

Introduction

The United States Department of Transportation mandates urine drug and evidential breath alcohol testing for volunteers and employee in safety-sensitive positions as set forth in 49 CFR § 382 and 49 CFR Part 40.

This section sets forth Steamer Virginia V Foundation's alcohol and drug testing program and the testing and reporting requirements as required by those regulations, and to help prevent accidents and injuries caused by the use of controlled substances and/or misuse of alcohol. It applies to all Steamer Virginia V Foundation's volunteers and employee and volunteers who serve in safety sensitive positions on the SS VIRGINIA V.

If You Have Questions

The person designated by Steamer Virginia V Foundation to answer questions about this material is Debra Alderman debra@virginiav.org

Application

This policy applies to all employee and volunteers of the Steamer Virginia V Foundation who perform safety sensitive functions on the SS VIRGINIA V.

Definitions

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

Alcohol use means the drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

Drugs. For the purposes of this section, the "drugs" for which tests are required, in accordance with the applicable federal regulations, refers to the following substances: Marijuana (THC), Cocaine, Amphetamines (Amphetamine, Methamphetamine, MDMA, MDA), Opiates (Codeine, Morphine, 6-AM (heroin)), Opioids (hydrocodone, hydromorphone, oxycodone, and oxycodone) and Phencyclidine (PCP).

Safety Sensitive Position. For purposes of this section, these are positions associated with operations of the SS VIRGINIA V and includes the period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

Safety Sensitive Positions shall include:

1. Deck 3, 2, and 1
2. Bosun
3. Mate
4. Captain
5. Engineering Trainee

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6. Designated Engineers
7. Chief Engineer

Safety Sensitive Functions. All employees and volunteers are considered to be performing safety sensitive functions from the time an employee or volunteer begins work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety-sensitive functions shall include (but not be limited to):

1. Line handling
2. Engine oiling
3. Boiler operation
4. Vessel navigation

Substance Abuse Professional (SAP). A Substance Abuse Professional shall mean a licensed physician, or a licensed or certified psychologist, social worker, employee and volunteer assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug-related disorders and certified by an organization listed by the DOT/ODAPC. The SAP is responsible for evaluating employees and volunteers with positive test results.

Effective Date

Steamer Virginia V Foundation's Employee and volunteer Drug and Alcohol Abuse Policy is effective immediately.

Prohibited Conduct

The following conduct regarding alcohol and drug use or abuse is prohibited:

A. Alcohol Concentration.

An employee and volunteer may not report for duty or remain on duty requiring the performance of duties covered under this policy while having an alcohol concentration of 0.04 or greater.

B. Alcohol Possession and On Duty Use of Alcohol.

An employee and volunteer may not possess or use alcohol while on duty.

C. Pre-Duty Use of Alcohol.

An employee and volunteer may not serve in safety sensitive functions within four hours after using alcohol.

D. Alcohol Use Following an Accident.

An employee and volunteer required to take a post-accident alcohol test may not use alcohol for eight hours following the accident, or until a post-accident alcohol test is given, whichever comes first.

E. Use of Drugs.

An employee and volunteer may not report for duty or remain on duty when the employee and volunteer has used **any** controlled substance, except when the use is pursuant to instructions of a physician who has advised the employee and volunteer that the substance does not adversely affect the employee and volunteer's ability to safely perform his/her safety sensitive functions on board the SS VIRGINIA V. The ability to operate in a constant state of alertness, and safe manner is an essential job duty.

Employees and volunteers who are taking a prescription or over-the-counter medication that may impair their ability to perform their duties safely and effectively must notify their supervisor and should provide written notice from their physician or pharmacist with respect to the effects of such substances.

Although some state laws permit the use of marijuana it remains unacceptable for any safety-sensitive employee and volunteer subject to drug testing under the Department of Transportation's drug testing regulations to use marijuana.

F. Refusal to Submit to a Required Test.

An employee and volunteer may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or drug test as directed by this policy.

G. Positive Drug Test.

An employee and volunteer may not report for duty or remain on duty requiring the performance of duties covered under this policy if the employee and volunteer tests positive for drugs or alcohol.

H. Tampering With a Required Test.

An employee and volunteer may not tamper with, adulterate, alter, substitute or otherwise obstruct the testing process.

I. Possession, Transfer or Sale.

No employee and volunteer may possess, transfer or sell drugs or alcohol while in any position covered by this policy.

Circumstances Requiring Testing

A. Pre-employment drug Testing.

All individuals who are covered by this policy must pass a drug test before performing safety-sensitive functions.

B. Reasonable Suspicion Testing.

Employees and volunteers subject to this policy shall submit to a drug or alcohol test when reasonably suspected that this policy (except the prohibitions against possession, transfer or sale of alcohol) may have been or is presently being violated. A referral for testing will be made on contemporaneous, articulable observations. Such referrals will be made by supervisory personnel who have received training concerning the signs and symptoms of drug and alcohol use. Both an alcohol and drug test will be performed in a reasonable testing situation.

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If removed from duty based on reasonable suspicion of drug use, the employee and volunteer will not be allowed to perform or continue to perform the job duties until the test results are returned and indicate a negative result. If removed from duty based on reasonable suspicion of alcohol use, the employee and volunteer will not be allowed to perform or continue to perform covered functions until:

1. An alcohol test is administered and the driver's breath alcohol concentration measures less than 0.02; or
2. 24 hours have elapsed following the determination that there is reasonable suspicion to believe that the employee and volunteer has violated this policy concerning the use of alcohol.

C. Post-Accident Testing

Following an accident, the employee or volunteer is required to submit to alcohol and drug tests when a fatality occurs as a result of the accident or:

1. Bodily injury to any person who, as a result of the injury immediately receives medical treatment away from the scene of the accident; and/or
2. One or more vessels incurred damage.

Post-accident testing shall occur as soon as possible, but shall not exceed eight hours for alcohol testing and 32 hours for drug testing.

No alcohol test or drug specimen should be taken before the administration of necessary first-aid and/or other appropriate medical care.

An employee or volunteer who is subject to post-accident testing shall remain readily available for such testing and may not take any action to interfere with testing or the results of testing. Employees or volunteers who do not comply with post-accident testing requirements will be considered to have refused to submit to testing and will be subject to sanctions for refusal to test as provided in this policy.

D. Random Testing

Employee and volunteers covered by this policy will be subject to random, unannounced drug testing at an annual percentage rate of 50% for controlled substances and 10% for alcohol.

E. Return to Duty Testing

Employee and volunteers who have violated this policy, including those who have tested positive on a drug or alcohol test, and who under the discipline policy are allowed to return to work, must test negative prior to being released for duty. A return to duty test following alcohol misuse may not exceed an alcohol concentration of 0.02.

F. Follow-up Testing

An employee and volunteer who is referred for assistance related to alcohol misuse and/or use of controlled substances is subject to unannounced follow-up testing as directed by a Substance Abuse Professional. The number and frequency of follow-up testing will be determined by the Substance Abuse Professional, but will not be less than six tests in the first 12 months following the employee and volunteer's return to duty.

G. Re-tests

Employee and volunteers who test positive for drugs may request a second test of the remaining portion of the split sample within 72 hours of notification of a positive test result by the Medical Review Officer.

Testing Procedures & Safeguards

Steamer Virginia V Foundation will follow the collection and drug testing guidelines issued by the U.S. Department of Transportation. Alcohol testing will be conducted using breath-testing instruments and procedures approved by the U.S. Department of Transportation.

The following employee and volunteer protections will be incorporated to ensure the accuracy and integrity of the drug testing program:

Only Substance Abuse and Mental Health Services Administration (SAMHSA) certified drug testing laboratories will be used.

A strict chain of custody will be used to ensure the integrity of each urine specimen.

The process will ensure individual privacy during the collection process and confidentiality of test results.

All "positive" drug screens will be confirmed by a second test using the gas chromatography/mass spectrometry method or an equivalent approved method.

All drug test results will receive a professional review by a medical review officer (MRO) that includes offering the employee and volunteer the opportunity to explain or contest a positive test result.

Refusal to Take an Alcohol or Drug Test

No employee and volunteer shall refuse to submit to an alcohol or drug test as directed under this policy. A refusal to submit shall include, but is not limited to:

1. a failure to provide adequate breath for testing without a valid medical explanation after an employee or volunteer has received notice of the requirement for breath testing;
2. failure to provide adequate urine for drug testing without a valid medical explanation after an employee or volunteer has received notice of the requirement for urine testing;
3. engaging in conduct that obstructs the testing process or submitting an adulterated or substituted specimen;
4. failure to cooperate with a *direct observation* collection when required by the regulations;
5. possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
6. admitting to the collector or MRO that he/she adulterated or substituted the specimen.

Refusal to submit to a test shall be considered the same as a positive test result.

Securing Information from Previous Employers

If a person is to be hired or transferred into a position subject to this policy and that person during the previous three (3) years, that person must authorize a request to release information from all employers of the employee or volunteer within the past three years on the following:

1. Positive alcohol or drug tests
2. Refusal to be tested
3. Other violations of DOT agency drug and alcohol testing regulations
4. With respect to any employee and volunteer who violated a DOT drug and alcohol regulation, documentation of the employee and volunteer's successful completion of DOT return-to-duty requirements (including follow-up tests).

This information must be obtained before the person serves in safety sensitive functions on the SS VIRGINIA V. However, if the information has not arrived by the anticipated start date, and if the person has passed the pre-employment drug test, the person may begin serving in safety sensitive functions and the requested information must be obtained from the previous employers within 30 calendar days of the start date. If the information has not been received within the 30 calendar days, the person shall not be permitted to serve in safety sensitive positions until the information has arrived.

Confidentiality and Record Retention

All records related to drug and alcohol testing shall be maintained in a secure location with controlled access. These records shall be kept separate from records pertaining to all other employee and volunteers.

Consequences of Engaging in Prohibited Conduct or Positive Drug or Alcohol Tests

A. Discipline.

An employee or volunteer will be subject to appropriate disciplinary action up to and including termination from service on the SS VIRGINIA V if:

1. the employee or volunteer tests positive for a drug or drugs;
2. results from an alcohol test indicate a blood alcohol level of 0.02 or greater; and/or,
3. the employee or volunteer has engaged in prohibited conduct as outlined in the Prohibited Conduct Section.

The following provisions apply to those employee and volunteers who are not terminated for their policy violations:

B. Positive Test Result.

If an employee or volunteer tests positive for drugs or has an alcohol test that indicates a blood alcohol level of .04 or greater from a random, reasonable

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suspicion or post-accident test, the employee or volunteer will be immediately removed from safety sensitive duties. The employee or volunteer shall not be permitted to return to work unless he/she:

1. has been evaluated by a qualified Substance Abuse Professional; and,
2. if recommended by a substance abuse counselor, has properly followed any rehabilitation prescribed; and,
3. has a verified negative result on a return-to-duty alcohol (<0.02) and/or drug test (depending upon which test was failed).

Upon completion of a recommended rehabilitation program and successful return to work test, an employee or volunteer will be subject to follow-up testing for up to sixty (60) months as recommended by the Substance Abuse Professional.

C. Alcohol Concentration of 0.02 but less than 0.04.

If not terminated or otherwise disciplined, employees and volunteers having a breath alcohol concentration of at least 0.02 but less than 0.04, shall be removed from safety sensitive duties on the SS VIRGINIA V for at least 24 hours.

Employee and Volunteer Assistance Program and Referral

It is the responsibility of all employees and volunteers to notify management when an alcohol or a controlled substances problem is suspected by any other volunteer or employee.

The Effects of Alcohol and other Drugs

Alcohol

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits. There are many kinds of alcohol; the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, a shot of distilled spirits, or a 5-ounce glass of wine, the amount of pure alcohol per drink is about the same (5 ounces.) Ethyl alcohol can produce feelings of well-being, sedation, intoxication, or unconsciousness, depending on the amount and the manner in which it is consumed.

Alcohol is a psychoactive or mind-altering drug, as are heroin and tranquilizers. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a "downer" because it depresses the central nervous system. That's why drinking too much causes slowed reactions, slurred speech, and sometimes even unconsciousness (passing out). Alcohol works first on the part of the brain that controls inhibitions. As people lose their inhibitions, they may talk more, get rowdy, and do foolish things. After several drinks they may feel "high," but their nervous systems actually are slowing down.

A person does not have to be an alcoholic to have problems with alcohol. Every year, for example, many young people lose their lives in alcohol-related

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automobile crashes, drownings, and suicides. Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use.

In some studies, more than 25 percent of hospital admissions were alcohol-related. Some of the serious diseases associated with chronic alcohol use are alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to serious physical problems such as:

- Damage to the brain, pancreas, and kidneys;
- High blood pressure, heart attacks, and strokes;
- Alcoholic hepatitis and cirrhosis of the liver;
- Stomach and duodenal ulcers, colitis, and irritable colon;
- Impotence and infertility;
- Birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities;
- Premature aging; and
- A host of other disorders, such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema.

Marijuana

Contrary to many young people's beliefs, marijuana is a harmful drug, especially since the potency of the marijuana now available has increased more than 275 percent over the last decade. For those who smoke marijuana now, the dangers are much more serious than they were in the 1960s.

Preliminary studies have shown chronic lung disease in some marijuana users. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

New studies using animals also show that marijuana interferes with the body's immune response to various infections and diseases. This finding may have special implications for those infected with the Acquired Immune Deficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV). Drugs like marijuana that weaken the immune system may exacerbate the condition of people infected with this virus.

Even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills. Health effects also include accelerated heartbeat and, in some persons, increased blood pressure. The changes pose health risks for anyone, but particularly for people with abnormal heart and circulatory conditions such as high blood pressure and hardening of the arteries

More importantly, there is increasing concern about how marijuana use by children and adolescents may affect both their short- and long-term development. Mood changes occur with the first use. Observers in clinical settings have noted increased apathy, loss of ambition, loss of effectiveness, diminished ability to carry out long-term plans, difficulty in concentrating, and a

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decline in school or work performance. Many teenagers who end up in drug treatment programs started using marijuana at an early age.

Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least 4 to 6 hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.

Cocaine

Cocaine is one of the most powerfully addictive of the drugs of abuse-and it is a drug that can kill. No individual can predict whether he or she will become addicted or whether the next dose of cocaine will prove fatal. Cocaine can be snorted through the nose, smoked, or injected. Injecting cocaine-or injecting any drug-carries the added risk of contracting AIDS if the user shares a needle with a person already infected with HIV, the AIDS virus.

Cocaine is a very strong stimulant to the central nervous system, including the brain. The drug accelerates the heart rate and at the same time constricts the blood vessels, which are trying to handle the additional flow of blood. Pupils dilate and temperature and blood pressure rise. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest, or stroke.

Nasal problems, including congestion and a runny nose, occur with cocaine use, and with prolonged use the mucous membrane of the nose may disintegrate. Heavy cocaine use can severely damage the nasal septum and cause it to collapse.

Research has shown that cocaine acts directly on structures that have been called the brain's "pleasure centers." Stimulating these pleasure centers produces an intense desire to experience the pleasure effects again and again. The stimulation causes changes in brain activity; as a result, a brain chemical called dopamine is allowed to remain active longer than normal, which triggers an intense craving for more of the drug.

Users often report feelings of restlessness, irritability, and anxiety; and cocaine can trigger paranoia. Users also report being depressed when they are not using the drug and often resume use to alleviate further depression. In addition, cocaine users frequently find that they need increasingly more cocaine more often to generate the same level of stimulation. Therefore, any use can lead to addiction.

"Freebase" is a form of cocaine that is smoked. It is produced by a chemical process in which "street cocaine" (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and some of the "cutting" agents. The end product is not water soluble, so the only way to get it into the system is to smoke it.

"Freebasing" is extremely dangerous. The cocaine reaches the brain in seconds, creating a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again. The user usually increases the dose and the frequency to satisfy this craving, resulting in addiction and physical debilitation.

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“Crack” is the street name given to a type of freebase cocaine that comes in the form of small lumps or shavings. The term “crack” refers to the crackling sound made when the mixture is smoked (heated). Smoking “crack” is very dangerous, since it produces the same debilitating effects as “freebasing” cocaine. Crack has become a major problem in many American cities because it is cheap-selling for between \$5 and \$10 for one or two doses-and easily transportable-being sold in small vials, folding paper, or tinfoil.

PCP (Phencyclidine)

PCP is a hallucinogenic drug, meaning that it alters sensation, mood, and consciousness and may distort hearing, touch, smell, taste, and visual sensation. It is legitimately used as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP induced effects may lead to serious injuries or death.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration, and judgment are often disturbed. Chronic PCP use may lead to permanent changes in cognitive ability (thinking), memory, and fine motor function.

Mothers using PCP during pregnancy often deliver babies who have visual, auditory, and motor disturbances. These babies also may have sudden outbursts of agitation and other rapid changes in awareness similar to the responses of adults intoxicated with PCP.

Narcotics - Opiates

Narcotics are drugs that relieve pain and often induce sleep. The opiates, which are narcotics, include opium, morphine, codeine, heroin, and their synthetic substitutes, such as methadone.

Narcotic use is associated with a variety of unwanted effects including drowsiness, inability to concentrate, apathy, lessened physical activity, constriction of the pupils, dilation of the subcutaneous blood vessels causing flushing of the face and neck, constipation, nausea and vomiting and, most significantly, respiratory depression.

Among the hazards of illicit drug use is the ever increasing risk of infection, disease and overdose. Skin, lung and brain abscesses, endocarditis, hepatitis and AIDS are commonly found among narcotic abusers. Since there is no simple way to determine the purity of a drug that is sold on the street, the effects of illicit narcotic use are unpredictable and can be fatal.

With repeated use of narcotics, tolerance and dependence develop. The development of tolerance is characterized by a shortened duration and a decreased intensity of analgesia, euphoria and sedation which creates the need to administer progressively larger doses to attain the desired effect.

Withdrawal symptoms experienced from heroin/morphine-like addiction are usually experienced shortly before the time of the next scheduled dose. Early symptoms include watery eyes, runny nose, yawning and sweating.

Restlessness, irritability, loss of appetite, tremors and severe sneezing appear as the syndrome progresses. Severe depression and vomiting are not uncommon.

Amphetamines

Amphetamine, dextroamphetamine and methamphetamine are collectively referred to as amphetamines. Unlike other frequently abused drugs, the amphetamines do not occur in nature but are synthesized in a laboratory. Their chemical properties and actions are so similar that even experienced users have difficulty knowing which drug they have taken.

Amphetamines can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse.

Amphetamines are generally taken orally or injected. However, the addition of “ice,” the slang name for crystallized methamphetamine, has promoted smoking as another mode of administration.

The effects of amphetamines, especially methamphetamine, are similar to cocaine, but their onset is slower and their duration longer. In general, chronic abuse produces a psychosis that resembles schizophrenia and is characterized by paranoia, picking at the skin, preoccupation with one’s own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic abusers of amphetamines.

“Designer Drugs”

By modifying the chemical structure of certain drugs, underground chemists have been able to create what are called “designer drugs”—a label that incorrectly glamorizes them. They are, in fact, analogs of illegal substances. Frequently, these drugs can be much more potent than the original substances, and can therefore produce much more toxic effects. Health officials are increasingly concerned about “ecstasy,” a drug in the amphetamine family that, according to some users, produces an initial state of disorientation followed by a rush and then a mellow, sociable feeling. We now know, however, that it also kills certain kinds of brain cells. These “designer drugs” are extremely dangerous.

*Turning Awareness Into Action
Office for Substance Abuse Prevention
U.S. Department of Health and Human Services*

Blood Alcohol Concentration

Blood alcohol concentration (BAC) is the amount of alcohol in the bloodstream. It is measured in percentages. For instance, having a BAC of 0.10 percent means that a person has 1 part alcohol per 1,000 parts blood in the body.

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In a review of studies of alcohol-related crashes, reaction time, tracking ability, concentrated attention ability, divided attention performance, information process capability, visual functions, perceptions, and psycho-motor performance, impairment in all these areas was significant at blood alcohol concentrations of 0.05 percent. Impairment first appeared in many of these important areas of performance at blood alcohol concentrations of 0.02 percent, substantially below the legal standard in most States for drunkenness, which is 0.10 percent.

Approximately half of traffic injuries involve alcohol. About one-third of fatally injured passengers and pedestrians have elevated blood alcohol levels. For fatal intentional injuries, half of homicides involve alcohol, as do one-quarter to one-third of suicides.

The Centers for Disease Control and Prevention (CDC) estimate that about 30,000 unintentional injury deaths per year are directly attributable to alcohol. Another 15,000 to 20,000 homicides or suicides per year are associated with alcohol.

For non-fatal unintentional injuries many studies show that 25 to 50 percent involve alcohol. The same rates are found for a wide range of non-fatal intentional injuries involving alcohol, including assaults, spouse abuse, child molestation, sexual assault, rape, and attempted suicide.

BAC can be measured by breath, blood, or urine tests. BAC measurement is especially important for determining the role of alcohol in crashes, falls, fires, crime, family violence, suicide, and other forms of intentional and unintentional injury.

One problem in obtaining accurate BAC data is a lack of testing in hospital emergency rooms. Research indicates that emergency rooms do not test routinely for alcohol in crash victims. A national survey of trauma centers found that although two-thirds of the centers estimated that the majority of patients had consumed alcohol, only 55 percent routinely conducted BAC tests at patient admissions. A review of emergency room studies indicated that up to one-third of patients admitted to emergency rooms are not tested.

BAC and Impaired Driving

The public most commonly associates BAC with drunk driving. However, it is more accurate to refer to alcohol-impaired driving because one does not have to be drunk (intoxicated) to be demonstrably impaired. Driving skills, especially judgment, are impaired in most people long before they exhibit visible signs of drunkenness. While most States define legal intoxication for purposes of driving at a BAC of 0.10 percent or higher, alcohol may cause deterioration in driving skills at 0.05 percent or even lower. Deterioration progresses rapidly with rising BAC.

In recognition of impairment at lower BAC levels, the National Highway Traffic Safety Administration (NHTSA) refers to traffic crashes as “alcohol involved” or “alcohol related” when a participant (driver, pedestrian, or bicyclist) has a measured or estimated BAC of 0.01 or above. NHTSA defines a “high-level alcohol crash” as one where an active participant has a BAC of 0.10 or higher.

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The Technology of Breath-Alcohol Analysis (1992) PH312
Prevention Resource Guide: Impaired Driving (1991) MS434
Safer Streets Ahead (1990) PH292

BLOOD ALCOHOL PERCENTAGE APPROXIMATIONS

		Body Weight in Pounds							
		100	120	140	160	180	200	220	240
Number of Drinks Per Hour	1	.04	.03	.03	.02	.02	.02	.02	.02
	2	.08	.06	.05	.05	.04	.04	.03	.03
	3	.11	.09	.08	.07	.06	.06	.05	.05
	4	.15	.12	.11	.09	.08	.08	.07	.06
	5	.19	.16	.13	.12	.11	.09	.09	.08
	6	.23	.19	.16	.14	.13	.11	.19	.09
	7	.26	.22	.19	.16	.15	.13	.12	.11
	8	.30	.25	.21	.19	.17	.15	.14	.13
	9	.34	.28	.24	.21	.19	.17	.15	.14
	10	.38	.31	.27	.23	.21	.19	.17	.16

DOT OFFICE OF DRUG AND ALCOHOL POLICY AND COMPLIANCE NOTICE

Recently, some states passed initiatives to permit use of marijuana for so-called “recreational” purposes.

We have had several inquiries about whether these state initiatives will have an impact upon the Department of Transportation’s longstanding regulation about the use of marijuana by safety-sensitive transportation employees and volunteers – pilots, school bus drivers, truck drivers, train engineers, subway operators, aircraft maintenance personnel, transit fire-armed security personnel, ship captains, and pipeline emergency response personnel, among others.

We want to make it perfectly clear that the state initiatives will have no bearing on the Department of Transportation’s regulated drug testing program. The Department of Transportation’s Drug and Alcohol Testing Regulation – 49 CFR Part 40 – does not authorize the use of Schedule I drugs, including marijuana, for any reason.

Therefore, Medical Review Officers (MROs) will not verify a drug test as negative based upon learning that the employee and volunteer used “recreational marijuana” when states have passed “recreational marijuana” initiatives.

We also firmly reiterate that an MRO will not verify a drug test negative based upon information that a physician recommended that the employee and volunteer use “medical marijuana” when states have passed “medical marijuana” initiatives.

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It is important to note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee and volunteer subject to drug testing under the Department of Transportation's drug testing regulations to use marijuana.

We want to assure the traveling public that our transportation system is the safest it can possibly be.

Jim L. Swart

Director

Office of the Secretary of Transportation
Office of Drug and Alcohol Policy and
Compliance Department of Transportation
December 3, 2011



