FMC Alkali Chemicals

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November 11, 2005

MSHA
Office of Standards, Regulations, and Variances
1100 Wilson Blvd., Room 2350
Arlington, Virginia 22209-3939

RE: RIN 1219-AB41

To Whom It May Concern,

Attached please find FMC Corporations comments related to RIN 1219-AB41. Documents being provided include policies and procedures for FMC's trona mining and soda ash processing facilities at Green River, Wyoming. If you have any questions concerning FMC's response, please contact me at 307-872-2101 or our Safety, Health and Environmental Manager, Brian Wimer at 307-872-2152.

Sincerely,

Dick Reiter
Labor Relations Manager
FMC Corp

FMC

Department of Labor
Mine Safety and Health Administration
30CFR Parts 46, 48, 50, 56, 75, and 77

Subject: RIN 1219-AB41
Use of or Impairment From Alcohol and Other Drugs on Mine Property

Attached are FMC Corporation's (Green River, Wyoming Mine Site's at Westvaco-4800152 and Granger-4800639) comments related to the above proposed rule changes.

A. Nature, Extent, and Impact of the Problem

A.1 FMC believes that the use of methamphetamine, cocaine, marijuana and alcohol are the most prevalent drugs in the local Green River, Wyoming mining industry. This belief is supported by information provided to the local Sweetwater County Methamphetamine Initiative by Southwest Counseling Services, 2300 Foothill Blvd., Rock Springs, Wyoming 82901. The Sweetwater Meth Initiative includes representative from local industry including coal and trona mining operations. FMC has been represented at the initiative meetings. It is clear from this effort that there is a serious problem in Sweetwater, Natrona and other large Counties in Wyoming.

A.2 Based on information provided by local law enforcement and actual feedback from former drug users, it appears there is a major problem in the coal and trona mining industry. A former meth user who presented information to the Meth Inititative commented; "The trona miners are my best customers because they make good money, they can afford to buy the drugs and they have a steady income" He also commented that most miners felt they could get away with drug use because either the Company had no drug testing policy or they had means to cover up their drug use.

A.3. Miners, both surface and underground operate expensive and dangerous equipment on a routine basis. The use of drugs or alcohol can severely impact an individual's judgment and put coworkers and equipment at risk.

A.4 FMC has not routinely tested for substance abuse after accidents or incidents in the past. Although the policy allows for testing where there is reasonable cause, no employees have been tested after accidents in the past five years. With the recent Union negotiations and the signing of a five-year contract on July 1, 2005, FMC will begin post accident testing after January 1, 2006. As of this writing, the Company and the Union have not agreed on what type of accident or incident will trigger the testing. The Company believes individuals directly or indirectly involved in any accident with injury and any incident with property damage of more than $500 should be automatically tested.

B Prohibited Substances and Impaired Miners

B1. Yes – all mining operations should have the same standards and testing requirements including both surface and underground mines.

B.2 Testing should be done on a random basis quarterly of 25% of all employees (hourly and salaried) and post accident and incident testing. The following should be used as the standards for testing: (Currently in place at FMC)

Initial Test	Initial Test Level (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300

Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	1,000
Barbituates	300
Benzodiazepines	300
Methadone	300
Metaqualone	300
Propoxyphene	300

Confirmatory Test	Comfirmatory Test Level (nag/ml)
Marijuana metabolites	15
Cocaine metabolites	150
Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	500
Barbituates	80
Benzodiazepines	80
Methadone	80
Metaqualone	80
Propoxyphene	80

B.3 Supervisors should make the initial determination that an impairment exists and make the recommendation for testing. All supervisors should be given annual refresher training on how to recognize impaired employees.

B4. The following steps should be taken by the operator once an impaired employees is identified:

a. If possible do an on site medical review to assure there is no medical reason for the impairment
b. Require employee to submit to a urinalysis – failure to submit would be grounds for disciplinary action up to an including termination.
c. Suspend employee with or without pay until the confirmation test is completed
d. If there is a positive test, refer the employee to an approved EAP program for evaluation. Return to work only if deemed safe by the EAP counselor. Large employers may provide an EAP benefit however small employers may not be able to fund the cost of such a program.
e. Place employee in a disciplinary program with a last chance agreement. Test randomly for at least two years and require compliance to any substance abuse program recommended by the counselor.
f. Failure to complete the program would be a terminable offense
g. Any future positive test after the completion of the initial substance abuse program should result in termination.

B5. Employees whose substance abuse tests are positive and it is confirmed that they are using a legally prescribed drug are sent by the Company for a medical evaluation to determine whether the level of use is consistent with the doctor's recommendation and whether they are safe to be performing their jobs. If the level of use exceeds the medical recommendation, the employee is placed in the EAP program with the same consequences as the user of an illegal substance. They would be removed from their job until it was determined if it were safe to perform the work if recommended by the EAP counselor.

C Training

C1. Yes, training should be an integral part of any substance abuse program and should be included in the annual refresher-training program.

C2. All employees employed at the mine site to include hourly as well as salaried.

C3. What should be included in the training?

a. Company and MSHA Policy related to substance abuse / EAP Program / Disciplinary Process
b. Risks and consequences of using illegal substances
c. Signs to be aware of that may indicate drug use in the workplace by employees or a coworker
d. Reporting / confidentiality

C4. FMC provides an annual video training program to supervisors for impairment recognition. This training is a one-hour presentation given by the medical department (Medcor). The video's that are currently being used are from "Coastal Training" and include:

a. "Recognizing Drug and Alcohol Abuse for Manager"
b. "Substance Abuse: Awareness and Intervention"

Information on the video can be obtained from the following address:

Coastal Training Technologies Corp.
500 Studio Drive
Virginia Beach, Virginia 23452
1-800-767-7703

D Inquiries Following Accidents

D1. It is FMC's position that any reported accident requiring medical treatment or any incident with $500 property damage or more should require mandatory testing of the injured employee as well as any other employees associated with the accident or incident.

D2. Questioning of drug / alcohol use can be minimized in the investigation if the policy were in place that mandated testing as described above. If a positive test were found, appropriate disciplinary action would be taken according to the Company's disciplinary program.

D3. See D1 above

D4. If a positive test is found, that information should be used by management to implement the sites substance abuse policy, which would include immediate evaluation by the EAP provider, suspension if required, and appropriate disciplinary action based on the sites disciplinary policy.

D5. Disciplinary action based on the Company's discipline. However in no case should an employee have more than one chance to correct a substance abuse problem. A second violation should result in termination. Any MSHA citation and fine should be given to the employee not the Company unless it is determined that the Company is not complying with the rules and regulations established for post accident testing.

E. Drug-Free Workplace Programs

E1. FMC as a Corporation has had a drug-free workplace policy in place for approximately 15 years (Polices attached). Because the Green River, Wyoming site is unionized, it was necessary to negotiate a separate substance abuse policy that applied to the hourly workforce. Prior to July 1, 2005, the hourly workforce (630 employees) was tested only "for cause" or if an employee held a "safety sensitive" position. Approximately 100 hourly employees in safety sensitive positions are subject to random testing. Twenty five percent (25%) of the safety sensitive positions are tested quarterly. In addition to the hourly employees, managers are tested and crew coordinators who supervise hourly employees in safety sensitive positions. Effective January 1, 2006, the FMC Corporate Policy will be modified to include random testing 25% of all salaried employees on a quarterly basis (managers, supervisors and non-exempt personnel). During the 2005 Union Contract negotiations, USW Local 13,214 did agree to a modified random test program (see attached agreement) however the guidelines give employees being testing 30 days advanced notice before they can be tested between a 60 day and 90 day window from the date of the random draw.

E2. FMC has a drug free workplace policy in place

E2a. The program was initiated approximately 15 years ago. DOT regulations caused FMC to begin testing those employees who worked in DOT regulated areas such as maintenance of our natural gas pipelines.

E2b.
- I.0 Introduction
- 1.1 Testing
  - Pre-employment
  - Random
  - Periodic
  - Reasonable Cause
  - Post-Accident
  - Return to duty
- 1.2 Refusal to Submit to Testing
- 1.3 Positive Test Results / Disciplinary Action
- 1.4 Collection
  - Drugs
  - Alcohol
- 1.5 Forms
- 1.6 Laboratory Methodology
- 1.7 Prescribed Medications
- 1.8 Results
- 1.9 Opportunity to Retest
- 1.10 Adulterated or Substituted Specimens
- 1.11 EAP
- 1.12 Reporting, Communication and Record Retention of Lab Results
- 1.13 Confidentiality
- 1.14 Contravention of Law

E2c. The most critical part of our program is testing of our safety sensitive positions. Because employees are aware that testing may occur at any time, we have had very few positive tests. Employees do not bid into these positions knowing that there may be tested thus the core group of operators are drug free. However, because the safety sensitive positions must be negotiated, most of the site's surface and underground positions are not tested even though they may have as much risk as the agreed upon safety sensitive positions that are currently being tested. The recently negotiated full random testing program will help somewhat in dealing with this concern.

E2d. Over the past couple of years, we have terminated three employees for violating the substance abuse policy and failing to comply with their performance improvement plan. While there are no hard facts to support our position, it is believed that safety would have been compromised and people put at risk had these employees not been identified and dealt with. Drug use also impacts employee attendance and productivity. When an employee is tested for cause because of excessive absenteeism, it is often to late to save the employee because it is often found that they have lost their family by this time and are about to loose their job because of their usage. Random testing of all employees on a frequent basis will help to identify problem employees sooner where the EAP help can be provided to them with a greater potential for being successful.

E2e. Attached is some information from the Sweetwater Meth initiative. It is hard to determine the extent of the drug problem at our site however if the local area statistics are any indicator, FMC probably has a problem which can only be identified through a more effective full random testing of all employees.

E2f. In the past, the United Steelworkers of America have been resistant to random drug testing citing invasion of individual privacy and concerns with test reliability. Through

negotiations, the Union has started to recognize the potential problem with drug use in the workplace and the impacts it can have on their membership.

E2g. Violators are placed into the FMC disciplinary process. They are required to attend and follow though on any recommended treatment program identified by the EAP counselor. They are randomly tested by the EAP and FMC for a period of two years outside the normal testing program. The employee signs a last chance employment agreement and any future violations or failure to meet the performance improvement plan will result in termination.

E3. The Corporate plan has been periodically upgraded over the years with the most current upgrade being made in 2005

E4. The FMC medical Department (Medcor) presents an annual video training program as identified earlier in this report. The supervisors are taught to identify impairment but to take the individual to the medical department to determine whether it is impairment related to a medical condition or substance abuse. If there is no medical reason for the employee's behavior, the supervisor will make the call for a substance abuse test.

E5. FMC provides at no cost to the employee an EAP program administered by Southwest Counseling in Rock Springs, Wyoming. In addition, FMC's medical benefit package includes benefits for inpatient and outpatient treatment programs. Approximately fifty-five (55) employees take advantage of the EAP program annually with 2-6 employees and family members being treated for substance abuse annually.

Because of confidentiality, it is not known how many employees are successfully treated who are self admitted to a treatment program. Those required to attend because of violating the substance abuse program are about 50-75% successful.

Costs and Benefits

F1. Costs Incurred:

a. $1000 Annual donation to Sweetwater Meth initiative
b. $6,000 Annual testing costs for new hire and safety sensitive positions
c. $1,000 Video cost – (need annual training upgrades so costs continue year to year)
d. $10,000 Annual supervisor training cost
e. $15,000 Training new employees to replace terminated employees who violate substance abuse policy
f. $11,000 Costs to cover one individual with overtime who is attending a 30-day in-patient treatment program
g. $4,000 Sick Leave paid to an individual under-going treatment
i. $5,000 Approximate cost of in-patient treatment program for one individual

F2a. Drug Free Workplace Costs

- Site procedure development consistent with any MSHA law and negotiated with the Union if the facility is Unionized. There are many procedures available on web sites and through various substance abuse counseling centers so the cost of a procedure development should not be that high.
- Site implementation requires training of the policy of all employees with special training for supervisors who will ultimately monitor and enforce any program. At least one-hour per employee would be initially required. Various training materials are available on the web.
- Testing costs can vary from $14-$25 per test. Smaller Companies might want to consider joining a consortium where the costs would be lower because of the volume and where the program could be administered.
- FMC contracts EAP services for a broad range of counseling needs from substance abuse to family issues. If a program is implemented, it is necessary to have proper treatment

and follow-up. The cost could be borne by the Company in cases of a large employer or by the employee as a condition of continued employment.

- Replacement of employees who are terminated as a result of violating the company's policy can be costly depending on the nature of the position being filled. However, in a large industry the risks to equipment and employees could be substantial and life threatening if the individual was not dealt with.

F2b. Costs to smaller operations

As mentioned above, the costs for testing and treatment may be much more costly for a small employer because they have less volume in which to spread the costs.

F3 Benefits seen from testing

Where testing is done for safety sensitive positions, there is seldom a positive test noted. This is very reassuring because some of our most critical positions are in the powerhouse operations. Impaired employees in these positions could easily cause major equipment damage or injury to fellow employees through poor decisions or actions.

Since post accident testing has not been done in the past, it is difficult to determine if accidents are related to impairment and what impact this may have on worker's compensation costs. FMC has plans to implement post accident testing after January 1, 2006 with the belief that this will help to improve employee safety awareness, behavior and ultimately result in reduced accidents and medical costs to the employee and company.

FMC has an absence policy, which allows for up to five days off before disciplinary action is taken. In addition, employees can take single day vacations that can be used toward absences. Because of these policies, it is more difficult to identify employees with a substance abuse problem who are not in a safety sensitive position because there is no "just cause" to require testing. With full random testing of all employees, individuals with a problem could be identified sooner and provided the help they need before they get into a serious disciplinary problem where there job is put at risk.

[Federal Register: October 4, 2005 (Volume 70, Number 191)]
[Proposed Rules]
[Page 57808-57811]

DEPARTMENT OF LABOR
Mine Safety and Health Administration

30 CFR Parts 46, 48, 50, 56, 57, 75, and 77

RIN 1219-AB41

Use of or Impairment From Alcohol and Other Drugs on Mine Property

AGENCY: Mine Safety and Health Administration (MSHA), Labor.

ACTION: Advance notice of proposed rulemaking; notice of public meetings; close of record.

SUMMARY: Because of the inherent dangers present in all mining environments, we are considering regulatory and non-regulatory approaches to address the risks and hazards to miner safety from the use of or impairment from alcohol and other drugs, and are soliciting information from the public to help determine how to proceed.

DATES: Comments to this advance notice of proposed rulemaking must be received by November 27, 2005.

We will hold seven public meetings to gather additional information. The dates and locations are listed in the Public Meetings section under SUPPLEMENTARY INFORMATION. Individuals or organizations wishing to make presentations for the record are asked to submit a request to us at least five days prior to the meeting date; however, those who do not submit a request in advance will be given an opportunity to speak.

ADDRESSES: Comments must include Regulation Identifier Number (RIN) 1219-AB41 and may be submitted by any of the following methods:

- Federal eRulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.
- E-mail to zzMSHA-comments@dol.gov. Include RIN 1219-AB41 in the subject line of the message.
- Fax: (202) 693-9441.
- Regular Mail or Hand Delivery: MSHA, Office of Standards, Regulations, and Variances, 1100 Wilson Blvd., Room 2350, Arlington, Virginia 22209-3939.
- Access to Docket: We post all comments received without change, including any personal information provided, at http://www.msha.gov under the ''Rules & Regs'' link. The public docket may be viewed at our Office of Standards, Regulations, and Variances, 1100 Wilson Blvd., Room 2349, Arlington, Virginia.
- We maintain a listserve on our Web site that enables subscribers to receive e-mail notification when we publish rulemaking documents in the Federal Register. To subscribe to the listserve, visit our site at http://www.msha.gov/subscriptions/subscribe.aspx.

FOR FURTHER INFORMATION CONTACT: Rebecca J. Smith, Acting Director, Office of Standards, Regulations, and Variances at 202-693-9440 (voice), 202-693-9441 (fax), or smith.rebecca@dol.gov (e-mail).

Outline of ANPRM

This outline will assist you in finding information in the SUPPLEMENTARY INFORMATION section of this document.

Supplementary Information

SUPPLEMENTARY INFORMATION:

I. Public Meetings

The public meetings will begin at 9 a.m. and end after the last speaker testifies (in any event not later than 5 p.m.) on the following dates:

Date	Location	Phone
October 24, 2005.....	Little America Hotel, 500 S Main Street, Salt Lake City, UT 84101.	801-363-6781
October 26, 2005.....	Hyatt Regency St. Louis, 1 St. Louis Union Station, St. Louis, MO 63103.	800-233-1234
October 28, 2005.....	Sheraton Birmingham, 2101 Richard Arrington Jr. Blvd. North, Birmingham, AL 35203.	205-324-5000
October 31, 2005.....	Sheraton Suites Lexington, 2601 Richmond Rd., Lexington, KY 40506.	859-268-0060
November 2, 2005.....	Marriott Town Center, 200 Lee St. East, Charleston,	304-345-6500

	WV 25301.	
November 4, 2005.....	Hyatt Regency Pittsburgh Int'l Airport, 1111 Airport Blvd., Pittsburgh, PA 15231.	800 233-1234
November 8, 2005.....	MSHA Conference Room 25th Floor, 1100 Wilson Blvd., Arlington, VA 22209.	202 693-9440

The meetings will begin with an opening statement from us, followed by an opportunity for members of the public to make oral presentations to our panel. You do not have to make a written request to speak. You will speak in the order that you sign in. Any unallotted time will be made available for persons making same-day requests. At the discretion of our presiding official, the time allocated to speakers for your presentation may be limited. We will accept written comments and data for the record from any interested party, including those not presenting oral statements. The comment period will close on November 27, 2005.

The meetings will be conducted in an informal manner. We may ask questions of you. Although formal rules of evidence or cross examination will not apply, we may exercise discretion to ensure the orderly progress of the meeting and may exclude irrelevant or unduly repetitious material and questions.

A verbatim transcript of the meetings will be included in the rulemaking record. Copies of this transcript will be available to the public, and can be accessed at http://www.msha.gov>.

Introduction

Given that our accident investigations do not routinely include an inquiry into the use of alcohol or other drugs as a contributing factor, there may be many instances in which alcohol or other drugs were involved in accidents and are not reported to us or that we do not uncover during investigations. Our preliminary review of our fatal and non-fatal mine accident records revealed a number of instances in which alcohol or other drugs or drug paraphernalia were found or reported, or in which the post-accident toxicology screen revealed the presence of alcohol or other drugs.

We are concerned that miners' use of and impairment from alcohol and other drugs can create considerable (but preventable) risks to miner safety. To the extent that use and abuse of alcohol and other drugs by miners is prevalent, it reflects problems in the community in general and the labor force as a whole.

The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) 2003 National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse) shows that these community problems are also found in the labor force. The survey reports that of 16.7 million illicit drug users age 18 or older, 12.4 million (74.3 percent) were employed either full or part time. In addition, 14.9 million (77 percent) of the 19.4 million adults, age 18 or older, characterized with abuse of or dependence on alcohol or drugs were employed. The Bureau of Labor Statistics analyzed 1998 data from its Census of Fatal Occupational Injuries and estimated that 19 percent of the nation's workforce who die on the job test positive for alcohol and other drugs.\1\ Similarly, a 1993 analysis of toxicology data on injured workers' blood alcohol concentration estimated that ten percent of fatal work injuries and five percent of non-fatal work injuries overall involved acute alcohol impairment.\2\

\1\ Weber, W., and Cox, C. ``Work-Related Fatal Injuries in 1998,'' Compensations and Working Conditions, Spring 2001, pp. 27- 29.

\2\ Zwerling, C. ``Current practice and Experience in Drug and Alcohol Testing.'' Bulletin on Narcotics, vol. 45 (1993), pp. 155- 196.

SAMHSA's 2000 National Household Survey on Drug Abuse analyzes alcohol and other drug use and abuse by industry sector. Notably, the construction and mining industries have the highest percentage of workers who reported current illicit drug use \3\ or have an alcohol dependence disorder or alcohol abuse disorder. Nearly one in seven workers in these industries report having a serious alcohol problem. The report shows the following rates of use for the mining and construction industries: 15.7% past month heavy alcohol use; 12.3% past month any illicit drug use; 10.9% past year dependence or abuse of alcohol; and 3.6% past year dependence or abuse of illicit drugs.

\3\ The survey defined current illicit drug use as the use of marijuana, cocaine, heroin, hallucinogens, inhalants or non-medical use of prescription-type pain relievers, tranquilizers, stimulants, or sedatives in the past 30 days.

Using drugs or alcohol can impair a miner's coordination and judgment significantly at a time when he or she needs to be alert, aware, and capable of performing complicated tasks. Even prescription medications may affect a miner's perceptions and reaction time. Mining is a complicated and hazardous occupation, and a clear focus on the work at hand is a crucial component of workplace safety. Alcohol- or drug-impaired miners endanger themselves as well as their co-workers.

A number of mine operators recognize this problem, and require applicants for employment to pass a pre-employment drug screening. At a summit held on December 18, 2004, some mine operators stated that a substantial number of job applicants are unable to pass the initial drug screen.

III. Background

Since the late 1980s, the federal government has implemented a number of programs aimed at reducing the use of alcohol and other drugs in the workplace. The Anti-Drug Abuse Act of 1986 (Pub. L. 99-570), among other things, directed the Secretary of Labor to initiate efforts to address the issue. Subsequently, Executive Order 12564, Drug-Free Federal Workplace, established federal drug-free workplaces, making it a condition of employment for all federal employees to refrain from using illegal drugs. The Drug-Free Workplace Act of 1988, 41 U.S.C. 701, et seq., requires Federal contractors and grantees to have drug- free workplaces, and the Drug-Free Workplace Act of 1998, 15 U.S.C. 654, established grant programs that assist small businesses in developing drug-free workplace programs. To protect public safety, the Omnibus Transportation Employee Testing Act of 1991, Public Law 102- 143, requires transportation industry employers to conduct drug and alcohol testing for employees in ``safety-sensitive'' positions, creating a model that many non-regulated employers follow.

In support of the President's goal of lowering the rate of illegal drug use, the Department of Labor's (DOL) Working Partners for an Alcohol- and Drug-Free Workplace (Working Partners) public outreach campaign raises awareness about the impact of alcohol and other drug use on businesses and encourages and assists employers to implement drug-free workplace programs that protect worker safety and health and respect worker rights. DOL's Occupational Safety and Health Administration (OSHA) recognizes that drug and alcohol impaired workers constitute a safety hazard and strongly supports comprehensive drug- free workforce programs, especially in certain workplace environments, such as those involving safety-sensitive duties like operating machinery.\4\ Over the past year and a half, OSHA has implemented a number of strategies in support of this statement. For example, OSHA along with MSHA and DOL's Working Partners program, formed an alliance with four international labor unions \5\ focused exclusively on improving worker health and safety through drug-free workplace programs, and an OSHA/National Federation of Independent Business alliance agreement specifically includes promoting drug-free workplaces as a goal. OSHA also developed a Web page on workplace substance abuse, and OSHA and DOL staff have presented at conferences and written articles for publications attracting occupational safety and health professionals.

\4\ OSHA, ``Safety and Health Topics, Workplace Substance Abuse,'' http://www.osha.gov/SLTC/substanceabuse.

\5\ International Union of Operating Engineers; United Brotherhood of Carpenters and Joiners of America; International Association of Bridge, Structural Steel, Ornamental and Reinforcing Iron Workers; and International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers.

We currently address the presence and use of intoxicating beverages and narcotics at metal and nonmetal mines. Sections 56.20001 and 57.20001 of 30 CFR state:

Intoxicating beverages and narcotics shall not be permitted or used in or around mines. Persons under the influence of alcohol or narcotics shall not be permitted on the job.

Between January 1, 2000 and June 30, 2005, penalties were assessed for 75 violations of Sec. 56.20001 and for three violations of Sec. 57.20001. Our regulations contain no similar requirement for coal mines.

We have initiated a number of education and outreach efforts to raise awareness in the mining industry of the safety hazards stemming from the use of alcohol and other drugs. We, in partnership with the Joseph A. Holmes Safety Association, established the Professional Miner Program to recognize miners who have worked injury-free for at least three years. Miners who have been recognized as Professional Miners sign a pledge which includes a commitment to ``work to ensure a safe, healthy, and alcohol and drug-free workplace.'' To date, approximately 15,500 miners have taken this pledge.

We participate in the drug-free work place alliance mentioned above to provide union members and the construction industry with information, guidance and access to training resources that will help them understand the benefits of drug-free workplace programs and protect employee health and safety. Although this alliance focuses on the construction industry, a substantial number of the union members work on mine property.

On December 8, 2004, we co-sponsored with the states of Kentucky, Virginia and West Virginia, a one-day summit for individuals involved with coal mining operations and activities in the Southern Appalachian region. The summit brought together industry, labor, state and federal government officials, and public health experts to share information, expertise, and experience in dealing with the use of or impairment from alcohol and other drugs on mine property. At the summit, industry representatives expressed concerns about the problems related to the use of drugs and alcohol in mines. Several coal mine operators described the effectiveness of their drug-free workplace programs and expressed their concern that such programs were not universal in the industry.

Along with Virginia and West Virginia, we are participating in Kentucky's Mine Substance Abuse Task Force. The task force currently meets monthly to examine options for eliminating the use of or impairment from alcohol and other drugs on mine property.

During the first four months of 2005, in our annual Spring Thaw meetings held by each of the 51 field offices of our metal and nonmetal program area, we included presentations and discussion of drug and alcohol abuse to raise awareness and provide information to mine operators.

Our State Grants Program awards federal grants to 49 states and the Navajo Nation. Our 2006 Solicitation for Grant Applications, sent out in July, 2005, requests that applicants include substance abuse training as part of new miner and annual refresher training curriculum. With assistance from DOL's Working Partners program, we will be developing materials to assist in conducting this training. Further, our National Mine Health and Safety Academy is producing an awareness video on the hazards of alcohol and other drugs. This video will be used for new miner and annual refresher training.

A number of mine operators have voluntarily implemented drug-free workplace programs, and many report that these programs have improved workplace safety and reduced workers' compensation costs. Additionally, some of these operators have told us that miners at their mines are supportive of these programs. However, the adoption of these programs is far from being an industry-wide practice. Many miners, particularly those working in small mines are not likely to have access to these programs.

IV. Issues

We are seeking supporting information or data that will help us evaluate whether there is a need for additional federal action to address safety risks stemming from alcohol and other drug use by miners, and if so, whether this should involve rulemaking and what that regulation should include. In general, we are seeking information and comment on the extent of alcohol and other drug use problems in the mining industry and the impact on safety and health, and the types of programs currently in place and their effectiveness. Additionally, we need to assess both the costs and benefits of any intended federal action. We encourage the public to respond to the questions posed below. We also invite suggestions on alternatives or supplements to rulemaking that we should pursue. Please be as specific as possible in your responses to the questions and in suggesting alternatives. Providing specific examples, as well as cost and benefit estimates where possible, will help us evaluate and analyze your comments.

A. Nature, Extent, and Impact of the Problem

We believe that the use and misuse of alcohol and other drugs in the mining community and mining workplace create a preventable risk to the safety of miners. We are concerned that impaired miners can jeopardize their own safety and the safety of their fellow miners. Please provide examples and data to support your answers to the following questions:

A1. What specific substances are most prevalent and pose the greatest threats to mine safety and health? Please include comments on ``controlled substances,'' illegal or illicit drugs, alcohol, inhalants, prescription and over-the-counter drugs, and any other substances you believe may create safety hazards when used or misused by miners.

A2. Based on your experience and knowledge of the industry, how widespread is the use or misuse of alcohol or other drugs in the mining workplace?

A3. How severe a risk does the use or misuse of alcohol and other drugs pose to miners' safety?

A4. What accidents or injuries at your mine in the last five years have involved alcohol or other drugs?

B. Prohibited Substances and Impaired Miners

Our existing metal and non-metal standards [30 CFR 56/57.20001], as stated above, require:

Intoxicating beverages and narcotics shall not be permitted or used in or around mines. Persons under the influence of alcohol or narcotics shall not be permitted on the job.

No similar standard applies to coal mines. Please provide examples and data to support your answers to the following questions:

B1. Should we revise this existing metal and non-metal standard and establish a standard for coal mines? If so, how?

B2. What substances should be prohibited? Please include comments on controlled substances, alcohol, misuse of prescription and over the counter drugs, and inhalants.

B3. How should impairment be determined, and who should make the determination?

B4. What actions should operators be required to take once an impaired miner is identified (e.g., remove from site, send home for the day, refer to the Employee Assistance Program or elsewhere for assessment, send for drug test, terminate, fine, or other actions)?

B5. What policy or procedures do you have regarding employees who are using legally and properly prescribed

drugs that may cause impairment?

C. Training

Parts 46 and 48 of 30 CFR specify training requirements for supervisors and miners. Our regulations currently do not require training in the prevention of alcohol and other drug misuse. Please provide examples and data to support your answers to the following questions:

C1. Should our regulations address training in the prevention of alcohol and other drug misuse? If so, how?

C2. Who should receive this training (e.g., supervisors, managers, foremen, miners, miners' representatives?)

C3. What topics should be included?

C4. What training do you provide to address alcohol and other drug misuse?

D. Inquiries Following Accidents

Section 50.11 of 30 CFR (Investigation of accidents) requires mine operators to report and investigate accidents, and establishes criteria for the investigation and the report. Please provide examples and data to support your answers to the following questions:

D1. Should we revise 30 CFR 50.11 to address alcohol and other drug use inquiries by mine operators during accident investigations? Section 50.11 provides as follows:

Sec. 50.11 Investigation.

(a) After notification of an accident by an operator, the MSHA District Manager will promptly decide whether to conduct an accident investigation and will promptly inform the operator of his decision. If MSHA decides to investigate an accident, it will initiate the investigation within 24 hours of notification.

(b) Each operator of a mine shall investigate each accident and each occupational injury at the mine. Each operator of a mine shall develop a report of each investigation. No operator may use Form 7000-1 as a report, except that an operator of a mine at which fewer than twenty miners are employed may, with respect to that mine, use Form 7000-1 as an investigation report respecting an occupational injury not related to an accident. No operator may use an investigation or an investigation report conducted or prepared by MSHA to comply with this paragraph. An operator shall submit a copy of any investigation report to MSHA at its request. Each report prepared by the operator shall include,

(1) The date and hour of occurrence;

(2) The date the investigation began;

(3) The names of individuals participating in the investigation;

(4) A description of the site;

(5) An explanation of the accident or injury, including a description of any equipment involved and relevant events before and after the occurrence, and any explanation of the cause of any injury, the cause of any accident or cause of other event which caused an injury;

(6) The name, occupation, and experience of any miner involved;

(7) A sketch, where pertinent, including dimensions depicting the occurrence;

(8) A description of steps taken to prevent a similar occurrence in the future; and

(9) Identification of any report submitted under Sec. 50.20 of this part.

D2. What type of alcohol and other drug use inquiries should be made after accidents (e.g., questioning, drug testing)?

D3. What degree of accident or injury should trigger an inquiry (all, fatal, lost-time, others)?

D4. How should the information collected in the inquiry be used, and by whom?

D5. What actions should be required if it is determined that the use of alcohol or other drugs was a contributing factor or cause of the accident?

E. Drug-Free Workplace Programs

Although our regulations currently do not require programs to address the safety hazards that the presence of alcohol and other drugs in the workplace may cause, some mine operators have voluntarily put these programs in place. Typically, such a program, often called a drug-free workplace program, includes at least one of the following five components: drug-free workplace policy; employee education; supervisory training; drug testing; and an employee assistance program. Please provide examples and data to support your answers to the following questions:

E1. Do you have a drug-free workplace program at your mine, or have you instituted any of the above mentioned components, even if not referred to as a drug-free workplace? Please provide a copy of your program policy and procedures. Is this program part of a broader program?

E2. If you have a drug-free workplace policy or program:

E2-a. What prompted you to initiate your program?

E2-b. What components does your program have?

E2-c. Which of your program's components do you feel are most critical and/or effective, and why?

E2-d. Have you been able to document any improvement as a result of your program?

E2-e. Please provide any data that demonstrate the extent of the problem at your mine and the effectiveness of your program in improving safety at your mine.

E2-f. What issues/problems have you encountered in implementing your program and how have you resolved them?

E2-g. What actions are taken for miners who violate the terms of the policy?

E3. If you previously had a drug-free workplace program, what did it include? Why was it discontinued?

E4. If you conduct supervisory training on drug issues, how are supervisors taught to recognize and handle employees who may have alcohol and/or other drug problems? Please elaborate on how supervisors make these determinations.

E5. Do you have an employee assistance program, and if so, how many employees have accessed the EAP for problems related to alcohol and drug use? How many of these employees have had their problems resolved successfully?

F. Costs and Benefits

We are particularly interested in the costs and benefits you have experienced in planning and implementing a drug-free workplace program. In addition, we are interested in knowing what you estimate the costs to be of designing and implementing other elements of a drug-free workplace program. Please provide examples and data to support your answers to the following questions:

F1. What costs have you incurred from your efforts to reduce or eliminate drugs or alcohol from the workplace? Please provide the costs by type (e.g., personnel, training, equipment).

F2-a. What costs would be associated with having a drug-free workplace program (e.g., program implementation, training, drug testing, EAP, restricted work programs, personnel effects)?

F2-b. Would these costs be borne disproportionately by small mines? If so, please explain how and by how much the costs would vary.

F3. What benefits have you derived from your efforts to reduce or eliminate alcohol or drugs from the workplace (e.g., lower workers compensation costs, reduced absenteeism, employee morale, reduction in turnover, accident and injury reduction and related cost savings)?

Dated: September 29, 2005.
David G. Dye,
Acting Assistant Secretary for Mine Safety and Health.
[FR Doc. 05-19846> Filed 9-29-05; 3:11 pm]
BILLING CODE 4510-43-P

Mine Safety and Health Administration (MSHA)
1100 Wilson Boulevard, 21st Floor
Arlington, VA 22209-3939

Phone: (202) 693-9400
Fax-on-demand: (202) 693-9401
Technical (web) questions: Webmaster
Contact Us

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Section D-1

FMC Corporate Substance Abuse Policy

1.0 Introduction

FMC Corporation and it's subsidiaries are firmly committed to providing employees with a safe and drug-free workplace.

FMC expects all employees and contractors to report to work able to perform their duties safely and effectively. Drug and alcohol misuse by employees or contractors will be regarded as an unsafe work practice due to the increased risk to their safety and the safety of their fellow workers and the public.

This policy prohibits the use, sale, manufacture, purchase, transfer, possession or presence in one's system of any controlled substance not lawfully prescribed by a physician, or misuse of a lawfully prescribed controlled substance by any person while on company premises, engaged in company business or while operating company-owned/rented equipment.

Any drug test required under this policy will test for the presence of any of the following substances:

Marijuana	Barbiturates
Cocaine	Benzodiazepines
Opiates	Methadone
Amphetamines	Metaqualone
Phencyclidine (PCP)	Propoxyphene

This policy also prohibits possessing or being under the influence of alcohol while on company premises except for company supported, authorized and supervised occasions.

Whenever necessary, the policies and procedures herein can be modified for individual site/business needs, collective bargaining agreements or local law.

This policy does not apply to FMC employees covered by the Department of Transportation Drug and Alcohol Testing Policy.

1.1 Testing

The FMC Drug and Alcohol Testing Program includes six catagories of testing:

Pre-Employment	Reasonable Cause
Random	Post-Accident
Periodic	Return to Duty

Pre-Employment

All FMC applicants, including employees returning from lay-off, will be required to submit to and pass a drug test as a condition of employment. Pre-employment testing is conducted post-offer, and the offer is contingent upon the result of the drug test. An applicant who tests positive for drugs will not be hired. Any future consideration for an applicant who test positive for drugs to re-apply for employment with FMC will be at site management discretion.

Random

All FMC employees will be included in a random objective selection method for testing where collective bargaining agreements and state law allow. Any employee notified of his/her selection for random testing will be expected to proceed to the testing site and take the test as soon as reasonably possible not to exceed 24 hours of notification. Information regarding the most efficient and effective method of collection will be provided at the time of selection notification.

The method of random selection, percentage of employees to be tested and other related issues can be discussed with the local Human Resource Department, local Occupational Health personnel or Corporate Health Sciences personnel.

The minimum established testing standard for FMC is ten percent (10%) of the site population annually. An employee selected randomly more than once will be tested more than once. The percentage of employees tested and the length of the testing period could be increased depending upon particular site/business needs.

Periodic

Employees in safety-sensitive positions may be subject to testing periodically as determined by location management in addition to on-going random testing which could result in testing more than once in a testing period.

Management is responsible for identifying safety-sensitive positions within their operations. A position is considered safety-sensitive when the consequences of any task or responsibility performed improperly could lead to a serious safety or process safety incident. Examples of safety-sensitive positions include, but are not limited to, the following:

Vehicle Operators
Overhead Crane Operators
Chemical Plant Operators (who could cause a Category 1 or 2 process safety incident)
Maintenance Workers (who could cause a Category 1 or 2 process safety incident)
Emergency Response Team Members
Fire and Security Protection Personnel
Supervisors of employees in these positions

Reasonable Cause

Where collective bargaining agreements and state law allow, employees will be subject to testing when there is reasonable cause to believe they are under the influence of drugs and/or alcohol. Reasonable cause is observed behavior that indicates the potential influence of drugs and/or alcohol. Training material for reasonable cause observation can be obtained from a Medical Review Officer (MRO) or FMC's Employee Assistance Program (EAP).

When there is reasonable cause to believe an employee is under the influence of drugs and/or alcohol, the employee should be transported to a collection site and thereafter home by the company, a taxi, or other form of transportation not controlled by the employee. These individuals are required to remain off work until test results are received, and should receive pay for scheduled time not worked. A positive test will result in no pay for scheduled time not worked plus disciplinary action up to and including termination.

Post-Accident

While on company premises or while engaged in company business, FMC may perform post-accident drug and/or alcohol testing of employees covered by this policy following an accident that involves injury or property damage. Where practical, employees should be transported to the collection site and thereafter home by the company, a taxi, or other form of transportation not controlled by the employee.

Return to Duty

Employees covered by this policy returning to work after disability or leave of absence may be required to submit to, and pass, a drug test. The length of time away from work before an employee is required to submit to a drug test shall be determined by site management.

1.2 Refusal to Submit to Testing

Refusal to test/submit includes the following: failure to provide a specimen; failure to cooperate with the testing process; failure to report for a collection in a timely manner; failure to provide a adequate specimen without a legitimate medical reason; or submitting an adulterated or substitute specimen.

If an employee refuses to test/submit as defined above, or refuses to sign the consent form he/she will be informed that the refusal to test/submit or to sign the consent form will result in disciplinary action up to and including termination.

Any employee who professes to have "shy bladder syndrome" or the inability to produce a urine specimen will be given up to 40 ounces of liquid and allowed to wait no more than three (3) hours at the collection site. As soon as it becomes apparent the donor is unwilling or unable to produce a specimen, he/she should be advised of the three-hour time limit. At the end of the 3 hours his/her specimen will no longer be accepted, and he/she will be sent to a Urologist or a Nephrologist chosen by the company to determine if there are any medical conditions present that would prevent the ability to provide a urine specimen. This examination should be conducted as soon as possible. If no medical condition is found, it will be considered a refusal to test, and the employee will be subject to disciplinary action up to and including termination.

For pre-employment testing, it is not necessary to send "shy bladder" applicants to a doctor. If at the end of the three-hour time limit the applicant is still unable to produce a urine specimen he/she should no longer be considered for employment.

1.3 Positive Test Results / Disciplinary Action

Unless otherwise governed by collective bargaining or state law, any employee who tests positive for drugs or alcohol will be subject to disciplinary action up to and including termination.

An employee who tests positive for drugs or alcohol will be referred to the Employee Assistance Program and will be required to sign a 'Substance Abuse Rehabilitation Agreement' with FMC. ***(Attachment C)***

The Employee Assistance Program is a benefit paid for by FMC. The EAP offers confidential professional drug and alcohol rehabilitation programs.

1.4 Collection

Drugs

Collection sites are selected by FMC. The vendor used for testing the specimens can provide information regarding collection site locations.

Alcohol

The collection site for alcohol testing must be certified for either breath alcohol (BAT) or blood alcohol testing.

For reasonable cause alcohol testing, a DOT approved and clia waived saliva alcohol test can be used to determine the presence of alcohol. If the saliva alcohol test detects the presence of alcohol, the employee should be transported to a collection site certified for either breath alcohol or blood alcohol testing, and thereafter home by the company, a taxi, or other form of transportation not controlled by the employee.

1.5 Forms

Chain of Custody forms are provided by the selected testing laboratory and stored at site locations or the physician's office. These forms should be pre-printed with coding identifying which location initiated the test. It is

extremely important that locations use only forms that are pre-coded for their location. Exchanging forms from one location to another is prohibited. It is also important that only forms from the selected testing laboratory be used. DOT drug testing forms (if applicable) and non-Dot drug testing forms are not interchangeable.

Locations need to track their own inventory and should contact the vendor to order additional supplies. Seven to ten business days should be allowed for mail time to ensure the correct forms are always available.

All employees/applicants are required to sign a Drug Testing Authorization/Record release and an FMC Acknowledgement and Policy Statement prior to being sent for a drug screen. *(Attachments A & B)*

1.6 Laboratory and Methodology

Drugs

All urine specimens to be tested will be analyzed by a laboratory certified under the Department of Health and Human Services (DHHS), and certified under state law where applicable. All drug tests required by FMC will be shipped overnight for analysis to the laboratory.

Every specimen is required to undergo an initial screen followed by confirmation of all positive screen results. This screen-confirmation process utilizes highly sophisticated techniques to detect specific levels of prohibited substances in urine. This requires the use of immunoassay in the initial screening process. The following table shows the initial cutoff levels that are used by the laboratory when screening specimens to determine whether they are negative

Initial Test	Initial Test Level (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	1,000
Barbiturates	300
Benzodiazepines	300
Methadone	300
Metaqualone	300
Propoxyphene	300

Any urine specimen identified as positive on the initial test screen will be confirmed by use of a gas chromatography/mass spectrometry (GC/MS) test. The following are the cutoff levels for confirmatory testing to determine whether they are positive.

Confirmatory Test	Confirmatory Test Level (nag/ml)
Marijuana metabolites	15
Cocaine metabolites	150
Opiates	2,000
Phencyclidine (PCP)	25
Amphetamines	500
Barbiturates	80
Benzodiazepines	80
Methadone	80
Metaqualone	80
Propoxyphene	80

When appropriate, the laboratory will also analyze the specimen for the presence of adulterants. The laboratory shall report to the MRO any presence of adulterants.

Before the laboratory reports any test result, it will first review the results of the initial test, confirmatory test or any relevant quality control data to certify that the test result is accurate. The laboratory will then report the test results to the company's MRO within five (5) working days after the receipt of the specimen, and will forward to the MRO the original chain of custody and control forms. Any specimen which was negative on an initial or confirmatory test will be reported as negative to the MRO. The only specimens reported as positive will be those that have been confirmed as positive through GC/MS.

The laboratory will report all testing results directly to the MRO. The lab will ensure the security and confidentiality of all data transmission. The MRO will report testing results to the appropriate FMC Substance Abuse Contact on a need to know basis, and in accordance with all applicable federal, state and local laws. The MRO will ensure the security and confidentiality of all data transmission.

The laboratory will also provide the MRO with a statistical summary of the testing program, which will not include any personal identifying information, as required by applicable regulation.

All positive urine specimens will be retained in long-term frozen storage (-20 degrees C or less) for a minimum of one (1) year.

Alcohol

The breath alcohol tests should be conducted by a certified Breath Alcohol Technician using an evidential breath measurement device. The testing site will provide management with the results at the time of the test; however, the form should be faxed to the MRO for tracking purposes.

If for some reason a breath test is not possible and a blood alcohol test must be conducted, the urine drug testing chain of custody form must be used. The collection site must send the sample to the lab for testing. The MRO will report testing results to the appropriate FMC Substance Abuse Contact on a need to know basis, and in accordance with all applicable federal, state and local laws. The MRO will ensure the security and confidentiality of all data transmission.

Unless bargained locally or in conflict with state law, an employee who has a .04 breath alcohol content is considered under the influence, and test results at or above the level will be considered positive. Employees who test positive will be subject to disciplinary action up to and including termination.

1.7 Prescribed Medications

The prohibitions outlined above do not apply to the use of a controlled substance pursuant to the instructions of a licensed physician who is familiar with the employee's medical history and assigned duties. However, the physician must advise the employee that the use of such substances will not adversely affect his/her ability to safely perform their job duties.

Any employee requested to submit to a drug test under this policy will have the opportunity to discuss the use of any prescribed medication with the MRO. They will be required to identify the physician prescribing the medication and authorize the MRO to discuss the use of the medication with that physician, including its possible side effects and its relationship to the employee's ability to perform his/her job duties.

The FMC Corporation further reserves the right to place any employee taking a prescribed medication on a temporary medical leave of absence until the information described above is provided.

Hemp oil or other hemp product use, or the use of medically prescribed marijuana will not be accepted as an alternative medical explanation for a positive THC result, except where this policy is prohibited by applicable state law or where collective bargaining agreements provide otherwise.

1.8 Results

Each location's drug testing contact person is responsible for ensuring that the MRO has the correct names for the primary and secondary contact persons to receive results. Any changes in contacts must be relayed to the MRO in writing.

When an initial result is positive, the MRO will contact the donor first to review any prescription medications that he/she may be taking which could alter the results, and to give the employee a reasonable opportunity to explain a confirmed positive result. After conducting the telephone interview with the donor, the MRO will either rule the sample positive or negative. If the donor has a legitimate prescription in his/her name the sample will be ruled negative and will be routed back through the negative process.

If the sample is a confirmed positive, it will be reported to the locations' primary or secondary contact person. Results will not be given to anyone else at the location, so it is extremely important that all changes in these two contact persons be submitted in writing. Hard copies of all positive results will be forwarded to the location contact person within approximately five working days.

The MRO will make every attempt to contact the donor to discuss the results. If, after several attempts, they are unable to make contact, the MRO will report the result as an "unable to contact" positive. This does not preclude any future contact between the donor and MRO or possible reversal of the findings.

Unless otherwise governed by collective bargaining or state law, any employee who tests positive for drugs or alcohol will be referred to the Employee Assistance Program and be required to sign a 'Last Chance Agreement' with FMC.

1.9 Opportunity to Retest

When a confirmed positive drug test is received, the donor can request retesting of the specimen at a different lab. The donor must notify the MRO of his/her desire to retest the specimen within 72 hours of the date on which the MRO first contacts the donor. The retest shall take place at a SAMHSA Certified Laboratory at the employee's expense or as otherwise required by applicable state law. The opportunity to retest does not apply to adulterated or substituted specimens.

1.10 Adulterated or Substituted Specimens

Unless otherwise provided for in a collective bargaining agreement or by applicable state law, adulterated or substituted specimens will be treated as a "refusal to test/submit" as previously stated in this policy. Refusal to test/submit will result in disciplinary action up to and including termination.

1.11 Employee Assistance Program (EAP)

For assistance in addressing a substance abuse concern, FMC employees may refer themselves to any member of management (including but not limited to their supervisor, human resources, etc. or the approved EAP). An employee who self-refers into an inpatient drug treatment program will be placed on leave and would not be subject to drug testing during that period of time. He/she must cooperate and comply with any conditions of the prescribed rehabilitation program or will be subject to immediate discharge.

An employee granted Self-Referral Rehabilitation Status will be permitted to use any paid and/or unpaid leave which the individual may have available. If the employee goes into an outpatient treatment program and continues to work, he/she would be subject to testing should his/her name be selected. If tested positive, the employee would be immediately terminated.

1.12 Reporting, Communication & Record Retention of Lab Results

Only the MRO and the designated FMC site personnel are authorized to receive reports of specimen analysis results from the laboratory. Communication of those results by the designated FMC site personnel will be limited to the employee's manager and/or human resource manager.

Reports are to be maintained in the individual's FMC medical file in accordance with FMC standards concerning employee medical records, and in accordance with FMC standards concerning access to employee medical records.

Consent forms and Chain of Custody forms for employees who have positive test results should be retained in a separate file for four years.

Consent forms and Chain of Custody forms for employees who have negative test results should be retained in a special drug screen file for two years and then destroyed.

1.13 Confidentiality

All records generated and information received on an employee or applicant are strictly confidential and will not be released by FMC to any person or agency except as indicated in this policy or as otherwise permitted by applicable state or federal law.

1.14 Contravention of Law

The Law Department will notify the appropriate Human Resources Director in the event that FMC receives a claim or lawsuit regarding any drug screen test and/or the process/policy we have established for the initiative.

Section D-1 Attachment A

Acknowledgment and Policy Statement

I hereby acknowledge that I have received a copy of the FMC Corporation Substance Abuse Testing Policy. I have read this policy, I understand its' provisions and requirements, and I agree to submit to all of its' provisions and requirements during my employment, including provisions related to substance abuse testing. I fully understand that compliance with this policy is a condition of continued employment.

Illegal substances as defined by federal and state law and by FMC Corporation Substance Abuse Testing Policy include, but are not limited to, marijuana and hashish, cocaine, heroin, opium, hallucinogens, synthetic and designer drugs, alcoholic and other intoxication substances, paraphernalia, and depressants or stimulants not prescribed by a licensed physician for personal treatment.

Employee Name (Printed)_____

Employee Social Security Number_____

Employee Signature_____

Date_____

Verified By:

Name (Printed)_____

Title_____

Signature_____

Section D-1 Attachment B

Job Applicant Acknowledgment

For Substance Abuse Testing and Medical Information Release

I acknowledge that I have read the FMC policy on substance abuse and testing.

I understand that FMC conditions an offer of employment upon submitting to a urine test and successfully passing a test for the absence of drugs and alcohol. I further understand that a refusal to take these tests will be considered a withdrawal of my application from FMC.

I have been advised that the procedure employed with this process will ensure the integrity of the sample and is designed to comply with medical/legal requirements.

I have been informed that an independent clinical laboratory does the laboratory test of the urine and that the laboratory will determine the results of my test and communicate those results to designated FMC personnel in a confidential manner. I further understand that positive results to this test will render me ineligible for employment.

Employee Name (Print) _____ Employee Signature _____

Date _____

Witness (Print) _____ Witness Signature _____

Date _____

FMC Corporation Substance Abuse Testing Policy

Section D-1 Attachment C

Substance Abuse Rehabilitation Agreement

FMC Corporation is firmly committed to providing its employees with a safe and drug-free workplace.

FMC Corporation expects all employees and contractors to report to work able to perform their duties safely and effectively. Drug and alcohol misuse by employees or contractors will be regarded as unsafe work practice by creating an increased risk to their safety and the safety of their fellow workers and the public.

As a condition of your continued employment with FMC Corporation you must complete the requirements set forth in this Agreement. Failure to do so constitutes a violation of the FMC Corporation Substance Abuse Policy as well as this Agreement and will result in immediate termination.

1. You make an appointment with the EAP provider and enroll in the treatment program prescribed by them.

2. You will successfully complete the treatment prescribed by the EAP provider and continue to participate in the full treatment program including, but not limited to, any outpatient portion of prescribed treatment and any follow-up treatment or follow-up recommendations.

3. You will submit to an FMC drug and/or alcohol (urine and/or blood) test(s) prior to your return to work. A positive drug test result, a refusal to submit to the test(s) or failure to show up for the test(s), except upon a showing of good cause, will result in your immediate termination.

For a period of twelve (12) months following your return to work date, you will be subject to periodic testing, with notice of not more than twenty-four (24) hours before the time scheduled for the test. A positive substance abuse test result, refusal to submit to any of the tests, or failure to show up for any of the tests, except upon a showing of good cause, will result in your immediate termination.

The purpose of FMC's Substance Abuse Policy is to conduct business with a high regard for the health and safety of its employees, customers, suppliers and the community in which we do our business, the protection of its assets and the maintenance of a productive work environment.

It is your responsibility and obligation to comply with the conditions outlined in the FMC Corporation Substance Abuse Policy, which states that use, sale, manufacture, purchase, transfer, possession or presence in one's system of any controlled substance (except personal legally prescribed drugs) by any person while on Company premises, engaged in Company business or while operating Company-owned/rented equipment is prohibited.

While the Company is offering you a chance to obtain assistance, you must remember that enrollment in, and successful completion of, the EAP treatment program is not a defense in any disciplinary or performance-related action that may be taken as a result of your job-related actions or performance to date. To the extent there may have been such issues, the Company fully expects you will contact them when you return to work.

ACKNOWLEDGMENT

I acknowledge that I have read the terms of this Agreement and that I fully understand the terms and conditions set forth in this Agreement. I further understand that failure to comply with either the Substance Abuse Policy and/or the specific terms and conditions set forth in this Agreement will result in my immediate termination.

_____ _____

Employee Name Employee Signature

_____

Date

_____

Name of FMC Corporation Agent

_____

Date

2005 Contract Negotiations
FMC / USWA Local 13,214
Temporary Agreement

The following proposal has been agreed to and will be incorporated into the contract package when the last and final economic offer is agreed to by the Union.

Company Proposal: CN-33 (Implement Corporate Substance Abuse Policy)

Company Counter: 6/27/05
Union counter: 6/27/05

The Company and the Union mutually agree to add the following language to the current Corporate Drug Policy.

III. Employee Testing

Add the following new section to the policy:

B. Random Testing for all Non Critical Positions (excludes safety sensitive or DOT covered positions identified above)

~~Periodically with notice,~~On a monthly basis, the Company, with the Union present, will randomly select no more than ~~twenty (20)~~ ten (10) employees for possible random testing. From this group, no more than five (5) employees per month will be randomly chosen and tested. ~~for testing.~~ The ten (10) ~~twenty (20)~~ ~~Such~~ employees will be given notice in writing of the Company's intent to test under this provision after which the employee will be tested between the 30th and 90th day after such notice. The time for testing will be determined by the Company and the employee will be tested while at work. This time may be extended due to an employee's absence.

VI. Specimen Collection And Laboratory Standards and Services

The following drugs will be tested at the identified test levels
All FMC specimens shall be analyzed for the following substances using the SAMSHSA cut-off limits:

Initial Test	Initial Test Level (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	1,000
Barbituates	300
Benzodiazepines	300
Methadone	300

Metaqualone	300
Propoxyphene	300

Confirmatory Test	Comfirmatory Test Level (nag/ml)
Marijuana metabolites	15
Cocaine metabolites	150
Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	500
Barbituates	80
Benzodiazepines	80
Methadone	80
Metaqualone	80
Propoxyphene	80

Section VII Reservation of Rights will not be applicable.

Union Lead Negotiator

6/28/05
Date

Company Lead Negotiator

6/28/05
Date

FMC

Corporate Substance Abuse Testing Policy and Protocal

11/01/02

SUBSTANCE ABUSE POLICY

Purpose

FMC conducts business with a high regard for the health and safety of its employees, customers, and suppliers, the protection of its assets and maintenance of a productive work environment. Practices that obstruct or inhibit these objectives are unacceptable.

Substance Abuse Policy

The use, sale, purchase, transfer, manufacture, possession or presence in one's system of illegal and unauthorized drugs, synthetic designer drugs or any controlled substance (except legally prescribed drugs) by any person while on company premises, engaged in company business or while operating company-owned/rented equipment, is prohibited.

Similarly, the use, sale, manufacture, purchase, transfer or possession of alcohol in a Company facility or on Company premises is prohibited (except during Company-supported, authorized and supervised occasions). Being under the influence of alcohol while performing Company business or job-related duties, or while operating Company-owned/rented equipment is also prohibited.

Scope

This policy is applicable for all FMC locations worldwide except where prohibited by law or where governmental regulations require a different testing program.

SUBSTANCE ABUSE TESTING POLICY

In order to implement this policy, the Company will require that any new hire must successfully pass a test for the absence of prohibited drugs as a condition of employment. In addition, employees in critical or safety-sensitive positions will be subject to testing periodically by a random test selection process. The Company may also require that an employee submit to a drug and/or alcohol test when there is objective evidence to suggest that the employee may be or have been under the influence of proscribed substances.

I. PRE-EMPLOYMENT TESTING

All applicants will be notified that they are subject to testing for the presence of prohibited drugs and that successfully passing the test is a condition of employment.

Prior to hire, each applicant offered employment will be asked to sign a form acknowledging the terms and conditions of the test. Refusal to take the test will render the applicant ineligible for employment

II. An applicant who fails the test will be so notified. Company location management will be informed that the individual does not meet the medical criteria for the position. Further information may only be obtained from a designated medical professional on a need to know basis.

Applicants who fail the test may be reconsidered for employment after 90 days. If upon reapplying, they are offered employment and pass a second test, they will be subject to

periodic unannounced testing for one year following their hire date. A subsequent positive test, or a refusal to submit to such a test, will result in termination.

FMC permits the use of the **Profile II** urine quick test for pre-employment sampling in accordance with local laws and regulations. **No other quick test is permitted.** Any other quick test is in violation of the FMC policy.

III. EMPLOYEE TESTING

A. Testing in Critical or Safety-Sensitive Positions

A critical position is one which the Company determines to carry a high degree of responsibility, to involve national security, to have access to government/classified information, or which Group management designates as carrying a high degree of responsibility essential to that particular Group's operation. (See Attachment #1).

A safety-sensitive position is one in which an adverse event could have a serious or catastrophic impact on other personnel, the community, property and/or the environment. Included in this definition are supervisors and others that may be active in emergency situation involving one of these positions. (See Attachment #2).

Employees in critical or safety-sensitive positions may be subject to testing before assignment, reassignment or periodically as determined by Company location management. For example, a location may choose to test on a monthly or bi-monthly basis, over a 12-month or 18-month period.

Employees shall be notified that they will be tested **not more than 24 hours before** the time scheduled for their test.

The test selection process used for employees in critical or safety-sensitive positions shall be one of the following, as determined by Corporate or Group management to meet its particular business needs:

- **Random Selection Testing**

  A process, typically done by computer programming or other objective selection method, that results in equal probability that any employee in a critical or safety-sensitive position could be selected at any point during the testing period. The intention of this process is to assure testing of a reasonable percentage of employees in the group subject to testing. **A reasonable percentage would be at least 10-25 percent per testing period but could be increased, depending upon particular business needs.** Under this process, some employees could be tested more than once during a testing period, while others might not be tested during that period. The Company shall not exercise its discretion to waive the test of an employee selected by this process.

  Testing employees either upon reasonable cause or after an initial confirmed positive test are procedures distinct from the testing processes used under this provision, and

may be required at any time where appropriate.

FMC permits the use of the **Profile II** urine quick test for random selection sampling in accordance with local laws and regulations. **No other quick test is permitted.** Any other quick test is in violation of the FMC policy.

- **Recalled Employees**

Employees recalled to work after a six-month layoff will be notified that they are subject to testing for the presence of prohibited drugs and that successfully passing the test is a condition of employment.

A recalled employee who fails the test will be so notified. Company location management will be informed that the individual does not meet the medical criteria for the position. Further information may only be obtained from a designated medical professional on a need to know basis.

FMC permits the use of the **Profile II** urine quick test for recalled employee sampling in accordance with local laws and regulations. **No other quick test is permitted.** Any other quick test is in violation of the FMC policy. An employee with a negative quick test result may return to assigned duty. If the test result is positive, the employee should not be given an assignment, but immediately submit a specimen for laboratory confirmation, and must follow the substance abuse testing policy pertaining to positive test results.

Recalled employees who fail the test may be reconsidered for employment after 90 days. If upon the next recall, they are offered employment and pass the second test, they will be subject to periodic unannounced testing for one year following their hire date. A subsequent positive test, or a refusal to submit to such a test will result in termination.

- **Testing Upon Reasonable Cause**

An employee observed to be in an unfit condition or whose actions may have contributed to an accident or incident, which, by objective observation, may have been caused by the influence of alcohol, illegal or unauthorized drugs, may be subjected to testing.

Such testing shall take place as soon as practicable, **but in no event more than 4 hours after the accident or incident** which gave rise to the observation.

Use of the **Profile II** urine quick test for drugs and the **QED-150** saliva test for alcohol are permitted in reasonable cause or suspicion situations. An employee with a negative quick test result may return to work when, under the opinion of management and/or union representative, the employee is in a fit-for-duty condition. If the test result is positive, the employee should not return to work but immediately submit a specimen for laboratory confirmation, and must follow the substance abuse testing policy pertaining to positive test results.

Any employee who has a series of reasonable cause events due to being observed in an unfit condition caused by the influence of alcohol, illegal or unauthorized drugs and, has negative test results for each event, should be encouraged to voluntarily enter an employee assistance program. A series of reasonable cause events could result in disciplinary action.

Any employee tested for reasonable cause due to the influence of alcohol, illegal or unauthorized drugs, and whose test result proves to be below the allowable limit and, after testing still appears to be in an unfit for duty condition, should be considered ill for the balance of the shift.

An employee observed to be in an **unfit-for-duty condition** (e.g., nodding, dizziness, etc.) due to the use of a legally prescribed medication can, at local management's discretion, be given a temporary assignment for the balance of the work shift. If a temporary assignment is not available, the employee should be sent home as ill.

C. Refusal

A covered employee who refuses to submit to testing shall be subject to appropriate disciplinary action, as in other insubordination cases, up to and including termination. Refusal to participate in, or failure to successfully complete, the Employee Assistance Program and/or chemical dependence rehabilitation program will subject the employee to termination.

III. POSITIVE TESTS

Gas Chromatography/Mass Spectrometry will confirm all presumptive positive test results obtained by initial screening. No action will be taken with respect to any employee or applicant unless the initial positive test is confirmed in this manner.

The appropriate medical professional used by each Company location will interpret and report all positive drug tests to the appropriate management officials on a need to know basis, and in accordance with all applicable federal, state and local laws.

An employee in a critical or safety-sensitive position who fails to pass the test will be removed from the position and referred to an Employee Assistance Program. The Company will then determine whether there is an appropriate alternative position for the employee. If not, the employee will be placed on disability leave until successful completion of an Employee Assistance Program and/or a chemical dependence rehabilitation program or until such time as the Company determines that the employee may return to work. Employees who do not qualify for disability leave and who are not cleared to return to work will be placed on unpaid leave until they return to work or until their employment is terminated.

An employee's return to, and continuance in, the former critical or safety-sensitive position after a positive test, will be dependent upon successful completion of the Employee Assistance Program and/or chemical dependence rehabilitation program. The location's substance abuse program coordinator should contact VMC, 800-843-1327, FAX 847-249-2772), FMC's

contracted Employee Assistance Program (EAP), to inform them of the name, telephone number, reason for referral and any work performance issues of an employee being referred for the evaluation. The referred employee must contact VMC after the substance abuse program coordinator has made contact with the EAP. VMC will refer the employee to the appropriate level of treatment and keep in contact with the local treatment center to determine if the employee is compliant with EAP recommendations. If the employee is not compliant with the EAP's recommendations, VMC will inform the specified FMC representative. Additional, limited information will be communicated on a need to know basis provided the employee has signed appropriate information releases with VMC.

An employee discerned to be in an unfit condition or whose actions may have contributed to a safety accident or incident, and who fails to pass the test will be referred to an Employee Assistance Program. The Company will then determine whether and when the employee shall resume normal job duties. If the Company determines that it is not appropriate for the employee to immediately resume current job duties, the employee shall be placed on disability leave until successful completion of an Employee Assistance Program, and/or chemical dependence rehabilitation program or until such time as the Company determines that the employee may return to work. Employees who do not qualify for disability leave and who are not cleared to return to work will be placed on unpaid leave until they return to work or until their employment is terminated.

An employee who tests positive for the presence of drugs or alcohol will be required to agree to participate in, and successfully complete, a treatment program specified by the EAP provider, to submit to a drug and/or alcohol test using Company cut-off levels prior to return to work, and be subject to periodic unannounced testing for 12 months following return to work. Part of the return-to-work requirement will include submitting a sample for screening by MEDTOX Laboratory. Failure to comply with any or all of these conditions will subject the employee to immediate termination. (See Attachment #3).

Note: ***Location management has the option to make termination decisions for any employee who receives a second positive test result after the 12-month unannounced testing period.***

Employees are advised not to ingest or inject a medication prescribed in the name of a family member, resident of the household, or any other person. The use of such medications, (e.g., prescriptions containing codeine, etc.), when prescribed for someone else, is not considered by FMC's Medical Review Officer (MRO) as an explanation for a positive substance abuse test result

The MRO does not accept the use of hemp products as an acceptable explanation for a positive test result. Any employee testing positive for marijuana, due to the ingestion of a hemp product, is considered to have a positive test result.

Suspected adulterated specimens (improper color, temperature, etc.) are to be noted as such on the chain-of-custody form and sent to MEDTOX Laboratory to be analyzed by the specific confirmation test for the detection of adulteration. All specimens that are confirmed as adulterated will receive a positive test result. Employees who submit adulterated specimens may be considered subject to disciplinary action up to and including termination.

In no case will a positive test or participation in an Employee Assistance Program and/or

chemical dependence rehabilitation program act as a defense in a disciplinary action taken as a result of the accident or incident which gave rise to the observation.

Employee testing records will receive the same level of confidentiality as their medical records. Reports, recordkeeping and communication of results will be in accordance with FMC standards concerning employee medical records and access to employee medical records.

IV. CONTRACTORS

Outside independent contractors and subcontractors must certify to the Company's satisfaction that they are in compliance with FMC's Substance Abuse Policy during the period they are assigned to work on Company premises.

The Company reserves the right to apply this Policy not only to its own employees but to require that its contractors and subcontractors abide by the provisions of this Policy while they are on Company premises.

Locations with permanent contractors working on-site reserve the right to include those workers in the random selection process unless the contractors can certify that they are compliant with the FMC policy. (For additional information, refer to FMC's Substance Abuse Policy for Contractors.)

V. LOCATION RESPONSIBILITY

Each Company location is responsible for enforcing this policy. This requires:

- implementation of a drug awareness program to educate all employees about the health and safety risks of alcohol, drug or chemical dependency.
- an orientation program for all employees so that they are aware of the Policy and the means by which it will be implemented and enforced.
- pre-identification and communication to employees of those jobs considered critical or safety-sensitive, the testing process that will be used, and the notice that will be given.
- an Employee Assistance Program that is capable of helping employees overcome their alcohol, drug or chemical dependency. The Employee Assistance Program may be in-house with FMC medical personnel, contracted or referred to a qualified outside agency.

  (All EAP clinical information is confidential and cannot be incorporated in the employee's personnel file, nor can it be released to the Company without the written consent of the employee.)

- training appropriate personnel in the objective observation of unfit conditions.
  Note: VMC, FMC's contract EAP, is available to provide this training.

VI. SPECIMEN COLLECTION AND LABORATORY STANDARDS AND SERVICES

A local methodology for obtaining samples and handling sample specimens that meets Corporate Health Sciences standards. Only those laboratories prescribed and approved by the Corporate Health Sciences Department are to be used in implementing this Policy. The substances for screening are listed below. (See Substance Abuse Testing Protocol.)

All FMC specimens shall be analyzed for the following substances using the SAMHSA cut-off limits:

- Amphetamines (Methamphetamines)
- Opiates (Heroin, Morphine, Codeine, etc.)
- Benzoylecgonine (Cocaine)
- Cannabinoids (THC, Marijuana)
- Phencyclidine (PCP, Angel Dust)

Analysis for **alcohol** or other substances will be conducted only with the authorization of FMC location management or the designated FMC medical custodian. **This authorization should be limited to fitness for duly evaluations, for-cause situations, or other special circumstances.**

VII. RESERVATION OF RIGHTS

The Company reserves the right to interpret, change or rescind this Policy in whole or in part without notice. Nothing in this Policy alters an employee's status or creates any contract of employment.

VIII. APPLICABLE LAW

Applicable federal, state or local law shall prevail over any term of this Policy in the event of a conflict.

Whenever necessary, implementation of this Policy at a particular location shall be modified to comply with the requirements of applicable federal, state or local law or regulations.

VIIII. EFFECTIVE DATE

This policy is effective August 1, 1992. (last update 11/01/02)

SUBSTANCE ABUSE TESTING PROTOCOL

Specimen Collection & Laboratory Standard

1.0 Purpose

- To estimate standard procedures for collection custodianship, analysis, evaluation and reporting results of biologic specimens to be analyzed for the presence of substances of abuse.
- To establish criteria which must be met by clinical laboratories being used by FMC to analyze specimens for the presence of substances of abuse.

2.0 Introduction

Standard specimen collection, custodianship with documented chain-of-custody, accurate analysis, evaluation and reporting results of biologic specimens are fundamental to achieve the goal of the Substance Abuse Testing policy as follows:

- Identify individuals who use such substances while:
  - assuring only substance users are identified as such
  - effectively addressing concerns, allegations or legal challenges regarding specimen analysis and results

3.0 Specimen Collection and Custodianship Standard

A copy or synopsis of the Substance Abuse Policy and Substance Abuse Testing Policy must be available to all employees. The Substance Abuse Testing Protocol shall be made available to employees upon request.

The following procedures must be followed in the collection and communication of FMC specimens.

3.1 FMC Medical Custodian

Specimen collection, shipping and receiving results of analysis are the responsibility of the FMC medical custodian identified for each Company location. The FMC medical custodian may be internal FMC medical personnel or contracted medical agent (e.g., physician or nurse). Corporate Health Sciences must approve the FMC medical custodian.

3.2 FMC Medical Review Officer (MRO)

- The role of the MRO shall be to provide medical expertise in the final analysis of a lab-confirmed positive test result. The MRO may also be requested to review negative lab results in certain circumstances.
- The MRO's responsibilities shall include reporting of positive or negative results to the employer in the desired format. Positive test interpretation will include prompt attempt to contact tested individual for interview to review, explore and discuss lab results and follow-up with laboratory and/or local physician as appropriate.
- The **MRO shall be a licensed physician** with knowledge of substance abuse and pharmacology, with the experience and ability to interpret laboratory data in conjunction with relevant medical information.

- **MRO services shall be provided by University Services** for all Company locations. (See Attachment #4). Exceptions will only be made with the written approval of the Director of FMC Corporate Health Sciences.

3.3 Urine Specimen Collection

Prior to specimen collection, the individual being tested shall:

- present an employee photo ID, or photo driver's license ID. If no photo ID is presented, a photograph should be taken and attached to the employee's medical record.
- sign a Substance Testing Acknowledgment and Medical Information Release Form. (See Attachment #4 and #5).
- remove any bulky clothing, (e.g., coats, jackets, sweaters, lab coats, bags, purses). Preferably, the individual shall be undressed and in a gown and/or underwear before entering the voiding room.
- be handed a urine collection container provided by the laboratory.

Specimen collection voiding room may have a toilet and running water. Preferably, the toilet bowl should have a dye added to the water and the sink have the warm water faucet handle removed.

While the individual being tested is in the collection room, the FMC medical custodian must be present in, or wait directly outside of, the voiding room.

When the individual exits the voiding room the FMC medical custodian must be immediately handed the collection container. In the presence of the individual, the FMC medical custodian shall immediately check the urine specimen for color, temperature, and signs of foreign matter. If the specimen appears abnormal or adulterated, the observations shall be noted on the chain-of-custody form that is completed for each specimen and sent to the laboratory for testing and confirmation.

When the Profile II quick test is used and a negative result is obtained, the urine sample can be discarded. If the result is positive, the following procedure will be followed.

- The lid for all specimens shall be tightened and the sealing tape placed across the top and down the sides of the container for transport in the presence of the employee.
- The specimen collection label must be signed or initialed by the individual being tested to verify it is his/her specimen.
- The chain-of-custody form completed for each specimen shall be filled-in including identification information, date and time specimen was collected.
- The individual being tested shall initial or sign the chain-of-custody form designating transfer of custodianship of the specimen to the FMC medical custodian..

3.4 Specimen Storage and Shipment

- The FMC medical custodian or agent must place the specimen in the final shipping package after taking custody of the specimen.
- If not immediately picked up or shipped, the specimen-shipping package shall be stored in a secure area (preferably in a locked, refrigerated enclosure) where access is limited to necessary personnel.
- The method of shipment (e.g., U.S. mail, overnight express service or courier service) shall be noted on the chain-of-custody form.
- The courier who will pick up from the collection site should sign attesting to whether the package seal is intact or not.

3.5 Reporting, Communication & Recordkeeping of Lab Results

- Only the FMC designated Medical Review Officer (MRO) and associated FMC personnel are authorized to receive reports of specimen analysis results from the clinical laboratory.
- **Reports are to be maintained in the individual's FMC medical file** in accordance with FMC standards concerning employee medical records and access to employee medical records.
- Communication of results by FMC medical custodian or MRO to FMC management will be limited to the following:

Pre-employment Testing - following job offer and prior to placement

- **Negative Test:** Communicate applicant is medically qualified unless applicant is disqualified for other reasons.
- **Positive Test:** Communicate applicant does not meet medical criteria for position.

Employee Testing

- Communicate whether the Substance Abuse Test result was negative, positive or adulterated.
- Specific substances(s) found on a positive test should not be communicated except on a need to know basis.
- Communicate specific results of testing to individual tested.
- The individual tested should be informed of his/her results by means of direct communication with FMC medical custodian and/or FMC designated MRO. The individual shall be referred to the FMC medical custodian and/or MRO for specific information about the test results.
- FMC statistical reports are to be provided per FMC/laboratory contact.

.4.0 Chemical Laboratory Standard

4.1Laboratory Approval

MEDTOX Laboratories shall provide laboratory services for all Company locations. (See Attachment #6).

4.2Required Laboratory Criteria

4.2.1Laboratory Facility and Personnel

- All screening and confirmation analyses and long-term specimen storage for an individual specimen must be conducted at a single site. Screening analyses at

one site and transport of specimen for confirmation analysis to another site is unacceptable.

- A security system must be maintained at the lab facility which restricts access to necessary personnel into areas where specimens are stored, analyzed and records retained.
- The lab facility must maintain a substance abuse testing program for its own applicants and employees.

4.2.2Laboratory Certification of Current SAMHSA Certification is Required.

- Lab must immediately notify FMC in writing of any lapse or change in certification status.
- Lab must notify FMC of current SAMHSA screening and confirmation cut-off levels. Changes in limits are to be communicated to FMC in writing.
- Certification documentation must be available for review.

4.2.3Expert Consultation and Technical Support

The lab facility shall provide expert consultation and technical support for:

- program initiation and operation including addressing questions about any individual specimen analysis.
- legal matters including expert witness and submission of documentation of all aspects of laboratory service, custodianship, analysis and management to verify accuracy and validity of results of any individual specimen.

4.2.4Quality Control/Assurance Program

Blind performance test procedures should be followed for quality control purposes. Locations will be randomly selected to submit two (2) blind performance test specimens each year to the laboratory for testing. One of the blind test samples will be blank (containing no drug); the other will be positive for one or more drugs. Positive samples will be spiked with only those drugs covered by FMC's substance abuse testing policy.

The lab facility shall be in full compliance with SAMHSA requirements.

4.2.5Materials to be provided by Laboratory

The following materials shall be provided to each Company facility by the testing laboratory:

- specimen collection containers/split samples
- specimen shipment containers
- specimen labels
- security tape for sealing collection and shipping containers
- custodianship/chain-of-custody forms
- temperature sensors

4.2.6Specimen Custodianship/Handling

- Chain-of-custody documentation by the lab for each FMC specimen must follow SAMHSA protocol.
- The lab shall notify the appropriate FMC medical custodian when any specimen shall be discarded and the FMC medical custodian is to be informed that a new specimen needs to be collected.

4.2.7Specimen Screening and Confirmation Analysis

All FMC specimens shall be analyzed for the following substances using the SAMHSA cut-off limits. (See Attachment #6).

- Amphetamines (Methamphetamines)
- Opiates (Heroin, Morphine, Codeine, etc.)
- Benzoylecgonine (Cocaine)
- Cannabinoids (THC, Marijuana)
- Phencyclidine (PCP, Angel Dust)

Analysis for alcohol and other substances will only be condu authorization of FMC management or the FMC medical cus authorization should be limited to fitness for duty authorizati other special circumstances. Internal lab GC/MS cut-off lim i false positives and minimize false negatives, shall be used f substances.

4.2.8Screening Analysis

Confirming analysis is required for any presumptive positive during the immunoassay screening analysis.

4.2.9Confirmation Analysis

All presumptive positive results from the immunoassay scre must be by Gas Chromatography/Mass Spectrometry (GC/ testing lab will use 6 MAM and/or D/L isomer confirmation special cases, a follow-up confirmatory analysis procedure pressure liquid chromatography can be used after GC/MS, not able to provide definitive confirmation. (Note: immuno chromatography are unacceptable for final confirmation bu secondary screening, e.g., marijuana).

4.2.10Specimen Storage

- All specimens, which are confirmed and reported as p stored for a minimum period of one year in a frozen st
- Records of freezer temperature must be maintained a review.

4.2.11Communication of Lab Analysis Results

- All lab reports and results of analysis of FMC specime in a confidential, secure manner.
- All lab reports must be in hard copy (written or printed are unacceptable.
- Reports of results must be submitted only to the desig medical custodian for each FMC location.
- Lab records of FMC specimens confirmed to be positi maintained indefinitely. No such record is to be destrc authorization from FMC.

5.0 Audit

Lab services, analytical procedures, and documentation of criteria, progra required by this standard must be available for detailed review by local FM Corporate Health Sciences representatives.

Attachment #1

CRITICAL POSITIONS

FMC has determined the following classes of employees to be critical positions subject to testing under the Substance Abuse Testing Policy.

- Officers and their direct management reports
- Group Managers and their direct management reports
- Corporate Department Heads and their direct management reports
- Division Managers and their direct management reports
- Site Managers

Group management may designate other classes of employees to be critical to the operations of the group and subject to testing.

Attachment #2

SAFETY/SENSITIVE POSITIONS

Group and division management are responsible for identifying those positions, which are safety/sensitive within their operations. Examples of safety/sensitive positions may be, but are not limited to, the following:

- Vehicle Operators
- Overhead Crane Operators
- Chemical Plant Operators
- Emergency Response Team Members
- Fire and Security Protection Personnel
- Supervisors of employees in these positions

Attachment #3

SUBSTANCE ABUSE REHABILITATION AGREEMENT

FMC Corporation recognizes alcohol, drug or chemical dependency as an illness and a major health problem. The Company also considers alcohol, drug and substance use, misuse or abuse as a serious safety and security problem. For these reasons FMC Corporation is committed to assisting you in your rehabilitation efforts so long as there is cause to believe that such efforts will be effective.

Within the next ten (10) days, the Company will determine whether you may return to work. If not, you will be placed on disability leave until successful completion of an Employee Assistance Program (EAP) and/or chemical dependence rehabilitation program or until such time as the Company determines you may return to work. If you do not qualify for disability leave and are not yet cleared to return to work, you will be placed on unpaid leave until you return to work or until your employment is terminated. Please note that failure to comply with the treatment prescribed by the EAP provider may result in a termination of your disability benefits and a consequent change in your leave status. It could also result in termination of your employment, as outlined below.

As a condition of your continued employment with FMC Corporation you must complete the requirements set forth in this Agreement. Failure to do so constitutes a violation of the FMC Substance Abuse Policy as well as this Agreement and will result in immediate termination.

1. You make an appointment with the EAP provider and enroll in the treatment program prescribed by them.

2. You will successfully complete the treatment prescribed by the EAP provider and continue to participate in the full treatment program including, but not limited to, any outpatient portion of prescribed treatment and any follow-up treatment or follow-up recommendations.

3. You will submit to an FMC drug and/or alcohol (urine and/or blood) test(s) prior to your return to work. A positive drug test result, a refusal to submit to the test(s) or failure to show up for the test(s), except upon a showing of good cause, will result in your immediate termination.

For a period of twelve (12) months following your return to work date, you will be subject to periodic testing, with notice of not more than twenty-four (24) hours before the time scheduled for the test. A positive substance abuse test result, refusal to submit to any of the tests, or failure to show up for any of the tests, except upon a showing of good cause, will result in your immediate termination.

The purpose of FMC's Substance Abuse Policy is to conduct business with a high regard for the health and safety of its employees, customers, suppliers and the community in which we do our business, the protection of its assets and the maintenance of a productive work environment. Further, we are extremely concerned for the care of the individual involved.

It is your responsibility and obligation to comply with the conditions outlined and with FMC Corporation's Substance Abuse Policy, which states that use, sale, manufacture, purchase, transfer, possession or presence in one's system of any controlled substance (except personal legally prescribed drugs) by any person while on Company premises, engaged in Company business or while operating Company-owned/rented equipment is prohibited.

The FMC Corporation Substance Abuse Policy further states that the use, sale, manufacture, purchase, transfer or possession of alcohol in a Company facility or Company premises is prohibited (except during Company supported, authorized and supervised occasions). Being under the influence of alcohol while performing Company business or job-related duties, or while in a Company facility or on Company premises, or while operating Company-owned/rented equipment is also prohibited.

While the Company is offering you a chance to obtain assistance, you must remember that enrollment in, and successful completion of, the EAP treatment program is not a defense in any disciplinary or performance-related action that may be taken as a result of your job-related actions or performance to date. To the extent there may have been such issues, the Company fully expects you will contact them when you return to work.

ACKNOWLEDGMENT

I acknowledge that I have seen, read or had read to me the terms of this Agreement and that I fully understand the terms and conditions set forth in this Agreement. I further understand that failure to comply with either the Substance Abuse Policy and/or the specific terms and conditions set forth in this Agreement will result in my immediate termination.

Employee Name	Employee Signature
Date	Date
Name of FMC Corporation Agent	Agent
Date	Date

Attachment 4

EMPLOYEE ACKNOWLEDGMENT

FOR SUBSTANCE ABUSE TESTING AND MEDICAL INFORMATION RELEASE

I acknowledge that I have seen, read or had read to me the Company's policy on substance abuse testing.

I have been advised that the procedure employed with this process to collect a sample, and test that sample, for the absence of prohibited substances and alcohol, will ensure the integrity of the sample and, is designed to comply with medical/legal requirements.

I have been informed that an independent clinical laboratory does the laboratory test of urine and blood and that the laboratory will determine the results of my test and communicate those results to designated FMC personnel in a confidential manner. I further understand that positive results to this test may affect my current employment.

Employee Name (Print)	Employee Signature
Date	Date
Witness (Print Name)	Witness Signature
Date	Date

Attachment #5

JOB APPLICANT ACKNOWLEDGMENT

FOR SUBSTANCE ABUSE TESTING AND MEDICAL INFORMATION RELEASE

I acknowledge that I have seen, read or had read to me the FMC policy on substance abuse and testing.

I understand that FMC conditions an offer of employment upon submitting to a urine test and successfully passing a test for the absence of drugs and alcohol. I further understand that a refusal to take these tests will be considered a withdrawal of my application from FMC.

I have been advised that the procedure employed with this process will ensure the integrity of the sample and is designed to comply with medical/legal requirements.

I have been informed that an independent clinical laboratory does the laboratory test of the urine and that the laboratory will determine the results of my test and communicate those results to designated FMC personnel in a confidential manner. I further understand that positive results to this test will render me ineligible for employment at this time.

Employee Name (Print)	Employee Signature
Date	Date
Witness (Print)	Witness Signature
Date	Date

LABORATORY SERVICES ARE PROVIDED BY:

MEDTOX Laboratories, Inc.
402 West County Road D
Saint Paul, Minnesota 55112
Client Services Director – Patricia Young - 800-832-3244
Cost - $14.00 per specimen (bundled - including GC/MS and ***CHECK FIRST***) confirmation

MEDICAL REVIEW OFFICER (MRO) SERVICES ARE PROVIDED BY:

University Services
Dr. Ben Gerson
Arsenal Business Center
Building 4, Box 125
5301 Tacony Street
Philadelphia, PA 19137
Account Representative - Shannon Dunseath - 215-743-4200
Cost - $35.00 per positive specimen

DETECTION LIMITS (CURRENT SAMHSA LIMITS)

	Emit Limits	GC/MS Limits
Substance	(nanograms/ml)	(nanograms/ml)
Amphetamines (Methamphetamines)	1000	500
Opiates (Heroin, Morphine, Codeine, etc.)	2000	2000
Benzoylecgonine (Cocaine)	300	150
Cannabinoids (THC, Marijuana)	50	15
Phencyclidine (PCP, Angel Dust)	25	25

Internal laboratory GC/MS detection limits, which eliminate false positives and minimize false negatives, shall be used for a non-SAMHSA substance.

When analysis is conducted for alcohol, the positive detection limit will be at a blood-alcohol level of .04 grams per milliliter or the level that is applicable by local law or regulation.

EMPLOYEE DRUG TESTING

Scott E. Ortiz
Williams, Porter, Day and Neville, P.C.
159 N. Wolcott
Casper, Wyoming 82601
(307) 265-0700

Federal and State Laws

- Drug Free Work Place Act of 1988
- Wyoming Title 27 Labor and Employment

Drug-Free Workplace Act of 1988

As part of omnibus anti-drug legislation, Congress enacted the Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D). The act requires federal grantees and contractors to certify that they maintain a drug-free workplace. Grantees must establish a written policy that informs employees that the unlawful possession, distribution or manufacturing of a controlled substance in the workplace is prohibited.

TYPES OF TESTING

- Pre-employment (easiest ,least intrusive)
- Reasonable Suspicion / Post Accident
- Random (most intrusive)

Release of Employee Information

Generally, no individually identifiable information contained in the personnel file or medical records of any employee shall be disclosed without the written authorization of the employee.

Employee Authorization

The burden of employee authorization can be overcome by having the employee sign an authorization as a requirement for employment.

*** Ortiz cannot over state the importance of a well drafted, conspicuous employment application!!!

Key To Employee Authorization

A key factor in establishing a drug free work place is to ensure that your new employees don't have previous drug problems.

The best way to accomplish this is by talking to their former employer about their past drug and alcohol screening results.

This can only be done with a proper authorization.

Example

Previous to hiring a new employee an employer should have them sign a consent to participate in drug and alcohol screening.

At the same time the employee candidate would sign an authorization to release prior information from other employers.

Example Continued

The release would contain the following language:

AUTHORIZATION FOR PAST DRUG AND ALCOHOL RESULTS

I hereby authorize my former employers to release to my current employer the following information about me that occurred in the preceding three years from the date of this inquiry:

1. All alcohol test results of .04 or greater;
2. All positive controlled substances test results;
3. All instances in which the employee refused to submit to drug and/or alcohol tests; and
4. Substance abuse professional evaluations concerning the above instances and return-to-duty results.

Further Protection

To further protect yourself, the authorization should also include a clause allowing you to release information to the employees subsequent employers should they contact you. This would allow the sharing of the information even if the subsequent employer had failed to obtain an authorization.

Wyoming Employer Immunity

- Wyoming Statute § 27-1-113 **Employer immunity for disclosure of certain employee information; rebuttal of presumption.**

(a) An employer who discloses information about a former employee's job performance to a prospective employer or to an employer of the former employee is presumed to be acting in good faith. Unless lack of good faith is shown by a preponderance of evidence, the employer is immune from civil liability for the disclosure or for the consequences resulting from the disclosure.

(b) For purposes of subsection (a) of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading or was rendered with malicious purpose.

Southwest Counseling Service has long recognized that women would often not participate in needed treatment due to their inability to bring their children with them. In 2000, Southwest Counseling Service developed and opened the Women's Addiction Program, the first in the State of Wyoming to provide mothers the opportunity to receive residential substance abuse treatment while maintaining their responsibilities to their children.

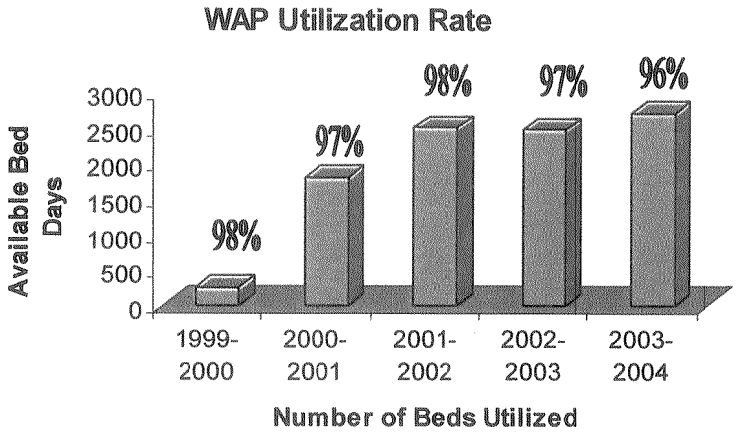
WAP FAST FACTS

- Opened March 2000 as a pilot program funded by the Department of Family Services
- Long-term variable stay facility (12 – 18 months)
- Children reside with moms in treatment
- July 2001 moved into new WCDA funded home with 7 bed capacity
- January 2004 expanded capacity to 10 women and their children
- **16** babies have been born in the program since it's inception.

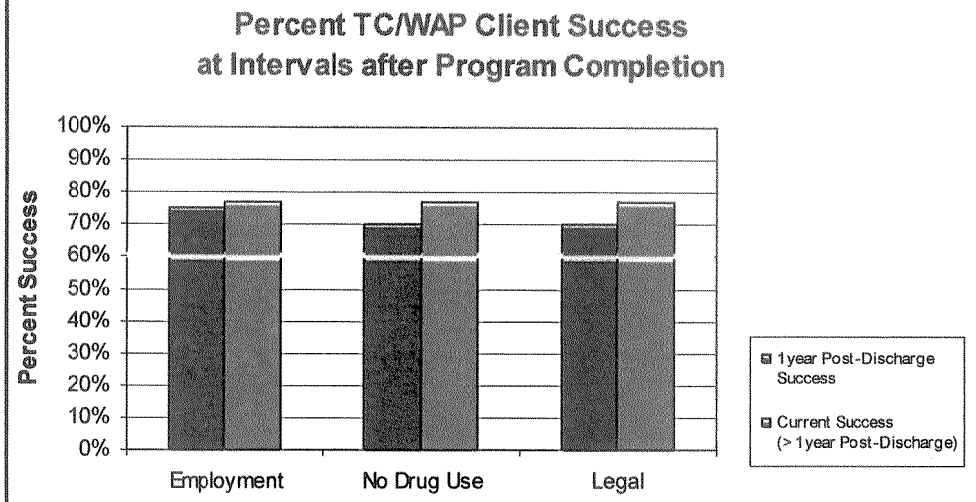
SCS's Women's Addiction Program has provided 9,779 treatment bed days since it's inception at a 97% overall utilization rate
Additionally 14,998 child bed days have been provided (March 2000-July 2004)

WAP Program Description

The Women's Addiction Program allows women with substance abuse problems to receive intensive residential treatment and bring their children with them. Children of all ages live with their mothers resulting in increasing the women's motivation for change, eliminating the need for foster placements, and strengthening families. Women attend treatment during the day while the children participate in therapeutic day care or school. Parenting and healthy family activities are an integral part of the program. Children also receive therapy when indicated. The women are treated within the Therapeutic Community.



Therapeutic Community programs are proven effective for treating addictions and criminality. Southwest Counseling's TC program is currently demonstrating this effectiveness through rigorous post-discharge outcomes follow-up. In addition to the Addiction Severity Index, success outcomes are also collected periodically for all individuals who complete the program. As of January 1, 2005, 70% of all individuals who completed the program are employed, drug-free and have had no additional legal problems. For those who have been out of the program two years or longer, the success rate increases to 77%.



Southwest Counseling Service
CARF Accredited

Southwest Counseling Service Residential Treatment

In 1998, Southwest Counseling Service decided it was time for a change in residential substance abuse treatment. At that time, all State treatment was based on 28-day length of stay, not at all long enough for the severity of addictions presenting to SCS. In addition, SCS only had 12 treatment beds, entirely too few for the need. Southwest Counseling Service looked at national models to find evidence-based treatment practices to implement. In 2000, two residential substance abuse programs were developed: The Therapeutic Community and the Women's Addiction Program and five years later, SCS has 55 treatment beds.

SCS Residential Services has grown 350% from 1999-2004.

Therapeutic Community FAST FACTS

- TC opened January 2000: 6 beds
- January 2004: 25 beds Male and Female Gender-Specific Treatment
- Long-term variable stay (9 to 15 months)
- Superior Utilization Rates averaging 96% since program inception
- January 2005: 30 beds

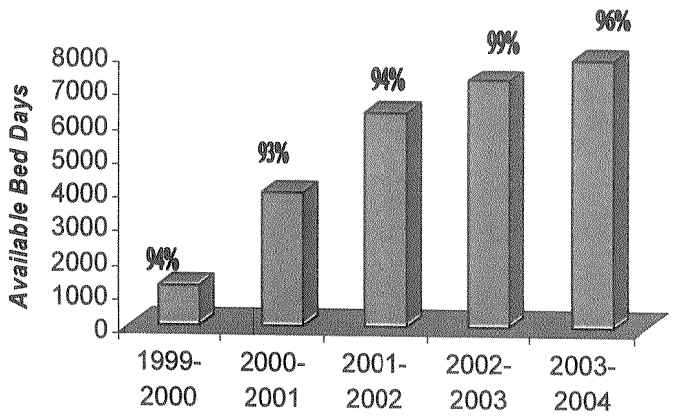
Southwest Counseling's Therapeutic Community has provided 26,755 treatment bed days since it's inception for a 96% overall utilization rate

Therapeutic Community

Southwest Counseling's Therapeutic Community is a specialized residential treatment modality for individuals with severe substance disorders and criminal behavior who require long-term (9-18 month) treatment in a highly structured program. The treatment is based on the Modified Therapeutic Community Model, a national evidence-based practice. Members learn about themselves, their addictions, the impact of drugs/alcohol on their life, and changes required to become healthy, contributing members of our community. The TC views an individual's substance disorder as a disorder of the whole person meaning that to effectively treat the substance abuse, the entire person must change. Members learn "right living" and a common set of values designed to correct criminal & addictive thinking and behavior. The values define what is acceptable and what is not, such as being honest and being responsible for one's actions and behaviors. A system of earned sanctions and incentives enforces the Community rules and expectations. Even slight violations are not tolerated and are corrected.

Fiscal year 2003-2004 is the first year in Southwest Counseling's history that the number of Methamphetamine dependence diagnoses exceeded the number of alcohol dependence diagnoses.

Therapeutic Community Utilization Rate



Southwest Counseling Service Recovery Services provided over **15,600** treatment bed days of service in Fiscal Year 2003-2004.

SWEETWATER COUNTY

Methamphetamine Initiative

Schedule of Events

May 9th

Meth 101 Workshop
Part Four: What Parents Should Know, But Are Too Afraid to Ask
7:00 pm, Open to the Public
Southwest Counseling Service
2300 Foothill Blvd. Rock Springs (Auditorium)

May 17th

Drug-Free Workplace And Drug Testing
Presented by Scott Ortiz, JD
Williams, Porter, Day and Neville P.C.
7:00 pm, Open to the Public
Southwest Counseling Service
2300 Foothill Blvd. Rock Springs (Auditorium)

May 19th

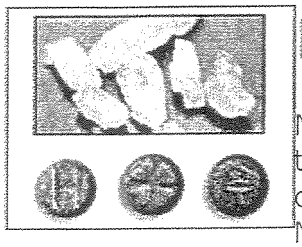
Meth 101 Workshop
Part Five: Methamphetamine Addiction and Treatment
7:00 pm, Open to the Public
Southwest Counseling Service
2300 Foothill Blvd. Rock Springs (Auditorium)

It's Time to Take a Stand Against Methamphetamine!

TOGETHER SWEETWATER COUNTY
CAN MAKE A DIFFERENCE!

To join the Sweetwater County Methamphetamine Initiative please call 352-6677 or 875-5515.

Southwest Counseling Service
CARF Accredited



Meth : What is Meth?

Methamphetamine is a powerful stimulant that dramatically impacts the central nervous system. It is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. Methamphetamine is a highly addictive central nervous system stimulant that can be injected, snorted, smoked, or ingested orally.

Methamphetamine users feel a short yet intense "rush" when the drug is initially administered. The effects of methamphetamine include increased activity, decreased appetite, and a sense of well being that can last from 20 minutes to 12 hours. The drug has limited medical uses for the treatment of narcolepsy, attention deficit disorders, and obesity.

Methamphetamine is a drug also known by the names of "speed," "meth," "chalk," "ice," "crystal," "crank," and "glass."

Meth in all of its forms is highly addictive.

The truth is, meth makes people feel good. That's what it's chemically designed to do.

The problem is the high is so good that the drug is killing people and ruining people's lives.

Because methamphetamine can so easily be manufactured in clandestine laboratories using store-bought materials, it is the most prevalent synthetic drug manufactured in the United States. The ease of manufacturing methamphetamine and its highly addictive potential has caused the use of the drug to increase throughout the United States. The methamphetamine problem was originally concentrated in the West but has spread throughout almost every major metropolitan area in the U.S.

Anyone around meth - whether they're users or innocent and not aware of their association with meth - is negatively affected. Meth labs regularly blow up in ordinary neighborhoods, damaging ordinary people who may not even know what meth is. And then there's meth-related crime. Its victims aren't limited to users of meth. Often meth use is the "rest of the story" in articles reported on that cover homicides or violent actions taken by people who were previously known to be non-violent people.

METH LABS

Methamphetamine is made mostly from common household ingredients. When these ingredients are "cooked" together they not only produce a dangerous, highly addictive drug called methamphetamine, but also a harmful chemical mixtures that can remain on household surfaces for months or years after "cooking" is over.

If you encounter any supplies or evidence of meth cooking, do not attempt to clean it up. Move yourself, children and pets away from the premises quickly and call 911.

There may be health effects in people exposed to lab chemicals before, during and after the drug-making process. AS a result, a drug lab is a potential hazardous waste site.

In addition to the dangers of active drug labs and possible harm caused by lab residues in uncleaned, former labs, meth use and manufacture is associated with increased crime, particularly property crimes, personal violence, child abuse and endangerment,

increased demand for medical and social services, including, foster- and short-term care, drug and psychiatric treatment, and various public health services, increased demands on jails and jail services, fire department and law enforcement agencies, and additional strain on educators, parents and communities

Acknowledgementss: *U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division; Whitehousedrugpolicy.gov*

Meth : Signs of methamphetamine use

If you notice that a family member of friend is displaying hyperactivity, wakefulness, loss of appetite, incessant talking, extreme moodiness and irritability, repetitious behaviors such as picking at skin or pulling out hair, displaying an overwhelming sense of confidence and power, aggressive or violent behavior, and loss of interest in previously enjoyed activities, the light should go on that this person might be using methamphetamine. Also watch for extended sleepy periods, because when meth wears off, the person will be worn out and tired. He/she may seem sluggish and/or depressed.

If you encounter any supplies or evidence of meth cooking, do not attempt to clean it up. Move yourself, children and pets away from the premises quickly and call 911.

Signs of dealing meth
The paraphernalia of meth use may be observed: syringes, razor blades, drinking straws cut down to 3-4", small zipper-closure plastic bags (1-2" square), and small glass pipes.

Symptoms During Low Intensity Use
• Phase 1: Teenagers, shift-workers and women at home often use "meth" for stimulation, weight loss, or for increased wakefulness. Odd behavior, hostility or irritability, dangerous weight loss, or severe sleeplessness are common bad effects.
Symptoms worsen as use increases, due to adaptations in the brain. Individuals stop being able to feel pleasure in everyday life and begin to have intense cravings for meth.

• Phase 2: Symptoms During Binge Use
Intensive binge use of meth is the frequent next phase, once intense cravings set in coupled with lack of pleasure in anything but meth (caused by the drug effects). All or most of the following tend to happen with binge use: aggression, violence, paranoia, anxiety, hallucinations, hyperactivity (extreme pacing and jitters), and accelerating weight loss. Performance in the work place is highly erratic. As the addiction response in the brain worsens, high intensity use tends to follow.

• Phase 3: Symptoms of High-Intensity Use
All of the previous symptoms occur and more, including: nausea, vomiting, diarrhea; extreme irritability and anxiety; seizures; heart attacks or strokes; teeth grinding, bad teeth, tooth loss, profuse sweating, and body odor; skin ulceration and infections, the result of picking or needles; jaundice or liver disease; and extremely dangerous weight loss (50-100 lbs).

Toxic psychotic behavior is common, with acute intense hallucinations, intense fear, and/or extreme belligerence coupled with the use of weapons. Serious risk of HIV is associated high-intensity or binge use of methamphetamine.

Emergency Note: Symptoms during binge or high-intensity use can be

extremely dangerous to family, loved ones, neighbors, co-workers and bystanders, as well as to the person experiencing such symptoms. Please call 911 if such a dangerous episode is happening, especially if the affected person has access to knives or guns. If seizures or suspected heart attack, stroke and dangerous rise in body temperature are happening, call 911 immediately.

Signs of a "meth lab"
Most meth labs have strong odors - some describe the notorious odor as smelling like cat urine. You'll likely notice lots of foot traffic - people coming and going often. You might observe large amounts of trash, canisters of de-natured alcohol, camping fuel, muratic acid, and/or lye, multiple packages of over-the-counter medications containing pseudoephedrine (most often cold/allergy tablets or diet aids), coffee filters stained red (from red phosphorous used to accelerate the manufacturing process), rock salt, plastic tubing and glass jars, flasks, or cookware.

Meth labs are often hard to detect since so many of meth's ingredients can be purchased at the local grocery store and also have household uses. What raises flags is the quantity and combinations. A typical consumer won't possess 10 cans of camping fuel or 20 packages of cold medication at a time.

Signs of Meth Use - At a Glance:

- Inability to sleep
- Increased sensitivity to noise
- Nervous physical activity, like scratching
- Irritability, dizziness, or confusion
- Extreme anorexia
- Tremors or even convulsions
- Presence of inhaling paraphernalia, such as razor blades, mirrors, and straws
- Presence of injecting paraphernalia, such as syringes, heated spoons, or surgical tubing

Acknowledgements: *U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division; no2mth.org; Paxis Institute.*

Meth : Risks and Dangers of Meth

Why is meth use dangerous?
In the short term, meth causes mind and mood changes such as anxiety, euphoria, and depression. Long-term effects can include chronic fatigue, paranoid or delusional thinking, and permanent psychological (brain) damage.

Overusing, or "amping," on meth is risky. Creating a false sense of energy, use of the drug pushes the body faster and further than it's meant to go. Methamphetamine use can include addiction, psychotic behavior, and brain damage. Meth use increases a person's heart rate and blood pressure, thereby increasing the risk of stroke. An overdose of meth can also result in heart failure. Long-term physical effects such as liver, kidney, and lung damage can be fatal.

The "high"/effects of methamphetamine can last 6 to 8 hours. After the initial "rush," however, there is typically a state of high agitation that in some individuals can lead to violent behavior. Users coming down from a meth high or who are trying to abstain from continued use may suffer withdrawal symptoms that include depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug.

Meth users may go 3-15 days without sleeping; may have delusions of insects under the skin.

Meth users can develop a tolerance quickly, needing higher amount to get high, and going on longer binges. Some users avoid sleep for 3 to 15 days while binging.

Psychological symptoms of prolonged meth use are characterized by paranoia, hallucinations, repetitive behavior patterns, and delusions of parasites or insects under the skin. Users often obsessively scratch their skin to get rid of these imagined insects. Meth addicts often have scabs and scratch marks on their faces and arms from "picking" and scratching at "imaginary bugs."

Long-term use and/or high dosages of methamphetamine, or both, can bring on full-blown toxic psychosis (often exhibited as violent, aggressive behavior). This violent, aggressive behavior is usually coupled with extreme paranoia. Users can also exhibit psychotic behavior including auditory hallucinations, mood disturbances, delusions, and paranoia, possibly resulting in homicidal or suicidal thoughts.

Brain Damage from meth use is similar to Alzheimer's

New research shows that those who use methamphetamine risk long-term damage to their brain cells similar to that caused by strokes, epilepsy or Alzheimer's disease. Damage to the brain is detectable months after the use of the drug.

Other risks:

- Meth can cause a severe "crash" after the effects wear off.
- Meth use can cause irreversible damage to blood vessels in the brain.
- Meth injectors who share syringes and "works" (spoon, cotton, rinsewater, etc.) are at an increased risk of HIV and viral Hepatitis infections.
- Meth use in combination with another drug, such as alcohol, heroin, or cocaine, can be fatal.
- Between 1993 and 1995, deaths due to meth rose 125 percent nationally. Between 1996 and 1997, meth-related emergency room visits doubled. Use by 12- to 17-year-olds has increased dramatically in the past few years.

Acknowledgements: U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division; White House Drug Policy; DrugFreeAmerica.org

Meth : Who uses meth?

During 2002 in Wyoming, methamphetamine was involved in more than 82 percent of federal drug arrests

At least 1 out of every 200 Wyoming citizens used meth in the last 30 days (the typical definition of a regular user), according to a federal SAMHSA survey.

Wyoming ties Arkansas in fourth position nationally as having the highest per capita 30-day meth use estimate (Rank order: 1. Nevada, 2. Oregon, 3. California, 4. (tie) Wyoming, Arkansas — SAMHSA).

During fiscal year 2002, methamphetamine comprised more than 82 percent of all federal Drug Enforcement Administration drug arrests in Wyoming.

According to the DEA, methamphetamine use is popular in Wyoming and demand for the drug has increased each year while prices have remained stable. A survey conducted in 2001 indicated 10.7 percent of high school students had used methamphetamines in Wyoming, with female students using more than male students.

A DEA report indicated methamphetamine users engage in burglary, larceny and fraud to support their drug habit with increases also noted in violent crimes, inclujding domestic violence and child abuse.

During the second quarter of 2001 the DEA said methamphetamine sold for $7,500 to $10,000 per pound in Wyoming; $1,000 to $1,200 per ounce; and $80 to $100 per gram.

Nationally, the average age of methamphetamine users during the decade of the 1990s was about evenly split between 12 to 17 year olds and 18 to 25 year olds. The average age of users fell from 22.3 years in 1990 to 18.4 years in 2000. It is estimated that between 300,000 and 400,000 new users begin taking the drug each year.

According to the National Survey on Drug Use and Health, 5.3% (over 12 million people) of the U.S. population reported trying methamphetamine at least once in their lifetime. The highest rate of methamphetamine use was among the 26 to 34 age group, with 6.7% reporting lifetime methamphetamine use during 2002.

Percentage Reporting Methamphetamine Use, by Age Group, 2002:

12-17
Lifetime: 1.5% Annual: 0.9% Past 30 days:0.3%

18-25
Lifetime: 5.7% Annual: 1.7% Past 30 days:0.5%

26-34
Lifetime: 6.7% Annual: 1.0% Past 30 days: 0.5%

35 and older
Lifetime: 5.5% Annual:0.3% Past 30 days: 0.1%

12 and older (Total)
Lifetime: 5.3% Annual: 0.7% Past 30 days: 0.3%

According to the 2002 Monitoring the Future Study, 6.7% of high school seniors reported using a methamphetamine within their lifetime. Lifetime use among 8th and 10th graders was 3.5% and 6.1%, respectively. Also during 2002, 4.7% of high school seniors reported using Ice, also known as crystal methamphetamine, within their lifetime.

During 2002, 11.9% of college students and 14.8% of young adults (ages 19-28) reported using methamphetamine at least once during their lifetimes. Approximately 1.2% of college students and 2.5% of young adults reported past year use of methamphetamine, and 0.2% of college students and 1.0% of young adults reported past month use of methamphetamine. 2% of college students and 4.1% of young adults reported using Ice within their lifetime.

Percentage of High School Students Reporting Drug Use, 20028

8th Grade:
Lifetime: 3.5% Annual: 2.2% Past 30 days: 1.1%

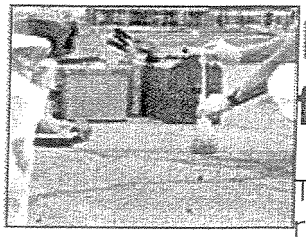
10th Grade:
Lifetime: 6.1% Annual: 3.9% Past 30 days: 1.8%

12th Grade:
Lifetime: 6.7% Annual: 3.6% Past 30 days: 1.7%

Nationwide, 9.8% of high school students surveyed in 2001 as part of the Youth Risk Behavior Surveillance System reported using methamphetamine during their lifetimes. Male students (10.5%) were more likely than female students (9.2%) to report lifetime methamphetamine use. White students (11.4%) were more likely than Hispanic (9.1%) and black (2.1%) students to use methamphetamine within their lifetime.9

Methamphetamine use remains concentrated in the rural and Western areas. There had been a decline in methamphetamine use for the past 2 years in the West, but indicators are now showing increasing or stable trends.

Acknowledgements: *U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division, U.S. Drug Enforcement Administration; Whitehousedrugpolicy.gov.*



Meth : Where does meth come from?

The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse.

The process to manufacture meth also results in highly toxic waste products. The ignitable, corrosive, and toxic nature of the chemicals used to produce meth (such as battery acid, drain cleaner, lantern fuel, and antifreeze) can cause fires, produce toxic vapors, and damage the environment.

According to the Drug Enforcement Administration, Mexican produced methamphetamine predominates in Wyoming, although methamphetamine produced in California and locally produced methamphetamine is also available.

If you encounter any supplies or evidence of meth cooking, do not attempt to clean it up. Move yourself, children and pets away from the premises quickly and call 911.

Most methamphetamine labs in Wyoming are small, hydriodic acid/red phosphorus method operations capable of producing multi-ounce to pound quantities. The Birch reduction method is also being used in Wyoming. This method can produced small quantities of meth with purity levels of 90 percent in an hour, a DEA report said.

The Office of National Drug Control Policy Clearinghouse reported Mexican illegal aliens are heavily involved in the transportation and local trafficking of methamphetamine in Wyoming.

METH LABS:
Methamphetamine is made mostly from common household ingredients. When these ingredients are "cooked" together they not only produce a dangerous, highly addictive drug called methamphetamine, but also a harmful chemical mixtures that can remain on household surfaces for months or years after "cooking" is over.

Methamphetamine can be made easily in makeshift clandestine labs small enough to be stored in a suitcase. These clandestine methamphetamine labs are dangerous. Anyone encountering a suspected drug lab should treat the area as a hazardous material site and contact police.

According to the Wyoming Office of Homeland Security, the chemicals and compounds used to manufacture meth include poisonous, extremely flammable solvents and toxic chemicals (i.e., anhydrous ammonia produces a vapor that is

extremely irritating and corrosive, red phosphorus is an explosive, lithium ignites upon contact with water, and kerosene and ether produce vapors that are highly flammable and can be explosive when mixed with air).

When meth is being cooked, the vapors produced from chemical reactions attack a person's mucous membranes, skin, eyes and respiratory tract.

For each pound of meth produced in a clandestine lab, five or six pounds of toxic waste is left behind. When poured on the ground, or in drains, the chemicals can easily contaminate drinking water supplies, soil and air.

Chlorinated solvents and other toxic byproducts used to make meth pose long-term hazards because they can remain in the soil and groundwater for years. Clean up costs are high because solvent-contaminated soils usually must be incinerated. The average cost of a cleanup is $5,000, but some cleanups can cost as much as $150,000.

Chemical residues and lab wastes that are left behind at a former meth lab site can also result in health problems for people who use the property. Unsuspecting people can touch toxic residues and come down with symptons similar to those experienced by meth users.

There were 24 meth lab busts in Wyoming during 2003.

Acknowledgements: *U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division.*

Meth : Why do people use meth?

In today's world, it seems like faster is better. From drive-through fast-food to super computers, if there's a way to do it faster, let's do it, right? If we can't have more time, give us more energy. Who wouldn't want more energy?

It's no wonder, then, that stimulant drugs hold so much fascination for folks. We're a tired, overworked, overweight, stressed out society.

Immediately after smoking meth or intravenous injection of the drug, the user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable.

Oral or intranasal use produces euphoria - a high, but not a rush. In short, meth creates a general sense of well-being and heightens a person's energy level. It can keep a person awake for long periods of time. Use of the drug results in weight loss. Furthermore, meth is easy to make, and find, and the "high" from the drug lasts longer than other drugs.

It charges your batteries and makes you feel confident and energetic - for long periods of time.

People most likely try meth to experience the drug's high, to simply experiment with drug use, or to overcome feelings of low self esteem or depression.

Meth is addictive, and users can develop a tolerance quickly, needing higher amount to get high, and going on longer binges. Some users avoid sleep for 3 to 15 days while on a binge. Psychological symptoms of prolonged meth use are characterized by paranoia, hallucinations, repetitive behavior patterns, and delusions of parasites or insects under the skin. Users often obsessively scratch their skin to get rid of these imagined insects. Long-term use, high dosages, or both can bring on full-blown toxic psychosis (often exhibited as violent, aggressive behavior). This violent, aggressive behavior is usually coupled with extreme paranoia. New research shows that those who use methamphetamine risk long-term damage to their brain cells similar to that caused by strokes or Alzheimer's disease.

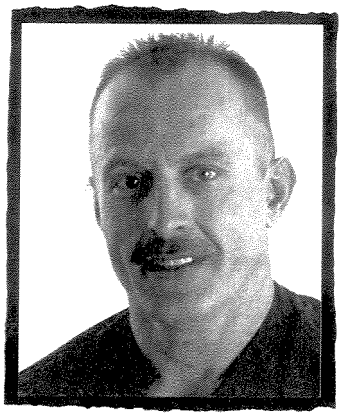
Acknowledgements: *U.S. Department of Health and Human Services; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration; Wyoming Department of Health, substance abuse division; DrugFreeAmerica.org.*

Be free of meth. Be true to yourself.

Kimberly, 27
addict in recovery

Bryan, 19
addict in recovery

Heather, 27
addict in recovery



Jim, 39
addict in recovery

Meth is "the devil's drug"

At first glance, Kimberly appears to be a normal, pretty and petite 27-year-old woman with a contagious smile. But tears cloud her eyes, she's looking despondent and she's just spent the holidays away from her young family for the first time. Kimberly is a methamphetamine addict now in recovery. She calls meth "the devil's drug."

She grew up in Powell, she finished high school and attended college in Sheridan, and she has called Casper her home since 1998. Along with other Wyoming women, Kimberly is now living at Reflections, a women's residential treatment facility certified and funded by the Wyoming Department of Health, Substance Abuse Division, and operated by Central Wyoming Counseling Center.

Arrested by police for using methamphetamine, the young Casper woman is one of a growing number of Wyoming residents, both men and women, adult and adolescent, now seeking treatment to break an addiction to methamphetamine. Kimberly said she wants to

(continued next page)

WYOMING FACES Meth

Methamphetamine coordinator hired by Wyoming Department of Health

With the knowledge that methamphetamine addiction and use is a growing problem in the state, the Wyoming Department of Health announced the appointment of Dr. Ann A. Reyes of Cheyenne as the state's Methamphetamine Plan Coordinator, based at the Substance Abuse Division.

"We know we have a methamphetamine problem in Wyoming, and that's why we launched the Wyoming Faces Meth social marketing campaign in March," said Dr. Deborah Fleming, director, WDH. "As we move into phase two of this campaign, Ann was hired to formulate policies and coordinate the state's response to address methamphetamine issues. She will determine what steps state government will take to fight the meth problem statewide and will report on what is being done."

Ann A. Reyes, Ed.D.
Methamphetamine Plan Coordinator

Reyes has an extensive background in credentialed counseling and training. She holds a Doctor of Education degree from the University of

(continued next page)

Meth: "The Devil's Drug", continued from page 1

reclaim her former life as an employee, wife and mother.

"I've lost everything," to meth addiction, including her job, marriage and children, she said. With treatment, Kimberly is now trying to regain her life.

"Treatment is brand new for me. It's the first time I've ever entered treatment," she said.

Unlike some who voluntary seek help, Kimberly did not enter treatment by choice, but rather came here after serving jail time and being court-ordered to attend, for which she says she is grateful.

She said she considered herself a recreational drug user—"a social butterfly"—and not an addict. But that was before methamphetamine entered her life. "I used alcohol and marijuana for six years. I only started meth about two months ago," she said recently.

Kimberly said after first using meth, the drug was "all I wanted, lived, breathed and ate. Before meth entered the picture, I was still leading a life and I was still working," she said. "Yes, alcohol was a part of my life, and smoking marijuana was a part of my life, but when meth entered the picture, it took over my life."

Kimberly's story is similar to what other addicts say. Once she took the drug, it grabbed her and didn't let go.

"I quit my job. I neglected my kids and my family. I didn't care about my appearance at all. I literally stayed in that bubble of drugs and alcohol and didn't leave until my little run-in with the law," she said, adding that the arrest saved her life.

Even though Kimberly entered a treatment program just months ago, she is enthusiastic both about the program and her progress in it. As the New Year dawned, Kimberly has been clean and sober for nearly 100 days.

"I just want to say that if you're awake at 2 or 3 in the morning for days like I was, you might want to ask for help, because otherwise it's going to lead you to being dead or in jail. I firmly believe that there was only one thing that would have stopped me and that was getting arrested," she said.

Now that she can think clearly again, Kimberly said her top priority is to keep her sobriety. "There are lots of people who (are) … out of treatment and they're doing well," she said. "You have to take it one day at a time. I value my sobriety—that is my top priority."

The Wyoming Department of Health has certified treatment programs in 29 Wyoming communities. Continuing to address the problem, the number of intensive outpatient programs statewide increased from 10 in 2001 to 23 in 2004. Also during this period, residential treatment facilities increased from 111 beds to 159, and the number of drug courts increased from 10 to 17, the highest number per capita in the United States.

Meth Coordinator, continued from page 1

Cincinnati and earned a Master of Arts from the University of Dayton. She is a former assistant professor at the University of Wyoming Family Practice Residency Program at Cheyenne.

"Dr. Reyes brings tremendous communication, organizational, and training skills to this position. She is charged with facilitating the implementation of Governor Dave Freudenthal's plan to intervene at a very aggressive level across all agencies, departments and divisions within state government to deal with the methamphetamine issue," said Alfrieda Gonzales, director, substance abuse division. "Since methamphetamine issues cut across so many jurisdictions, we wanted one person to coordinate those efforts."

Reyes said one of her goals is to begin to mobilize Wyoming communities to fight the methamphetamine menace.

"Now that we have seen the problem, recognized it and opened our collective eyes to it, the next step is to mobilize individuals and communities to become involved in the solution," Reyes said. "As we begin Phase II of Wyoming Faces Meth, we want to serve as a resource for state residents as they deal with this issue."

Reyes acknowledged that the job has its challenges.

"It's a huge problem we won't get rid of today, tomorrow or even this year," she said. "We have to think long term, but we can improve the situation and I believe we will."

Reyes said disseminating prevention information and treatment and recovery resources is a key component of the Phase II plan, which will include a statewide toll-free number, paid advertising and development of materials for community use.

Shocked by meth's impact, communities take action

Are half of Wyoming residents—one out of every two people—using methamphetamine? That's the claim of one user who recently successfully completed a drug treatment program.

Or is the number one in every 20 state residents, or about 25,000 people, who are using this illegal drug? That's the claim of the Casper Chief of Police.

The Wyoming Department of Health's Substance Abuse Division conservatively estimates there may be 10,000 meth users in the state in 2004.

Whether it's five percent or a whopping fifty-percent, local officials and users both agree that methamphetamine is readily available across Wyoming, in our schools, on our streets and in our neighborhoods.

In recent months, officials and communities around the state have been taking action, from increasing treatment options to holding conferences to determine strategies and steps needed to overcome the problem. Here is a sampling of headlines from the past few months:

Man found with 90 grams of meth

ROCKS SPRINGS — A routine traffic stop turned into the discovery of 90 grams of methamphetamine for the Rock Springs Police Department Thursday afternoon.

over, Davies noticed the driver moving around and reaching beneath the seat. When he approached the driver Davies noticed the man was shaking and

Man Caught With Crank

By Noah Brenner

onday, during a routine traffic , a 23 year-old man was caught h over 10 grams c ine substance thi nty Sheriff's eyes to be metha ublette County Sh my Pittsley was hway 351 near clocked of Cheye 5 mph/zon

Drugs found in home with child present

A Casper man was arrested early Wednesday morning and charged with child endangerment and drug charges after police found methamphetamine and marijuana in an apartment he shared with a woman and her child.

Craig Rahman was charged with possession of methamphetamine in the presence of a child, as well as his fourth offense for both possession of meth and possession of

Watch for effects of meth on children

Protect society's most vulnerable from hazards of substance abuse

The effects of methamphetamine on its users are hideous. Meth's eff on children are even more so Whether they're

Medical community alarmed by growing meth problem

By MIEKE MADRID
Herald Dispatcher

Note: This is the second article in a series of three regarding meth usage in

"We never used to see it at all and now we see it more and more," said Evanston Regional Hospital emergency room nurse Laurie Bateman. According to Bateman and ER phy

"More often, their overall health is not good."

The drug - made cheaply from household products, such as paint thinner and Drano - affects the body

pregnant women gave birth while using methamphetamine in Uinta County. Like the primary user, babies can be born addicted and experience a host of health problems. Bateman

force who is very good at their job. We help provide them with as much information as we can and good things happen." Chief Mueke stat-

Officials discuss ways to defend area from meth

By STEPHANIE HABERKORN
Daily Rocket-Miner staff reporter

EEN RIVER — It is hard to a methamphetamine addict. can look like anyone else. So do s?

munity problem which affects everyone. Within the past year the department has seen an increase in larcenies, burglaries, robberies and auto thefts, he said. About 80 percent of all felony

DCI probes meth lab waste

Wrapped bottles found near river

By TOM MORTON
Star-Tribune staff writer

The Wyoming Division of Criminal Investigation is investigating waste that probably came from a large methamphetamine lab, said Tim Hill of the Casper office of the DCI.

"It appears to be substantial," ve-gal 's west

Cops make more meth busts in Weston County

by Randi Owens of *NLJ*

Three Newcastle locals were served with warrants last Wednesday resulting in two arrests

going to continue to roll up those who are involved in drug cases. It just takes a little time to get all of the information gathered." Sheriff Ware explained

was Michael James Poppleton, 29, who is currently serving time in the Wyoming State Penitentiary for unrelated charges. Warrants were served to Poppleton by the Carbon

Grieving mother crusades for meth education

Beloved daughter's death sends Mary Haydal into action

Seminar presents options and strategies for combating methamphetamine problem

By Garren Stauffer

There are many simple and cheap things that communities and families can do that will reduce the incidence of meth use, according to a presentation on methamphetamine in Afton, november 17.

While treatment can be expensive and not always available when someone is far gone in the depths of drug addiction, simple things can be done early, according to presenter Dennis Embry, Ph.D.

Embry, who met with community leaders, elected officials, families and individuals, is urging Wyoming and Star

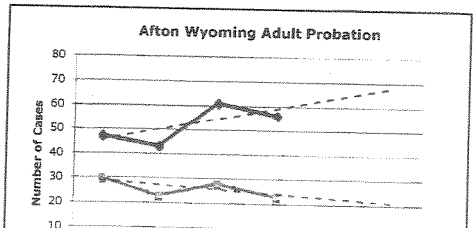
about 25 percent of SVHS students as users.

Meth use beyond high school, however, is estimated to be higher in Star Valley, particularly in the age group of young adults, over the age of 18.

To illustrate the problem, Embry pointed out that in the past 12 months, there have reportedly been five methamphetamine-addicted babies born at Star Valley Medical Center.

Embry also challenged some traditional views of who the drug users are in Star Valley.

"What a lot of people think



DPD begins meth awareness campaign

Methamphetamine use is a community problem, so the Douglas Police Department is

Kelley said.

"There is a meth nexus," he explained. "The cases aren't all

about meth, the ingredients used to manufacture the drug, workplace drug testing and signs an

may be manufactured.

DPD will also launch a public awareness campaign about the new drug endangered child act.

allows law enforcement to harges when someone has

Community leaders learn to combat meth

By LORI NEWMAN

A leadership luncheon attended by 44 community members from all over the county last Thursday might be the start of something big.

Organizers, including Cloud Peak Middle School Counselor Heather Sanford, are hoping it's the start of a more aware populace who will be able to reach out

the bottom of her heart out," Cassie's mother explained it.

Haydal told community leaders and student council representatives that, "I talked with your children yesterday. Your eighth-graders are using meth. They're huffing, and they're smoking pot. ... Please don't keep your heads in the sand. It is happening here, in your communities."

Later that day, Nov. 4, 2000, Cassie had a massive heart attack and went into a coma. She died 10 days later, after her parents had to make the heart-wrenching decision to take her off the life-support machines that had been keeping her body alive.

She'd been brain-dead since the first day, when her doctor, a family friend, gave her parents the shocking news that her body

Second Meth Conference set

Police chief thanks donors

By JENNI DILLON
Star-Tribune staff writer

Organizers kicked off a sponsor drive for the second ual Meth Conference and gave last year's donors an update on efforts to fight the Casper-area's methamphetamine problem Wednesday.

"A lot of people have worked very hard," Casper Police Chief Tom Pagel said at a sponsor breakfast Wednesday morning. "This work is significant. It's a worthy goal, and I appreciate your help."

Be free of meth. Be true to yourself.

Where to go for help in Wyoming

AFTON
885-3141

High Country Counseling and Resource Centers
(307) 885-9883

Lincoln County Youth Project
(307) 885-9883

BASIN
568-2341

Big Horn County Counseling
(307) 568-2020

BUFFALO
684-5581

Northern Wyoming Mental Health Center Substance Abuse Services
(307) 684-5531

Substance Abuse Prevention Project
(307) 684-7933

CASPER
235-8278

Central Wyoming Counseling Center
(307) 237-9583

Community ...Embrace! Natrona County Prevention Coalition
(307) 265-7366

Mercer House
Nancy Johnson
(307) 265-7366

New Directions (Adolescent Residential)
(307) 237-6033

New Horizons (Men's Residential)
(307) 237-7077

Reflections (Women's Residential)
(307) 237-5041

CHEYENNE
637-6525 or 633-4705

Behavioral Health Services Acute Inpatient Services
(307) 633-7254 umcwy.org

Laramie County SIG Collaboration Project
307-640-8505

Pathfinder
(307) 635-0256

Peak Wellness Center
(307) 634-5031, ext. 144

Southeast Wyoming Mental Health (Transitions Residential Program)
(307) 634-9653 www.sewmhc.org

CHUGWATER
322-2331

Platte County Coalition for Substance Abuse and Prevention
(307) 322-1556

CODY
527-8700

Cedar Mountain Center at West Park Hospital
(307) 578-2421
www.cedarmountain-cody.org

Cedar Mountain Center Substance Abuse Prevention Program
(307) 578-2421

DOUGLAS
358-3311 or 358-4700

Eastern Wyoming Mental Health Center
(307) 358-2846

Douglas Prevention Resources Program
(307) 358-2940

EVANSTON
783-1000

Cornerstone
(307) 789-0715
www.cornerstonebh.com

Mountain Regional Services/Cornerstone
(307) 789-0715

Uinta County Substance Abuse Prevention
(307) 789-7194

GILLETTE
682-5155 or 682-7271

Mental Health Services of Campbell County Memorial Hospital
(307) 685-7888 or 687-6760
www.ccmh.net

Campbell County 21st Century SIG Project
(307) 682-9708

GLENROCK
436-2777

Eastern Wyoming Mental Health Center
(307) 436-8335 (307) 358-2846

Glenrock Prevention Coalition (GPC)
(307) 436-2253

GREEN RIVER
872-0555 or 872-6350

Plato's Desert Loft
(307) 875-3791

GREYBULL
765-2308

Big Horn County Counseling
(307) 568-2020

Yes I Can
(307) 765-4488

JACKSON
733-2331

Curran/Seeley Foundation
(307) 733-3908

Teton County At-Risk Committee
(307) 690-2581

KEMMERER
828-2340 or 877-3971

High Country Counseling and Resource Centers
(307) 885-9883 (307) 877-4466

LANDER
332-3131 or 332-5611

Fremont Counseling Service
(307) 332-2231

Lander Prevention Project
(307) 332-5688

LARAMIE
721-3547 or 721-2526

Peak Wellness Center
(307) 745-8915

Coalition for the Prevention of Substance Abuse
(307) 742-6203

LOVELL
548-2215

Big Horn County Counseling
(307) 548-6543

Changing Attitudes and Perceptions
(307) 548-6410

LUSK
334-2212 or 334-2240

Eastern Wyoming Mental Health Center Substance Abuse Services
(307) 334-3666

MOORCROFT
756-3301

Crook County Cares
(307) 756-2528

NEWCASTLE
746-4487 or 746-4441

Northern Wyoming Mental Health Center Substance Abuse Services
(307) 746-4456

PINEDALE
367-4378

High Country Counseling and Resource Center
(307) 367-2111

POWELL
754-2212

RAWLINS
324-2244 or 324-2776

Carbon County Counseling Center
(307) 324-7156

RIVERTON
856-4891 or 856-7200

Building Positive Futures NOW
(307) 856-9443

Fremont Counseling Service
(307) 856-6487

Fremont County Alcohol Crisis Center
(307) 856-9006

ROCK SPRINGS
352-1575

Southwest Counseling Services
(307) 352-6677 www.swcounseling.org

SARATOGA
326-8316

Big Brothers Big Sisters of Platte Valley Community Readiness Team
(307) 326-8161

SHERIDAN
672-2413

Northern Wyoming Mental Health Center Substance Abuse Services
(307) 672-8958

Project Youth
(307) 673-0067, ext.206

Wyoming Substance Abuse Treatment and Recovery Centers (WYSTAR)
(307) 672-2044 wystarrecover.com

SUNDANCE
283-3000

Northern Wyoming Mental Health Center Substance Abuse Services
(307) 283-3636

THERMOPOLIS
864-3114 or 864-2622

Hot Springs County Counseling Service
(307) 864-3138

Hot Springs County Substance Abuse Prevention Coalition
(307) 864-3138

TORRINGTON
532-7001 or 532-4026

Southeast Wyoming Mental Health Center Goshen County Clinic
(307) 532-4091 www.sewmhc.org

Goshen County Comprehensive Community Connections
(307) 534-2227

UPTON
468-2475

Upton Prevention Initiative
(307) 468-2500

WHEATLAND
322-2140

Southeast Wyoming Mental Health Center Substance Abuse Services
(307) 322-3190

WIND RIVER INDIAN RES.
332-3112, 856-5394

Treatment and Prevention:
Eastern Shoshone Recovery:
(307) 332-4758
IHS, Behavioral Health Service:
(307) 332-7300, 856-9281
Northern Arapaho White Buffalo Recovery:
(307) 856-0470
Transitional Living Center:
(307) 332-2334

WORLAND
347-4253 or 347-2242

Washakie Mental Health Services
(307) 347-6165

Washakie County Substance Abuse Prevention Coalition
(307) 347-6165

produced by Wyoming Inc., Lander, Wyoming

KEY

Blue: Law Enforcement **Green: Prevention Programs** **Red: Treatment Providers**

REASONABLE CAUSE/SUSPICION

The following may constitute the symatomology of a drug user. Not all of the factors are readily observable or across-the board with each individual. A supervisor, with training, may be able to spot some of the following drug user characteristics.

___ Faster heartbeat
___ Bloodshot eyes
___ Dry mouth and throat
___ Reduced short term memory
___ Altered sense of time
___ Reduced ability to concentrate
___ Reduced reactions
___ Reduced coordination
___ Psychological dependency
___ Problems on the job
___ Problems in personal relationships
___ Dilated pupils
___ Increased blood pressure
___ Increased breathing rate
___ Increased body temperature
___ Extra talkative
___ A sense of well-being
___ Feeling more energetic
___ Feeling more alert
___ Reduced appetite
___ Restlessness
___ Irritability
___ Anxiety
___ Sleeplessness
___ Difficulty in prioritizing
___ Inability to concentrate
___ Sweating
___ Headaches
___ Blurred vision or dizziness
___ Malnutrition
___ Complaints from co-employees
___ Problems with authority figures
___ Avoiding and withdrawing from peers
___ Unauthorized meetings with employees in remote work areas
___ Different type of clothing
___ Wearing of chains, roach clips or other drug related accessories or objects
___ Increase of absenteeism and tardiness
___ Unreported absences and unusual or questionable excuses for absences
___ Leaving work more than necessary
___ Unexplained disappearance from the job with difficulty in locating employee
___ Asking to leave work early for different reasons
___ Dangerous behavior
___ Argumentative
___ Withdrawn
___ Disregard for safety of others
___ Exaggerated sense of self importance
___ Accident prone
___ Decline in productivity
___ Increase in mistakes
___ Paranoia
___ Stuffy or runny nose
___ Carelessness
___ Depression
___ Mood swings
___ Overreactions
___ Weariness
___ Skin disorders
___ Ulcers
___ Lack of sleep
___ Weight loss
___ Depression
___ Listlessness
___ Severe dehydration
___ Digestive disturbance
___ Devitalized manner

The DOT regulations use the term "reasonable cause" while the courts use the term "reasonable suspicion." The terms, for the purposes of DOT regulations, are interchangeable and carry the same meaning.

DT-35 (12-89)