of Calvin College.

I further understand that this is an agreement to which I submit of my own free will. This agreement states that if any further controlled substance and/or alcohol screen result should be positive (0.04 or greater for alcohol) that my termination from Calvin College is the ultimate outcome.

____________________________________  _____________________________
Employee Signature                                           Printed Name

____________________________________  _____________________________
Witness Signature                                           Date