



SAN MATEO COUNTY TRANSIT DISTRICT

Revised 2-28-2023

**Safety-Sensitive Policy Concerning
Substance Abuse**

Proposed for Amendment on **03/01/2023**



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PURPOSE OF THE POLICY

The SAN MATEO COUNTY TRANSIT DISTRICT (District) is dedicated to providing a safe, dependable, and economical service to its patrons and the public. This Safety-Sensitive Policy Concerning Substance Abuse (Policy) is a subsection of the District's Drug and Alcohol Policy (PCG-1-008).

The District's employees are our most valuable resource. It is our policy to (1) take appropriate action(s) to assure that employees are not impaired in their ability to perform their covered functions in a secure, productive, and healthy manner; (2) foster an anti-drug and alcohol-misuse prevention program for all employees, and (3) encourage employees to voluntarily seek professional assistance whenever personal problems, including alcohol or drug use, may adversely affect their ability to perform their safety-sensitive functions.

[The United States Congress passed the Omnibus Transportation Employee Testing Act in 1991. This law requires U.S. Department of Transportation \(U.S. DOT\) grantees to implement drug and alcohol testing of transportation employees who perform safety-sensitive duties. The DOT's resulting Procedures for Transportation Workplace Drug and Alcohol Testing Programs can be found in Part 40 of Title 49 of the Code of Federal Regulations \(49 CFR Part 40\). The Federal Transit Administration's \(FTA\) regulations on Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations, initially adopted as separate regulations for drugs \(Part 653\) and alcohol \(Part 654\) can now be found in a single set of regulations in Part 655 of Title 49 of the Code of Federal Regulations \(49 CFR Part 655\).](#)

This Policy complies with ~~Parts 40 and 655 of Title 49 of the Code of Federal Regulations (49 CFR Parts 40 and 655)~~, as they have been and may be amended from time to time. Copies of [these regulations](#) ~~49 CFR Parts 40 and 655~~ are available in the Employee Relations Manager's office and can be found on the internet at the ~~Federal Transit Administration (FTA)~~ Drug and Alcohol Program website <https://www.transit.dot.gov/drug-alcohol-program>.

All covered employees are required to submit to drug and alcohol tests as a condition of employment in accordance with 49 CFR Part 655.

Portions of this Policy are not FTA mandated, but reflect District policy. These additional provisions are identified by **bold text**.

~~In addition, the Department of Transportation (DOT) has published 49 CFR Part 32, implementing the Drug-Free Workplace Act of 1988, which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA.~~

~~All SAMTRANS employees are subject to the provisions of the Drug-Free Workplace Act of 1988.~~

~~The manufacture, distribution, dispensation, possession, or use of an unlawful controlled substance(s) is strictly prohibited within the covered workplace. An employee who is~~

~~convicted of any criminal drug charge for a violation occurring in the workplace shall notify the Employee Relations Manager or designee no later than five (5) days after such conviction.~~

Approved: _____
April Chan, General Manager/CEO
San Mateo County Transit District

Date: March 1, 2023

COVERED EMPLOYEES

This Policy applies to every person, including an applicant or transferee, who performs or will perform a “safety-sensitive function” as defined in Part 655, section 655.4 of CFR 49.

You are a covered employee if you perform any of the following:

- Operating a revenue service vehicle, in or out of revenue service
- Operating a non-revenue vehicle requiring a commercial driver’s license
- Controlling movement or dispatch of a revenue service vehicle
- Maintaining (including repairs, overhaul, and rebuilding) of a revenue service vehicle or equipment used in revenue service
- Carrying a firearm for security purposes

The District provides a copy of this Policy to all covered employees during the employee’s orientation process, when it is reviewed and the employee has an opportunity to ask any questions. The District expects employees to review and become familiar with this Policy, including the employee’s obligations, the testing procedures and the consequences to their employment of testing positive for alcohol or any prohibited control substances. If an employee has questions about this Policy or how it applies to them, they should reach out to the Drug and Alcohol Program Manager.

See: Attachment A for a list of covered positions by job title

PROHIBITED BEHAVIOR

Use of illegal drugs is prohibited at all times. Prohibited drugs include:

- marijuana
- cocaine
- phencyclidine (PCP)
- opioids
- amphetamines

Additionally, all covered employees are prohibited from performing or continuing to perform safety-sensitive functions while having a Breath Alcohol Concentration (BAC) of 0.04 or greater.

On Duty and On-Call Use

All covered employees are prohibited from consuming alcohol while actively on duty or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. If the

on-call employee claims the ability to perform their safety-sensitive function, they must take an alcohol test with a result of less than 0.02 prior to performance.

Pre-Duty Use

All covered employees are prohibited from consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

Use Following an Accident

All covered employees required to take a post-accident test are prohibited from consuming alcohol for eight (8) hours following their involvement in an accident or until they submit to the post-accident drug and alcohol test, whichever occurs first.

Refusal to Submit to a Required Drug or Alcohol Test

No covered employee shall refuse to submit to a pre-employment, random, post-accident, or reasonable suspicion test as required in 49 CFR Section 655.17. The District shall not permit a covered employee who refuses to submit to such test(s) to perform or continue to perform any safety-sensitive functions. *See: TEST REFUSALS for a complete list of the refusal-to-test criteria.*

CONSEQUENCES FOR VIOLATION

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee will be immediately removed from safety-sensitive duty and referred to the District's designated Substance Abuse Professional.

Following a test result indicating a BAC of 0.02-0.04, the employee will be immediately removed from safety-sensitive duties until the start of their next regularly-scheduled duty period (but after no less than eight hours) unless a retest results in the employee's alcohol concentration being less than 0.02.

Zero Tolerance

Per District policy, any employee who tests positive for drugs or alcohol (BAC at or above 0.04) or refuses to test will be referred to the District's designated Substance Abuse Professional for discipline **leading up to and including termination.**

REQUIREMENT TO SUBMIT TO DRUG AND ALCOHOL TESTING

The District requires every covered employee who performs a safety-sensitive function as described in the FTA regulations, 49 CFR Part 655, to submit to random, post-accident, and reasonable suspicion drug and alcohol tests as well as a pre-employment drug test, as described in this Policy. The District does not permit any employee who refuses to submit to such tests

to perform or continue to perform any safety-sensitive functions. Before performing a drug and/or alcohol test, the District will notify all covered employees that the test(s) is required under DOT regulations.

CIRCUMSTANCES FOR TESTING

Pre-Employment Testing

A negative pre-employment drug test result is required before a covered employee can first perform any safety-sensitive function. If a pre-employment test is canceled, the individual will be required to undergo another test and successfully pass with a verified negative result before performing safety-sensitive functions.

If a covered employee has not performed a safety-sensitive function for 90 or more consecutive calendar days, and has not been in the random testing pool during that time, the employee must take and pass a DOT pre-employment test before they can return to a safety-sensitive function.

An applicant who has previously failed or refused a pre-employment drug and/or alcohol test must provide proof of having successfully completed a referral, evaluation, and treatment plan meeting DOT requirements.

Reasonable Suspicion Testing

All covered employees will be subject to a drug and/or alcohol test when the District has reasonable suspicion to believe they have used a prohibited drug and/or engaged in alcohol misuse. A reasonable suspicion referral for testing will be made by a trained supervisor or other trained District official on the basis of specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the covered employee.

Covered employees may be subject to reasonable suspicion drug testing any time while on-duty. Covered employees may be subject to reasonable suspicion alcohol testing while, just before, or just after performing safety-sensitive functions.

Post-Accident Testing

Covered employees are subject to post-accident drug and alcohol testing under the following circumstances:

Fatal Accidents

As soon as practicable following an accident involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee operating the public transportation vehicle at the time of the accident. In addition, any other covered

employee whose performance could have contributed to the accident, as determined by the District using the best information available at the time of the decision, will be tested.

Non-fatal Accidents

As soon as practicable following an accident not involving the loss of a human life, drug and alcohol tests will be conducted on each covered employee operating the public transportation vehicle at the time of the accident if at least one of the following conditions is met:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident, or
- (2) One or more vehicles incur disabling damage and must be towed away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident.

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the District using the best information available at the time of the decision, will be tested.

A covered employee subject to post-accident testing must remain readily available; unavailability in such instance is considered a refusal to test. Nothing in this section will be construed to (1) require the delay of necessary medical attention for an injured employee following an accident or (2) prohibit a covered employee 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.

Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing will be conducted at all times of the day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimum annual percentage rate set each year by the FTA administrator. The current year testing rates can be viewed online at www.transportation.gov/odapc/random-testing-rates.

The selection of employees for random drug and alcohol testing will be made by a scientifically valid method, such as a random number table or a computer-based random number generator. Under the selection process used, each covered employee will have an equal chance of being tested each time selections are made.

A covered employee may only be randomly tested for alcohol misuse during, just before or just after the employee is performing safety-sensitive functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug testing, or random drug and alcohol testing, must immediately proceed to the designated testing site.

TESTING PROCEDURES

All FTA drug and alcohol testing will be conducted in accordance with 49 CFR Part 40.

All testing will be conducted in a manner to assure a high degree of accuracy and reliability, and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (HHS).

The District will collect or have collected urine samples from covered employees to test for prohibited drugs. An assigned collection site will split each urine sample collected into a primary and a split sample. The urine samples will be sent under seal, with required chain of custody form to the District's certified laboratory.

The District has appointed a qualified Medical Review Officer, who is a licensed physician, to review all drug test results in accordance with DOT procedures. In addition, all urine samples will be analyzed by a laboratory certified by HHS in accordance with DOT procedures.

Medical Review Officer (MRO)

All drug testing results will be interpreted and evaluated by an MRO who meets all applicable requirements of 49 CFR Part 40, who is responsible for receiving laboratory results, and who has appropriate medical training to interpret and evaluate an individual's confirmed positive test result. The MRO does not review alcohol test results.

The MRO will comply with the drug testing procedures set forth in 49 CFR Part 40. When a confirmed positive drug test is reported from the testing laboratory, it is the responsibility of the MRO to:

- a) Contact the employee and afford the employee the opportunity to discuss the test results with them;
- b) Review the individual's medical history, including any medical records and biomedical information provided; and
- c) Determine whether there is a legitimate medical explanation for the result, including legally prescribed medication.

The MRO will not convey test results to the District until the MRO has made a definitive decision that the test result was positive or negative, or should be categorized as a refusal-to-test. If an employee provides an adequate explanation and the MRO verifies the test as negative, then no further action is taken. When the MRO reports the results of a verified positive test to the District, the MRO will disclose the drug(s) for which there was a positive test. If the MRO declares a drug test to be invalid for any reason, the test is considered canceled, and neither positive nor negative. However, a re-collection under direct observation may be ordered by the MRO in accordance with 49 CFR Section 40.67 (a - d).

Dilute Urine Specimen

If a Pre-Employment test results in a negative dilute test result, the District will conduct one retest. The result of the second test will be the test of record.

If a test of another type (not a Pre-Employment test) results in a negative dilute test result, the District will accept the test result and there will be no retest, unless the creatinine concentration of a negative dilute specimen was greater than or equal to 2 ng/dL, but less than or equal to 5 ng/dL. Dilute negative results with creatinine levels in this range (2-5 ng/dL) require an immediate re-collection under direct observation. (See 49 CFR Section 40.67).

Split Specimen Test

In the event of a verified positive test result, or a verified adulterated or substituted result, District employees can request that the split specimen be tested at a second laboratory. The MRO shall honor such a request if it is made within **72 hours** of the employee having been notified of a verified positive or refusal-to-test result. This does not delay the District from taking any action consistent with this Policy for positive tests, and the employee will be removed immediately from any safety-sensitive functions regardless of their request for the split specimen to be tested by a different certified laboratory. If the split specimen (bottle B) produces a negative result, or for any reason the second portion is not available, the test is considered canceled, and no sanctions will be imposed. However, a re-collection under direct observation may be ordered by the MRO in accordance with 49 CFR Section 40.67.

Breath-Alcohol Testing Procedures

Tests for alcohol concentration on covered employees will be conducted with a National Highway Traffic Safety Administration (NHTSA)-approved evidential breath testing device (EBT) operated by a trained breath alcohol technician (BAT). If the initial test on an employee indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test.

The results of breath-alcohol tests conducted by Federal, State, or local officials having independent authority for the test, will be considered to meet the requirements of this Policy, provided that such tests conform to the applicable Federal, State, or local alcohol testing

requirements, and that the test results are obtained by the Drug and Alcohol Program Manager in the office of Employee Relations.

See: Attachment B for a list of drug and alcohol thresholds

TEST REFUSALS

Covered employees will be determined to “refuse to test” if they:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the District
- (2) Fail to remain at the testing site from when the testing process commences until the testing process is complete (though leaving the testing site before a pre-employment test begins is not considered a refusal to test)
- (3) Fail to provide a breath or urine specimen (though failure to provide a breath or urine specimen before a pre-employment test is not considered a refusal to test)
- (4) Fail to permit a monitored or observed urine collection
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation
- (6) Fail or decline to take a second test as directed by the collector or Drug and Alcohol Program Manager in the office of Employee Relations for drug testing
- (7) Fail to undergo a medical evaluation as required by the MRO or Drug and Alcohol Program Manager in the office of Employee Relations
- (8) Fail to cooperate with any part of the testing process
- (9) Fail to follow an observer’s instructions to raise and lower clothing and turn around during a directly-observed test
- (10) Possess or wear a prosthetic or other device used to tamper with the collection process
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF)
- (13) Fail to remain readily available following an accident

If the MRO reports that a covered employee has a verified adulterated or substituted test result, the employee has refused to take a drug test. If the covered employee refuses to take a drug and/or alcohol test, the employee will incur the same consequences as testing positive and will be immediately removed from performing safety-sensitive functions and referred to a Substance Abuse Professional.

VOLUNTARY SELF-ADMIT/REPORT

Any employee who has a drug and/or alcohol abuse problem and has not been notified of the requirement to submit to reasonable suspicion, random or post-accident testing, or has not refused a drug or alcohol test, may voluntarily refer themselves to the Drug and Alcohol Program Manager in the office of Employee Relations, who will refer the individual to a substance abuse counselor for evaluation and treatment.

The substance abuse counselor will evaluate the employee and make a specific recommendation regarding the appropriate treatment. Employees are encouraged to voluntarily seek professional substance abuse assistance *before* any substance use or dependence affects job performance.

Any safety-sensitive employee who admits to a drug and/or alcohol problem will immediately be removed from their safety-sensitive function and will not be allowed to perform such function until successful completion of a prescribed rehabilitation program.

PRESCRIPTION DRUG USE

The appropriate use of legally-prescribed drugs and non-prescription medications is permitted. However, the use of any substance which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected should not be taken while performing covered functions. Medical advice should be sought, as appropriate, while taking such medication and before performing safety-sensitive duties.

CONTACT PERSON

The Drug and Alcohol Program Manager in the office of Employee Relations is responsible for the enforcement of this Policy.

The Drug and Alcohol Program Manager in the office of Employee Relations will also provide Substance Abuse Professional contact information to any employee who has had a positive drug or alcohol test, or has refused a required drug or alcohol test required by District policy and DOT regulations.

If you have questions about the District's anti-drug and alcohol misuse program, please contact the Drug and Alcohol Program Manager in the office of Employee Relations at (650) 508-6308 or email employeerelations@samtrans.com.

See: Attachment C for Service Agent Information

Attachment A: Categories of Covered Positions

Bus Transportation
Manager, Bus Transportation
Assistant Manager, Bus Transportation
Bus Transportation Supervisor
Radio Controller
Dispatcher
Bus Operator
Bus Contracts Inspector
Bus Maintenance
Director, Bus Maintenance
Manager, Bus Maintenance
Assistant Manager, Bus Maintenance
Maintenance Supervisor
Mechanics A, B, and C
Utility Maintenance Supervisor
Utility Worker
Manager, Transit Operations Training
Assistant Manager, Transit Operations Training
Transit Instructor
Maintenance Instructor
Deputy Director, ITS*
Maintenance Supervisor, ITS*
ITS* Senior Technician

*ITS - Intelligent Transportation Systems

Attachment B: Cut Off Concentrations for Urine & Breath Alcohol

DRUGS

Pursuant to the Federal Department of Transportation regulations, the following are the drugs to be tested for, and the threshold levels of each test required:

Initial Test Analyte	Initial Test Cutoff 1	Confirmatory Test Analyte	Confirmatory Test Cutoff Concentration
Marijuana metabolites (THCA) 2	50 ng/mL ³	THCA	15 ng/mL.
Cocaine metabolite (Benzoylecgonine)	150 ng/mL 3	Benzoylecgonine	100 ng/mL.
Codeine/	2000 ng/mL	Codeine	2000 ng/mL.
Morphine		Morphine	2000 ng/mL.
Hydrocodone/	300 ng/mL	Hydrocodone	100 ng/mL.
Hydromorphone		Hydromorphone	100 ng/mL.
Oxycodone/	100 ng/mL	Oxycodone	100 ng/mL.
Oxymorphone		Oxymorphone	100 ng/mL.
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamine/	500 ng/mL	Amphetamine	250 ng/mL.
Methamphetamine		Methamphetamine	250 ng/mL.
MDMA 4/MDA 5	500 ng/mL	MDMA	250 ng/mL.
		MDA	250 ng/mL.

**(ng/mL) nanograms per milliliter*

BREATH-ALCOHOL CONCENTRATION

(Includes ethanol, methanol, isopropanol)

<u>Initial Screen</u> Under 0.02	<u>Confirmatory</u> <i>(Given if 0.02 or greater on initial screen)</i>
0.02 to less than 0.04 employee may not perform safety-sensitive function	0.04 or greater employee will be removed from service, an investigation conducted, and referred to Substance Abuse Professional (SAP)

(Expressed in terms of grams of alcohol per 210 liters of breath)

Attachment C: Service Agents

<p>Drug & Alcohol Program Manager Dawn Harris, Employee Relations Manager 1250 San Carlos Ave San Carlos, CA 90470 Ph: (650) 508-6233</p>	<p>Drug & Alcohol Program Manager Julie Herron, Employee Relations Analyst 1250 San Carlos Ave San Carlos, CA 90470 Ph: (650) 622-7891</p>
<p>Third-Party Administrator (TPA) eScreen-Abbott 7500 West 110th Street, Ste. 500 Overland Park, KS 66210 Ph: (800) 881-0722</p>	<p>Employee Assistance Program (EAP) Managed Health Network (MHN) members.mhn.com Registration Code: smctd Ph: (800) 227-1060</p>
<p>Medical Review Officer (MRO) Michelle Alexander, MD 8140 Ward Parkway, Ste. 300 Kansas City, MO 64114 Ph: (888) 382-2281</p>	<p>Certified Laboratory Quest Diagnostics Laboratory 400 Egypt Road Norristown, PA 19403 Ph: (800) 877-7484</p>
<p>Collection Site-Primary 1 Concentra Medical Center 125 Shoreway Road San Carlos, CA 94070 Ph: 650-556-9420</p>	<p>Collection Site-Primary 2 Concentra Medical Center 3 South Linden Avenue South San Francisco, CA 94080 Ph: 650-238-1500</p>
<p>Collection Site-Alternate Concentra Medical Center 2 Connecticut Street San Francisco, CA 94107 Ph: 415-621-5055</p>	<p>Collection Site-Alternate Concentra Medical Center 3161 Walnut Ave Fremont, CA 94538 Ph: 510-796-1000</p>
<p>Collection Site-Alternate Concentra Medical Center 1901 Montgomery Road, Ste. 10 San Jose, CA 95112 Ph: 408-477-8080</p>	<p>Randoms/After Hours/Mobile Testing Reliable On-Site Testing Ph: 510-672-3335</p>
<p>Substance Abuse Professional Robert Harrelson, PsyD, SAP 3411 Mt. Diablo Blvd. Lafayette, CA 94549 Ph: 925-951-0176</p>	<p>Substance Abuse Professional Vernon Lee, Ph.D., SAP, CSAT-S 582 Market Street San Francisco, CA 94104 Ph: 415-771-1967</p>

Attachment D: Causes and Effects of Substance Abuse & Alcohol Misuse

The drugs for which you will be subject to testing include:

Amphetamine	Cocaine
Marijuana	Opioids
Phencyclidine (PCP)	Alcohol (by evidential breath testing device only)

INFORMATION ABOUT AMPHETAMINES

Amphetamines (methamphetamine, MDMA-ecstasy) are central nervous system stimulants. They tend to make people “hyper” and “jumpy.” They can be taken either orally or injected. They are often used by people to stay awake and to counteract the effects of drowsiness. They are especially dangerous to take while performing safety-sensitive functions such as driving.

Ecstasy, MDMA (3,4 methylenedioxymethamphetamine), is a synthetic, psychoactive drug that is chemically similar to the stimulant methamphetamine and the hallucinogen mescaline. MDMA causes an increase in serotonin which plays an important role in the regulation of mood, sleep, pain, appetite, and other behaviors.

Some heavy MDMA users experience long-lasting confusion, depression, and selective impairment of working memory and attention processes. Ecstasy users make extremely dangerous drivers. They can exhibit the same impairments as amphetamine, heroin, cocaine, and hallucinogen users.

Signs and Symptoms of Amphetamine Use:

- Hypersensitivity
- Exhaustion
- Dilated Pupils
- Grinding teeth
- Loss of appetite and immediate weight loss
- Dry mouth
- Excessive talking

Effects on Person:

- More likely to take risks
- Impaired judgement

INFORMATION ABOUT COCAINE

Cocaine also stimulates the central nervous system. It gives the user an intense feeling of well-being, or euphoria, known as a “high.” The “high” will last for 10 to 60 minutes. A more potent form of the drug called “crack” cocaine is especially addicting and dangerous. Although it’s “high” lasts only about 5 to 8 minutes, “crack” cocaine can be addicting after only one use, and cause death the first time it is used. Cocaine can be injected, snorted, or freebasing. Snorting is sniffing the drug up the nose, and freebasing is done by heating the drug and inhaling the vapors.

Signs and Symptoms of Cocaine Use:

- Mood swings
- Weight Loss
- Restlessness: Difficulty sitting or standing in one place
- Depression
- Nose bleeds
- Irritable, angry, nervous, angers easily
- Bad breath
- Euphoric feeling
- Running nose, uncontrollable sniffing

Effects on Person:

- Slowed reaction time
- Distorted vision and depth perception
- Slow to make decisions
- Unable to correctly measure time and distance

INFORMATION ABOUT MARIJUANA

Marijuana is a depressant and mind-altering drug. Marijuana does not depress the central nervous system’s reaction; it works on the brain. Mind altering means it causes hallucinations. It can be eaten or smoked. Street names for marijuana are “dope,” “grass,” “joint,” “hash,” or “hooch.”

Tests have shown that people’s reflexes and thought processes are slower under the influence of marijuana. The effect of this drug lasts longer. Impairment can last more than 24 hours after using marijuana. The body stores the drug for days, weeks, and in some cases, months, depending on the frequency of use.

Marijuana remains a Schedule I controlled substance. Regardless of state and/or local laws permitting certain medical or recreational uses, marijuana remains unacceptable for any covered

employee subject to drug testing under the DOT's drug testing regulations. Therefore, MROs will not treat prescriptions for Marijuana (including CBD oil) as justification for a positive test result.

Signs and Symptoms of Marijuana Use:

- Dilated pupils
- Slowed reflexes
- Giddiness
- Slowed thinking
- Moodiness
- Trance-like state
- Impaired vision
- Reduced feeling of pain
- Odor of burning
- Short-term memory loss
- Loss of concentration
- Unable to sleep after prolonged use

Signs to Look For:

- Cigarette rolling paper
- Dried plant material, either crumbled or pressed
- Roach clip (device to hold joint)
- Hash pipe (very small pipe)

INFORMATION ABOUT OPIOIDS

Opioids are classified as a narcotic analgesic. They tend to have a sedating, calming effect, and act as a depressant to the central nervous system. Opioids are more commonly known as morphine, codeine, heroin and four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, and oxymorphone). Some common names for these semi-synthetic opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, and Exalgo®. Street names for opioids are “junk,” “smack,” “horse,” and “brown sugar.” Opioids are prescribed by doctors to relieve pain, but they are used by the abuser to relax or “escape the real world.” They can be taken orally, injected or smoked.

When the drug is injected, the user feels an immediate “rush,” usually followed by a very relaxed and soothing feeling. However, some opioids can cause very unpleasant side effects such as nervousness, nausea, and restlessness, and if taken in excess, may cause coma or death.

Signs and Symptoms of Opioid Use:

- Mental confusion

- Slurred speech
- Unsteadiness
- Hostility
- Memory loss
- Drowsiness
- Excessive talking
- Euphoria
- Depression
- Short attention span
- Cold, moist or bluish skin
- Reduced feeling of pain

Effects on Person:

- Lack of concentration – Daydreaming
- Distorted sense of time and distance
- Distorted vision

INFORMATION ABOUT PHENCYCLIDINE (PCP)

Phencyclidine, commonly called “Angel Dust,” is known as a dissociative anesthetic. Users of PCP may experience hallucinations and signs of intoxication. They may not be able to focus their attention or will experience confusion and lack of coordination.

Although PCP has immediate short-term effects, it is also known for its long-term effect of causing psychotic behavior often associated with violent acts. Other street names for PCP include “hog,” and “crystal”. PCP may be smoked, snorted, or injected.

Signs and Symptoms of PCP Use:

- Delusions
- Confusion
- Panic
- Increased blood pressure
- Anxiety
- Flashbacks

Effects on Person:

- More likely to take risks
- Impaired coordination
- Aggressive actions

INFORMATION ON ALCOHOL MISUSE AND ABUSE

Alcohol is a socially-acceptable 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.

Signs and Symptoms of Use:

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepiness and/or stupor
- Slowed reaction rate
- Slurred speech

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

Health Effects:

The chronic consumption of alcohol (average of three servings per day of beer [12oz], whiskey [1oz], or wine [6oz glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10% of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”)
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers

Workplace Issues:

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.

- A person who is intoxicated is 6 times more likely to have an accident than a sober person.

Personal Health Issues:

- Alcohol can adversely affect your judgment, ability to think, and motor functions.
- If you drink enough alcohol fast enough, it can kill you. Long-term overuse of alcohol can cause liver damage, heart problems, and other serious medical problems.
- In some cases, alcohol use can lead to physical and psychological dependence. Alcoholism is a serious chronic disease. If left untreated, it will inevitably get worse.
- Employees who use alcohol or other drugs can affect everyone. Alcohol can also destroy relationships, lead to serious problems with the law (e.g., drunk driving), and even cause harm to the people you love.
- If drinking affects your personal life, it eventually effects your work life and can lead to job loss and all the financial problems that follow.

Helplines for Employees

The following organizations and resources provide free, confidential assistance to individuals who have, or know someone who has, a problem with alcohol or other drugs.

Substance Abuse Treatment Locator

www.findtreatment.gov

Phone: 1-800-662-HELP

This Substance Abuse and Mental Health Services Administration (SAMHSA) Web site and toll-free phone line help individuals locate drug and alcohol abuse treatment programs in their communities.

~~American Council on Alcoholism~~

~~www.aca-usa.org~~

~~Phone: (800) 527-5344~~

~~This service provides referrals to alcoholism treatment programs nationwide and distributes written materials on alcohol abuse problems.~~

Cocaine Anonymous

www.ca.org

Phone: (800) 347-8998

Cocaine Anonymous provides support for people dependent on cocaine and other mind-altering substances. Callers are referred to local helplines.

National Council on Alcoholism and Drug Dependence Hope Line

www.ncadd.org

Phone: (800) NCA-CALL, (800) 622-2255 or (800) 595-0505

This organization, a planning and oversight agency for public substance abuse treatment programs, provides written information on alcohol and drug abuse and referrals to treatment and counseling services nationwide

ACKNOWLEDGEMENT
SAFETY-SENSITIVE POLICY CONCERNING
SUBSTANCE ABUSE

I, _____, the undersigned, hereby
Print Full Name

acknowledge that I have received a copy of the San Mateo County Transit District's Safety-Sensitive Policy Concerning Substance Abuse (Policy) mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive functions. I understand this Policy is required by 49 CFR Part 655, as it may be amended from time to time, and has been duly adopted by the District's Board of Directors. Any provisions contained herein which are not required by 49 CFR Part 655 that have been imposed solely on the authority of the District are designated as such in the Policy documents.

I further understand that receipt of this Policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and obtain clarification for any compliance with all provisions contained in the Policy. I also understand that compliance with all provisions contained in the Policy is a condition of employment.

I further understand that the information contained in the approved Policy dated March 1, 2023, is subject to change, and that any such changes shall be disseminated in a manner consistent with the provision of 49 CFR Part 655.

Signature of Employee *Date*