**NAME*:* SEAP DRUG FREE WORKPLACE SESSION**

# AUDIENCE: ALL EMPLOYEES (rank and file, supervisors, managers)

# TIME: ONE HOUR (without video and activities/exercises)

#  TWO HOURS (with video and all activities/exercises)

# SESSION

# DESCRIPTION: This session is designed to:

* Familiarize employees with the Drug Free Workplace Act and the Commonwealth’s policies on substances in the workplace.
* Familiarize employees with the treatments and services available for individuals with substance use issues.

# TRAINING

**METHODS:** Large group interaction, lecture, small and large group discussion, small group work, Power Point slides/overheads, handouts, video, flip charts.

**TRAINING AIDS:** • Blank flip charts or board

* Drug-Free Workplace video and video player
* Blank note cards (used in Appendix 2)
* Knowledge activities (Appendices 2 and 9)
* Newspaper/magazine articles (used in Appendix 4)
* Executive Order 1996-13 (Appendix 5 – place in participants’ handout materials)
* Management Directive 505.25 (Appendix 6 – place in participants’ handout materials)
* Things You Need to Know brochure (Appendix 7 – place in participants’ handout materials)
* Alcohol Fact Sheet (Appendix 8 – place in participants’ handout materials
* Quotations to be posted around room (Appendix 10)
* Power Point slides/handouts (slides may be also reproduced as overheads or flipcharts)
* SEAP brochures/wallet cards (place in participants’ handout materials)

# LEARNING

**OBJECTIVES:** • Be able to articulate the three requirements of the

Commonwealth’s Substance Abuse Policy.

* Articulate the differences between abuse and addiction.
* Demonstrate an understanding of the types of substances that can lead to abuse and addiction.
* Demonstrate an understanding of how to access treatment for substance use issues.
* Be able to describe enabling behavior, and understand why it is not effective.

## ICEBREAKER (optional) PP Slide 1Choose one of two icebreakers included in appendices.

* Human Scavenger Hunt **Appendix 1**
* Drug and Alcohol Knowledge Activity **Appendix 2**

## OBJECTIVES PP Slide 2

1. Will answer FAQ’s
	1. What is prohibited under Substance Abuse policy.
	2. What is abuse and addiction.
	3. Kinds of substances.
	4. What treatment is available.
	5. How can SEAP help. **Add issues, if**

 **Appendix 2 used**

* + 1. Clarify why important to understand about substances.

## MOTIVATOR (optional)

## Visual Impact Exercise Appendix 3

## Articles Appendix 4

### HISTORY AND BACKGROUND PP Slide 3

* + 1. Federal Drug Free Workplace Act of 1988
			1. Recipients of more than $25,000 in federal grants must
			establish drug-free work environment.
			2. Education for all employees on substance abuse required.
				1. Executive Order 1996-13 (in handout materials) **Appendix 5**
1. Originally issued in 1989, modeled after federal law. **PP Slide 4**
2. Includes all federal requirements, adds alcohol
3. Applies to all employees under Governor’s jurisdiction.
4. Recognizes that inappropriate use of alcohol and other
substances affects workplace and public safety.
5. It is unlawful to, “…manufacture, distribute, dispense, **Ask participant**
possess or use alcohol and other controlled substances **to read aloud**
as a state employee, either while on duty or in any
Commonwealth workplace.”
	1. Examples of violations: **Ask for examples**
		* Six-pack in state car.
		* Liquor in punchbowl at office party.
		* Drinking on duty.
		* Bottle of liquor in desk.
		* Smoking marijuana in state car
6. Education on dangers of alcohol/substances, **PP Slide 6**
availability of SEAP for treatment required.
7. Promotes voluntary use of SEAP.
8. Individuals suspected of/self-disclose alcohol **PP Slide 7**
or substance problem are referred to SEAP.
9. Individuals convicted of violation of any alcohol
or substance law that occurred in Commonwealth
workplace or work time must notify supervisor
within five days.
	1. Agency must notify federal government (if position
	federally funded).
	2. Examples: **Ask for examples**
		* Convicted of DUI in a state vehicle.
		* Convicted of possession of substance at work.
			1. If conviction violates Code of Conduct employee
			is terminated.
	3. Code also provides that employees may not bring
	Commonwealth into disrepute by their conduct.
* Discipline can result.
	+ 1. If conviction not violation of Code of Conduct, **PP Slide 8**
		employee may be offered Condition of Continued
		Employment (COCE) rather than terminated.
* COCE offered at agency discretion.
* Requires employee to be evaluated by SEAP,
cooperate with all treatment recommendations
to retain job.
* Employee and union must both sign document.
* Refusal to sign COCE or cooperate with SEAP
recommendations results in termination.
1. Management Directive 505.25 (Substance Abuse in the **Appendix 6**
Workplace) establishes procedures Order.
2. Professional Health Monitoring Program **PP Slide 9**
(formerly Impaired Professional Program)
3. Covers following licensed professionals:
	* Dentist and Dental Hygienist
	* Medical Doctor
	* Physician Assistant—medical or osteopathic
	* Registered Nurse
	* Licensed Practical Nurse
	* Social Worker
	* Veterinarian
	* Osteopathic Physician
	* Pharmacist
	* Physical Therapist
	* Podiatrist
	* Psychologist
4. If substantial knowledge that one of above has **PP Slide 10**
addictive disease, is diverting controlled substances,
or is physically/mentally incapable of carrying out duties,
individual must be reported to Department of State **unless**
receiving treatment through SEAP.
	* + - 1. Fitness For Duty **PP Slide 11**

“An employee determined to be unfit either while on
duty, or in any Commonwealth workplace, as a result of
alcohol or other controlled substances shall be subject
to appropriate disciplinary action.”

Harry Jones story. **Ask for answers**

Employees must report fit for duty. **PP Slide 12**

Employees must remain fit for duty throughout workshift.

Supervisors take fitness for duty situations seriously.

If employee is found to be unfit, will be subject to **PP Slide 13**
discipline, removed from workplace, may become part of
SEAP program, voluntarily or not.

Employee may be required to sign a COCE (“Condition of
Continued Employment) requiring SEAP to remain employed.

#### SCOPE OF PROBLEM IN WORKPLACE

* 1. Statistics *(as of summer 1999)I*  **PP Slide 14**
		1. 8% (1 in 12) of individuals employed full time
		currently use illicit substances.
		2. 10% (1 in 10) of individuals employed full time
		are impaired by alcohol.
		3. 8% (1 in 12) of individuals employed full time are
		heavy drinkers.
		4. 15% of users of illicit substances report that, in past year,
		they went to work under the influence.
		5. 6% of heavy drinkers report that, in the past year, they went
		to work “a little drunk.”
			1. Cost of problem **PP Slide 15**
				1. Alcohol abuse causes 500 million lost workdays per year.
				2. Individuals who abuse alcohol:
	2. 5 times more likely to file workers
	compensation claim.
	3. 2 to 3 times more likely to have workplace
	accidents.
	4. 2 ½ times more likely to be absent 8 days
	or more per year.
	5. Affect the lives of 4 to 5 other people.
		+ - 1. Individuals who abuse drugs: **PP Slide 16**
		1. 6 times the number of absences.
		2. Work at only 2/3 capacity.
			+ 1. 47% of workplace accidents, and 40% of workplace fatalities
				attributable, in part, to drug and alcohol abuse.
* In this agency, there are \_\_\_\_\_ accidents per year.
* \_\_\_\_\_ of those can be attributed, at least in part, to drug
and alcohol abuse.
	+ - * 1. Substance (drug and alcohol) abuse: **PP Slide 17**

Endangers lives at work

Decreases worker efficiency.

Increases chances of mistakes, poor judgment.

Increases tardiness, absenteeism.

Increases health insurance, workers compensation
costs.

Causes/increases workplace friction between workers.

Decreases workplace morale.

What is enabling? **PP Slide 18**

* 1. Any action, or inaction, that allows individual to **Ask for answers**
	continue to engage in negative/inappropriate behavior.
		1. Any person can be enabler – family member, friend
		co-worker, supervisor, union steward.
1. Enabling is critical issue in terms of employee’s recovery.
	* + - 1. Individuals actively abusing substances must develop
				awareness of problems before will deal with issues.
				2. Must experience negative consequences of behavior.
				3. To shield from experience is disservice – allows them
				to continue to deny problem.
				4. Need for employees to confront consequences of
				behavior is key to coming to terms with addiction.
2. Why do people enable? **PP Slide 19**
	* + - 1. Emotional manipulation.
	* Dan Smith story.
		+ - 1. Fear of damaging personal friendship.

Employee plays on friendship.

Dan Smith story, continued.

True friend would not jeopardize relationship.

Persons actively abusing drugs or alcohol, when
confronted with dilemma of choosing between losing
something of value, or jeopardizing losing drug of
choice, will almost always protect addiction,
even to point of risking marriage, family,health,
and dignity.

**Repeat above statement.**

Ignore, it will go away.

* Rationalize by stating that problem only temporary.
* Serious problem usually doesn’t get better without
intervention.
1. Trying to help.
* Natural to want to assist.
* Attempts to relieve employee of responsibilities
can be enabling.
* Dan Smith story, continued.
1. Consequences of enabling. **PP Slide 20**
	1. Situation escalates.
	2. Personal issues will become worse.
	3. Potential for serious outcomes increases.
	4. Co-workers become resentful, have increased
	stress level.
	5. Interpersonal problems with other employees
	created.
	6. Behavior disrupts worksite, creates new problems.
	7. Morale decreases.

##### DEFINITIONS PP Slide 21

1. Drug – any substance that enters body and can change
function/structure of human mind or body.
2. Psychoactive drug (includes alcohol) - type of drug that
changes thinking, moods, feelings, perceptions and behavior.
3. Addiction - the body's need or belief that it needs substance
in order to function.

Also called dependence.

Tolerance develops – need to increase dosage
to obtain original effects.

Withdrawal symptoms – reaction when substance
not ingested after period of continued use.

* 1. Hangover.
	2. Symptoms go from mild (headache) through
	severe (anxiety, insomnia, shakiness, apathy,
	depression, long periods of sleep, convulsions)
	to death.

Inability to abstain from using.

Loss of control over consumption.

1. Abuse – use of substance that results in physical, **PP Slide 22**
mental, emotional or social impairment.
2. Any use of substance beyond original purpose.
3. Hangover indicates abuse of alcohol
	1. Result of abuse/addiction - following areas will be **PP Slide 23**
	adversely affected (continuum of use):

Physical - Increased tolerance, withdrawal symptoms, **PP Slide 17**
decreased physical resistance to disease.

Social - Relationships suffer. Extreme social problems,
violence, marked personality changes. Loss of friends,
drinking friends only.

Financial ‑ Essential money intended for food, shelter, and other
basic needs used for consumption of alcohol/ drugs.
Little concern shown for amount of money spent on
substances.

Employment ‑ Job performance, time and attendance
deteriorates, use occurs to avoid boredom, safety concerns
neglected.

Legal ‑ Driving offenses/accidents while under influence.
Also affects *employment, financial and social* categories,
(jail, financial burdens, social sanctions).

Emotional -. Problems multiply, severe emotional distress.

* + 1. KINDS OF SUBSTANCES
			1. Refer to SEAP booklet, in handout material **Appendix 7**
			2. Psychoactive substances – alter thinking, moods, feelings,
			perceptions, behaviors.

Inhalants **PP Slide 24**

* + - * 1. Decreases central nervous system (CNS)
				response (heart and respiratory functions),
				unpredictable, can stop heart causing sudden death.
				2. Impair coordination, judgment.
				3. “huffing”.
				4. Includes nitrous oxide, amyl and butyl nitrite, aerosol
				sprays, solvents, glue.
				5. Most are ingredients in common products, some have
				legitimate medical uses (dental anesthesia, reviving from
				fainting).
			1. Depressants (downers) **PP Slide 25**
1. Decrease CNS response (pulse rate, blood pressure).
2. Impair coordination, concentration, judgment, thinking.
3. Barbiturates (Seconal, Nembutal, Phenobarbital, Ativan)
4. Tranquilizers (Librium, Valium, Quaaludes)
5. Alcohol (beverage, non-beverage). **Ask for examples**
(beer, wine, liquor, Nyquil, Listerine, mouthwashes,
cough syrup, vanilla syrup)
6. Except alcohol, most have legitimate medical uses (anxiety,
muscle tension, convulsions, insomnia).
7. Combining alcohol and depressants dangerous/lethal
(examples: deaths of Marilyn Monroe, Karen Ann Quinlan)
8. Refer to Alcohol Fact Sheet, in handout material **Appendix 8**
	1. Stimulants (uppers)
		1. Increase CNS response (pulse rate, blood pressure), **PP Slide 26**
		increases alertness, decreases appetite.
		2. Increased agitation and restlessness, accident risk,
		error rate increase. Often used/abused by truck drivers.
		3. Amphetamines (Benzedrine, Dexadrine, Ritalin).
		4. Methamphetamines (crank, crystal meth, methedrine,
		speed)
		5. Cocaine and crack cocaine.
	2. Crack - concentrated form of cocaine, effects felt
	within 10 seconds.
	3. Preparation of freebase (cocaine) can result in fire/explosion
	 – Richard Pryor example.
		1. Legitimate medical uses (weight control, local anesthesia,
		attention deficit disorders).
		2. Over-the-counter stimulants include caffeine, nicotine.
	4. Both addictive substances.
	5. 90% of nicotine users become addicted
	(more addictive than heroin).
	6. ½ life of caffeine in small child is 90 hours.
		* 1. Narcotics (pain killers) **PP Slide 27**
				1. Create feeling of euphoria, drowsiness, depress respiration.
				2. Impair thinking and ability to operate machinery.
				3. Opium (active ingredient in Paregoric, to soothe
				upset stomach).
				4. Morphine (originally used in civil war, soldiers
				became addicted).
				5. Codeine (coughs suppressants have derivative).
				6. Methadone and heroin. (heroin intended as
				non-addictive painkiller to replace morphine).
				7. Legitimate medical uses (pain killer, cough suppressant).
				8. Opium and heroin not legal in U.S.

Hallucinogens **PP Slide 28**

Visual and auditory hallucinations, illusions,
distorted perception of time, distance, reality.

LSD, PCP, psilocybin mushrooms, mescaline,
peyote buttons.

Except PCP (animal tranquilizer), no legitimate medical uses.

Except peyote buttons (members of Native American church
only), none legal.

Unpredictable, can result in paranoia, serious mental
problems.

Designer Drugs **PP Slide 29**

1. Chemical alterations of other narcotic and hallucinogenic
drugs.
2. Hundreds of times stronger than original drug.
3. Ecstasy (found at rave concerts).
4. Rohipnol (date rape drug – odorless, colorless,
causes memory loss)

Marijuana/Cannibis **PP Slide 30**

Relaxation, euphoria, and altered perception;
slows physical reflexes, impairs space and distance
judgment.

Marijuana, hashish, hashish oil.

Active ingredient – THC.

* 1. In 1970’s, THC made up 5% of marijuana.
	2. Today, THC makes up 15 to 20% - much more powerful.
	3. Smoke is dangerous, contains 800 different chemicals.
	4. Not safe drug - may be gateway to other substances.

½ life of marijuana - 3 days.

* + 1. Not water soluble like other drugs, binds to fat
		molecules.
		2. Can be detected up to 30 days after use.
		3. Airline pilot example.

Legitimate medical uses – legally prescribed for glaucoma,
counteract effects of chemotherapy, few others.

Not legal unless prescribed.

Long term effects – short term memory loss.

1. Snow White and Drugged Dwarfs exercise (optional) **Appendix 9**
2. Disease Model **PP Slide 31**
3. Addiction is considered disease.
4. Compare addiction with other medical conditions
(diabetes, high blood pressure):
	* + - 1. Both chronic, incurable.
				2. Both require adherence to rigid treatment plans.
				3. Both can live healthy and productive lives if maintain
				treatment regimen.
				4. Both must remain on plans, deviations have
				serious consequences.
5. Addiction is progressive and relapsing condition.
6. Total abstinence from substance required for recovery.
7. Addictive behavior can be learned.
8. Addiction to alcohol can have genetic predisposition.
	1. Children of persons who abuse alcohol are more likely
	to become abusers of alcohol themselves.
	2. Rates at which alcohol is metabolized differs.
	3. Native Americans and Asians are examples.

		1. TREATMENT ISSUES
		2. SEAP **PP Slide 32**
			1. All Commonwealth employees, family members
			eligible.
			2. Up to 3 free assess and refer sessions per episode.
			3. For further treatment needed, individual covered by
			employee’s medical benefits referred to UBH
			participating provider.
9. May be same provider as did assessment.
10. No cost for drug and alcohol services, if in network.
11. No benefits if out-of-network provider used.
12. If individual is covered by SEAP, but not employee’s
medical benefits, referral made to community
resources or own insurance carrier for further
treatment.
	1. Questions on benefits – check with Personnel Office,
	PEBTF, insurance carrier, and/or UBH.
		1. Treatment process (most intense to least intense) **PP Slide 33**In each kind of treatment, individual learns about addiction
		recovery, recognize/overcome relapse triggers.
13. Inpatient detoxification
	1. Medically supervised care.
	2. Can be done outpatient
	3. Followed by referral to inpatient residential
	or outpatient program.
	4. In UBH, inpatient stay generally 24 to 96 hours,
	usual stay is 3 to 4 days.
		1. Inpatient Residential Treatment
			1. Multidisciplinary staff for monitoring and treatment.
			2. Isolated from environment and routine that act as
			relapse triggers to use substance of choice.
			3. In UBH, inpatient rehab generally 4 to 8 days.
				1. Day Treatment
	5. Reside at home while in treatment.
	6. 6 hours per day, up to 7 days per week.
		* + 1. Intensive Outpatient Treatment

High degree of structure, usually requires patient
to attend program 3 hours a day, 2 to 4 days per
week.

Person resides at home and continues working.

Outpatient Treatment

Includes weekly one-hour session with
professional counselor, specializing in drug and
alcohol.

Participation in self‑help groups

Aftercare/Self-help groups

1. Provided after individual has completed formal
treatment.
2. Includes periodic group or individual sessions
to assist in recovery process and transition back
to daily life.
3. Concurrent participation is self-help groups
almost always prescribed.
4. Self help groups based on higher power theory include
Alcoholic Anonymous (AA), Narcotic Anonymous (NA),
called 12 step programs.
5. Do not rely on professional staff, usually free.
Peer support, encouragement, insight and
fellowship are available.

	* + 1. **VIDEO (optional)**

Introduce video, look for behaviors that we have talked about,
including enabling. See if you can see signs of abuse/addiction,
tolerance and withdrawal.

1. **SEAP CAN HELP PP Slide 34**
	1. Telephone call toll free.
	2. Telephone answered by licensed clinician 24/7.
	3. Assessment free.
	4. Drug and alcohol treatment within UBH network free.

		1. **QUESTIONS PP Slide 35**

Appendix 1 – Human Scavenger Hunt

# NUMBER OF

**PARTICIPANTS:** UNLIMITED

1. **PREPARATION:**
2. Prepare a list of instructions similar to the one below that challenges the individual to “Find someone who…”
3. Prepare enough copies of the list for the entire group.
4. **INSTRUCTIONS:**
5. Distribute the list to the group.

1. Instruct participants to mingle among the group in search of the answers to the questions on the list. When they get an answer they should write that answer on their sheet, as well as the name of the person who provided the information.

1. Allow the group to mingle for three to four minutes.
2. At the end of the time period, instruct the participants to return to their seats.
3. Ask the group, by a show of hands, how many were able to answer 3 or more questions, 4 or more questions, and so on. For the individual(s) who were able to answer the highest number of questions (so long as that was less than 14) ask them what question(s) they were not able to obtain the answer to. Then ask the group as a whole if anyone else was able to find someone with that answer.
4. **LIST –“Find someone who . . .”**
	1. Knows the number of the Management Directive on Substance Abuse.
	2. Can name both their local and agency SEAP Coordinators.
	3. Knows the number of the Executive Order on Substance Abuse in the Workplace.
	4. Has worked for the Commonwealth for \_\_\_ years.
	5. Has worked in \_\_\_ number of state agencies.
	6. Can name three illegal substances.
	7. Lives in a county other than yours.
	8. Can name a legal substance that is frequently abused.
	9. Has the same middle initial as yours.
	10. Has been to Drug Free Workplace training before.
	11. Can name one self-help group for individuals who abuse substances.
	12. Has the same shoe size as you.
	13. Knows how many free sessions are available through SEAP.
	14. Knows what COCE stands for.

**Appendix 2 – Drugs and Alcohol Knowledge Activity**

# NUMBER OF

**PARTICIPANTS:** UNLIMITED

1. **PREPARATION:**
2. Have sufficient quantity of blank note cards so that each participant will receive one.
	1. **INSTRUCTIONS:**
		1. Give blank note card to each participant.
		2. Instruct participants to write down one thing they already know about substance abuse and treatment, and one thing they would like to learn about those topics.
		3. Separate participants into small groups to discuss questions.
		4. After two to three minutes, instruct small groups to report to entire group what the group knows, and what group would like to learn.
		5. Alternately, rather than breaking the participants into groups, instructor may gather the cards, place them in bowl, and randomly pick cards out to read.
		6. Record the topics identified on a blank flip chart or board.
		7. Indicate what topics identified as “would like to learn” will be covered in session.

**Appendix 3 – Visual Impact Exercise**

**Number of**

**PARTICIPANTS:** UNLIMITED

1. **INSTRUCTIONS:**
2. Have participants count off by tens.
3. Ask everyone who was number 1 to stand.
4. Ask the group to look around.
5. Instructor makes following statement while group still standing: Studies show that 1 in 10 people are impaired by alcohol.
6. Ask group to sit down.
7. Now have participants count off by twelves.
8. Ask everyone who was number 5 to stand.
9. Ask group to look around.
10. Instructor makes following statement while the group is still standing: Studies show that 1 in 12 people are impaired by use of drugs.
11. Instructor makes the following statement: You can see how many people in this room are standing. Based on the number of people employed in this agency/facility/location, this means that \_\_\_\_\_ people are probably impaired by alcohol or drugs in this agency/facility/location.

**Appendix 4 – Newspaper/magazine articles**

**Number of**

**PARTICIPANTS:** UNLIMITED

1. **PREPARATION:**
2. Make sufficient copies of provided newspaper articles so that each participant receives one. More than one participant can receive copy of the same article.
3. Alternately, locate appropriate newspaper or short magazine articles and make sufficient copies to distribute. Minimum of two articles is needed.
4. Make sure that participants sitting next to each other do not have a copy of the same article.

	1. **INSTRUCTIONS:**
5. Distribute articles.
6. INTRODUCTION:Some of you may have wondered why the Commonwealth places such emphasis on drug and alcohol awareness for its employees. The sheets being passed around describe some situations where an employee assistance program might be indicated because of substance use/abuse..
7. Instruct the group to take a few moments to review the readings.
8. Allow the participants 1 to 2 minutes to read the articles.
9. Instruct the group to partner with the person seated next to them to discuss their articles, and to consider how SEAP could have been useful in these situations.
10. If time allows, solicit responses from the group, and encourage discussion. Record the responses on a flip chart.

 **Appendix 9**

**Snow White and the Drugged Dwarfs exercise**

# NUMBER OF

**PARTICIPANTS:** UNLIMITED

* + 1. **PREPARATION:**
			1. Prepare enough copies of the attached quiz for the entire group.
			2. Keep answer key for instructor’s eyes only.
1. **INSTRUCTIONS:**
	* + 1. Distribute the list to the group.
			2. Divide the participants into pairs or larger groups (dependent upon the size of the training class).
			3. Instruct the participants to attempt to match up each dwarf with their drug(s) of choice. Instruct the participants that they may use any of the training materials that have been provided to them.
			4. Allow the group to work for four to five minutes.
			5. Ask participants to provide their answers – either by calling on each group in turn, or asking for volunteers to answer. Ask the individual answering why they chose the drug(s) they did.
			6. After each dwarf has been matched with a drug(s), ask the participants if anyone else had a different answer, and why.

**Appendix 9**

**Attachment 1**

**Snow White and the Drugged Dwarfs Quiz**

Snow White lived with the seven dwarfs, or so the story goes. One day the dwarfs were told that when they showed up the next day at the mine, they were going to have to submit to mandatory drug testing. Well, being dwarfs and not dummies, they never went back to work.

Based on what you know about drug abuse, do you want to guess the urine toxicology results? Sure you do! Here’s the profile of those seven little guys.

GRUMPY: He presents as hyper vigilant or mildly paranoid. He is irritable and his pupils are constricted. He scratches his arms a lot and talks fast. He is known to wear long sleeve shirts and mumble to himself. There are times when Grumpy gets so violent that Snow White can’t get near him. What is Grumpy’s drug of choice?

SNEEZY: The reddened skin and traces of white powder in and around his nostrils are a giveaway. His pupils are constricted and his eyes appear more wide open. He sneezes and sniffs and has lost not only his appetite, but also his sex drive. What is Sneezy’s drug of choice.

SLEEPY: His eyelids are droopy and his pupils are constricted. He nods off when Snow White is trying to talk to him. He just lies around until his nose starts to run, his eyes water, and he gets goose bumps. Then it’s time to score again. What is Sleepy’s drug of choice?

HAPPY: His eyes are irritated and bloodshot, his teeth are stained yellow, and he has a goofy smile on his face. He’s clumsy – always spilling or knocking something over. When he talks he has cotton mouth and spit collects in the corners of his mouth. He watches a lot of TV and giggles at the commercials. This dwarf buys Visine in bulk. What does Happy like to abuse?

**Appendix 9**

**Attachment 1**

**Snow White and the Drugged Dwarfs Quiz (page 2)**

DOPEY: He has a sullen affect and is very emaciated with multiple track marks on both arms. Under his long sleeve T-shirt, he has an infected abscess from injecting his drug of choice. He has scabbed sores on his face and arms and is irritable. His hygiene stinks (literally) and he is always scratching his scalp and arms. His pupils are dilated due to the “blending” of the two drugs he is addicted to. What has Dopey been abusing?

DOC: Now Doc has a PhD in biochemistry from Berkeley and often states “The 60’s were good to me.” His pupils are dilated, dense looking and slow to respond to light. He rambles on about the meaning of life and sounds confused. The telltale sign is when Snow White waves her hand in front of him and he follows the movement with his eyes, obviously distracted by “trails.” What is Doc using?

BASHFUL: He has bloodshot eyes and a red nose. With his unsteady gait he barely can walk, yet thinks he can drive. His breath gives the telltale hint to his drug of choice as he slurs,” I’mmm…jusss…a…shhhhhyyy…guyyy…” While speaking just a little too close to your face, he loses his balance. What is this common drug that Bashful uses to feel more comfortable in social settings?

Answers: LSD

 Heroin

 Marijuana

 Alcohol

 Cocaine

 Crank

 Speedballs (heroin and cocaine)

Adapted from Santa Cruz County Jail Nursing Program, Ramona Smith, R.N.

**Appendix 9**

**Attachment 2**

**Answer Key - Snow White and the Drugged Dwarfs Quiz**

GRUMPY: CRANK

SNEEZY: COCAINE

SLEEPY: HEROIN

HAPPY: MARIJUANA

DOPEY: SPEEDBALLS

(HEROIN & COCAINE)

DOC: LSD

BASHFUL: ALCOHOL

**Appendix 10**

**Quotations**

**Difficulties are meant to rouse, not discourage.**

William Ellery Channing

**We do not have to visit a madhouse to find disordered minds; our planet is the mental institute of the universe.**

Goethe

**It is one of the most beautiful compensations of life, that no man can sincerely try to help another without helping himself.**

Ralph Waldo Emerson

**The best way to escape a problem is to solve it.**

Alan Saporta

**Do or do not. There is no try.**

Yoda

**Argue for your limitations and sure enough they’re yours.**

Richard Bach