This presentation is simply an example of an EAP provided to the marine employer to try and assist them with compliance. No one is certifying the accuracy or completeness of this with the constantly changing regulatory environment.

Employee **A**ssistance **P**rogram for employers that operate a UPV

For the

_____

company

In 1988 the USCG & DOT adopted drug and alcohol testing requirements for inspected as well as uninspected passenger carrying vessels. The **C**ode of **F**ederal **R**egulations (CFR) that govern these regulations are 46 CFR parts 4, 5, 16 & 49 CFR part 40 & 33 CFR part 95. These regulations state that each marine employer is responsible for implementing all the required pieces of these regulations. Three of the many pieces of the regulations are the development of a **company policy** in reference to drugs and alcohol, a 1 hour Training for Drug and Alcohol Awareness called an **EAP**, and **Random drug testing**. EAP training as well as random drug testing is required for licensed personnel acting under the authority of their license and also for any crew members that perform duties and functions directly related to the safe operation of the vessel (*safety sensitive duties*). Duties and functions directly related to the safe operation of the vessel is an extensive list.

Who has to be in a drug testing program and complete an EAP…

A crewmember is defined in 46 CFR 16.105 as someone onboard a vessel acting under the authority of a credential or engaged or employed onboard a vessel required to be operated by a credentialed individual, except individuals who have no duties that directly affect the safe operation of the vessel. Operation (*as defined in 46 CFR 16.105*) means to navigate, steer, direct, manage, or sail a vessel, or to control, monitor, or maintain the vessel's main or auxiliary equipment or systems. Operation includes:

(a) Determining the vessel's position, piloting, directing the vessel along a desired track line, keeping account of the vessel's progress through the water, ordering or executing changes in course, rudder position, or speed, and maintaining a lookout;

(b) Controlling, operating, monitoring, maintaining, or testing: the vessel's propulsion and steering systems; electric power generators; bilge, ballast, fire, and cargo pumps; deck machinery including winches, windlasses, and lifting equipment; lifesaving equipment and appliances; firefighting systems and equipment; and navigation and communication equipment; and

(c) Mooring, anchoring, and line handling; loading or discharging of cargo or fuel; assembling or disassembling of tows; and maintaining the vessel's stability and watertight integrity.

Example: If someone, paid by the master or owner of the vessel, picks up a line during docking they have just engaged in duties related to the safe operation of the vessel and must be in the employer's drug program.

At this point you need to review and understand your company's policy relative to drugs and alcohol …

If you have any questions you should direct them to your company's **D**esignated **E**mployer **R**epresentative (DER) (*an employee of the company who is responsible for keeping the company's drug program in compliance with all regulations*).

Any crewmember required by law or regulation to hold a license issued by the Coast Guard in order to perform their duties on the vessel as well as any crew members engaged or employed onboard a vessel required to be operated by a licensed individual, that has duties or responsibilities that directly affect the safe operation of the vessel or are assigned duties of warning, mustering, assembling, assisting, or controlling movement of passengers during emergencies must be in the employer's drug program.

Overview of the drug program

Pre-Employment Drug Testing

Before a crewmember can be employed aboard the vessel the employer must receive a negative drug test result.

A crew member can be exempt from this if he can provide proof of either:

1) The crewmember has passed a chemical test within the previous 6 months or
2) Has been subject to random testing for at least 60 of the previous 185 days and has never refused or failed a test

Periodic Drug Testing

This is for licensed mariners when they are either renewing their license or are applying for an original license
The licensed mariner can be exempt from this if he can provide proof of either:

1) The crewmember has passed a chemical test within the previous 6 months or
2) Has been subject to random testing for at least 60 of the previous 185 days and has never refused or failed a test

Random Drug Testing

This is for licensed mariners and crewmembers that are required to be in the employer's drug testing program
The USCG sets the random testing rate each year. Currently the rate is 50%. This means that ½ of these people must be randomly drug tested annually. The random testing must be spread out over the full year. Each random drawing everyone must be available for random selection. The person choosing the date & time of the testing cannot be one of these people.

Serious Marine Incident (*SMI*) - Post Accident Drug and Alcohol Testing

What is an SMI?

(a) Any marine casualty or accident as defined in Sec. 4.03-1 which is required by Sec.4.05-1 to be reported to the Coast Guard and which results in any of the following:
   1. One or more deaths
   2. An injury to a crewmember, passenger, or other person which requires professional medical treatment beyond first aid, and, in the case of a person employed on board a vessel in commercial service, which renders the individual unfit to perform routine vessel duties
   3. Damage to property, as defined in Sec. 4.05-1(a)(7) of this part, in excess of $100,000
   4. Actual or constructive total loss of any vessel subject to inspection under 46 U.S.C. 3301
   5. Actual or constructive total loss of any self-propelled vessel, not subject to inspection under 46 U.S.C. 3301, of 100 gross tons or more.

(b) A discharge of oil of 10,000 gallons or more into the navigable waters of the United States, as defined in 33 .S.C. 1321, whether or not resulting from a marine casualty.

(c) A discharge of a reportable quantity of a hazardous substance into the navigable waters of the United States, or a release of a reportable quantity of a hazardous substance into the environment of the United States, whether or not resulting from a marine casualty.

When a SMI occurs, the operator, and if possible, in consult with their DER decides who needs to be tested.
The required alcohol test must be performed with 2 hours of the SMI. There must be a method in place to perform this timely test. *Simple solution: carry a saliva (DOT approved) drug test kit aboard.*
The required drug test must be performed within 32 hours of the SMI.
There is a reporting requirement. You must report it immediately to the USCG and then file a paper from with the USCG using form CG-2692 and CG-2692B. Both of these forms must be filed with the USCG within 5 days of the SMI.

Reasonable Cause Drug and/or Alcohol Testing

This is for licensed mariners and crewmembers that are required to be in the employer's drug testing program.
When a crewmember's behavior indicates they may be using drugs or alcohol, it is recommended that the supervisor (*operator*) document the crewmember's behavior, and he/she should consult with the DER before they require a drug and/or alcohol test of that crewmember.
Note: The behavioral cues you observed may be caused by other reasons like diabetic, fatigue, personnel problems, a legal prescription, chemical exposure, etc.

Alcohol Issues

When ever an alcohol test is required, and the alcohol concentration level of **.04% BAC** or higher exists, the crewmember has failed an alcohol test. **Employers must remove that crewmember from safety sensitive duties.** *It is recommended that the employer remove a crewmember from safety sensitive duties, if the test result is higher that .02% BAC.*
A .05% BAC means that your blood is 1 part alcohol to 2,000 parts blood. Your judgment, thought processes, motor skills may be affected. A .10 % BAC means that your blood is 1 part alcohol to 1,000 parts blood. Now your voluntary motor skills may be affected. You may have trouble walking and moving your hands and arms, and sometimes your speech becomes poor. Your life, and your passenger's lives might depend on the actions of a fellow crewmember, do you want him in this condition?

Employee Assistance Program (EAP)

The marine employer must have an EAP. This document is an example of an EAP. Each crewmember must participate in the EAP. Supervisors (*license holders*) must attend an additional 1 hour EAP. The EAP consists of two parts, an Education portion and a Training portion.

Education Portion: Each EAP education program must include at least the following elements: display and distribution of informational material; display and distribution of a community service hot-line telephone number for crewmember assistance, and display and distribution of the Company Policy regarding drug and alcohol use in the workplace.

Training portion*:* An EAP training program must be conducted for the employer's crewmembers and supervisory personnel. The training program must include at least the following elements: the effects and consequences of drug and alcohol use on personal health, safety, and work environment; the manifestations and behavioral cues that may indicate drug and alcohol use and abuse; and documentation of training given to crewmembers and the employer's supervisory personnel. Supervisory personnel must receive at least 60 minutes of training.

The employer must document that the crewmembers have had EAP training.

Failure to comply with all the drug program requirements could result in a Letter of Warning *or* NO Sail Order *or* a $5,500 per day per person civil penalty or USCG license revocation.

There are three components to a drug test:

1) **The collector**- qualified persons that are certified to used materials and paperwork designed by DOT to insure your privacy and protection from tampering with specimens.
2) **The Laboratory**- A DHHS certified NIDA lab. They test for marijuana, cocaine, opiates, PCP, and amphetamines. They determine the levels of the 5 drugs that are tested for.
3) **Medical Review Officer** (MRO)- licensed physicians that determine if the drug test is positive or negative. They will contact every worker with a positive test to see if there is a legitimate medical explanation for the positive result. MROs protect employees who are taking prescribed medication under a doctor's supervision. The MRO also checks to be sure that collection and testing were done correctly.

Split sample drug testing: DOT requires, for the worker's protection, that each sample be split into 2 specimens (*30ml and 15ml*). When a crewmember is informed of a positive drug test, the crewmember may choose to have the 15ml specimen tested separately at a different lab with a different MRO.

How can a crewmember get help

Help Hotline numbers: Local Helpline Phone number: (_____) _____-_____

National Institute on Drug Abuse: (800) 622-HELP
Marijuana Hotline: (800) 241-7946
Cocaine Help Line: (800) COCAINE
Alcohol Help Line: (800) ALCOHOL
Pills Anonymous: (212) 874-0700
PRIDE: (800) 241-7946 (*Parents Resource Institute for Drug Ed.)*
National Drug Information Clearing House: (301) 443-6500
National Clearing House for Alcohol Info.: (301) 468-3951

Good treatment begins with an evaluation by a **S**ubstance **A**buse **P**rofessional. Under Federal DOT regulations, effective January 1, 1995, any employee who fails a DOT drug or alcohol must have an assessment. An assessor (**SAP**) will make recommendations based on their assessment of the problem.

BACKGROUND CHECK for DRUG and ALCOHOL

Employers must check with the previous employers of newly hired crewmembers for drug & alcohol testing results that may have occurred within the past two years.

Questions each the Crewmember should be able to answer:

1. Who is the Designated Employer Representative (DER)?

Ans: My company/vessel DER is Mr. John Doe. The DER is the person that selects/receives random drug test notifications and informs crew.

2. What is the company's drug policy?

Ans: Company has a policy regarding drug and alcohol use in the workplace. It is……

3. Are you enrolled in a random drug testing program?

Ans: Yes. All crewmembers must be enrolled in a random testing program and should know that they are enrolled.

4. Where can you access Employee Assistance Program (EAP) information and hotline numbers?

Ans: EAP information and hotline numbers could be posted on the vessel or were given to me at a 1 hr training seminar on XXXXX presented by XXXXXX.

5. Who do you call/where do you go for Serious Marine Incident (SMI) Testing?

Ans: In the event of an SMI I call: (AAA) YYY-XXXX.
EVERYONE should know who to call, what to do and where to go for SMI drug and alcohol testing.

6. Have you received EAP training?

Ans: Yes. You are reading it. Each crewmember has received and can document having attended an EAP Training Program. This training consisted of material on effects & consequences of drug & alcohol use on your health, safety, and work environment, along with indicators of drug & alcohol abuse.

The effects and consequences of drug and alcohol use on personal Health, safety and the work environment.
The manifestations and behavioral cues that indicate drug and alcohol use & abuse.

Illegal Drugs: Background, Physiological effects and Behavioral effects

Illegal drug use in the workplace is a major problem. Drug testing helps ensure a safer workplace for all employees and anyone they come in contact with. Drugs other than the ones discussed below such as peyote, nitrous oxide etc. have similar effects on the brain. All affect performance in the workplace such as reaction time and impaired judgment.
We are required to test for *illegal* use of drugs. If any of the specified drugs show up in your sample, the MRO will declare it a positive test for drugs. If you are taking any current legal prescription which may contain a derivative of any drug, the MRO will examine the facts and can declare this NOT a positive drug test. If you are taking prescription medications, you must inform your employer (DER) or supervisor. This is not to cause your termination, but he/she needs to be able to discuss with you if you need to be assigned temporarily to a non-safety sensitive position, or if any other concerns need to be addressed, ie: increased sun sensitivity, avoidance of citrus drinks, increased hydration, etc. and he/she also needs to have this information on hand to facilitate your treatment in case of illness or injury.

Below are the major drugs abused in the workplace.

Marijuana

Marijuana is the most commonly abused illicit drug in the United States. It is a dry, shredded green and brown mix of flowers, stems, seeds, and leaves derived from the hemp plant *Cannabis sativa*. The main active chemical in marijuana is delta-9-tetrahydrocannabinol, or THC for short.

How is Marijuana Abused?

Marijuana is usually smoked as a cigarette (joint) or in a pipe. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. This mode of delivery combines marijuana's active ingredients with nicotine and other harmful chemicals. Marijuana can also be mixed in food or brewed as a tea. As a more concentrated, resinous form, it is called hashish; and as a sticky black liquid, hash oil. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour odor.

How Does Marijuana Affect the Brain?

Scientists have learned a great deal about how THC acts in the brain to produce its many effects. When someone smokes marijuana, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body. THC acts upon specific sites in the brain, called cannabinoid receptors, kicking off a series of cellular reactions that ultimately lead to the "high" that users experience when they smoke marijuana. Some brain areas have many cannabinoid receptors; others have few or none. The highest density of cannabinoid receptors are found in parts of the brain that influence pleasure, memory, thinking, concentrating, sensory and time perception, and coordinated movement. Not surprisingly, marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and problems with learning and memory. Research has shown that, in chronic users, marijuana's adverse impact on learning and memory can last for days or weeks after the acute effects of the drug wear off. As a result, someone who smokes marijuana every day may be functioning at a suboptimal intellectual level all of the time.

What Other Adverse Effect Does Marijuana Have on Health?

Effects on the Heart: Marijuana increases heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours. In one study, it was estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug. This may be due to increased heart rate as well as the effects of marijuana on heart rhythms, causing palpitations and arrhythmias. This risk may be greater in aging populations or in those with cardiac vulnerabilities.

Effects on the Lungs: Numerous studies have shown marijuana smoke to contain carcinogens and to be an irritant to the lungs. In fact, marijuana smoke contains 50-70 percent more carcinogenic hydrocarbons than tobacco smoke. Marijuana users usually inhale more deeply and hold their breath longer than tobacco smokers do, which further increase the lungs' exposure to carcinogenic smoke.

Cocaine

Cocaine is a powerfully addictive stimulant drug. It is made from refined leaves of the cocoa bush. The powdered hydrochloride salt form of cocaine can be snorted or dissolved in water and then injected. Crack is the street name given to the form of cocaine that has been processed to make a free-base form rock crystal, which, when heated, produces vapors that are inhaled.

How Is Cocaine Abused?

Three routes of administration are commonly used for cocaine: snorting, injecting, and smoking. Snorting is the process of inhaling cocaine powder through the nose, where it is absorbed into the bloodstream through the nasal tissues. Injecting is the use of a needle to insert the drug directly into the bloodstream. Smoking involves inhaling cocaine vapor or smoke into the lungs, where absorption into the bloodstream is as rapid as it is by injection. All three methods of cocaine abuse can lead to addiction and other severe health problems, including increasing the risk of contracting HIV/AIDS and other infectious diseases. The intensity and duration of cocaine's effects—which include increased energy, reduced fatigue, and mental alertness—depend on the route of drug administration. The faster cocaine is absorbed into the bloodstream and delivered to the brain, the more intense the high. Injecting or smoking cocaine produces a quicker, stronger high than snorting. On the other hand, faster absorption usually means shorter duration of action: the high from snorting cocaine may last 15 to 30 minutes, but the high from smoking may last only 5 to 10 minutes. In order to sustain the high, a cocaine abuser has to administer the drug again. For this reason, cocaine is sometimes abused in binges—taken repeatedly within a relatively short period of time, at increasingly higher doses.

How Does Cocaine Affect the Brain?

Cocaine is a strong central nervous system stimulant that increases levels of dopamine, a brain chemical (or neurotransmitter) associated with pleasure and movement, in the brain's reward circuit. Certain brain cells, or neurons, use dopamine to communicate. Normally, dopamine is released by a neuron in response to a pleasurable signal (e.g., the smell of good food), and then recycled back into the cell that released it, thus shutting off the signal between neurons. Cocaine acts by preventing the dopamine from being recycled, causing excessive amounts of the neurotransmitter to build up, amplifying the message to and response of the receiving neuron, and ultimately disrupting normal communication. It is this excess of dopamine that is responsible for cocaine's euphoric effects. With repeated use, cocaine can cause long-term changes in the brain's reward system and in other brain systems as well, which may eventually lead to addiction. With repeated use, tolerance to the cocaine high also often develops. Many cocaine abusers report that they seek but fail to achieve as much pleasure as they did from their first exposure. Some users will increase their dose in an attempt to intensify and prolong the euphoria, but this can also increase the risk of adverse psychological or physiological effects.

What Adverse Effects Does Cocaine Have on Health? Abusing cocaine has a variety of adverse effects on the body. For example, cocaine constricts blood vessels, dilates pupils, and increases body temperature, heart rate, and blood pressure. It can also cause headaches and gastrointestinal complications such as abdominal pain and nausea. Because cocaine tends to decrease appetite, chronic users can become malnourished as well. Different methods of taking cocaine can produce different adverse effects. Regular intranasal use (snorting) of cocaine, for example, can lead to loss of the sense of smell; nosebleeds; problems with swallowing; hoarseness; and a chronically runny nose. Ingesting cocaine can cause severe bowel gangrene as a result of reduced blood flow. Injecting cocaine can bring about severe allergic reactions and increased risk for contracting HIV/AIDS and other blood-borne diseases. Binge-patterned cocaine use may lead to irritability, restlessness, and anxiety. Cocaine abusers can also experience severe paranoia—a temporary state of full-blown paranoid psychosis—in which they lose touch with reality and experience auditory hallucinations. Regardless of the route or frequency of use, cocaine abusers can experience heart attack or stroke, which may cause sudden death. Cocaine-related deaths are often a result of cardiac arrest or seizure followed by respiratory arrest.

Methamphetamine

Methamphetamine one class of Amphetamines, is a very addictive central nervous system stimulant drug that is similar in structure to amphetamine. Due to its high potential for abuse, methamphetamine is classified as a Schedule II drug and is available only through a prescription that cannot be refilled. Although methamphetamine can be prescribed by a doctor, its medical uses are limited, and the doses that are prescribed are much lower than those typically abused.

How Is Methamphetamine Abused?

Methamphetamine is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol and is taken orally, intranasally (snorting the powder), by needle injection, or by smoking.

How Does Methamphetamine Affect the Brain?

Methamphetamine increases the release and blocks the reuptake of the brain chemical (or neurotransmitter) dopamine, leading to high levels of the chemical in the brain—a common mechanism of action for most drugs of abuse. Dopamine is involved in reward, motivation, the experience of pleasure, and motor function. Methamphetamine's ability to release dopamine rapidly in reward regions of the brain produces the intense euphoria, or "rush," that many users feel after snorting, smoking, or injecting the drug. Chronic methamphetamine abuse significantly changes how the brain functions. Noninvasive human brain imaging studies have shown alterations in the activity of the dopamine system that are associated with reduced motor skills and impaired verbal learning. Recent studies in chronic methamphetamine abusers have also revealed severe structural and functional changes in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in chronic methamphetamine abusers. Repeated methamphetamine abuse can also lead to addiction—a chronic, relapsing disease characterized by compulsive drug seeking and use, which is accompanied by chemical and molecular changes in the brain. Some of these changes persist long after methamphetamine abuse is stopped. Reversal of some of the changes, however, may be observed after sustained periods of abstinence (e.g., more than 1 year).

What Other Adverse Effects Does Methamphetamine Have on Health?

Taking even small amounts of methamphetamine can result in many of the same physical effects as those of other stimulants, such as cocaine or amphetamines, including increased wakefulness, increased physical activity, decreased appetite, increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, and hyperthermia. Long-term methamphetamine abuse has many negative health consequences, including extreme weight loss, severe dental problems ("meth mouth"), anxiety, confusion, insomnia, mood disturbances, and violent behavior. Chronic methamphetamine abusers can also display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects crawling under the skin). Transmission of HIV and hepatitis B and C can be consequences of methamphetamine abuse. The intoxicating effects of methamphetamine, regardless of how it is taken, can also alter judgment and inhibition and can lead people to engage in unsafe behaviors, including risky sexual behavior. Among abusers who inject the drug, HIV/AIDS and other infectious diseases can be spread through contaminated needles, syringes, and other injection equipment that is used by more than one person.

MDMA (Ecstasy)

MDMA, another class of Amphetamines, is a synthetic drug that has stimulant and psychoactive properties. It is taken orally as a capsule or tablet.

Street Names

XTC, X, Adam, hug, beans, love drug

Effects

Short-term effects include feelings of mental stimulation, emotional warmth, enhanced sensory perception, and increased physical energy. Adverse health effects can include nausea, chills, sweating, teeth clenching, muscle cramping, and blurred vision. MDMA can interfere with the body's ability to regulate temperature; on rare occasions, this can be lethal.

Heroin

Heroin is an addictive drug that is processed from morphine and usually appears as a white or brown powder or as a black, sticky substance. It is injected, snorted, or smoked.

Street Names: Smack, H, ska, junk

Effects

Short-term effects of heroin include a surge of euphoria and clouded thinking followed by alternately wakeful and drowsy states. Heroin depresses breathing, thus, overdose can be fatal. Users who inject the drug risk infectious diseases such as

HIV/AIDS and hepatitis and Perscription Drugs

Certain prescription drugs such as barbiturates and tranquilizers, are addictive and may be abused. Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Commonly abused classes of prescription medications include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy). Opioids include hydrocodone (Vicodin®), oxycodone (OxyContin®), propoxyphene (Darvon®), hydromorphone (Dilaudid®), meperidine (Demerol®), and diphenoxylate (Lomotil®). Central nervous system depressants include barbiturates such as pentobarbital sodium (Nembutal®), and benzodiazepines such as diazepam (Valium®) and alprazolam (Xanax®). Stimulants include dextroamphetamine (Dexedrine®), methylphenidate (Ritalin® and Concerta®), and amphetamines (Adderall®).

Street Names

oxy, cotton, blue, 40, 80 (OxyContin®)

Effects

Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Opioids can produce drowsiness, constipation and, depending on amount taken, can depress breathing. Central nervous system depressants slow down brain function; if combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Taken repeatedly or in high doses, stimulants can cause anxiety, paranoia, dangerously high body temperatures, irregular heartbeat, or seizures.

Other Illegal Drugs:

PCP (Phencyclidine)

PCP is a synthetic drug sold as tablets, capsules, or white or colored powder. It can be snorted, smoked, or eaten. Developed in the 1950s as an IV anesthetic, PCP was never approved for human use because of problems during clinical studies, including intensely negative psychological effects.

Street Names:

Angel dust, ozone, wack, rocket fuel

Effects

PCP is a "dissociative" drug, distorting perceptions of sight and sound and producing feelings of detachment. Users can experience several unpleasant psychological effects, with symptoms mimicking schizophrenia (delusions, hallucinations, disordered thinking, extreme anxiety).

LSD (D-Lysergic Acid)

LSD can distort perceptions of reality and produce hallucinations; the effects can be frightening and cause panic. It is sold as tablets, capsules, liquid, or on absorbent paper.

Street Names: Acid, blotter, dots

Effects

LSD produces unpredictable psychological effects, with "trips" lasting about 12 hours. With large enough doses, users experience delusions and hallucinations. Physical effects include increased body temperature, heart rate, and blood pressure; sleeplessness; and loss of appetite.

Reference NIDA National Institute on Drug Abuse http://www.drugabuse.gov/publications/drugfacts

Abuse and Addiction

Everyone at times has taken prescription drugs. The issue of abuse happens when someone takes a drug when they really do not need it. Clearly experimentation with drugs is a drug abuse problem. When someone does not finish taking their Rx and saves them for a later date, this also can be considered drug abuse. When someone is given a Rx to take one pill a day and they are given 14 pills, after 14 days their Rx has expired. The factors of drug abuse are how, when and why someone uses a drug.

Addiction or chemical dependence is when an abuser moves onto social use on a sporadic or regular basis. This can easily turn into a situation where the social user loses control and becomes dependent on the drug. Simply stated, someone has an addiction if they have a compulsive need to use a drug, to feel the drugs effect, or to have the discomforts of its absence even though they know its continued use could have serious consequences like losing their job.

Crewmembers can jump to the last page – Print it & complete the last page

This portion is for supervisors (*licensed personnel*)

If you have a consortium do your random drug testing, you need to ask some questions.

What to Know about your Consortium

1. Do they file Management Information System (MIS) report for you?
2. Do they have a hotline or information on 24 hour Serious Marine Incident (SMI) testing?
3. Does Consortium provide Employee Assistance Program (EAP) training and documentation?
4. Does Consortium select 50% of your company or 50% of all the crewmembers enrolled in the consortium?
5. Is your company name and phone and fax on your **C**hain of **C**ustody **F**orms as well your MRO?

Documents Required On-Board or Produce for the USCG or DOT within 48 hours

1. Your Company Policy/Program
2. EAP education information and hotline numbers (*unless posted at dock office*)
3. Certificate of enrollment in a Random Drug program with a list of covered crewmembers
4. Phone number/address for 24 SMI testing facility if not carrying alcohol testing devices aboard
5. Documentation of supervisor (60 minutes) and crew EAP Education & Training Program.
6. Copy of MIS report (if applicable)

You must file an USCG MIS Report annually

Your consortium may do this for you. This report details the employer's drug tests that are done on an annual basis. It quantifies the different types of test done and the results of the tests. This is linked to your company via your vessel's documentation/registration. These reports must be prepared and sent to the USCG by March 15th of each year.

Record Keeping (Management Information System -MIS)

Records of each positive test must be kept for 5 years.
Your Company's name and phone # must appear in the upper left corner of the Chain of Custody forms you use to, when you take a mandated drug test, along with your MRO's name & address and phone # in the upper right corner.
Background checks for newly hires must be kept for 3 years
All other tests must be kept for 1 year
Copy of your annual USCG MIS report, if you filed it
Documents that must be kept for the duration of the crewmembers employment

1. Pre-Employment Drug Testing or the documents for the exemption
2. Proof of EAP Training

Is it possible to share crewmembers between employers?

You will need an agreement between the two employers for a specific period of time that addresses very clearly who will be the principle employer, how the principle employer's DER will notify the other DER of all drug testing program information and future drug test results & refusals in a timely manner or when the crewmember is not subject to random drug testing during the specified period of the agreement as well as proof of EAP compliance, and how the expenses of drug testing will be handled.

What do I do if a crewmember has a positive drug test

You must remove them from all safety sensitive duties. Generally in a UPV situation that means terminating his/her employment. The DER must inform the USCG if the crewmember has a license or MMC.
Look to the company policy for guidance.

What do I do if a crewmember refuses a drug test

You must remove them from all safety sensitive duties. Generally in a UPV situation that means terminating his/her employment. The DER may or may not treat this as a positive drug test.

If a crew member has had a positive test, what is the procedure for him to come back into the workforce

RETURN to Work

Before you can place a person into a crew position that has had a positive drug test you must obtain the following from the person:

1. A letter from a Substance Abuse Profession (SAP) that is certified by DOT
2. A Letter from an MRO
3. A Return to Duty Drug Test result

Together the SAP & MRO may decide on a high frequency drug-testing schedule

Generally the person pays for this service. Look to the company policy for guidance.

What are some signs of a Drug or Alcohol Problem

A Crewmember having **accidents** - carefully document them.

Late or missing trips – When a crewmembers is absent or late or disappears for periods of time, these are possible signs of drug or alcohol abuse. – carefully document these situations.

Appearance – a change in emblems on cloths like marijuana emblems or silver cocaine spoons. Inappropriate dress for a crewmember aboard the vessel. Flashy or sexy clothing might also indicate a problem.

Paranoid or suspicious behavior – secret phone calls, frequent trips to the head, behavior that makes the crewmember appear to be hiding something or borrowing money from other crewmembers could indicate a drug or alcohol problem.

Performance changes – Quality of his work diminishes, irritable or bad attitude with the passengers or other crewmembers, mistakes, or not handling unsafe situations, memory loss, difficulty concentrating on tasks all all possible signs of a problem. Try to measure and document these changes.

Mood changes – mood swings, becoming more inpatient, lowering of frustration levels, over-reaction to criticism are all possible cues to drug or alcohol problems.

If you suspect a crew member is using drugs or alcohol, how do you intervene

If an employee's behavior or performance suggests drug use, supervisors must act. You have both the right and the responsibility to intervene whenever a crewmember shows signs of substandard performance or suspicious changes in behavior. To ignore these signs can, and often will, lead to a workplace problems getting worse.

Preparation

As the supervisor, you must document (*write down*) behavioral indications that you observed over time for the crewmember. Choose a private time and place to discuss your observations of the crewmember. They might be a logical explanation for his/her behavior. Plan how you will approach the subject with the crewmember. A statement as simple as "*we need to have a conversation*" is all that is needed to schedule the intervention. If you choose a time far from when you tell the crewmember that you need to talk with him, both you and the crewmember will become anxious. Never act when you are angry. Think about how you will handle the conversation.

The Intervention

Do not attempt to label or diagnose the crewmember, you are not a doctor! When you confront a crewmember with a potential drug problem, they will become defensive. You can defuse the situation my sticking to your documented observations and work performance issues. Do not call the crewmember a "drug user" unless you have definite proof of that. State what bothers you about the crewmembers actions. **Be as specific as you can**! Do not draw any conclusions until you are sure the crewmember has responded all that he/she is going to. The actions of the crewmember may have been due to financial problems or trouble at home or with a relative that is ill. If this is the case, you were smart to intervene and your understanding of his/her problem can have positive effects. People do appreciate others who show concern

The Follow up

After the interview, you should reach a conclusion about the behavior of the crewmember. You may feel that you need to discuss the situation the DER before you reach a conclusion. Let the crew member and the DER know of your conclusion and the action you or the DER will or will not take. You through your DER should put you decision in writing and have the employee sign it. Your DER may order a "cause drug test" or place the crewmember on probation for a period of time with a detailed description of what behavior you will be watching for.

Questions the Captain should be able to answer:

1. Are alcohol testing devices kept onboard? Have they expired?

Ans: Alcohol testing devices kept onboard if not within 2 hours of a test facility.

2. What are the time requirements for drug and alcohol testing following a SMI?

Ans: 2 Hours for alcohol testing and 32 hours for drug testing following a SMI.

3. What is the company's drug and alcohol policy?

Ans: Company- has a policy regarding drug and alcohol use in the workplace.

4. Have you received 60 minutes of EAP training?

Ans: Yes. All supervisors (*captains*) must receive and have documented 60 minutes of an EAP Training Program.

5. Where can crew & you access Employee Assistance Program (EAP) information and hotline numbers?

Ans: EAP Education Program information and hotline numbers could be posted on the vessel or know when & who did the EAP Education Program.

I have made note of the Help Hotline Phone Numbers. I have reviewed this document , and the company policy with the Employer's DER or their representative for over one hour.
This constitutes my required EAP Training. This signed copy will be kept on file with the DER.

Crewmembers Name:_____ ID:_____
Printed Name Company ID Number

Phone Number:_____ DATE:_____

_____
CREWMEMBERS SIGNATURE

DER:_____ _____
Printed Name DER's Signature

This page must be kept for the duration of employment for each crewmember as proof of the required EAP