This program was originally developed for the Georgia Regional Office of Education and was presented in nine Georgia cities. The legal section is presented by Georgia attorneys Dan Murphy and Mike Dishman of the law firm of McLocklin, Murphy & Dishman LLC (http://www.educationlaw.com). The program has been modified specifically for Illinois and updated in 2009. The text is written to cover both drug impaired students as well as impaired school employees, and the legal issues of search and seizure and drug testing.

Sergeant Bruce Talbot (retired) is a 23-year veteran police officer with a Chicago metropolitan police department. Bruce holds a master of public administration degree from Roosevelt University. Bruce has been qualified as an expert witness in criminal court trials and has testified as an expert witness before two United States Senate committees on the topic of drug abuse. A nationally known presenter at conferences, he has also appeared on the NBC “Today Show,” CNN “Talk Back Live,” and CBS “Eye On America.”

Mike Dishman received his B.A. and J.D. degrees from the University of Mississippi, and is presently completing his doctorate in educational policy at Vanderbilt University. He is a professor of education law at Kennesaw State University in Georgia. He has extensively written and is a national presenter on the topic of school law.

Before implementing recommendation in this text, please consult with your school district legal staff and state attorney as local rules and legal interpretations can vary across the state.
Most people are good at recognizing the physical and mental symptoms of alcohol impairment. However, research shows the same people have difficulty recognizing the different symptoms of illicit drug impairment and addiction present. This seminar will provide school staff with the necessary tools to recognize drug abuse impairment and to document the observed symptoms in a standardized format.

The program is designed to be observational as opposed to a series of manual dexterity tests (such as finger-to-nose) which have very limited scientific validity. In addition, manual dexterity tests can be criticized as being subjective as opposed to a trained observer looking for medically validated symptoms of drug impairment.

Participants will review court case law on drug search and seizure as well as guidelines issued by the courts on conducting legal drug testing in schools. Because individuals hide drugs on their person or among their possessions, having a solid understanding on conducting a legal search of students and employees is critical to the success of enforcing school policy on drug impairment. A unique decision matrix has been developed for the course to assist participants in predicting if a particular search is likely to be approved or rejected by the courts. The goal is to document enough indicators of drug impairment to establish reasonable suspicion to request a chemical test of the employee or student. Refusal to submit to a chemical test should be treated as a positive drug test.
Sec. 1. Title. This Act may be cited as the School Reporting of Drug Violations Act.
Sec. 2. Duty of school administrators. It is the duty of the principal of a public elementary or secondary school, or his or her designee, and the chief administrative officer of a private elementary or secondary school or a public or private community college, college, or university, or his or her designee, to report to the municipal police department or office of the county sheriff of the municipality or county where the school is located violations of Section 5.2 of the Cannabis Control Act, violations of Section 401 and subsection (b) of Section 407 of the Illinois Controlled Substances Act, and violations of the Methamphetamine Control and Community Protection Act occurring in a school, on the real property comprising any school, on a public way within 1,000 feet of a school, or in any conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity within 48 hours of becoming aware of the incident. Source: P.A. 94-556, eff. 9-11-05.)

This mandated reporting law clearly requires all schools to report all criminal violations of drug laws to the local police. Note that the law does not cover alcohol, tobacco, over-the-counter, or non-scheduled drugs of abuse. Police officers who are responsible for responding to schools should, on a yearly basis, deliver a copy of the law to every school principal in their jurisdiction and answer any questions they may have on complying with the law. One potential question would be a drug violation that occurs in another town while on a school trip. The violation should be reported to the police in the jurisdiction where the offense occurred and the police where the school district is located.
The Illinois State Police crime labs began to report prescription drugs seized by police in 2008. Reported each quarter, the raw numbers of drugs seized can vary from quarter to quarter however, looking at the trends from 2008 to the second quarter of 2010, it appears several trends can be discerned from the series of reports over the years.*

1). Vicodin® (hydrocodone) has constantly been the most problematic of the abused prescription drugs.

2). Vicodin rose from 180 seizures in 2008, to 250 in 2009. In just the first 6 months of 2010 police have already seized as much Vicodin as all of 2008!

3). OxyContin, the next step up from Vicodin, has increased in lock-step with Vicodin and in just the first quarter of 2010 there were as many seizures as in all of 2008. The abuse of narcotic prescription drugs is not abating.

4). Other narcotic prescription drugs (such as Darvon®) remain relatively steady.

5). Depressant tranquilizers such as Xanax®, Valium®, Ativan®, and Klonapin® remain consistently at high levels. Street drug abusers often poly-drug narcotics like Vicodin with tranquilizers such as Xanax to both heighten the narcotic euphoria as well and calm over stimulation as the narcotic wears off.

*The full report is available from Lt. David Jocson via email at: David_Jocson@isp.state.il.us
New Castle high school student Erica Million, age 16, laid her head down on her school desk during a movie in her sophomore math class. When the film ended about 20 minutes later, she was unresponsive and turning blue. The weight of her own body against her chest resting on the desk compressed her lungs and prevented her from breathing, which lead to cardiac arrest. Million’s inability to breath was caused by a high dose of one of the most abused narcotic prescription drugs, OxyContin®. A fellow 16-year-old classmate supplied Million with three of the pills in school, which police believe she crushed and snorted, rather than taking orally as intended by the manufacturer. Snorting produces a “rush” that oral dosing does not produce. The Lawrence County district attorney is charging the 16-year-old boy who sold the pills to Million with third-degree murder as an adult. In 2006, teenagers abused pain killers more than any other prescription drug; high school seniors abuse OxyContin® at a rate of 5 percent and Vicodin® at a rate of 9.3 percent, according to the National Institute on Drug Addiction. The New Castle School District requires drug tests for students in extracurricular activities. Unfortunately, neither Million nor the boy who supplied the OxyContin® to her, were involved in any extra-curricular activities. Random testing of a few students involved in sports or other extra curricular activities must be supplemented by school staff well trained in spotting the signs and symptoms of student drug impairment.

“Student charged in sale of drug suspected in girl’s death”

Pittsburgh Post-Gazette, March 6, 2006
The September 10, 2008 issue of the scientific journal Neuropsychopharmacology published a disturbing research study from Rockefeller University in New York. Dr. Yong Zhang and his researchers found that adolescents are at much greater risk for addiction to OxyContin than adult users of the narcotic prescription drug. It is theorized that the normal adolescent overproduction of dopamine receptors in two key areas of the brain make adolescents more susceptible to the reward effects of OxyContin abuse. The study also found that adolescent OxyContin addiction “results in lasting functional changes in the developing adolescent brain.”

Adult addiction to the plant-based narcotic heroin appears to develop much more slowly than OxyContin. A research study by the University of Plymouth found that the average heroin addict develops addictive behaviors surrounding the abuse of heroin in an average of 9-months when using heroin recreationally up to 3-times weekly. Some heroin users went as long as five years before developing addictive behaviors, whereas a few became addicted within as little at 6 months.

Withdrawal syndrome associated with OxyContin abuse is similar to heroin: starting with yawning, the user develops anxiety over the lack of the drug. Heart rate and blood pressure increases and the anxiety progresses to irritability restlessness. The pupils begin to dilate and the user experiences muscle and joint pain, alternating hot and cold spells, goose bumps, vomiting, diarrhea insomnia and inability to eat. Withdrawal can be avoided by gradual dose reduction over a two-week period.

“Behavioral and neurochemical changes induced by Oxycodone differ between adolescent and adult mice” Sept. 10, 2008 journal Neuropsychopharmacology

Generic OxyCodone is available in an instant release pill known as RoxiCodone manufactured by international pharmaceutical giant Actavis of Little Falls, New Jersey and others. Street abusers often time will mistakenly use the term RoxyContin and also misidentify OxyContin as RoxiCondone. RoxiCondone pills contain 5 mg, 15 mg, or 30 mg of instant release OxyCodone. Whereas OxyContin is a time-release version of OxyCodone, RoxiCondone is the same narcotic drug but without the delayed time-release feature.

“Roxy” has recently become popular among OxyContin abusers because they believe they can extract more narcotic from the instant release version than the time-release pills. There is also a belief among abusers that Roxy is easier and cheaper to obtain from pain management clinics and that police are less likely to target Roxy than OxyContin.

The current trend is to cut a blue 30 mg pill into quarters. The abuser places the quarter on a small square of aluminum foil and “cooks” the piece with a cigarette lighter flame. The pill will bubble on the foil and give off smoke as it “cooks”. The abuser puts a “zoom tube” (hollow Bic pen or other similar tube) in the mouth and inhales the smoke trail. The user tilts the foil slightly so the pill piece slowly slides across the foil to avoid a carbon crust forming on the bottom side of the pill piece. “Chasing the dragon” produces the narcotic euphoria faster than snorting the crushed pill. However, the zoom tube and snail-trails on burnt foil often tip-off savvy police officers to the abuse of prescription narcotics.
The February 18, 2011 arrest of “Alice in Chains” rock star Mike Starr underscores the current trend of Opana® abuse. Starr, who was featured on the television show “Celebrity Rehab” was the passenger in a vehicle stopped for suspicion of DUI. Starr was found in possession of 6 Opana pills and 6 pills of Xanax without a prescription. Starr has a history of heroin abuse.

Opana is the most popular trade name for generic OxyMorphine, a synthetic narcotic that is known for its long-lasting effects (7-hours vs. 4 hours for most other narcotics), and its unusual properties of reducing depression and increasing sociability. The down-side to Opana is it is not as euphoric as morphine or OxyContin but, when abused, can be more potent. OxyMorphine is related to morphine and Hydro-Morphine drugs such as Dilaudid. As a medicine, Opana is often used for “break-out” pain among cancer patients already on fentanyl patches. Opana is available in 5 mg and 10 mg instance release pills and between 5 mg up to 40 mg time-release pills. Opana extended release was first introduced in 2006.

If the pills are taken orally, they are similar in effect to OxyContin, however if the pills are crushed and snorted up the nose or liquefied and injected, Opana can be 10-times more potent than an equivalent milligram dose of OxyContin. Consuming alcohol with Opana greatly increases the narcotic effect and is frequently fatal. Sales of Opana rose 9 percent in 2010 according to Endo pharmaceuticals.
The August, 2007 Geographic Information System (GIS) report by the US Drug Enforcement Administration’s National Forensic Laboratory Information System is based on the US Postal Service Zip Code where local police seized drugs for laboratory analysis. This presents the ability to analyze and monitor variations in drugs seized by police at the neighborhood level! Local “hot spots” (shown above in red) can be easily identified allowing better allocation of limited enforcement, prevention and rehabilitation resources.

The report shows that Illinois is one of the “hot spots” for heroin in the United States with the highest percentage of analyzed drug submissions containing heroin in the DEA’s Midwest reporting region. Narrowing the report from the state level to the county level, shows localized red “hot spots” for police heroin seizures.* As expected, the nine-collar county area of the Chicago metropolitan area leads the state in police heroin seizures. GIS reporting shows that heroin is not just a big city problem—even communities in up-scale DuPage county are regularly seizing heroin. Winnebago county is another hot spot for heroin because of the industrial centers of Rockford and Belvedere. Jo Davies county in far northwestern Illinois reflects the spill-over of heroin from Dubuque, Iowa. In central Illinois, the counties of McLean, Marshall, Livingston, Lee and LaSalle with their industrial centers of Bloomington, Normal, Pontiac, and LaSalle/Peru is a significant heroin hot spot cluster. Paris, Illinois in Edgar county, Illinois is an isolated heroin hot spot, similar to Jo Davies county, in that it is experiencing cross-boarder spillage from Terre Haute, Indiana.

Comparing drug seizures in the surrounding counties of Stark, Bureau, Henry and LaSalle Counties, highlights how drug use is often very localized—neighboring counties may have significantly different drug use. The above graphic denotes police drug seizures for all of 2010. Of particular interest is the lack of even 1 crack cocaine seizure in any of the four counties for all of 2010, compared to Cook County and Chicago where crack cocaine is the most frequently seized drug.

The 4th quarter 2010 report issued by the Illinois State Police summarized the top felony drug seizures for Illinois counties. The big general trend in drugs (compared to 2009 reports) is an increase in heroin seizures heroin seizures by police in Northern Illinois while at the same time, a decrease in cocaine. However, in LaSalle and Henry Counties, powder cocaine seizures by police actually went up in the 4th quarter of 2010.

Stark County, with just a fraction of the population of neighboring Bureau County has more heroin seizures, making Stark County a “heroin hot-spot” for the area. Bureau County has about a third less population base than neighboring Henry County yet it has more heroin seizures, demonstrating the popularity of narcotics in Stark and Bureau Counties.

Although methamphetamine seizures remain extremely low in all the counties covered in the graphic with the exception of Henry County, there is a sharp increase in meth-abuse in Adams, Knox and Union Counties.

Stimulant Trend: “R-Balling”
April, 2009 SAMHSA Report

Profile of the R-Baller:
- College students double the abuse rate of other teens
- Lower GPA, white/males
- Higher illicit drug & alcohol abuse rate
- Adderall preferred: 12 hour vs. Ritalin 6 hours
- Causes heart arrhythmia, addiction, sudden death

The April 7, 2009 report, “Nonmedical Use of Adderall among Full-Time College Students” published by the US Substance Abuse and Mental Health Services administration details the latest research into “R-balling,” the street slang term college students use for the practice of abusing stimulant pharmaceutical drugs such as Ritalin® (methylphenidate), Adderall® (amphetamine-dextroamphetamine) and other attention deficit hyperactivity disorder medications. Other slang names include Vitamin-R, Smarties, and Diet Coke.

The report notes the typical R-Baller is a male, white, college student who is a member of a college fraternity with a below B-grade-point-average and has abused alcohol and illicit drugs at a higher rate than the general campus population. Although a minority of students R-ball to obtain an educational performance edge in highly competitive universities (much like a major league baseball player), most abusers merely use the drug to makeup for lost study time from a hard-party campus lifestyle. R-ballers are almost 3-times more likely to have used marijuana and 8-times more likely to have used cocaine, and 5-times more likely to abuse narcotics, than typical college students.*

A University of Michigan study found 4 percent of students had misused Ritalin or Adderall in the past 12 months, while other studies have reported abuse rates of 25 percent.** Of students who reported stimulant abuse, more than 75 percent reported abusing Adderall® or Ritalin® rather than cocaine. Although R-balling refers to Ritalin, Adderall is the drug of choice because it is an extended-release drug with effects lasting 10 to 12 hours, whereas Ritalin lasts 4 to 6 hours. Crushing and snorting the pills produces a cocaine-like intoxicated state not obtained by swallowing the pill whole.

*The report is available on-line at http://oas.samhsa.gov/2k9/adderall/adderall.htm
**“Non-medical use of prescription stimulants among US college students” Addiction, Jan. 2005
The El Paso Drug Intelligence Center of the Drug Enforcement Administration issued an alert notice on March 5, 2010 on a new designer stimulant drug, MDPV.* MDPV (Methylenedioxypyrovalerone) is chemically closely related to ecstasy (MDMA) however it does not produce any of the empathagenic feelings associated with ecstasy. The effects of MDPV is as a pure stimulate drug described as being much more potent that Ritalin. The white to light brown chunky powder is reported to have a "sliced potato" odor and has been available for purchase as a research chemical since 2007. Users snort the drug similar to methamphetamine for a 4-hour euphoric experience. Underground pro-drug web sites claim the drug produces profound sexual stimulation in addition to the euphoria. High doses or repeated re-dosing can produce panic attacks and heavy “body loading” (teeth grinding, muscle ache, headache, and inability to open the mouth). Physical symptoms of rapid heart beat, high blood pressure and inability to sleep can last for 8-hours or more depending on dose. The hangover effect of MDPV is reportedly worse than methamphetamine with severe depression and muscle weakness. In addition to research chemical diversion, Illinois State Police report that MDPV is being sold disguised as “Ivory Wave” or “Vanilla Sky” bath soap crystals and “Purple Iris” plant food in stores and over the Internet. Many other similar products have appeared such as Cloud-9, Blast, Bliss and Hurricane Charlie. Although there are no criminal controls on MDPV, officers encountering the drug are encouraged to report it to I.S.P. and the DEA.

*The restricted report is available to police only by calling (915) 760-2024.
MDPV is popping up in Illinois retail stores as Vanilla Sky, Ivory Wave, Purple Irises and many other product names. The appearance and sale of MDPV is similar to the K2/Spice phenomena: a new synthetic intoxicant that is sold as a legal product “not intended for human consumption” but understood by all that the product is a powerful “gray-market” recreational drug.

Across the Mississippi River in Missouri, Fox television news did an undercover purchase of Ivory Wave. In the video the sales clerk tells the undercover reporter that the white powder is just like cocaine and is sniffed up the nose.

Dr. Chris Long of the St. Louis County MO Medical Examiner’s Office conducted a laboratory test of the white powder in the Ivory Wave package purchased by the undercover reporter and found Lidocaine and MDPV. Lidocaine is often used as a diluting agent in cocaine as it mimics the topical effects of cocaine on the skin. It is assumed that Lidocaine is used the same way in Ivory Wave—to add bulk to the MDPV.

The chemical structure of MDPV is in the same family as Ecstasy and methamphetamine and therefore may be regulated in Illinois under the analog law. MDPV first became a drug of abuse in 2006 in Europe and Australia and, after several deaths in England, has been banned in the United Kingdom. In November of 2010 Jarrod Moody, age 29, of St. Joseph, Missouri died after injecting MDPV from a packet of Ivory Wave.* There are now calls to criminally schedule the drug.

**“Ivory Wave; Synthetic cocaine linked to Missouri death” KMOX-radio news, Nov. 12, 2010
After a decade of declines in adolescent illicit drug use, a study released March 2, 2010 by the Partnership for a Drug-Free Americas reports adolescents in grades 9-12 that used marijuana in the past year increased 19 percent (from 32 percent in 2008 to 38 percent in 2009). Life-time use of marijuana increase from 39 percent in 2007 to 44 percent in 2009, while monthly marijuana use increased from 19 percent to 25 percent during the same time period.*

What accounts for this significant change in adolescent marijuana use? The study found that the percentage of teens agreeing that “being high feels good” increased significantly from 45 percent in 2008 to 51 percent in 2009, while those saying that “friends usually get high at parties” increased from 69 percent to 75 percent (2008-2009). At the same time, adolescent who agreed with the statement “I don’t want to hang around anyone who uses marijuana” dropped from 28 percent to only 24 percent.

Some commentators theorize that the increases in use and acceptability of marijuana reflect the changes in recent American culture. For the first time in history America has a sitting president who has talked openly about his past marijuana use and continuing cigarette addiction. The administration has proposed cutting the Drug Free Schools and Community grant funding and is taking a softer approach to medical marijuana. Popular media features positive programs about marijuana such as “Weeds” and even the 2010 Academy Awards show opened with a marijuana joke. Suddenly its cool to smoke marijuana again.

*"Key Findings Of The 2009 Partnership/Metlife Foundation Attitude Tracking Study”, March 2, 2010, Partnership for a Drug Free America
In 2008, a public high school located on the north shore in Cook County, reported the first Illinois school drug overdose involving “Spice”. The student related the drug was purchased over the Internet and smoked just before the start of school. The student experienced a marijuana-like high which developed into a severe anxiety/panic attack. Local police and school officials were unfamiliar with the substance which claimed on the package to be herbal extracts of Blue Lotus flowers, Bay Bean, Dwarf Skullcap, Lion’s Tail, and others—all legal. The student was taken to the hospital and kept over night under observation, but no drugs were detected in a urine drug test.

Research in Germany found the dried herbs were laced with three synthetic cannabinoids: JWH 018 discovered by chemistry professor John Hoffman of Clemson University, CP 47497 invented by the Charles Pfizer pharmaceutical company, and HU 210 developed at the Hebrew University of Jerusalem. These compounds mimic the effects of marijuana by triggering the cannabinoid receptors in the brain. These synthetics are more potent than natural marijuana, and may remain in the body much longer. Professor Huffman states the compounds are very easy to make out of readily available raw materials in a simple two-step process. “A good chemistry undergraduate could do it,” says Huffman.* US Customs is now banning the importation of Spice despite it’s legal status.** In late 2009, the DEA requested any police agency encountering Spice report it to the Drug & Chemical Evaluation Section at (202) 307-7183.

**"Synthetic drug seized at DHL hub" Dayton Daily News, Jan. 15, 2009
On March 2, 2010, Dr. Anthony Scalzo, M.D., professor of toxicology at Saint Louis University, issued a press release describing nearly 30 incidents of hospitalizations from adverse reactions to K2. Users reported disturbing hallucinations and panic attacks. Emergency room doctors reported seeing severe agitation, elevated heart rate, high blood pressure, vomiting, pale skin, tremors and, in a few cases, seizures. The symptoms imply K2 is affecting the cardiovascular system and the central nervous system.* Poison control centers from other states, including Oklahoma, Kansas, and Virginia, are reporting hospitalizations from these synthetic cannabinoids.**

One such victim was 14-year old Tyler Hartman of Fair Play, Missouri. His friends told him about K2 and he purchased a package at the local liquor store. He smoked it at a friends house and begin to vomit, went into seizures, and passed out. Tyler was rushed to the hospital and was unconscious in Intensive Care for five hours.***

The problem for medical staff is the lack of toxicology screening tests for synthetic cannabinoids. Many users exploit this to avoid workplace or court-ordered drug tests. One user wrote: “I passed a hospital drug screen having smoked a jwh-018 fortified herbal blend daily for about a week before the test. JWH-018 will not cause you to fail a drug test.”****

*Report available on-in at:http://slu.edu/x35328.xml
**“Fake Weed “K2” Can Cause Hallucinations” CBS News, March 4, 2010
****http://www.synchromium.net/2002/02/21/jwh-018-toxicology/
The first Illinois Spice victim in 2008 was considered an isolated incident and there was no effort to control these new synthetic cannabinoids. However, in January of 2010, several Dixon, Illinois residents were hospitalized after smoking Spice and K2 and complaints also came in from Southern Illinois. Illinois State Representative Raymond Poe of Springfield offered an amendment on the floor of the House to add 1-pentyl-3-(1-naphthoyl)indole, (commonly known as JWH-018) to the controlled substances act. It is believed that JWH-018 is one of the intoxicants in Spice, K2, and the other smoking herb products commonly sold in Illinois as “incense”. The law was signed by Governor Quinn this summer making JWH-018 a class 4 felony, sale class 2, effective January 1, 2011.

State Rep. John Fritchey, of Chicago, voted in favor of the measure, but warned the nature of the drug could make it difficult to administer in the future. "Because it is a synthetic, all you got to do is make a very minor tweak to it, and it's no longer a banned substance," Fritchey said. What many legislators are missing is that other synthetic cannabinoids such as HU-210, HU-211, CP47,497, and JWH-073 are not mentioned in the new law.*

However, the new Illinois law has a giant loophole unless there is a change to the wording to include all synthetic cannabinoids, otherwise manufacturers will simply tweak the molecular structure to avoid the law.

*"House OKs Ban on Synthetic Marijuana" The State Journal Register, March 18, 2010
The June, 2007 employee drug-abuse report released by the Substance Abuse and Mental Health Services Administration (SAMSHA) found that 8.2 percent of full-time employees had abused illicit drugs in the past 30 days (considered “regular abuse” as opposed to recreational or experimental use). Part-time employees had more than double that rate (18.6 percent), highlighting the need to include part-time/seasonable employees in a school district’s drug-free workplace program.

The SAMSHA report further breaks out illicit drug abuse by job category, as noted above. Public services employees are not exempt from the same abuse of drugs as their private sector counterparts. Of special note for school district employers, food services employees have the highest drug-abuse rate of all public services employees.

The report noted that employees who work for an agency which has workplace drug testing and an Employee Assistance Program, have lower substance abuse rates.

Although the protective services (police and fire) employees have the lowest employee drug abuse rates, they have above average alcohol abuse rates. Protective services employees have an alcohol abuse rate of 8.7 percent compared to only 2.8 percent for social service workers. Public works employees have the highest alcohol abuse rates among job classifications.

“Worker Substance Use and Workplace Policies and Programs” June, 2007, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Rockville, MD
School Bus Driver On Drugs

Angelynna Young crashed her school bus at 8:00 am injuring 17 middle school children, two critically.

Cocaine, prescription narcotics, and marijuana were found in her urine.

For two years, parents had complained about 28-year-old middle school bus driver Angelynna Young’s poor driving, but the Grant county school district allowed her to continue driving. At about 8 a.m. on January 17, 2007, Young lost control of her bus and struck a utility pole, injuring all 17 students on the bus. Two of the students suffered critical head injuries, one requiring emergency surgery to install a metal plate in his head. Following the crash, police ordered Young to take a drug test. Drug testing of her urine showed cocaine, marijuana, Valium® (a tranquilizer), and prescription narcotics (Darvocet®) in her system. A search of her home found cocaine and 41 bottles of prescription medications (mostly narcotics) from 13 different doctors. Young is facing 50 years in prison and the Grant school District is facing several multi-million dollar law suits. The district only tests half of their 48 drivers randomly every year. Young was hired in August of 2004.

Newspaper reports quoted one parent as saying: “I'm not surprised," said Stacey Clise, whose 14-year-old son Jake was one of two students severely injured in the crash. "I'm angry that she wasn't drug tested sooner, so maybe this wouldn't have happened. How many other times had she been on drugs while driving?” One student who rode Young’s bus for two years said he “saw it coming” when told of the driver’s drug arrest.*

Discussion Question: Does a school district have to wait for a poor performing driver’s random number to come up before conducting a drug test, or can repeated complaints from parents trigger a test?

*“Bus Driver Had 41 Pill Bottles” The Cincinnati Enquirer, Feb. 16, 2007
Employee Performance Factors—

- Drug use costs $100 billion a year.
- Losses amount to 25% of user’s salary.
- Accident rate is 60% higher for users.
- 40 sick days verses 4½ days for non-user.

The drug impaired school employee often abuses sick time to recover from their drug/alcohol use. Studies show substance abusing employees use an average of 40 sick days per year versus sober employees who use just under five days per year. Much of the inability of the drug using employee to report for work is the fact that most drug users get caught up in multiple drug abuse making it harder to clean-up for work. Former General Motors Corporation Chairman Rodger Smith once said that employee drug use cost GM one billion dollars! Recently, the news media reported that a dozen front-line production workers at the prestigious Corvette assembly plant in Bowling Green, Kentucky were dealing drugs to fellow employees on the assembly line floor. Former President Clinton noted in 2000 that although America makes up only 5 percent of the world’s population, it consumes over half of the world’s supply of illicit drugs.

A drug abusing school employee’s impact on a school system equals roughly one-quarter of the employee’s yearly salary. A a 60 percent higher accident rate for the drug using employee verses the non-drug using employee and the corresponding increases in workmen’s compensation and insurance claims are just part of the loss. Nationwide, it is estimated the yearly impact of employee drug use is one hundred billion dollars.

Student drug users will display this same drop in performance and absenteeism after their drug use passes the experimental stage and they become regular abusers.
During school hours on April 22, 2008 at Waukegan Upper Grade Center high school, a teacher smelled burning marijuana coming from the faculty lounge toilet. The teacher alerted the school’s office, and school security officers were sent to investigate. Shortly thereafter, 46-year old math teacher Deborah Logan emerged from the toilet and was confronted by the security officers. A remnant marijuana cigarette (commonly called a “roach”) was found in the bathroom. Security officers searched Logan’s purse and found about 1-gram of marijuana. Logan was escorted from the school and placed on paid administrative leave pending the outcome of the school’s investigation. One week later, Logan was charged with misdemeanor unlawful possession of cannabis by Waukegan police. *

In December of 2008, she plead guilty to the drug charge and was sentenced to two years of “court supervision” which means the conviction will be wiped off her record if she is not rearrested, allowing her to teach again.

**Discussion:** Was the search of Logan’s purse legal? Should Logan have been examined by the school nurse or other person trained in drug impairment? Should Logan been ordered to submit to a urine drug test? Should the school have called Waukegan police rather than escort her off campus? Should the school district file a complaint against her teaching certificate?

*http://www.dailyherald.com/story/?id=187258*
When a police officer conducts an search for drugs that is later determined to be illegal, the criminal usually goes free but there generally is no law suit to recover monetary damages from the police. However, when a school official conducts an illegal search for drugs the family of the student will most likely sue the official and school district for a large sum of money as compensation for the wrongful act. Such suits frequently end the career of the school official.

A recent example comes from Paulsboro, New Jersey. A female high school principal ordered two male teachers to strip search four male students for drugs while on a field trip to Disney World. The students are suing the school district for the “egregious affront” to the student’s dignity and claim in their suit they were “subjected to an illegal and unconstitutional strip search in violation of their constitutional rights, equal protection rights, and due process rights.” The suit seeks $250,000 for each student. The female principal was suspended by the school board for 6 months and then demoted. She in turn filed a sex discrimination suit against the board.*

This section will review the court case law concerning student and employee searches. The goal is to ensure school officials will have the confidence to enforce school rules baring drugs and drug impairment by conducting legal enforcement actions. Keep in mind, laws vary among jurisdictions and court case law frequently changes. Always check with your school district legal counsel before implementing a new drug search or testing program.

“Student sues over strip search” Gloucester Times, April 8, 2008
Whereas the *Beard v. Whitmore Lake School* case (discussed on the decision matrix page) invalidated a school strip search for missing money, the 2009 US Supreme Court case known as “the *Redding* case” invalidated a strip search for prescription Ibuprofen (Advil®) pills. In this case a student presented a school official with a prescription drug pill (Ibuprofen 400 mg) and said there was a plan for students to take the drugs in school at noon. The female student said to have supplied the pills was search by a female staff member and a female nurse, and found to be in possession of several pills and a razor blade. That student related Redding gave her the pills. A teacher searched a notebook in possession of the suspect (but owned by Redding) and found several knives, cigarettes and a lighter. Under questioning, Redding admitted knowing that contraband was being hidden in her notebook by the suspect, but denied ownership of the contraband and denied possessing or supplying pills to anyone. A strip search was conducted by a female staff member and the female school nurse. The 13-year old Redding was ordered to lift and shake her bra and pull down and shake the crotch of her underwear. No pills were found and the girl’s mother filed a civil rights law suit. Initially, a panel of the federal appellate court ruled the search was legal because the informant had physical evidence, the named suspect had pills and a razor blade, and the notebook of Redding had contraband. However, the Justices voted 8-1 (Thomas dissenting) against the search with Justice Souter noting a total lack of evidence that Ibuprofen “was a danger to students from the power of the drugs” and that the pills may be hidden in Savana Redding’s underwear.

If the suspected drug was OxyContin, would the court have ruled differently?
In the case of *Doe v. Little Rock School District*, 380 F.3d 349 (2004) the U.S. 8th Circuit Court of Appeals ruled that random, suspicion less searches of all students and their belongings (i.e. book bags, backpacks, and purses) were a violation of their 4th Amendment rights to be free from unreasonable searches and seizures.* A public school entrance is not the same as an airport screening line.

In order to search students, the school must establish what the court calls “special needs.” Special needs refers to an unusual circumstance that outweighs the student’s right to privacy against the school’s need to prevent harm, loss, or to maintain order. In making the case for searching students, the court will consider the level of intrusion: (e.g. looking into a book bag versus looking into a body cavity) and then the need for the school to search (e.g. looking for a stolen hall pass versus looking for a pipe bomb).

In *Beard v. Whitmore Lake School Dist.*, (402 F.3d 598, 605, 6th Cir. 2005) that court said “a search undertaken to find money serves a less weighty governmental interest than a search undertaken for items that pose a threat to the health or safety of students, such as drugs or weapons.”

Because there can be endless hypothetical examples, school staff may find the above decision matrix to be helpful in predicting whether a particular search may be supported by the courts. Using the matrix, students walking through a magnetometer at the school entrance to detect guns or knives would involve the lowest level of search for the highest level of school need and has been approved by the courts. Lining up a group of students for a same-sex strip search to find missing money would involve a high level of intrusion for a low level of school need on the matrix and has been held unconstitutional.

*“Developments In The Courts: Student Rights,” Illinois School Law On-Line, 2004*
The parents of two 14-year old high school girls have filed a federal law suit on January 8, 2009 against the Chicago Board of Education and the Chicago Police Department after their daughters were strip-searched by a female Chicago Police Officer employed off-duty as a school security guard. The girls were freshmen at Aspira Early College High School, a Chicago Charter School, at the time of the incident. A small fire was started in a student bathroom and the school security guard (wearing a Chicago Police Department uniform and sidearm) suspected the girls may be hiding a lighter used to start the fire. The female police officer took the girls, one at a time, into a small washroom and felt their bra cups under their blouses for the lighter, and then ordered the girls to pull down their pants and underwear, and then “squat and cough.” No lighter was ever found.

A formal complaint was lodged with the Chicago Board of Education and, after an investigation, the school principal was dismissed for cause because the strip search violates Board of Education policy. The Chicago Police Department is also conducting an internal disciplinary investigation. Although the officer was off-duty, police officers are still required to follow department policy on strip searches, which requires written permission from a supervisor.

Two other law suits have also been filed, one alleging an 11th grade boy was ordered to pull down his pants and underwear during a drug search at Chicago's Fenger High School. In the third suit, a 8th grade girl from Perspectives Charter Middle School was order to strip to her underwear by a school security guard looking for a razor blade.*

Do you think the law suits will be successful given the Redding case?

*"2 more students file strip search lawsuits" January 24, 2009, The Chicago Tribune
Student out of class without pass appears “nervous and fidgety.”

Security aide searches Pablo, finds marijuana pipe and gang markings.

Court—no reasonable suspicion for search.

Court: Tardy for class searches were not in student manual, and report must document what you expect to find in search.

This appellate court case highlights the need to train non-police school security aids in proper drug search and seizure procedures. “Pablo” was a junior at Albuquerque’s Rio Grande High School. Because of a history of campus fighting, truancy, graffiti, gang activity, and weapons, Campus Service Aides (CSA) assist in patrolling the school to ensure students are in class.

On December 15, 2003, at approximately 12:35 p.m., Pablo was stopped by CSA Elvis Delaney. Pablo was acting "a little nervous" and fidgety, so CSA Delaney escorted Pablo to the security office because he thought "something was wrong" and he had become concerned that Pablo might have a weapon or marijuana on him. CSA Delaney admitted he did not suspect Pablo of any criminal activity, did not smell marijuana on him, and had no information concerning any other wrongdoing by Pablo that day. Furthermore, CSA Delaney's written incident report makes no mention of Pablo's nervousness, and it only states that Pablo "was caught wandering the campus" and brought to the security office for a pat-down search. The search produced a marijuana pipe and gang membership.

The court also noted the school student manual made no mention of students being subject to search if they were late for class. The court held that because CSA Delaney had not documented any reasonable grounds to suspect Pablo was concealing contraband, the search was illegal. The undocumented act of appearing nervous and fidgety is not grounds for conducting a student search.
At Goddard High School in Roswell, New Mexico, a school official found two students who smelled heavily of marijuana and were suspected of smoking the drug in a pickup truck while en route to school. The students and the pickup truck were searched, but no marijuana was found. Several state appeals courts have recognized the distinctive odor of burnt marijuana can establish reasonable suspicion for a student search: *Widener v. Frye*, *Nelson v. State*, (Ohio 1992), *In re Doe*, (Hawaii 1994) and *Nelson v. State*, (Florida 1975). A third student who was also known to be in the pickup truck was escorted out of class by the assistant principal and the school resource officer (S.R.O.) to be questioned in the school office. The third student also smelled of burnt marijuana, “acted evasive,” kept his hands in his pockets, and appeared to have a heavy object creating a bulge in his baggy pants. The student was searched in the office by the S.R.O. and a .38 cal handgun was found in his pocket. The student’s attorney claimed the S.R.O. needed probable cause to search the student for the gun.

The New Mexico Court of Appeals ruled the search by the S.R.O. was justified at the lower standard of proof of reasonable suspicion because the police officer was acting as “an arm of the school official” on school grounds to enforce school rules or decorum. The school official and the officer initially suspected that the student might be in possession of marijuana on school grounds because of the strong odor of burnt marijuana. The officer also noted from his professional experience that the student was hiding something in his front pocket and it might be a weapon. The odor of burnt marijuana, along with the behavior and heavy object bulge in the student’s pants, gave the S.R.O. acting in assistance to the assistant principal reasonable suspicion to search the student.
Many drug-free workplace programs stress documenting changes in employee performance, attendance, and behavior as indicators of drug/alcohol impairment. Adolescent substance abuse is also tied to performance issues, such as a drop in grades, an increase in sick days and truancy, and “acting-out” behavior changes. It is well documented that substance abuse often produces these performance symptoms.* The problem with this approach is that these general indicators do not show drug use or intoxication on a specific day, something the courts look upon to determine if a drug test request was reasonable.

This section of the manual is built upon the years of experience recognizing and documenting the drug impaired driver by police officers at roadside. Trained police officers are able to detect drug impairment over 90 percent of the time.** The basic roadside observations of drug impairment, such as eye movement, pupil size, and matching physical symptoms; muscle tone and skin condition, have been recognized by criminal courts across the country as valid indicators of impairment. These modified roadside observations are recommended for use by school staff to establish reasonable suspicion of immediate intoxication for the purpose of requesting a chemical test for drug abuse.

*"The determinants of substance abuse in the workplace." Social Science Journal, No. 33, 1996
The definition of the word drug, for the purposes of school substance abuse
detection and enforcement is different from a medical or even a layman’s
definition.

A doctor would say a drug is a chemical substance used to cure or prevent
disease, or to improve deficient physical performance. A police officer would
say a drug is any illicit substance listed in state or federal statutes as a
“controlled” or “scheduled” substance.

A doctor would not claim model airplane glue to be a drug, nor would a
police officer arrest a person for possession of glue. However, in a school
setting, model airplane glue is a drug, because it is a substance which can
produce intoxication and even death.

Besides man-made chemicals, there are many natural plant and animal
substances which can produce intoxicating effects that are not listed under
federal or state controlled substances statutes. Certain species of
southwestern toad can secrete a substance which will produce vivid
hallucinations when dried and smoked. Nutmeg and morning glory seeds
both can be abused for their intoxicating effects and few states list them as
controlled substances. Recently, several Chicago suburban students have
been hospitalized after overdosing in school on DXM, legally available in
Robitussin® cough syrup. One south-central DuPage public high school
found a student dealing Hawaiian Baby Wood Rose seeds in the hallway.
The seeds contain LSA, a hallucinogen related to LSD. Although legal, they
violate school policy regarding intoxicants.
Never label drug use (e.g. “Looks like he’s high on cocaine”) rather, always document the physical symptoms displayed by the student. If possible, photograph the abnormal symptoms for possible future assessment. As soon as possible, have the student evaluated by a trained professional such as a school nurse, or local para-medic/E.M.T. In most cases, an untrained classroom teacher’s or school staff opinion on drug impairment is not going to be accepted by the courts in a legal challenge by parents. The question of who should assist in a drug-impaired student often is dependant on the local resources available to school staff. Some schools have a nurse, other schools may have to rely on a local emergency medical technician.

Can a school nurse assist school staff with a drug impaired student incident? The June 2003, National Association of School Nurses position paper on school drug testing states, “... it is in the best interests of students to be free from illegal drug use. This drug use impedes mental concentration for learning and interferes with growth and development. Suspicion of drug use by a student calls for appropriate referral, evaluation, and necessary treatment.”

In a 2003 “Issue Brief” the NASA also stated the school nurse should: “Make appropriate referrals to agencies such as Social Services, Drug and Alcohol Treatment Services, Mental Health services, and the Child Protection Team.”

Recommended Procedures:

1. Alert on the eyes, confirm with muscle tone and skin condition.
2. Document all symptoms with a trained witness present.
3. Do not touch the subject or make them do dexterity tests.
4. Do not label specific drugs.

“The Eyes Are The Windows To The Soul”

“The Eyes Are The Windows To The Soul.” When a person pollutes their soul with illicit drugs, you can look into their eyes and see the drug’s effects. All drugs of abuse, when taken at abusive levels, affect the eyes in known, predictable ways. Knowing how illicit drugs affect the eyes, and the human body can tip you off to a person’s drug impairment.

When you observe suspicious eye clues of drug impairment, always confirm the eye clues with matching physical symptoms. As with the eyes, all drugs of abuse (when taken at abusive levels) create known, predictable effects in the body. By observing the changes in muscle tone and central nervous system effects, an observer can confirm their suspicions about drug impairment. Some disorders may mimic drug impairment, so it is important to look for eye clues with matching physical symptoms to confirm drug impairment.

Fully document the behavior and performance of an employee who is suspected of drug impairment, noting the date, time, and all the circumstances surrounding the incident. Try to have a second supervisor or manager confirm what you are observing. Be complete in the description of the person’s physical appearance and demeanor.

Never label a person as a drug user. Instead use phrases such as, “Your work performance has changed, you’re not the same person that started here, I want to help you. Tell me what's going on in your life?”
All recreational drugs when taken at an abusive dose, affect the eyes in predictable ways. These easy to recognize eye clues will usually be the first alert that the student is under the influence of drugs.

It is important to remember that, generally speaking, when medicines are used at a therapeutic dose, the eye clues will not be present however, a new dose of medicine for ADHD may cause a dilated pupil. An eye clue like nystagmus (eyeball jerking) indicates alcohol impairment, not simple use (e.g. one glass of wine at dinner).

Drugs like cocaine and heroin dramatically affect pupil size and reaction to light stimulus. Drugs like LSD and Cannabis affect depth perception. Depressant drugs and inhalants produce involuntary eye jerking—nystagmus.

It is important to note that drug induced eye clues will always be present in both eyes as drugs effect the entire body system-wide. Therefore, an eye clue displayed in one eye only may indicate a medical problem rather than drug impairment so begin to make medical inquiries of the student. Keep in mind that stroke will mimic many forms of alcohol and drug impairment by causing one pupil to dilate or producing nystagmus in one eye. This is often accompanied by slurred speech, disorientation, and even obscene or combative behavior. Remember: look for the clues in BOTH eyes! Unbalanced eye clues may be a medical concern, not drugs.
Drug abusers often refer to a dilated pupil as a “blown-out pupil” or a “blown eye” because it is a commonly appearing side effect of marijuana, cocaine, meth, and other drugs of abuse. A normal (non-drug impaired) student’s pupil will be balanced—roughly the same amount of black pupil to colored iris of the eye. In abnormal lighting situations, for example at a night with little or no artificial lighting, the pupil will dilate somewhat. Conversely, during a sunny day outdoors the pupil will constrict. As the student moves from one lighting condition to another (say, from a dark roadside to a well lit office) the normal pupil will change size as the light changes. A drug abuser’s blown pupil will remain very large, even in well lit situations.

When the student’s pupil is more than half-way out to the colored iris of the eye (in the above photograph “A” vs. “B”) note in your report that the student’s pupils were dilated. When ever possible, compare the dilated pupil to the pupil of another staff member under the same lighting conditions. A normal person will have the same pupil size as the coworker’s pupils under the same lighting conditions.

Pupil size and unusual reaction to lighting changes is just one of many possible indicators of drug impairment that should be considered during a school investigation of being under the influence of drugs. Before making a decision, school staff must observe matching physical symptoms and other evidence of impairment. An unusual eye clue alone is not sufficient to establish reasonable suspicion of drug impairment.
To establish reasonable suspicion, the school must document matching physical symptoms with the corresponding eye clues. If the physical symptoms are not present, then staff should inquire about medical issues or physical abnormalities the student may suffer. All recreational drugs, when taken at an abusive dose, affect the human body and its nervous system in predictable ways.

The human body has a normal muscle tone, as can be easily seen in the curl of a hand at rest along the side of the body, and the alert look of the eyelids. Stimulant drugs and PCP will produce a rigid muscle tone as evidenced by hand and eyelid tremors. Conversely, depressant drugs and narcotics will produce the opposite effect—a rubbery legged appearance with drooped, half-mast eyelids.

In addition to muscle tone, drug abuse can also affect skin condition. Stimulant drugs and PCP will produce a red, flushed skin color and sweating. Depressant drugs and narcotics will produce a cool and clammy skin condition.

Always check for and fully document the student’s or school employee’s muscle tone and skin condition as part of every drug impairment report. This helps to establish under the influence at the time of the observation and connects a positive chemical test as the cause of the observed impairment.
Eye Lid Muscle Tone Examples

In a school setting it is unsafe to physically manipulate a drug-impaired student in an attempt to determine muscle tone. However, muscle tone can be determined by trained observation of the student at a safe distance.

The eye lid muscles are one of the fastest acting muscles in the human body because of the involuntary blink-response to threats against the eye. When a person takes an intoxicating dose of drugs, these high tension muscles will often display obvious clues.

Depressant drugs cause a flaccid, rubbery muscle tone which will be displayed in the eye lid muscles as a “drooped eyelid” (as shown in the top photograph). A good rule of thumb to make the classification of drooped eyelids, is to check to see if the eye lid has invaded the black pupil of the eye. Normally the eye lids will not obstruct the pupil. Drugs that induce a flaccid muscle tone often will cause the eye lids to drop into the black pupil of the eye. For reference, compare the student's eye lid position to a coworker’s eye lids.

Stimulant drugs may cause a “wild-eyed” look, in which the eyelids are far above the normal position (as shown in the lower photograph) with the eye lids near the very top of the colored iris. In addition to position, muscle tremor can be observed in the eye lids, as is the case with marijuana.

It’s important to remember that if one eye lid is drooped, this may be an indication of a serious medical condition such as a stroke. Recreational drugs of abuse are systemic, which means they work on the entire body, not just one muscle.
## Substance Abuse Intoxication Incident Report - Page 2

### Subject Observation Check List Continued

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signature of observer________________________  signature of witness________________________
A student should be examined by a medical expert to substantiate the school staff member’s observations. At the very least, the suspect’s vital signs should be taken and recorded by a school nurse or local paramedic/EMT. All recreational drugs, when taken at an abusive level, affects a person’s medical vital signs such as pulse, respiration, blood pressure, temperature and even their orientation to the environment. The three orientations are:

1. Where am I? What city or place is this?
2. What day or time is this?
3. Who am I? (Or feelings of being disconnected from one’s body.)

Having a third party expert examine a suspect makes a strong case in court, especially when the student refuses to submit to chemical testing.

Are a student’s vital signs taken as part of a medical treatment of an investigation of wrong doing? Does HIPAA preclude the recording of vital signs as part of the investigation. The language in section 6 the HIPAA act is clear that information may be disclosed for legitimate law enforcement purposes: “6)...when necessary to inform law enforcement about the commission and nature of a crime,...” A federal court ruled in 2007 that HIPAA did not bar police from obtaining medical information during the course of a criminal investigation (domestic battery) and upheld the arrest of a hospital nurse who obstructed the police officer."

All the drugs in this category affect the body systems. As the name implies, they slow down or depress the body’s nervous system, including heart rate, blood pressure, body temperature, and respiration rate. Depressant drugs also affect the brain’s function slowing reaction time and impairing coordination and balance.

Some drugs in this class are medicines, such as the potentially addicting barbiturates which are hypnotic sleep producers. Other medicines which produce a depressant effect are the dozens of tranquilizers of which Valium® is the most popular. However, many depressant drugs are illegal recreational drugs such as the dangerous methaqualone, the sex assault drug Rohypnol®, or the newest club drug, GHB. Keep in mind the most abused drug in America is alcohol and, at high doses, has the same effect as any other depressant drug. It is the impairment that makes a school employee a dangerous worker, not the legal status of the drug causing the impairment.

All depressant drugs have the same general effect in the eyes and physical systems. A student or employee impaired on alcohol will look the same as one impaired on a pharmaceutical depressant such as barbiturate. There is no way to know the exact drug which is causing the impairment because all these different depressant drugs produce the similar effects. Therefore, never say an employee appears to be under the influence of Valium®. Best practice is to say they display the symptoms of being under the influence of a depressant drug.
If you are familiar with how high doses of alcohol affects the body, you already know how to spot the signs of impairment of all depressant drugs. Although the average adult can recognize the impaired “social drinker,” most people cannot recognize the impaired “functional alcoholic.” Police officers are trained to look for an involuntary jerking of the eyeball as the most accurate indication of impairment because years of exposure to alcohol can produce physical compensation for the deleterious physical effects of alcohol but not the mental impairment.

This involuntary jerking of the eye (known medically as *nystagmus*) becomes apparent at a blood alcohol level of 0.08-0.10, the same as a drunk driving arrest. The eye jerking will be most pronounced as the eye turns far to the side. At high doses, it will also be seen as the eye looks up toward the ceiling. All depressant drugs will produce this involuntary eye jerking at impairing levels. Because about 3 percent of the population will display eye jerking without any drug present, (due to a rare eye condition), always match physical impairment to the eye clue before taking any action. Although it might be subtle, the physical symptoms will be unmistakable.

Heavy alcohol users are also more likely (11.3 percent) than those who are not (5.1 percent) to have skipped one or more work days in the past month according to a federal government study on workplace drug use.
It is important to remember that the eye and physical clues will generally not be present when a person is taking a therapeutic dose of a depressant medicine such as Valium®. It is only when depressant drugs are abused or mixed with alcohol that the classic symptoms are present.

School staff should observe and record a pronounced flaccid muscle tone as characterized by a “rubbery” walk. Check the student’s or employee’s eyelids as depressant drugs produce a drooped or half-mast eyelids which are representative of general muscle tone.

The combination of depressed brain function and flaccid muscle tone can produce severe physical impairment for new users, however, long term addicts can compensate for the deleterious effects of depressant drugs.

At high doses, ALL depressant drugs produce memory impairment and amnesia along with a marked reduction in social inhibitions. Although the student or school employee looks awake and can walk, they may have no memory of the interaction with staff the next day. This effect explains why drunk drivers often ask, “What did I do, officer?” over and over again during a drunk driving arrest, or why drunks often repeat themselves at parties.

Keep in mind that drugs effect the entire body. If the subject displays only one eyelid as drooped, the cause may be a serious medical problem rather than alcohol or depressant drugs.
Depressants—Medical Traits:

- Low pulse rate.
- Low blood pressure.
- Depressed respiration.
- Stupor leading to coma.
- Seizures with withdrawal.
- Caution: no true tolerance.

All these drugs depress brain function and the regulatory processes with a resulting drop in pulse rate, blood pressure, and body temperature. At high doses respiration becomes slowed, weak, and shallow. The most common cause of death from depressant abuse is respiratory cessation due to positional asphyxiation.

Long term abuse of depressants, such as 800 to 1,000 milligrams of Seconal®, (normal dose is 30 to 100 milligrams), will produce dependence and tolerance within as little as ten weeks. Depressant drug addicts have been known to take as many as 15 capsules a day, (1,500 milligrams). However, the lethal dose level does not move higher as it does with narcotic drugs such as heroin or OxyContin®.

Withdrawal from depressant drug addiction requires medical supervision as severe convulsions and delirium induced hallucinations often occur. Under no circumstances should a depressant drug addict be incarcerated without first obtaining a medical evaluation and doctor’s release. Unsupervised withdrawal from depressant drug addiction can be fatal.

The above photograph of celebrity Lindsey Lohan published by media outlets reportedly shows Lohan in a depressant stupor after a long night of alcohol abuse at a trendy night club. Ironically, hanging from the rear view mirror of the car was an A.A. 30-day sobriety token.
Some medical conditions can mimic the effects of depressant drugs. A diabetic emergency can produce slurred speech, mental confusion, and general drunken appearance. In addition, they may become obscene and even combative. A diabetic will not display a pronounced eye jerking like an alcohol impaired person does.

Head injuries can also produce some of the symptoms of depressant impairment. Once again, check the eyes! A head injury may be detected by observing unequal pupil size or eye jerking in one eye only.

Inner ear infections can produce involuntary eye jerking and loss of balance, but not the other symptoms such as slurred speech, mental impairment, or odor of alcohol.

Hypotension (low blood pressure) and extreme fatigue or clinical depression can produce lethargy in the body that can mimic some of the symptoms of depressant drug impairment, but these conditions will not produce involuntary eye jerking.

The key is to know your student’s and school staff member’s normal behavior and to always check the eyes if you observe a marked change. The theory of “management by walking around” holds true with controlling drug use in schools. Every day, a school supervisor should walk up to the employees and students in their section, greet them warmly, and at the same time look in their eyes!
Stimulant Drugs

- Cocaine/Crack
- Meth, Ice, Crank
- Ritalin, Adderall
- Ecstasy analogues
- “Ivory Wave” MDPV

The 2009 report on student prescription drug abuse found 7 percent of college students had abused the prescription stimulant Adderall in the past year and these abusers were three-times more likely to use marijuana than non-abusers. The drugs in this category all hyper-stimulate the body and nervous system producing a “rush” and pleasurable sense of euphoria. It doesn’t matter which one of the dozens of different stimulant drugs a person may be abusing, they all produce the same eye clues and body symptoms. An person intoxicated on cocaine will look the same as a person high on amphetamines, so it is best to document “suspected stimulant drug abuse” rather than “cocaine abuse.” Most drug users arrested by police test positive for cocaine. It is among one of the most widely abused recreational drugs in America. Amphetamines are also abused by school bus drivers.

There are many Designer Drug analogs of amphetamines such as “Ice” which is a smoke able form of the drug and the designer drug “Cat,” which can produce a rush and euphoria similar to cocaine. Younger school staff who may be spending their weekends immersed in the dance-club scene may be abusing ecstasy (MDMA). A designer relative MDPV appeared in Illinois in 2010 sold in “head shops” as “Ivory Wave”, a legal alternative to cocaine. Many other analogues are likely to pop-up once MDPV is scheduled.

**“Non-medical Use of Adderall Among Full-Time College Students” National Survey on Drug Use and Health, April 7, 2009 Rockville, MD**
Skecher's brand of sports shoes are sold in shopping malls nation-wide. One model of Skecher’s called “Skecher’s Hideouts” contain a tiny outside zipper which opens to a inner pocket built into the shoe. The company states the zippered pocket is designed to safely hold a house key or an emergency coin for a pay phone. Drug using adolescents have learned to store illicit drugs in the small zippered pocket. The pocket in the side of the Skechers shoe will easily hold $20 worth of crack cocaine or meth-amphetamine, $10 of heroin, or $5 of marijuana. Typically, street drugs are stored in what are known as “corner-ties” and then placed in the zippered shoe pocket. A corner-tie is simply a plastic sandwich bag with a small amount of drugs in one corner of the baggie. The plastic bag is then gathered tightly against the drugs and a simple knot is tied to prevent the drugs from spilling out. Usually the excess plastic bag is tore away to reduce the size of the bag.

“R-balling” is the slang term for abusing Ritalin® (methylphenidate), or Adderall® (amphetamine-dextroamphetamine). Other slang names include Vitamin-R, Smarties, and Diet Coke. The trend of abusing this class of drugs is increasing among students.* The abuse is so widespread that a rock band Chevelle from Grayslake, Illinois, had a national hit song titled “Vitamin R: Leading Us Away” in 2005. Crushing and snorting the pills produces a cocaine-like intoxicated state not obtained by swallowing the pill whole.

*“Non-medical use of prescription stimulants among US college students” Addiction, Jan. 2005
Stimulant Indicators—

- Dilated Pupils—more than 50% bigger than colored iris is suspect.
- Tremors, Hyperactive
- Sweating, Dry Mouth
- Red Nose, Sniffling
- Paranoia, Depression, Aggression, and Malnutrition

The human pupil cannot normally dilate larger than one-half the distance of the colored iris. In a lighted environment, a normal person’s pupil will constrict in relation to the amount of light present. A suspected stimulant drug user’s pupil will be grossly dilated despite the amount of light in the environment. If you suspect a person’s pupils are inappropriately dilated, compare their pupil size to a co-worker’s pupils size under the same ambient lighting conditions. Take a photograph of the suspected pupils and the coworkers as a controlled comparison under the same lighting conditions.

The physical body clues for stimulant abuse include a general hyperactive, “wired” appearance including an inability to sit still, rapid speech, and general nervousness. The muscle tone will be rigid and will produce tremors. The skin tone will be flushed, warm to the touch, and sweating may be present. The increase in body temperature will cause dry mouth and dehydration.

These drugs are acidic and if the drug is snorted up the nose, the nasal area will be red and sore looking, and the person will have a runny nose with constant sniffling. Remember, this class of drugs can also be smoked and injected.

Keep in mind some medical conditions, such as “keyhole pupils,” (called coloboma: a gap in the colored part of the eye) might be confused with a drug-dilated pupil. Always confirm pupil clues with matching physical symptoms.
A thirty year old pharmacy technician in Canada accidentally contaminated himself with the prescription medication hyoscine butylbromide, a muscle relaxant drug. Dr Daniel Calladine of Prince Charles Eye Unit of King Edward VII Hospital in Windsor, Ontario took the above before and after photographs of this “pharmaceutical mydriasis” or, in layman’s terms, drug-induced dilated pupil.* These medical before and after photographs provide an excellent example of the effect drugs can produce in the human eye. Notice in the normal pupil image on the left how the black pupil is balanced in size with the colored iris. On the drug-dilated pupil the black pupil is easily recognized as being much larger than the colored iris.

In addition to marijuana, the stimulant class of drugs (such as meth-amphetamines and cocaine), the hallucinogens (such as LSD and mescaline) and the inhalants (such as spray paint and glue) can produce dilated pupils. High doses of some common over-the-counter cough cold antihistamines (Benadryl® the trade name for diphenhydramine) produces several side effects that include blurred vision and dilated pupils,** and tricyclic antidepressants (such as Tofranil® can cause the pupils to dilate in “rare, isolated cases.”***

* http://www.priory.com/med/pupil_files/image004.jpg
** Journal of the American Optometric Association, Aug. 1993;64(8):586-8
A mnemonic to remember the eye clue for stimulant drugs:

“When you see a big eye, (dilated pupil), think big hole.

When you think big hole recall cocaine.”

Cocaine can be injected, taken orally, smoked, and snorted up the nose. However, most cocaine users snort the drug up the nose, a “big hole.” Therefore when you see a “big eye,” think “big hole” and recall cocaine.

Remember, ALL central nervous system stimulant drugs will produce a “big eye.” The best practice is to compare the pupil size of the suspected drug-impaired employee with the pupil of another school employee or supervisor under the same ambient lighting conditions. Before taking any action, match physical symptoms of stimulant drug impairment to the dilated pupils.

Some older individuals may have pupils, which are visibly more dilated than average. In addition, certain eye drops administered to patients can cause pronounced pupil dilation for many hours. Finally, some rare genetic or developmental causes can dilate pupils with no stimulant drugs present. Therefore, a manager must always look for matching physical symptoms and consider the possibility of these other causes.

During the interview of the student or employee, inquire as to any preexisting medical condition or new prescription drug that may be causing the observed eye clue.
This video clip from a wall mounted police booking room video surveillance system shows a female drug addict attempting to perform the standardized field sobriety tests while under the influence of meth-amphetamine. Although it is not recommended to administer these tests to school employees or students, this video clip provides important observable clues as to stimulant drug impairment.

Before the police officer administers the tests, notice the hyperactive appearance of the subject. Rather than standing straight up with arms at rest along the side of the body, the addict is standing with both hands on the top of the head and then begins to sway the arms in front and back of her body. As the officer begins to administer the Romberg Balance Test, the subject is instructed to stand at attention, hands and her side, while listening to the officer’s instructions. The addict displays a “wired” hyperactive body movement and is unable to stop moving her hands and arms. During the walk and turn test, the addict is unable to maintain the heel-to-toe stance, uses arms for balance, fails to touch heel to toe, steps off the line, executes an improper turn and nearly falls. It is important to document all the physical clues this subject is displaying that indicates stimulant drug impairment. On the one-leg-stand test, the addict raises arms for balance, puts foot down more than three times, and nearly falls.

Video taping the drug impaired student or school employee can be powerful evidence of the symptoms observed by school staff. Always check with legal advisors before video taping for guidance on local restrictions on eavesdropping as these law vary greatly across the country.
Cocaine has a short duration of effects in the student’s system, about three to four hours, and will be out of the blood completely in only six to eight hours. Urine testing should find traces of the drug up to 24-hours after last use.

Evidence of central nervous system hyperactivity including rapid speech rate, sweating, resting pulse rate of 110 or higher per minute, rapid respiration rate of 25 per minute or more, are all physical symptoms displayed by students under the influence of cocaine.

Abuse of methamphetamine can also produce violent, psychotic behavior. Chronic users may display paranoia from lack of sleep and suffer from vitamin deficiencies from loss of appetite. During a binge, the intravenous methamphetamine addict may inject 1,000 mg of the drug in order to experience the intense rush of pleasure. Physical effects are similar to cocaine including tremor restlessness, irritability, anxiety, heart arrhythmia, dry mouth, vomiting, abdominal cramps, and muscle pain. The latter symptoms indicating a toxic level of the drug. Adolescent meth use is rare in the Chicago area but common in rural Illinois.

Important Note: Very high doses of cocaine can bring about slurred speech, muscle relaxation and drooped eyelids similar to depressant drugs, as documented by Dr. Forest S. Tennant’s research in California.
Stimulants Medical Mimics—

- Hyperactivity,
- Hypertension,
- Mental Illness,
- Fear or stress.

Always Check Pupil Size!

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Some medical conditions can mimic the physiological effects of central nervous system stimulant drugs in the body. This class of drug can raise pulse rate, blood pressure, and body temperature, all of which can be present in employees suffering from hypertension, (high blood pressure syndrome) or hyperactivity syndrome.

In addition, certain mental illnesses such as anxiety nervosa can produce a general nervous and hyperactive behavior that can mimic stimulant drug abuse. School staff should be alert for changes in a person’s normal appearance, mood, and behavior.

One way to help determine the cause in a sudden and pronounced change in appearance and behavior is to check the pupils of the eyes. Hypertension or hyperactivity will not dilate an employee’s pupils like a stimulant drug such as cocaine.

A school employee or student who suddenly displays one dilated pupil and symptoms of impairment may have suffered a stroke, brain tumor, brain injury, or other acute medical emergency, and emergency medical care should be sought.*

*http://www.wrongdiagnosis.com/sym/pupil_symptoms.htm#intro
All the drugs in this category have the ability to produce a dream-like sense of supreme well being, but they also are powerfully addictive and quickly lead to tolerance. Tolerance means that a steadily larger dose is needed to produce the same euphoric effect. Regular abuse quickly leads to addiction. Extreme flu-like withdrawal symptoms appear whenever a dose is missed.

Although there are dozens of drugs that are classified as narcotics, they all produce the same eye clues and physical body symptoms. A person addicted to heroin will look the same as a person abusing legal prescription pain killers such as codeine. Although most people envision heroin when they think of abusers of this class of drugs, the term narcotics should be used instead.

Not all narcotic addicts will not look like “skid-row bums.” Many addicts abuse prescription narcotics such as Vicodin® or codeine and hold down gainful employment for years.

Currently, there is a dramatic upswing in heroin abuse among both teenagers and adults nationwide. Once a school employee or student becomes addicted to narcotics, they will be forced to administer the drug roughly every four hours, which means they will need a place to “shoot-up.” Many narcotics users choose their car in the school parking lot as it offers some degree of privacy and cover as well as a storage spot for the injection kit.
Zip It Gear is a company that sells “travel socks.” The men’s and women’s socks have a pocket sewn into the sock with a tiny zipper. The company claims the socks are designed to hold a driver's license or passport while traveling so they can not be stolen by pick-pockets. Even without a special zipped pocket, tight fitting elastic socks are frequently used to hide foil bindles of heroin.

A 2006 report found a 125 percent increase in Chicago-area heroin treatment events in 2005 compared to the year 2000 (33,662 cases). More drug users sought treatment for heroin addiction in Chicago than cocaine.*

During the past two years, the Cook County medical examiner reported 628 deaths—12 a week—from heroin and other opiate-related drug abuse.

As a transportation hub, Chicago also is the only city in the United States with a steady supply of heroin from all four global sources: Southeast Asia, Southwest Asia, Mexico, and South America. According to the DEA, street gangs can pay half as much or less per kilogram than they did in the late 1980s—for purer heroin. In the city's open-air drug markets, the traditional $10 "dime bag" is as much as 10 times more potent than it was 20 years ago. Today's users are more likely to be suburban teens or professional. They start by snorting the drug but can quickly become as addicted as needle users, authorities state. According to the DAWN report, 71 percent of hospitalized teens were poly-drugs users, consuming at least one other drug besides heroin.

*“Patterns and Trends of Drug Abuse in Chicago” Jan. 2006, University of Illinois at Chicago
Narcotics - Eye Indications

- Pin-pointed pupils: <2.9mm.
- Fixed, non-responsive to light stimulation.
- Drooped eyelids.
- Pulsing pupils coming down.

The narcotic-abusing student will have severely pin-pointed pupils while intoxicated on the drug. The normal range for human pupil size is between 3 mm and 6.5 mm, with small variations among individuals. A pupil size below 2.9 mm is suggestive of narcotic drug impairment.

As with cocaine, the school nurse should stimulate the pupil with a small penlight, holding the penlight 3 to 4 inches and at a 45º angle. If the pupils are constricted from narcotics, the pupils will be fixed in size and completely non-reactive to the penlight. Narcotics are the only class of drugs that produce this unusual pupil effect. Seeing a constricted pupil at night (e.g. football game or school dance) is obviously not normal and warrants a check for matching physical symptoms of narcotics. When the student is brought to the hospital for the blood and urine samples, you may notice the attending doctor does the same eye check.

The narcotics users’ eyelids will be noticeably drooped, even “half-mast” because of the pronounced sedating effect narcotics have on the body. The pupils of the eyes will change from fixed and pin-pointed, to a pulsing condition known as “hippus” as the drug begins to wear off.

The above photo of an actual narcotics impaired student is a good illustration of pin pointed pupils. Taking a photograph of the student’s eyes can be excellent evidence. Keep in mind that bright sunlight can also constrict a pupil so a second observation should be made in room lighting.
The narcotic abusing school employee or student will have drooped eye lids in addition to the classic severely pin-pointed pupils while intoxicated on the drug. This is because narcotics has a depressant effect on muscle tone producing the same flaccid muscle tone as depressant drug such as alcohol. Their flaccid muscle tone may at first appear to be the same as an alcohol drunken display. Narcotics also abusers will display a generally sedated, dreamy, appearance. The skin will be cool and possibly clammy to the touch. Facial and arm rubbing or itching is common due to the drug hyper-stimulating the nerve endings in the skin. Very common is a low, raspy change to the narcotic user’s voice. Reflexes will be depressed, and coordination and balance will be impaired. This drug class also creates a dry mouth as may be evidenced by constant licking of the lips and dried white spittle in the corners of the mouth. Often, the narcotic user will have sweets or soda to cope with the dry mouth.

The intoxicated narcotic user will have a carefree mental attitude. This will gradually turn into a restless irritable condition as the person begins to withdraw from the drug’s effects. The pupils will change from fixed and pin-pointed, to a pulsing condition known as “hippus” as the drug begins to wear off.
Although physical impairment is easy to observe and document when the person is actually intoxicated on narcotics, an addict who is on a maintenance level dose will not display any symptoms.

Also note that the physical impairment is not as gross as the typical alcohol impairment. However, the mental impairment from intoxicating levels of narcotic drugs can cause a safety risk.

Remember, an addict on a maintenance level dose of narcotics will not show any symptoms of impairment, even though the person may have enough of the drug in their bloodstream to kill a non-user!

In this video clip, an actor (pictured above) portrays a heroin user apparently sleeping in a bathroom stall. This euphoric dream-like mental state is called being “on the nod” and follows the rushing sensation after administration of the narcotics.

The camera zooms in to the actor’s eyes and a close-up of the eye shows severely constructed pupils. A school staff member might think the person has fallen asleep, but keep in mind a sleepy student or school employee will not have constricted pupils that are not responsive to changes in lighting. A constricted, fixed pupil is a sure sign of narcotics intoxication.
A nemonic to remember the eye clue for narcotic drugs:

“When you see a pin-pointed pupil, (constricted pupil), think pin hole. When you think pin hole recall heroin.”

Heroin can be taken orally, smoked or snorted up the nose. However, most heroin users shoot the drug directly into a blood vessel, creating a “pin hole.” Therefore, when you see a “pin pointed pupil,” think “pin hole,” and recall heroin.

Remember, ALL narcotics will produce a “pin pointed pupil” only when the person is intoxicated. The average person taking a prescription dose of narcotics under doctor’s direction will not display these symptoms. Only a person who is abusing narcotics will display these clues of impairment. A narcotic addict will NOT display any symptoms when on a maintenance dose level of the drug.

Inflammation of the iris and anterior chamber of the eye can cause pupils to constrict. Also, the very elderly may also have constricted pupils which is a normal human eye response to aging.*

During the interview, be sure to ask about possible medical conditions or new prescription drug use.

**Narcotics- Medical Traits**

- Decreased respiration.
- Vomiting-new users.
- Decreased pulse rate.
- Lower body temperature.
- Low blood pressure.
- **CAUTION:** addict on maintenance dose will not display effects.

Many people wrongly classify heroin and other narcotics as a depressant category of drug. The mistake is understandable given what narcotics do to the vital signs of users; decreased respiration rate, lower pulse rate, lower blood pressure and lower body temperature, all of which are similar to depressant drugs. Flaccid muscle tone also seen both depressant drug abusers and narcotics users, so it’s no wonder why many people mistakenly call narcotics a depressant drug.

The one obvious distinguishing characteristic between true depressants (alcohol, Valium®, barbiturates or GHB) and narcotics (codeine, Vicodin®, heroin) is the effect on the eyes. Depressants produce nystagmus, narcotics do not. Narcotics produce a pin-pointed pupil that is not responsive to a pin light and depressants produce a slowed pupil response to light.

As it was explained during the discussion of tolerance a narcotics addict taking a maintenance level dose of narcotics will not display the eye clues or physical symptoms of narcotic impairment. A student or school employee who is on a maintenance dose will not display any symptoms of narcotics use but a chemical test for drugs will be positive for narcotics.
The outward appearance of a school employee or student impaired on a narcotic pain killer, such as heroin, will at first remind school staff of alcohol intoxication, primarily due to the flaccid muscle tone narcotics produce. However, the narcotics user will not have an odor of an alcoholic liquor on the breath. This demonstrates how important the eye clues are in determining the probable cause of the impairment.

Although extreme fatigue, low blood sugar, or depression may produce a general sedated appearance, which can somewhat mimic narcotic users when they are in the euphoria stage, (known as “on the nod”), none of these conditions will constrict the pupils to a pin-point and leave them fixed and non-reactive to a light stimulus.

A school employee or student who displays a marked change in physical and behavioral appearance, which mimics narcotic use without a corresponding constricted, and fixed pupil should be examined by a medical doctor to rule out a life threatening medical emergency.

Photographing the suspected pupils and the pupils of another teacher or school staff member under the same lighting conditions makes compelling evidence of impairment.
The cannabis plant can be rendered into several recreational drugs. The most familiar is marijuana, the dried and crushed leaves and flower tops of the female cannabis plant. Marijuana can be taken orally; however, most users smoke the plant material in small metal pipes, large water filled pipes, or in slim hand-rolled cigarettes.

Marijuana is called “the poor man’s opium” because of the warm mental sensation of well being and physical lethargy (known in slang terms as being “stoned”) similar to that produced by smoking the narcotic opium. Marijuana produces a very pungent odor when burned, often generating complaints from co-workers. Hashish and Hash Oil are rare resin-based forms of cannabis that produce the most intense high of all the other forms of cannabis. Cannabis is properly placed in the hallucinogenic category of drugs. Keep in mind that other hallucinogenic drugs such as mushrooms or LSD will produce similar dilated pupils.

New cannabinoid activating drugs are appearing in schools such as Salvia Divinorum and the synthetic cannabis mimics known as K2, Spice, Red Dragon smoke and dozens of other trade names. Salvia is an exotic plant related to mint and grown in Central Mexico. When smoked or chewed, Salvia produces an intense cannabis-like intoxicating effect that lasts about 45 minutes. The synethetics, such as K2/Spice and others, contain a mixture of research chemicals including JWH-018 which activate the same cannabinoid brain receptions as marijuana, but are not chemically related to cannabis. All these new cannabinoid activating drugs produce a similar effect in the human body.
Baseball style caps, popular among adolescents, are now being sold with hidden pockets sown into the headband. The pocket extends upwards into the front crown of the hat. This pocket will hold a small quantity of drugs, such as a small plastic jewelers bag containing pharmaceutical pills like OxyContin®, or a crack cocaine rock, as well as powered drugs such as heroin, methamphetamine or cocaine. Baseball caps with hidden pockets are typically sold in what were once called “head shops” but are now usually called poster stores, CD music stores or T-shop shops. Featuring burning incense and acid rock music, few parents or adults wander into the shops to inspect what is being sold in these youth orientated stores. Along with special hats to hide drugs, the stores often sell glass drug pipes, “bongs” (water pipes designed to smoke marijuana), cigarette rolling papers, and substances to mask drug use from detection in urine drug tests.

In the photo example shown above, notice the embroidered design: a sleepy looking toad is perched atop a mushroom. Both images are drug related. A particular species of toad found in the desert southwest excretes a toxin, which when smoked, produces vivid hallucinations. This is so commonly known among youth, that an episode of the cartoon series “The Simpson’s” featured cartoon dad Homer Simpson licking a toad and hallucinating as his pupils grew huge. Notice the pupils of the toad embroidery on the hat. The pupils are fully dilated as opposed to a normal toad’s pupils which is a vertical slit. Dilated pupils are a common symptom of hallucinogen intoxication. The psilocybin mushroom is a powerful hallucinogenic drug.
More than likely, the first thing you might notice in a marijuana impaired school employee or student is the strong, strange odor of burnt cannabis on the clothing, hair, and breath. When you look into their eyes you should see half-masted, droopy eyelids with a dazed, far away look. The pupils will be dilated compared to a non-intoxicated person under the same lighting conditions, but not nearly as dilated as a cocaine or meth user.

The most predominate eye clue will be seen in the whites of the eyes. Marijuana causes the tiny capillary blood vessels to dilate. The white surface of the eye has more capillaries per square inch than any other part of the human body, so when a person ingests cannabis, the whites of the eyes will assume a pink or red tint.

At higher doses, slight tremor of the fingers, stomach, legs, and eyelids will be apparent. It is important to remember that marijuana is not a depressant drug like alcohol, rather it is a poor quality hallucinogenic drug. Therefore, you will not see the gross physical symptoms of impairment common with alcohol abuse.

The main hazard to school workers or bus drivers under the influence of cannabis is the loss of depth perception. Driving a school bus or operating machinery which requires good depth perception will result in a hazardous condition.
Tintinalli’s Emergency Medicine: A Comprehensive Study Guide, 6th Edition states: “Common physiologic effects of marijuana are mild tachycardia. . . injected conjunctiva and impaired motor skills.” The American Academy of Ophthalmology web site states: “adverse effects from the use of marijuana that have been reported include conjunctival hyperemia. . .”

What is “injected conjunctiva and conjunctival hyperemia? The conjunctiva is a thin, transparent tissue that covers the outer surface of the eye. A doctor often will refer to the “whites of the eye” as the conjunctiva. The conjunctiva is nourished by thousands of tiny blood vessels that are nearly invisible to the naked eye but can become visible due to irritation, disease, chemicals, or drug use. Certain drugs cause these tiny blood vessels in the conjunctiva to become dilated and engorged with blood producing what is commonly called “bloodshot eyes.” A doctor may refer to bloodshot eyes as conjunctival hyperemia. Hyperemia is a medical term meaning increased blood flow.

It is a well-documented observation by doctors and others that marijuana causes marked reddening of the whites of the eyes, (conjunctiva hyperemia or injected conjunctiva.) Originally, it was thought that this marked reddening or bloodshot in the eyes was caused by irritation from marijuana smoke, but today it is understood that one of the more than 400 chemicals in marijuana produces a chemical dilation of the tiny blood vessels in the eye, which turns the whites of the eyes pinkish-red in color. Alcohol also produces conjunctival hyperemia, the classic “bloodshot eyes.”

*http://www.eyecareamerica.org/eyecare/treatment/alternative-therapies/marijuana-glaucoma.cfm
Cannabis—Physical Traits

- Rigid muscular: tremor in fingers, stomach, legs, and eye lids.
- Disorientation: time and place.
- Loss of depth perception.
- Slow internal body clock.

As with the hallucinogens (of which cannabis belongs) school staff should be able to detect a fine tremor in the eyelids and fingers of a student or school employee intoxicated on cannabis. Larger doses can produce tremor in the large muscle groups such as the arms and legs.

In addition to a loss of depth perception, marijuana alters the perception of time passage, greatly slowing the internal body clock. At higher doses marijuana can produce time and place disorientation and, rarely, panic attacks. Unless the drug has been eaten, (eating greatly increases the cannabis “high”) the odor of marijuana should be pronounced on the student’s person.

Smoking marijuana cigarettes (with an average THC content of 6 percent) is the least efficient way to get the drug into the body, with roughly only 20 percent being absorbed. Smoking marijuana in a pipe is much better with double the THC being absorbed. Smoking hashish with a 20 percent THC produces more physical symptoms and mental impairment. Hash oil with a THC content of 75 percent or more is the most concentrated form of cannabis and often produces symptoms similar to psilocybin from mushrooms, with pronounced muscle twitching, “goose bumps” yawning and facial flushing. The higher the dose, the more similar the physical symptoms are to hallucinogens.
Marijuana intoxication is not as physically impairing as alcohol—the real impairment is primarily in the brain. School staff who are familiar with alcohol impairment, but unfamiliar with marijuana impairment, often fail to recognize the symptoms marijuana produces. Although the person may not stagger or sway like an alcohol impaired subject, the impairment is real. Dozens of newspaper accounts document Americans who have been killed by drivers impaired on marijuana. Any school bus driver under the influence of marijuana is a danger on the roadway.

Although the subject (pictured above) in this video does not sway like a drunk, the signs of impairment are clear. Note the tremor in the eye lids and leg of the video taped subject, all symptoms of marijuana impairment. Beside the whites of the eyes being noticeably red and the pupils being dilated, the employee may have a silver slime coating on the tongue caused by marijuana’s effect on saliva.

The loss of depth perception and slow internal body clock may also be observed. Remember, the impairment caused by cannabis use lasts for days after the intoxicating high wears off.
Medical Clues

- High pulse rate.
- Temperature normal.
- Blood pressure decrease.
- Respiration rate normal.
- Disorientation as to time, higher doses place and self.
- Panic attacks at high doses.

After confirming the eye clues with matching physical symptoms, it is recommended the subject be examined by the school nurse or other trained expert to help substantiate the staff member’s observations. At the very least, the subject’s vital signs should be taken and recorded by the school nurse or a local paramedic/EMT.

It is very well documented that marijuana causes a marked increase in pulse and heart rate* (tachycardia) from between 20 to 30 beats over the normal range while also lowering blood pressure.** This is the most pronounced physiological effect cannabis displays in humans. This dramatic racing of the heart can be life threatening for persons with preexisting high blood pressure or heart problems. Marijuana intoxication can also alter the three orientations are: Where am I? What city or place is this? What day or time is this? Who am I? (Or feelings of being disconnected from one’s body.)

Having a third party expert examine a suspect makes a strong case in court, especially when the suspect refuses to submit to chemical testing. Eating cannabis (brownies) may produce LSD-like hallucinations because often the dose consumed is much larger than when the drug is smoked. As the high wears off (3 to 5 hours) the student will experience fatigue, muscle weakness, and drowsiness.

*"Effects of acute marijuana smoking on pulse rate and mood states in women" Journal of Psychopharmacology, October, 1984

**A double-blind, randomized, placebo controlled, cross-over study on the pharmacokinetics and effects of cannabis, Ministry of Health, Netherlands, May 2006
Cannabis Medical Mimics—

Head injury may produce drowsiness, lack of situational awareness, amnesia, loss of orientation, and UNEQUAL PUPILS:

The “stoned,” sleepy look of an person intoxicated on marijuana may be mimicked by a head injury such as a concussion. Head injuries generally produce a drowsiness that may be similar in appearance to marijuana impairment. Head injuries also tend to induce amnesia and a loss of situational awareness and orientation. Generally, marijuana intoxication does not produce a loss of orientation (measured by asking: “Where am I? Who am I? What time is it?”) as severe as a brain concussion.

Some forms of attention deficit disorder which leaves the victim in a non-communicative condition may mimic the sedated condition of a marijuana user.

In all cases, a school staff need to check the person’s eyes and evaluate the total symptoms displayed. A person suffering from a head injury may display one dilated pupil, whereas a marijuana impaired employee will always display the eye clues in both eyes. Combined with an odor of burnt marijuana, the drug-impaired person not be confused with a medically impaired victim.

In the above photo, note the difference in pupil sizes. Unequal pupils are never caused by drug abuse. One possible cause of unequal pupils could be Horner’s Syndrome, a form of palsy.
Based on the drug recognition section of the manual, what type of drug would fit the symptoms noted in this report?

See pages 6 and 52 if you need assistance.

With these eye clues, what would the matching muscle tone and skin condition clues?

Muscle tone:___________________________________________

Skin Condition:________________________________________

Name one other clue that an observer may see with this class of drug:

See page 53 if you need assistance.
A December 9, 1996 Time magazine article “High Times At New Trier High” rocked the north shore of Chicago with students admitting to a Time reporter about dealing marijuana in the school bathroom and students so addicted they were smoking marijuana five times a day.* New Trier hired a full-time drug counselor, Mary Dailey, to provide prevention education and in-school cessation programs. While Dailey was conducting a cigarette smoking cessation class for freshman Andrew Bridgman (who had been caught smoking in the school bathroom several times in the past) she noticed he was “giggling and acting in an unruly manner.” Dailey confronted Bridgman and observed that he had red, blood shot eyes, dilated pupils, and erratic handwriting. Based on his behavior and physical symptoms, Dailey accused Bridgman of being under the influence of drugs, notified a parent, and ordered Bridgman to submit to a medical assessment administered by school nurse Joanne Swanson. Nurse Swanson found Bridgman had an elevated pulse and blood pressure compared to his school physical entrance examination. Dailey ordered Bridgman to remove his hat, shirt, shoes and socks, and to turn his pants pockets inside out. No drugs were found. Bridgman’s mother arrived and insisted any further examination be conducted by Bridgman’s pediatrician, the results of which were negative for drugs. The parents filed a federal civil rights suit against the school. Both the federal district and appellate courts dismissed the suit saying that Dailey’s observations of bloodshot eyes and dilated pupils established reasonable suspicion for the search of his person and the medical examination.**

*“High Times At New Trier High” by James Graff, Time, December 9, 1996
Both Wynona Younge and Louella Higgs were Chicago public elementary school teachers whose termination was proposed for reporting to work under the influence of marijuana. In both cases, coworkers observed significant signs of drug impairment, including dilated pupils, wearing sunglasses indoors, erratic behavior, and varying forms of student abuse (such as pushing students into lockers). At their termination hearings, both teachers alleged that they had received no previous warnings about drug use at school and should be subjected to progressive discipline. The hearing officer disagreed, holding that reporting to work under the influence of marijuana was irremediable. The teachers appealed arguing the school district could not show damage was done to “students, faculty or the school” by the teachers’ drug impairment—a requirement under Illinois law.

The Court of Appeals responded by noting that the case on which the teachers based their argument – *Gilliland* – was almost thirty years old (1977) and had been superseded by new statute law. Moreover, “[subsequently] . . . numerous cases held that [this] test is inapplicable to conduct that [is] immoral or criminal.” The teachers argued that such a determination required a criminal conviction. The Court again disagreed, observing that one teacher’s admission of marijuana use was sufficient (Higgs) and, in Younge’s case, the circumstances strongly suggested marijuana use. The Court stated: “A teacher who reports to work under the influence of marijuana, an illegal drug, engages in criminal conduct that is irremediable *per se*. “
After establishing reasonable belief that the student is under the influence of drugs, a parent should be informed that the student is going to be asked to submit to a medical examination and urine test to determine the cause of the symptoms observed. Make sure the school policy covers the procedures for requesting a drug test and what steps to take if the student or parent refuses to submit a sample. It is recommended that a urine sample be collected between 2-8 hours post event as some drugs are out of the body within 8-hours. It is also recommended that refusal to submit to a medical examination and urine test be considered a positive test for drugs to prevent drug users from beating the system. The school counselor or nurse should provide parents with a list of appropriate drug treatment facilities, both government and private, but not endorse any one facility. The cost of the drug test is the responsibility of the school district but the cost of any rehabilitation will be born by the parent as is the case with any medical condition. The entire event should be considered highly sensitive and release of information should be on a need to know basis. Faculty should be cautioned about lounge gossiping as this may lead to a law suit. It is recommended that a student present a negative urine test result and medical clearance before returning to school. This requirement should be part of the written school policy. Some school policies require periodic random retesting for students who have been found to be under the influence of drugs to ensure they remain drug-free.

Because this incident is a reasonable suspicion event, the school can choose to discipline the student with a suspension or expulsion, depending on the published policy for drug violations.
Instant Test Urine Cups—

Negative Drug Test Causes:

- Too Soon: Less Than Two-Hours After First Use
- Too Late: 90% of Some Drugs Eliminated after 48 Hours
- Designer Drug Analogs
- Too Concentrated: LSD or Xanax

Enzyme Immunoassay Test

©2010 Bruce R. Talbot Associates Inc.

Sending an student or school employee for a urine-drug test requires careful planning and an understanding of how important timing is to the successful outcome of the test.

Many drugs of abuse are “water soluble.” This means the human body is able to break the drug down into its basic components, place them into a water solution, and flush them out of the system in the urine. For example, 90 percent of a water soluble drug is eliminated from the body in 48 hours. Some drugs, like the new depressant drug GHB, have a half-life of only 2 hours, meaning, the person will test positive for only 6 to 12 hours after first use. Wait too long and the drug residue will be completely out of the system.

These water soluble drugs, such as alcohol, cocaine, methamphetamine and heroin have a relatively small time-window of opportunity to be discovered in the urine. Conversely, a urine test taken too soon can also produce a false negative test result. An student or employee caught right after taking the drug (e.g. snorting cocaine in the bathroom) will test negative if ordered to take a drug test too soon. It takes several hours for the drug to be metabolized by the liver and deposited in the bladder for removal in the urine. Best practice is to take the urine sample only after the subject’s pupils begin to return to normal size. Never put off a test for the next day.
### Drug Detection Time In Urine

<table>
<thead>
<tr>
<th>Class</th>
<th>Drug</th>
<th>AKA</th>
<th>Medical Uses</th>
<th>Drug Detection Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamine/Methamphetamine</td>
<td></td>
<td>Biphedrine, Dexedrine, Black Beauties, White Crosses, Smarties</td>
<td>Attention deficit Hyperactivity disorder (ADHD), obesity, narcolepsy</td>
<td>1-2 days</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Methylphenidate</strong></td>
<td></td>
<td>Desoxyn; Ritalin</td>
<td>Local Anesthetic, vasoconstrictor</td>
<td>1-4 days</td>
</tr>
<tr>
<td><strong>Nicotine</strong></td>
<td></td>
<td>tobacco, cigarettes, squares, spit</td>
<td>Treatment for nicotine dependence</td>
<td>1-2 days</td>
</tr>
<tr>
<td><strong>Hallucinogens and Other Compounds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td></td>
<td>Acid</td>
<td></td>
<td>8 hours</td>
</tr>
<tr>
<td><strong>Depressants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td>Beer, Wine, Liquor</td>
<td>Antidote for Methanol poisoning</td>
<td>6-10 hours</td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td>Amytal, Nembutal, Seconal, Phenobarbital; Barbs</td>
<td>Anesthetic, anticonvulsant, hypnotic, sedative</td>
<td>2-10 days</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td></td>
<td>Activan, Halcion, Librium, Rohypnol, Valium, Xanax</td>
<td>Antianxiety, Anticonvulsant, hypnotic, sedative</td>
<td>1-6 weeks</td>
</tr>
<tr>
<td><strong>Anabolic Steroids</strong></td>
<td></td>
<td>Testosterone, Stanazolol, Nandrolene</td>
<td>Hormone Replacement Therapy</td>
<td>3 weeks (oral), 3 months (injected), 9 months (Nandrolene)</td>
</tr>
<tr>
<td><strong>Opioids and Morphine Derivatives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td></td>
<td>Tylenol w/codeine, Robitussin A-C, Empirin w/codeine</td>
<td>Pain control, cough suppression</td>
<td>1-2 days</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td>Diacetylmorphine, Horse, Smack</td>
<td>None</td>
<td>1-2 days</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>Amidone, Dolphine, Methadose</td>
<td>Analgesic, treatment for opiate dependence, pain control</td>
<td>6-10 hours</td>
</tr>
<tr>
<td>Propoxyphene</td>
<td></td>
<td>Darvon, Darvocet</td>
<td>None</td>
<td>6-10 hours</td>
</tr>
<tr>
<td><strong>Depressants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
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<td>Antianxiety, Anticonvulsant, hypnotic, sedative</td>
<td>1-6 weeks</td>
</tr>
<tr>
<td>Methaqualone</td>
<td></td>
<td>Quaalude, Ludes, Seven-fourteens</td>
<td>None</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>
Oral Fluids Testing—

- Unlike urine, oral test detects immediate use—no waiting 2 hours.
- Test takes 2 minutes, results in 72 hours.
- Avoids switching and adulteration common with urine.
- Students/staff preferred.

Testing for drugs of abuse using saliva overcomes many of the problems associated with urine testing: adulteration, switching and flushing the body with water. A drug user can not hide someone else’s saliva in their mouth or gargle with bleach or salt to obstruct the test.

The other major advantage to saliva testing is the ability to detect drug use immediately after ingestion. Urine tests require at least two hours for the liver to metabolize the drugs and place them in the urine, but drugs will be detected in oral fluid immediately after use. This advantage can be helpful in post accident investigations as it helps establish under the influence, (when combined with matching physical symptoms documented by management).

Manufacturers claim the test is effective on the outside of the time envelope between 48 to 72 hours depending on the type of drug: water soluble verses fat soluble. However, marijuana testing can be difficult for oral fluid tests. Most will not show positive result after only 2 hours post ingestion.

Oral fluid testing uses the same enzyme immunoassay system that is used in urine instant cups but at a much more sensitive detection level, because urine concentrates drug residue where as it is dispersed in the saliva. The end result is that the increased sensitivity makes the saliva test just as accurate as the instant cup urine test.

The cost for oral fluids testing is much more than instant cup urine testing but about mid-way between urine off-site testing and hair testing: $35 to $45 depending on vendor.
**Blood Drug Testing Pros/Cons**

- Shows level in body *and* brain.
- Easier to prove impairment than urine.
- Difficult lab test-heat can destroy target material.

*If it’s in the blood it’s in the brain.*

*W*eakas urine concentrates the drug metabolites (chemical byproducts of metabolism) making detection easier, a blood test will show the actual level of the actively impairing drug in the subject’s system. This is why a blood test is preferred to determine a specific level of a drug in a school employee’s or student’s system when the impairing substance is a prescription pharmaceutical. The urine test generally reports the drug as being present whereas the blood test proves the drug is above therapeutic levels.

Marijuana can be detected for days or even longer after intoxication dissipates, however detecting marijuana in the blood is a much better indicator of recent use than urine. In some European countries, urine is only used as a prescreening test to justify a confirmation with a blood-level test. Although this approach may work well with prescription drugs that are abused, there are no agreed levels proving impairment for the illicit drugs such as cocaine.

Blood tests are much more expensive and difficult for a laboratory to perform than urine tests. Some drugs that can be found in a urine test cannot be detected in the blood at all. Therefore, the urine test is preferred by most schools.
Portable Breathalyzer Test-

- Trained operator.
- Odor on breath is reasonable suspicion to test.
- Only shows current use.
- Wait ten minutes to avoid mouth alcohol.
- Photo of reading and student.

Alcohol testing is usually conducted using a chemical breath test because the results are available in under 1 minute as opposed to a blood or urine test which will take 48 hours. Police portable breath testing devices (PBT) are available from CMI Inc. for about $400. The device can administer about 500 tests using only a 9 volt battery for power. The student blows into the device and the alcohol in the breath reacts with a fuel cell in the PBT to produce an accurate measurement of the students current blood alcohol level. The device can not detect use of alcohol that occurred the day prior. It is strongly recommended that the operator be trained on the administration of the test as there are environmental and procedural factors that can impact the test results. Many school district have their School Resource Officer trained as a Breathalyzer Operator, while other schools train a Dean or School Nurse to use the device. PBTs are mostly used at proms, football games and other school functions where alcohol has been historically abused. It should only be employed where there is reasonable suspicion a student has been drinking. There are electronic devices that can be used as passive alcohol sniffers but the detection distance is very limited.

Dr. Carol Burris, the principal at South Side High School in Rockville Centre, New York say using the device has been a powerful deterrent to student drinking at school events. "I have seen the number of instances of kids coming to school or school events under the influence of alcohol drop dramatically." Before testing there were 10 suspensions a year for alcohol use, this year there was one.*

Hair Testing Advantages—

- 3-months vs. 48-hours.
- No swapping or adulteration possible.
- Can not be washed or bleached out of hair.
- Government approved.
- Everything considered—much less expensive than urine testing!

News reports on a regular basis chronicle professional truck and bus drivers who are operating while under the influence of drugs despite the fact they are subjected to constant random urine tests. In New Orleans, a commercial bus driver, who had passed prior urine tests, was found to have marijuana in his system after crashing his bus causing several deaths and injuries. Another story related how two female public school bus drivers bribed a kindergarten boy with a five dollar bill if he would provide them with his urine so they could pass their “random” drug screening test. Random urine testing for drugs is not an effective defense against the drug abusing student. Clearly, urine testing can be beaten!

Many companies are turning to the latest breakthrough in science to keep their workplaces safe and drug-free: hair testing. Hair testing is immune to student attempts to defraud the test; drugs cannot be washed or bleached out of the hair, nor can a child’s hair be substituted as is often done in urine tests. Hair testing also offers a three month window of drug use history as opposed to the 48-hour history offered by urine tests. Although hair testing is slightly more expensive than urine testing, hair testing takes much less student time away from the job. The big savings is in the reduced sick time abuse and lower accident rates when hair testing identifies the drug users who have gone undetected during urine screens.

Early reports of hair drug tests being unfair to black haired individuals because dark hair absorbs more drugs than blond hair have been proven in several scientific studies to be false. When considering a hair drug testing service, be sure to use only companies who use FDA approved lab procedures.
Before using a new test, such as hair or oral fluids, always check with the school district’s attorney. A recent research study under the sponsorship of the United States Department of Justice, Juvenile Justice Assistance Program, proved the superiority of hair testing for detecting drug use. In the study, juveniles from the Cleveland metropolitan area who had been arrested for a felony were given simultaneously a hair test and submitted a urine sample at the juvenile incarceration facility. The urine test for drugs only detected eight percent of the youth as drug users, whereas the hair test identified fifty-six percent of the same youth as being involved with drugs.

In the context of court follow-up monitoring, hair testing for drugs could be an excellent detection method for clients under court ordered probation testing. During a one year probation period the client would submit a hair sample every three months. This is much less expensive than a monthly urine test (hair @ $50 x 4 = $200 vs urine @ $30 x 12 = $360), and the urine test is only detecting drug use over a 48-hour period!

The leader in hair testing for drugs is Psychemedics Corporation in Acton, Massachusetts. They are the only company (as of 2004) that has achieved US FDA approval on their hair testing lab methods.
Juvenile Treatment Referral Options—

- **Inpatient**- medically supported withdrawal 21 days. Good for heroin, depressant drugs.
- **Outpatient**- medically supported no withdrawal 3 weeks. Good for stimulants, pot and others.
- **Counseling**- non-medical psychological 6 months. Good for follow-up care.
- **Self-help**- 12-step group support system.

When making a referral for substance abuse, there are several considerations: age, substance abused, degree of abuse, and ability to pay. Adult school employees should be referred to the District’s Employee Assistance Program for a referral to an appropriate assessment counselor. Employees will need different levels of intervention. For example, a binge drinker may only need counseling with a follow-up self-help support system, whereas a long-term alcohol abuser may need an in-patient medically supported detox-program. Many people are not aware that addiction to depressants like alcohol can produce life-threatening withdrawal symptoms. Employee treatment referrals should always be made by a certified addictions counselor rather than the District personnel department.

Adolescent student substance abusers present a different referral challenge than the school employee. Most in-patient facilities will not accept adolescents under the age of 12, and payment for rehabilitative services is always a concern for those without insurance coverage for drug/alcohol addiction. The parent’s medical insurance provider may authorize treatment services only at certain facilities, while other insurance plans may permit pay for any treatment services. As with adult employees, it is recommended that school staff not make specific facility recommendations but rather refer the adolescent’s parents to their primary medical care giver and insurance provider.

Most adolescents will not need in-patient medical care for school substance abuse incidents. Experimental or recreational use of drugs or alcohol may be addressed with counseling and a youth support group approach. Some school districts have a certified addictions counselor on staff, however, most will need to make a referral.
In a research study published in 2001, over 1,700 adolescents admitted to drug treatment programs in 4 major U.S. cities including Chicago, were interviewed about their drug use before treatment and one year following treatment to measure the effectiveness of drug rehabilitation. The adolescents ranged in age from 15 to 16 years old. Most were referred into drug treatment by their parents (41.6 percent) followed by the courts (38.6 percent). Well over half of all the adolescents interviewed were either awaiting trial for criminal offenses or had already been found guilty of crimes. Adolescents were assigned to three groups: in-patient programs (greater than 90 days), short-term (21 day) inpatient programs, and outpatient drug-free programs.

The study found that the longer the adolescents spent in treatment (greater than 90 days in-patient programs and 21 days short-term programs) resulted in “significantly lower drug use and lower arrest rates following treatment."

Adolescents reported better psychological adjustment, reduced suicidal thoughts and hostility, and increased self-esteem. They also reported better school attendance and better grades one year post-drug treatment than before treatment. Adolescent drug treatment reduced weekly marijuana use, heavy drinking, use of other illicit drugs, criminal activities, and arrests. Cocaine use, however, went up slightly one year post treatment.

*"An Evaluation of Drug Treatments for Adolescents in 4 U.S. Cities”
There is no one policy for school employee and student substance abuse that will fit all districts. State laws are highly variable across the country, and union contracts will have a major impact on substance abuse policies from one district to the next.

In the following pages, there are sample school drug/alcohol policies, one for school employees and the other for students. Do not copy the policy samples word for word, but rather use them as a starting point to draft a policy and procedure that fits the unique characteristics of the community served by the school district. In drafting a policy and procedure statement, it is recommended that all the employee unions and associations be invited to participate. Parent organizations and concerned community groups, as well as substance abuse professionals from local hospitals and rehabilitation facilities, should also be invited to participate. After the policy is drafted by the committee be sure to have the school district attorney review the procedures and draft the final language.

The policy should make a statement on the impact of drugs in schools and contain clear language that drug use interferes with the safe and orderly operation of the school. A local drug-use survey would give additional weight to the policy statement if it is ever challenged in court. Be sure there is a procedure for retesting a split sample in the case of a disputed positive test and opportunity for the affected person to offer an explanation for the positive test, such as a recent hospitalization. Keep in mind that federally funded random student drug testing precludes any punitive punishment or loss of academic standing for a positive drug test. The random testing program’s goal is to provide early intervention for students who are abusing drugs or alcohol to keep them in school.
Sample School District Employee Drug/Alcohol Policy

The District has a responsibility to protect the welfare and safety of students, employees, and visitors attending District functions. The use of use of illicit drugs, intoxicating liquor, and the abuse of impairing prescription or over-the-counter medication, has been shown to impair the mental and physical capabilities of adults and children and create an unsafe and under achieving school environment.

It is the policy of the District to ban the possession, sale and/or use of alcohol, tobacco, and all impairing substances (with the exception of prescription medications in keeping with the District’s medication distribution policy) on District property. Adult employees and visitors may possess tobacco or sealed liquor in their locked vehicle in accordance with Illinois law while parked on District property.

Gross Acts of Misconduct

Acts of Misconducts are actions or failures to act by District employees which grossly disrupt the orderly educational process and may result in the dismissal of the employee and/or referral to police authorities for criminal prosecution. Violations of the Substance Abuse Policy shall not be subject to remediation under Illinois School Code, 105 ILCS § 5/34-85 for tenured teachers or contract principals. School personnel suspected of violations of Acts of Gross Misconduct shall be placed on paid administrative leave until the alleged violation is resolved before the School Board.

1. Substance abuse.
   1.1 Being a party to the sale, delivery, receipt, possession, or use of any illegal controlled substance as defined under Illinois Statute, either on or off District property during hours of employment or during non-working hours.
   1.2 Conviction of any controlled substance law defined under Illinois Statute or similar statute in another state or foreign county. Court Supervision, Conditional Discharge, and Probation shall be deemed a conviction.
   1.3 Reporting to work while under the influence of alcoholic liquor, illegal drugs, or any other impairing substance.
   1.4 Drinking, using, or possessing alcoholic beverages, illegal drugs, intoxicating substances, or the intentional misuse of a prescription drug, while at work.
   1.5 Furnishing alcoholic liquor, illegal drugs, intoxicating substances or unauthorized prescription drugs to students either on or off District property.
   1.6 Failure to submit to chemical testing during a reasonable suspicion of drug/alcohol impairment investigation, or tampering or otherwise obstruction a drug test.
   1.7 Violation of the District Substance Abuse Policy by testing positive for drugs, alcohol, intoxicating substances, or non-therapeutic levels of prescription drugs.

Procedures for Reasonable Suspicion Drug/Alcohol Testing

In order to maintain safe, orderly, and drug-free teaching and work environment, it may become necessary to request a chemical test of an employee to determine drug, alcohol, or intoxicant impairment. The following procedures are to be followed unless, due to extenuating circumstances, it becomes unreasonable.

1. Decision to request a drug/alcohol test procedure.
   1.1 All requests to conduct an employee drug/alcohol test shall be based on reasonable suspicion that the employee is using or is under the influence of alcohol, drugs, or an intoxicating substance.
   1.2 Reasonable suspicion must be articulatable observations of the employee’s performance, behavior, mental demeanor, physical appearance, and symptoms of impairment.
   1.3 Whenever possible, two observers of supervisory or administrative level shall contemporaneously document in a written report to the Superintendent of Personnel the facts and circumstances that lead the supervisor to believe the employee was under the influence.
   1.4 The employee shall be escorted to a private room or office for the observations whenever possible.
   1.5 As soon as possible, the District personnel office shall be notified of the incident. The decision to request a chemical test will be made by the Superintendent of Personnel or their designee.
2. Guideline for documenting reasonable suspicion of impairment may include some of the following common indicators of drug/alcohol use:

2.1 Odor of alcoholic beverage on breath or odor of burnt cannabis.
2.2 Discovery of drugs or alcoholic liquor on or about the employee's person.
2.3 Discovery of drug paraphernalia, such as hypodermic syringe, pipe, cigarette rolling papers and blunt wrappers, drug containers such as "corner ties", balloons, or "snow seal" pharmacy fold bindles.
2.4 Displays of drug-related jewelry or clothing, such as marijuana leaf pins, cannabis necklace, "coke spoon" pendant, baby pacifier pendant necklace.
2.5 Physical symptoms of impairment, such as grossly dilated pupils, severely constricted pupils which are non-reactive to light changes, bloodshot or marked reddening of the whites of the eyes, involuntary eye jerking, drooped eye lids.
2.6 Behavioral symptoms of impairment, such as muscle tremor, red-flushed skin, sweating, rapid, rambling speech or slow slurred speech, hyper-active "wired" appearance or sedated, stupor, runny nose, or lack of coordination.
2.7 Mental symptoms of impairment, such as hallucinations, paranoia, panic attack, illogical statements, repetitive behavior, loss of situational awareness as to time and place.

3. Procedure for administering a reasonable suspicion drug/alcohol test:

3.1 Advise District Personnel Office immediately with the request for testing.
3.2 Remove the employee from their duty assignment and move to a private office or room and keep under constant observation.
3.3 District Personnel Office will review the circumstances which lead to a reasonable suspicion of intoxication and will make the determination as to requesting a chemical test.
3.4 The District Personnel Office will FAX a letter to the supervisor to be served upon the employee demanding an immediate chemical test to determine drug/alcohol impairment, and placing the employee on notice that refusal to complete the testing process may result in the loss of employment.
3.5 The employee must be provided an opportunity to notify a union representative and to consult with the representative or their attorney; however, the employee can not delay or refuse to participate in the testing process. Any delay or refusal will be considered insubordination and will be subject to possible dismissal.
3.6 The employee will be transported to the clinic for testing as directed by the District Personnel Office by the supervisor or school security staff if present at the facility. The employee will be kept under constant observation at all times.
3.7 The chemical test will be administered only by authorized personnel at the designated clinic and the testing process will be a "viewed sample" in all reasonable suspicion cases. Test results will be forwarded to the District Personnel Office for evaluation.
3.8 The employee will not be allowed to drive home. Alternative transportation will be provided by the District.
3.9 The employee will be placed on paid administrative leave until such time as the District Personnel Office makes a recommendation to the Board of Education to return the employee to work or to proceed with a disciplinary hearing.
3.10 All information, reports and actions relating to a reasonable suspicion drug/alcohol incident are to be considered CONFIDENTIAL. All requests for information shall be forwarded to the District Personnel Office.

(The text referenced above is based on the Chicago Public School system employee drug policy)
The School Board recognizes the risks and dangers associated with the use of unlawful illicit drugs and/or alcohol. The Board further recognizes that, according to published research, a segment of the student population regularly uses alcohol and drugs. Drug and alcohol use in school is a threat to the safety and health of students, faculty, and staff, and jeopardizes the efficiency and the quality of our educational programs.

The privilege of student driving, athletics, and school sponsored extra-curricular activities are an integral part of the school system, community, and student growth and development. Participation in athletics, school sponsored extra-curricular activities, and the privilege of student driving offered to students require both the scholastic and the physical conditions of eligibility. One such condition of eligibility shall be the agreement by the student to submit to a random drug testing program. This program will be offered to all high school students, male and female, who participate in athletics, school sponsored extra-curricular activities, and the privilege of student driving on campus. In addition, the school will test any student who volunteers to participate in the program whose parents wish to have them included in the program upon a signed parental permission and information release form.

The implementation of this program will not affect the policies, practices, or rights of the School Board in dealing with tobacco, drug, or alcohol possession/use where reasonable suspicion is obtained by means other than the random sampling provided within this drug testing program or with the policies in place in the Student-Parent handbook concerning drug usage.

PROCEDURES

1. Administrator/or Designee will require the attendance of all students at a drug education presentation. Each student shall receive a copy of the school drug policy. An educational presentation shall be made explaining the testing program to students and the harmful consequences of drug and alcohol use.

2. Each student shall be provided with a consent form, a copy of which is attached hereto, which must be dated and signed by the student and by a custodial parent or guardian before such student shall be eligible to practice or participate in any extra-curricular activity, or the privilege of driving. By signing the consent form, the student agrees to provide, at any time requested, a urine, oral fluid, or hair sample to be tested for drugs and alcohol. By signing the form the custodial parent(s) or guardian(s) also gives consent for the student to provide the sample.

3. The selection of students to be tested will be done randomly. A student will be required to provide a sample of his or her urine, oral fluids or hair in a verifiable manner. The school nurse and/or designee shall be responsible submitting the numbered samples to the testing laboratory. A sufficient portion of the sample shall be retained for re-analysis (“split-sample”). If the student is taking any over-the-counter or prescription medications which may contribute to a “positive” test result, the student should inform the school nurse and/or designee of this fact at the time the urine sample is taken. Testing shall be done by a competent laboratory through either urinalysis, oral fluid, or hair testing as determined by the Administrator/or Designee. Student required tests under this policy will be paid for by the parents/guardians. Reasonable suspicion testing shall be paid for by the District.

4. The laboratory will report to the principal by the numbers on each sample container the results of each test. The results of a positive drug test will be disclosed to the student, the student's custodial parent(s) or guardian(s), and those school personnel affected by a positive finding.

5. A positive finding (confirmed by laboratory through a 2nd screening) will involve disclosure of the information to parents and only those school personnel necessary for implementation and enforcement of this policy, implementation of intervention strategies, and the appropriate program consequences as outlined in this document.

6. If the student or the student's custodial parent(s) or guardian(s) desire, they may have any remaining portion of the urine, oral fluid, or hair sample re-analyzed by another certified laboratory selected by them at their cost. The student and the student's custodial parent(s) or guardian(s) may also submit any relevant information which will be considered in determining whether a positive test can be satisfactorily explained.

7. The School District reserves the right to test any student based on reasonable suspicion of drug and alcohol use, in accordance with the provisions of the Student-Parent Handbook.
RANDOM DRUG TESTING PROCEDURES

VOLUNTARY RANDOM TESTING
Parents of students who test positive will be notified by the substance abuse counselor who will provide counseling or rehabilitation recommendations upon the parents' request.

REASONABLE SUSPICION TESTING
The implementation of this program shall not affect the polices, practices, or rights of the School District in dealing with drug, alcohol, or tobacco possession or use when reasonable suspicion is obtained by means other than the random sampling provided herein.

STUDENT ATHLETES
In an attempt to ensure the safe, drug-free participation of students in athletics, student athletes will be subject to mandatory random testing during the athletic season.

TEST RESULTS
Positive tests: students who test positive will be required to submit to follow-up tests until consecutive negative test results are obtained that equal the number of times listed under the Consequences section of this policy. The costs associated with these tests will be the responsibility of the student and his/her parent(s) or guardian(s).

CONSEQUENCES:

FIRST POSITIVE TEST (exception of nicotine, see Nicotine Consequences noted below)

a. The results will be reported to the principal or principal designee and conveyed to the Parent(s) or guardian(s).

b. The student must provide written proof that he or she has had an assessment within 10 days of the positive test result and attend a mandatory drug educational session approved by the school. If the student does not have an assessment, he/she will be unable to participate in any extra curricular activities. The School is not responsible for any costs associated with an assessment and/or treatment. The guidance counselor will work with the parent(s) or guardian(s) at their request to provide community referral sources for evaluation and/or treatment.

d. Loss of activities for one year (student may petition for reinstatement after successful completion of the approved drug treatment program and a negative test). For an athlete, the loss of activities will be at least through the remainder of the current season.

e. Three mandatory re-tests (one is for the negative and then two more at the school's request within 90 school days of the first required test to be paid for by the student/parent(s) or guardian(s). An appropriate interval of time after the positive test will be allowed before re-tests.

SECOND POSITIVE TEST

a. The results of the test will be reported to the principal or principal designee who will notify the parent(s) or guardian(s).

b. The guidance counselor will work with the parent(s) or guardian(s) to provide community referral sources for evaluation and/or treatment.

c. The student must provide written proof that he or she has participated in a minimum of an initial drug use assessment within 30 days of the positive test result. The student must also complete a minimum of 8 school approved drug treatment sessions within 10 weeks. The School is not responsible for any costs associated with assessment and/or treatment.

d. Loss of activities for one year (student may petition for reinstatement after successful completion of the approved drug treatment program and a negative test). For an athlete, the loss of activities will be at least through the remainder of the current season.

e. Three mandatory re-tests (one is for the negative and then two more at the school's request within 90 school days of the first required test to be paid for by the student/parent(s) or guardian(s). An appropriate interval of time after the positive test will be allowed before re-tests.

THIRD AND SUBSEQUENT POSITIVE TESTS

a. The results of the test will be reported to the principal who will notify the parent(s) or guardian(s).

b. The guidance counselor will work with the parent(s) or guardian(s) at their request to provide community referral sources for re-evaluation and treatment.
c. Written verification of satisfactory participation in a substance abuse rehabilitation program (minimum of 8 school approved treatment sessions within a 10-week period) must be provided to the school principal within 45 days of the positive test result. The School is not are responsible for any costs associated with assessment and or treatment.

d. Loss of activities and attendance at school activities (student may petition for reinstatement after one year and successful completion of the approved drug treatment program and all negative tests). A positive test will result in a subsequent positive test and require starting this procedure at the beginning.

e. Four mandatory re-tests (one is for the negative and then three more at the School's request within 365 school days) to be paid for by the student/parent(s) or guardian(s). An appropriate interval of time after the positive test will be allowed before re-tests.

Students who do not complete the required assessment and/or treatment programs outlined in the sections above within the allotted time frames will lose driving privileges, extra-curricular activities and clubs, and attendance at those activities and clubs until successfully meeting the interventions required by this policy. Any refusal to be tested by a student enrolled in the mandatory random drug testing will be considered an admission of a positive test for the substances of drugs, alcohol, and tobacco as set forth in this policy.

NICOTINE CONSEQUENCES

1ST POSITIVE TEST

• Principal will notify parent and offer counseling referrals to stop smoking clinics, no required retesting.

2ND POSITIVE TEST

a. Principal will notify parent and student must provide written proof that he or she has attended a tobacco educational session approved by the School. The School is not responsible for any costs associated with assessment and/or treatment. The guidance counselor will work with the parent(s) or guardian(s) at their request to provide community referral sources for evaluation and/or treatment.

3RD POSITIVE TEST

a. Principal will notify parent and will offer community referral sources for nicotine addiction treatment.

b. Student will loose extra-curricular activities until completion of rehabilitation treatment and a negative nicotine retest.

(The text above is only an example and should only be used to facilitate development of a custom policy and procedure for each unique school district)