**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

* Video (SEAP – Drugs and Alcohol in the Workplace) 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.

## PP Slide 1

## ICEBREAKER (optional activity)Choose one of the two icebreakers included in the appendices.

**Appendix 1 •** Human Scavenger Hunt

**Appendix 2 •** Drug and Alcohol Knowledge Activity

## OBJECTIVES

## PP Slide 2

1. Before we get started today, let’s take a moment to review what we hope you’ll gain from this training. We hope you’ll be able to obtain answers to the following questions that we could call the FAQs, or most frequently asked questions about drugs and alcohol in the workplace.

	1. What is prohibited under the Commonwealth’s Substance Abuse policy?
	2. What is abuse and addiction?
	3. What are the most prevalent kinds of substances being abused?
	4. What kind of treatment is available for people who abuse alcohol or drugs?

**If Appendix 2 used,** 5. How can SEAP help with alcohol and drug problems?

**list additional**

**issues identified**  B. We also hope to clarify why it is important for you to
 understand about the dangers of drugs and alcohol, and

what you can do about them.

##

## MOTIVATOR (optional activity)

Choose one of the two motivators provided in the appendices.

## Appendix 3 • Visual Impact Exercise

## Appendix 4 • Articles about drugs and alcohol

### HISTORY AND BACKGROUND

* + 1. Now that you know a little more about drugs and alcohol in society and in the workplace, let’s look at what’s important for you to know as a Commonwealth employee.

**PP Slide 3**

* + 1. Federal Drug Free Workplace Act of 1988.

			1. The federal government recognized the impact that the use of drugs has on the workplace, and established the Federal Drug Free Workplace Act of 1988.
			2. This law applies to any recipient of more than $25,000 in federal grants. Most Commonwealth agencies receive more than $25,000 in federal grants, and are therefore covered by this law.
			3. The law requires that any covered entity must establish a drug-free work environment.
			4. The law also requires that education be provided for all employees on substance abuse.

**PP Slide 4**

1. Executive Order 1996-13

**Appendix 5**

1. Please look at the Commonwealth of Pennsylvania’s Policy on Substance Abuse in the Workplace, which is included in your handout material.
2. This was originally issued in 1989, and was modeled after the federal law.
3. The Commonwealth’s policy includes all the federal requirements, and adds an additional requirement. Where the federal law only applies to illegal drugs, the Commonwealth’s policy applies to both drugs and alcohol.
4. The policy applies to all employees under the Governor’s jurisdiction.

**PP Slide 5**

1. The policy recognizes that inappropriate use of alcohol and other substances affects both the workplace and public safety.

**Ask participant to read**

1. Let’s look at paragraph 1. It is unlawful to, “…manufacture, distribute, dispense, possess or use alcohol and other controlled substances as a state employee, either while on duty or in any Commonwealth workplace.”
2. What specifically do you think that means? Can you name some examples of things that the policy would prohibit?

**Ask class for examples**

1. Carrying a six-pack of beer in a state car.
2. Putting liquor in the punchbowl at an office party.
3. Drinking while on duty.
4. Keeping a bottle of liquor in your desk.
5. Smoking marijuana in a state car.

**PP Slide 6**

1. The Commonwealth’s policy, similar to the federal government’s, requires that employees receive education on the dangers of alcohol and substances.
2. The Commonwealth’s policy also requires that employees receive education about the availability of SEAP for treatment.
3. The policy promotes voluntary use of SEAP.

**PP Slide 7**

1. Individuals who are suspected of or who self-disclose a alcohol or substance problem are referred to SEAP.
2. Individuals who are convicted of a violation of any alcohol
or substance law (when the violation occurred in a Commonwealth workplace or on work time) must notify their supervisor within five days of the conviction.

	1. If that individual’s position is federally funded, the agency must then notify the federal government.
	2. Can you name some examples of convictions that an individual would need to report to their supervisor under the Commonwealth’s policy?

**Ask class for examples**

* + - An employee is convicted of a DUI that occurred in a state vehicle.
		- An employee is convicted of possession of an illegal substance (such as marijuana or cocaine) at work.

			1. Certain convictions are also violations of the Governor’s Code of Conduct. In those cases, the employee will be terminated.
	1. Just as importantly, the Governor’s Code of Conduct also provides that employees may not bring the
	Commonwealth into disrepute by their conduct, and that such conduct can result in discipline.

**PP Slide 8**

* 1. If an employee is convicted of an alcohol or substance offense that is not a violation of the Code of Conduct, the employee may be offered a Condition
	of Continued Employment (COCE) rather than terminated.
* A COCE is not an entitlement to employees, but is offered at the agency’s discretion.
* A COCE requires that the employee be evaluated by SEAP and requires the employee to cooperate with all treatment recommendations in order to retain his/her job.
* Both the employee and the union (for contract covered employees) must sign the document.
* Refusal to sign the COCE or to cooperate with the SEAP recommendations for treatment will result in the employee’s termination.

**Appendix 6**

1. The Commonwealth also has a Management Directive (Management Directive 505.25) about Substance Abuse in the Workplace. This Management Directive establishes the procedures for implementing the Executive Order that we have just talked about, and is also included in your handout material.
2. Some Commonwealth employees are also covered by another requirement about substance abuse, called the Professional Health Monitoring Program (this was formerly called Impaired Professional Program).

**PP Slide 9**

1. The following licensed professionals are covered:

	* 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
	**PP Slide 10**
2. If there is substantial knowledge that an employee in one of above licensed professional categories has an addictive disease, is diverting controlled substances, or is physically or mentally incapable of carrying out his/her duties, that individual must be reported to Department of State **unless** they are receiving treatment through SEAP.

	1. All Commonwealth employees should be familiar with the concept of Fitness For Duty when we are discussing drugs and alcohol in the workplace.

**PP Slide 11**

* + 1. Let’s look at the Commonwealth’s policy on Substance Abuse again. The policy goes on to state, in paragraph 2 that “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.”
		2. Do you think that an employee can leave the worksite, (for example, go to lunch at a restaurant and consume alcohol), return to the workplace, and be deemed unfit for duty. Let’s take for example, Harry Jones. Harry’s job as a receptionist is to greet the public and direct them to the correct individual who can assist them. On his lunch hour, Harry went down to the local tavern, and had two beers with his hamburger and French fries. When Harry returned to his desk after lunch, he was slurring his speech, dozing off, and he smelled of alcohol,
		3. Do you think Harry was unfit for duty?
		Did he consume alcohol on Commonwealth property? Did he consume or possess alcohol while on Commonwealth time?

**Ask class for answers**

* + - 1. While Harry didn’t consume or possess alcohol while on Commonwealth time or property, he did return to work in a condition deemed by two supervisors to be unfit to perform his duties. Harry shouldn’t be greeting visitors to the agency while slurring his speech and smelling of alcohol – this would raise questions in the visitors’ minds about the behaviors of Commonwealth employees. And that can bring the Commonwealth into disrepute. But keep in mind that the odor of alcohol, in and of itself, does not makes an employee unfit for duty.

**PP Slide 12**

* + - 1. Employees are expected to report to work fit for duty, and remain fit for duty throughout their work shift.
			2. Supervisors have been instructed to take fitness for duty situations very seriously, lest the Commonwealth be held liable for employee actions or misconduct.

**PP Slide 13**

* + - 1. If employee is found to be unfit for duty, he/she will be subject to discipline, may be removed from the workplace, and may become part of the SEAP program, voluntarily or not. The employee may even be required to sign a COCE to remain employed.

#### SCOPE OF PROBLEM IN WORKPLACE

* 1. Let’s look at some statistics to see why all of us should be concerned about drugs and alcohol in the work place. (*statistics valid as of summer 1999).*

**PP Slide 14**

* + 1. 8% (or 1 out of every 12) of individuals **employed full time** are current users of illicit substances.
		2. 10% (or 1 out of every 10) of individuals **employed full time** are impaired by alcohol.
		3. 8% (or 1 out of every 12) of individuals employed full time are heavy drinkers.
		4. 15% of users of illicit substances report that, in the past year, they have gone to work under the influence.
		5. 6% of heavy drinkers report that, in the past year, they have gone to work “a little drunk.”

			1. Now let’s look at the cost of this problem.

**PP Slide 15**

* + - * 1. The abuse of alcohol causes 500 million lost workdays per year.
				2. Individuals who abuse alcohol are 5 times more likely
				to file a workers compensation claim.
				3. Individuals who abuse alcohol are 2 to 3 times more
				likely to have a workplace accident.
				4. Individuals who abuse alcohol are 2 ½ times more likely
				to have absences of 8 days or more per year.
				5. Individuals who abuse alcohol affect the lives of 4 to 5
				other people.

**PP Slide 16**

* + - * 1. Individuals who abuse drugs have 6 times the number of
				absences.
				2. Individuals who abuse drugs work at only 2/3 capacity.
				3. 47% of workplace accidents, and 40% of workplace fatalities can be attributed, at least in part, to drug and alcohol abuse.
1. In this agency, there are \_\_\_\_\_\_\_ accidents per year.
2. This means that \_\_\_\_\_\_\_ of those accidents can be attributed, at least in part, to drug and alcohol abuse.

**PP Slide 17**

* + - * 1. Substance (which means drug and alcohol) abuse:

Endangers lives at work.

Decreases worker efficiency.

Increases the chances of mistakes and poor judgment.

Increases tardiness and absenteeism.

Increases health insurance and workers compensation
costs.

Causes or increases workplace friction between workers.

Decreases workplace morale.

Even if we ourselves don’t have a problem with drug or alcohol abuse, we may still be contributing to the problem in the workplace through behavior called enabling, and I want to spend a little time now talking about that.

**PP Slide 18**

* 1. What is enabling?

**Ask class for answers**

Any action, or inaction, that allows an individual to
continue to engage in negative or inappropriate behavior.

1. Who can be an enabler? Any person can be an enabler – family member, friend, co-worker, supervisor, or union steward.
2. From an addiction/substance abuse perspective, enabling is a critical issue in terms of an employee’s recovery.

	* + - 1. Individuals who are actively abusing substances must develop an internalized awareness of their problems before they will take any significant action to deal with the issues.
				2. This means they must experience the negative consequences of their behavior.
				3. To shield them from that experience is a disservice – as it allows them to continue to deny that they have a problem.
				4. In terms of addictive behavior, the need for employees to confront the consequences of their behavior is key to them coming to terms with their problems.
3. Why do people enable?

**PP Slide 19**

* + - * 1. The employee may be emotionally manipulating their supervisor, friends or family. By creating sympathy for themselves employees can continue in their negative behavior without fear of reprisal.

Let’s look at an example – we’ll look at Dan Smith, a fictional employee, and Sue Jones, his fictional co-worker. Dan recently lost his child in an auto accident and is grieving this loss. Dan starts to drink heavily. Many mornings, Dan is late for work. Dan is also taking long breaks and lunches, and Sue thinks she has smelled alcohol on Dan’s breath several times. Dan’s work begins to deteriorate, and he has missed several important deadlines. Sue has been attempting to cover for Dan, by turning on his computer in the morning, to make it seem that he has already arrived at work. Sue has also been doing some of Dan’s work for him, at his request. Sue finally gets tired of this, and when she tries to confront Dan about his behavior and performance, Dan asks her how she can even think about talking to him about his performance; after all, his child just died. Dan tries to play on Sue’s sympathies and emotions using his grief process as an excuse for poor performance. If Sue accepts these excuses and continues to cover for Dan, she is enabling.

The individual has a personal friendship with the employee, and is afraid of damaging that friendship by confronting the employee.

The employee plays on that friendship to enable continued negative behavior.

Let’s look at that discussion that Sue is having with Dan again. Dan may be saying things to her like “If you were really my friend, you wouldn’t be bugging me about this”, or “You’re my friend and you know how hard I have been trying to control my drinking.”

There are several fallacies in this thinking, not the least of which is that if the employee were a true friend, he/she would not jeopardize the relationship or use a friend for personal gain.

In terms of addiction, however, this is an important point to understand. Individuals who are actively abusing drugs or alcohol, when confronted with the dilemma of having to choose between losing something of value, or jeopardizing losing their drug of choice, will almost always protect their addiction, even to the point of risking their marriage, their family, their health, and even their dignity.

That concept is so important I’m going to repeat it. **Individuals who are actively abusing drugs or alcohol, when confronted with the dilemma of having to choose between losing something of value, or jeopardizing losing their drug of choice, will almost always protect their addiction, even to the point of risking their marriage, their family, their health, and even their dignity.**

The individual reasons that if he/she just ignores the problem it will go away.

* The individual may attempt to rationalize by stating that the problem is only temporary.
* The individual may reason that the employee has never been a problem before, so they’ll take care of it themselves.
* The fallacy in this thinking is that if it’s a serious problem, it usually doesn’t get better on it’s own.
* By ignoring questionable and inappropriate behavior, that individual is enabling.
1. The individual believes that they are truly helping.

	* It is natural to want to assist someone who is having problems.
	* It is in our human nature to help others by relieving them of some of their responsibilities. Think back on how Sue was covering up for Dan’s lateness and failure to do his work. While Sue thought that she was helping Dan, she was enabling.
2. So what are the consequences of enabling?

**PP Slide 20**

* 1. The situation will continue to escalate.
	2. The employee’s personal issues will get worse and
	become increasingly burdensome.
	3. The potential for serious outcomes increases.
	4. Co-workers who have to pick up the employee’s work
	may become resentful, and have an increased stress level.
	5. Interpersonal problems with other employees may
	be created.
	6. The behavior will disrupt the worksite and create new problems.
	7. Morale may decrease.

##### DEFINITIONS

**PP Slide 21**

1. It is important that when we are talking about substance abuse, that we are clear about the many terms that get bandied about. Let’s look at some definitions.
2. What is a drug? A drug is any substance that enters the body and can change the function/structure of the human mind or body.
3. What is a psychoactive drug? This is a type of drug that changes our thinking, our moods, our feelings, our perceptions and our behavior. You can see by this definition that alcohol also fits the definition of a psychoactive drug. This is why when we refer to substance abuse, we mean drugs **and** alcohol.
4. What is addiction? That is the body's need (or the mind’s belief that the body has a need) to have a substance in order to function. This is also called dependence. How can we tell if someone is addicted/dependent upon drugs or alcohol?

The individual will have developed a tolerance to the substance.

Tolerance means that more and more of the substance is required to achieve the original effect.

The individual will suffer from withdrawal symptoms when the substance is removed after a period of continued usage. Withdrawal symptoms can range from the mild (such as a headache); through such symptoms as long periods of sleep, anxiety, insomnia, shakiness, apathy, depression, or convulsions; to the most extreme symptom - death

The individual will be unable to abstain from using the substance and will experience a loss of control over their consumption of the substance.

**PP Slide 22**

1. So what is abuse? Abuse is any use of a substance (drugs or alcohol) that results in physical, mental, emotional or social impairment or any use of a substance beyond that for which it was originally intended.
2. Abuse of a substance can happen on a one-time basis, it does not have to be ongoing.
3. Having a hangover after drinking (a hangover is a withdrawal symptom) indicates an abuse of alcohol occurred, even if just that one time.

**PP Slide 23**

* 1. The result of abuse and addiction is that one or more of the following areas of the individual’s life will be adversely affected, as shown in a continuum of use (the more use, the more adverse the impact).

Physical impact – there will be increased tolerance to the substance, there will be withdrawal symptoms when the substance isn’t used, and the individual will have decreased physical resistance to disease.

Social impact – the individual’s relationships will suffer. The individual will experience a loss of friends, and may be left with drinking friends only. Extreme social problems may include violence or marked personality changes.

Financial impact ‑ essential money that was intended for food, shelter, and other basic needs is used for the consumption of alcohol or drugs. The individual will show little concern for the amount of money spent on substances.

Employment impact – the individual’s job performance will deteriorate and time and attendance will become a problem. The individual may use the substance to avoid boredom, and neglect safety concerns.

Legal impact ‑ the individual will often have driving offenses and/or accidents while under the influence. This problem will also affect the employment, financial and socialcategories, since it can involve jail, financial burdens and social sanctions.

Emotional impact - because problems are not being dealt with they multiply, resulting in increasingly severe emotional distress to the individual and those around him/her.

* + 1. KINDS OF SUBSTANCES

**Appendix 7**

* + - 1. Let’s now take a look at the kinds of substances that are prevalent in today’s society, and that are often abused. Please look at your “Things You Need to Know” booklet, as much of this basic information is contained in it. You can follow along in the booklet, and make notes there if you wish, as the booklet is yours to keep.
			2. Remember these are all psychoactive substances, meaning they alter our thinking, our moods, our feelings, our perceptions and our behavior. This is why people use them. Psychoactive substances also have negative and dangerous effects as well, and that is what we will now be looking at.

Inhalants

**PP Slide 24**

* + - * 1. These decrease the central nervous system (CNS) response, which include your heart and respiratory functions.
				2. Inhalant use is very dangerous, since the effects are unpredictable. Inhalant use can result in stopping your heart, causing sudden death.
				3. Inhalant use impairs coordination and judgment.
				4. Use of inhalants is called “huffing”, and tends to be very popular with adolescents.
				.
				5. Substances that are frequently used include nitrous oxide, amyl and butyl nitrite, aerosol sprays (such as Pam), glue, and solvents (such as White Out).
				6. Most of these substances are ingredients in common everyday products, and some of these substances do have legitimate medical uses, such as for dental anesthesia and reviving a person from a faint.

Depressants (downers)

**PP Slide 25**

1. These decrease an individual’s CNS response, for example, pulse rate and blood pressure.
2. Depressants impair an individual’s coordination, concentration, judgment, and thinking.
3. Depressants include barbiturates, such as Seconal, Nembutal, Phenobarbital, and Ativan.
4. Depressants also include tranquilizers, such as Librium, Valium, and Quaaludes.
5. Depressants also include alcohol. Alcohol comes in many forms, both beverage and non-beverage. Can you name some examples of substances that contain alcohol?

**Ask class for examples**
Beer, wine, liquor, over the counter medications (such as Nyquil and cough syrup), mouthwashes (such as Listerine), and vanilla syrup.

1. Except for beverage alcohol, most depressants do have legitimate medical uses, for example, to treat anxiety, muscle tension, convulsions, or insomnia.
2. Combining alcohol with other depressants is dangerous and potentially lethal, as it increases the effects of each substance. Just consider the cases of Marilyn Monroe (barbiturates and alcohol) and Karen Ann Quinlan (Quaaludes and alcohol).
3. For more information on alcohol, please refer to your Alcohol Fact Sheet, which is included in your handout material.

**Appendix 8**

1. Stimulants (uppers)

**PP Slide 26**

* + 1. Stimulants increase the CNS response, for example, pulse rate and blood pressure, as well as increasing alertness, and decreasing appetite.
		2. Stimulant abuse results in increased agitation and restlessness, and an individual’s accident risk and error rate increase. Stimulants are often used/abused by truck drivers.
		3. Stimulants include amphetamines, such as Benzedrine, Dexadrine, and Ritalin.
		4. Stimulants include methamphetamines, such as crank, crystal meth, methedrine, and speed.
		5. Stimulants also include cocaine and crack cocaine.
	1. Crack is a concentrated form of cocaine, and its effects are felt within 10 seconds.
	2. Preparation of freebase (cocaine) can result in fire/explosion – think about what happened to Richard Pryor.

		1. Some stimulants do have legitimate medical uses, for example, for weight control, as local anesthesia, and for attention deficit disorders.
		2. There are also over-the-counter stimulants, which include caffeine and nicotine.
	3. Both nicotine and caffeine are addictive substances.
	4. 90% of nicotine users become addicted, because nicotine is more addictive than heroin.
	5. And the next time you are tempted to allow a child to have a beverage with caffeine, such as a soda, you may want to remember that the ½ life of caffeine in small child is 90 hours!

		1. Overdose effects from stimulant abuse include paranoia, hallucinations, and convulsions.

			1. Narcotics (pain killers)

**PP Slide 27**

* + - * 1. Narcotics create a feeling of euphoria, cause drowsiness, and depress respiration.
				2. Narcotics impair thinking and the ability to operate machinery.
				3. Narcotics include opium (did you know that opium is the active ingredient in Paregoric, which is used to soothe an upset stomach?)
				4. Narcotics include morphine (did you know that morphine was originally used in the Civil War, and that soldiers became addicted to it?)
				5. Narcotics include codeine (did you know that most cough suppressants have a derivative of codeine as one of the active ingredients?)
				6. Narcotics include methadone and heroin. (did you know that heroin was intended to be a painkiller to replace morphine, and was thought to be non-addictive?)
				7. Most narcotics have legitimate medical uses, such as pain killers and cough suppressant.
				8. Opium and heroin are not legal in the U.S.
				9. Narcotic overdose effects can include convulsions, coma, and death.

Hallucinogens

**PP Slide 28**

Effects of hallucinogen use include visual and auditory hallucinations, illusions, and a distorted perception of time, distance and reality.

Hallucinogens include LSD, PCP, psilocybin mushrooms, mescaline, and peyote buttons.

With the exception of PCP (which is an animal tranquilizer), there are no legitimate medical uses for hallucinogens.

With the exception of peyote buttons (which may be legally used by members of the Native American church), there are no legal hallucinogens.

The effects of hallucinogens are unpredictable, and can result in paranoia and serious mental problems.

Designer Drugs

**PP Slide 29**

1. Designer drugs are chemical alterations of other narcotic and hallucinogenic drugs.
2. Designer drugs can be hundreds of times stronger than the original drug, intensifying the negative effects.
3. Examples of designer drugs include Ecstasy (which is frequently found at rave concerts) and Rohipnol (which is called the date rape drug, because it is odorless, colorless, and causes memory loss).

Marijuana/Cannibis

**PP Slide 30**

The effects of marijuana include relaxation, euphoria, and altered perception. Marijuana use slows an individual’s physical reflexes, and impairs their space and distance judgment.

This family of substances includes marijuana, hashish, and hashish oil.

The active ingredient in marijuana is THC.

* 1. In the 1970’s, the concentration of THC in marijuana was 5%.
	.
	2. Today, the concentration of THC in marijuana is up to 15 to 20%, making marijuana today a much more powerful and dangerous drug.
	3. Marijuana smoke itself is dangerous as well, because it contains 800 different chemicals.
	4. Some schools of thought believe that marijuana is a gateway drug to other substances, particularly cocaine.

Did you know that the ½ life of marijuana is 3 days?

* + 1. Unlike other drugs that are water-soluble and pass through the body rather quickly, THC is fat-soluble and binds with the fat molecules in the body.
		2. As a result, marijuana stays in the body much longer, and can be detected up to 30 days after its use.
		3. To illustrate the importance of this, let me cite an example of how marijuana use can impair work performance and safety. A major airline wanted to see how marijuana use would affect their employees’ ability to do their job safely. They had a study group of pilots use simulators to demonstrate landing an airplane. The entire study group landed their planes successfully. Each pilot then smoked a marijuana cigarette, and retook the simulator test. All the planes crashed. But that’s not the end of the story. The next day (24 hours later), the study group returned. When asked how they felt, they replied fine, and in their opinion, they were straight and ready to fly, as they believed that all the effects of the marijuana had ended. Each pilot went to a simulator to land a plane – and they each had difficulty landing – coming in too low, off line, etc.

There are a few legitimate medical uses for marijuana. It can be legally prescribed for glaucoma, to counteract the effects of chemotherapy, as well as a few other specific conditions.

Marijuana is not legal unless prescribed (and then only in certain states).

One of the long-term effects of marijuana use is short-term memory loss (does anyone know a “real child of the 60’s” like that?)

1. Snow White and the Drugged Dwarfs Exercise (optional activity)

**Appendix 9**

We’ve talked about a lot about substances and their effects. Let’s see how much you really know. This is not a quiz – you may use any of the training materials that you have been provided.

1. The Disease Model theory of addiction

**PP Slide 31**

1. Addiction to one or more of these substances was once thought to be caused by an individual’s weakness or lack of self-control.
2. Today, addiction is considered to be a disease. This is not simply because those involved in treating these conditions refer to is as such, but also because the American Medical Association has deemed that drug and alcohol dependence meet all the criteria used to define a disease.
3. If you compare addiction with other medical conditions (such as diabetes or high blood pressure), you can see the similarities that lead us to call addiction a disease:

	* + - 1. Both are chronic and incurable conditions.
				2. Both require adherence to rigid treatment plans.
				3. Individuals with both can live healthy and productive lives if they maintain their treatment regimen. In the case of diabetics and hypertensives, their treatment regimen consists of medication and diet. In the case of persons with addictions, their treatment regimen involves abstinence, therapy/meeting attendance, and avoidance of relapse triggers.
				4. Both must remain on their treatment plans. If either deviates from their treatment plans and attempts to deal with their disease on their own terms, the results can be serious, if not fatal.
4. Addiction is both a progressive and a relapsing condition (in other words, it gets worse the longer it exists, and part of the recovery process is the great likelihood of relapse).
5. Once an individual develops a problem with substance use, total abstinence from the substance will be required for recovery.
6. Addictive behavior can be learned.
7. Individuals can have a genetic predisposition to become addicted to alcohol.

	1. Children of persons who abuse alcohol are more likely
	to become abusers of alcohol themselves.
	2. The rates at which alcohol is metabolized differs between groups of people (for example, Native Americans and Asians metabolize alcohol differently, and they are more likely to become abusers of alcohol because of that).

###### TREATMENT ISSUES

* + 1. We’ve talked quite a bit about drugs and alcohol, and how abuse and addiction can affect an individual’s life. Now let’s spend some time talking about the kinds of treatment that can help individuals who are abusing or are addicted to substances.

**PP Slide 32**

* + 1. The State Employees Assistance Program (SEAP) is provided by the Commonwealth to assist individuals who experiencing or are affected by substance abuse and addiction.

			1. All Commonwealth employees and their family members are eligible for SEAP services.
			2. The telephone call is to a 1-800 number, so it is free, and the telephone is answered 24 hours per day, 7 days per week.
			3. Covered individuals are eligible to receive up to 3 free assess and refer sessions per episode.
			4. A clinician who is specially trained in substance abuse issues performs the assessment.
			5. If further treatment is needed after the assessment, the individual (if that person is an employee or other individual covered by employee’s medical benefits) is referred to a United Behavioral Health (UBH) participating provider.
1. This may be the same clinician who did the assessment.
2. There is no cost for drug and alcohol services, if a covered individual uses a UBH participating provider (called in-network).
3. There are no benefits if an out-of-network provider is used.
4. If the individual is covered by SEAP, but not by the employee’s medical benefits, the clinician will make a referral to community resources or to their own insurance carrier if further treatment is needed.

	1. If you have questions on your benefits, please check with your Personnel Office, the PEBTF, your insurance carrier, and/or UBH.

		1. Let’s briefly look at the kinds of treatment that are used for individuals with substance abuse and addiction. The treatment is listed here from most intense to least intense. In each kind of treatment, the individual learns about addiction and recovery, and learns how to recognize and overcome triggers that can lead to relapse.

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1. Inpatient Detoxification

	1. This is a short-term program that provides medically supervised care, which is needed by the individual because of the potential for serious medical and psychological consequences as they go through the process of acute withdrawal.
	2. Detoxification may also be done on an outpatient basis.
	3. This level of care will be followed by a referral to an
	inpatient residential (IOP) or outpatient program (OP).
	4. With United Behavioral Health (UBH), our current behavioral health provider, an inpatient stay generally lasts from 24 to 96 hours, with the usual stay being 3 to 4 days.

		1. Inpatient Residential Treatment

			1. This is for individuals who need 24-hour observation, monitoring and treatment. The staff in such a facility will be multidisciplinary, including both medical and mental health professionals.
			2. Individuals who are placed in inpatient rehabilitation need to be isolated from their environment and their routines that can act as powerful relapse triggers to use their substance of choice.
			3. With UBH, an inpatient residential stay generally lasts 4 to 8 days.

				1. Day Treatment
				2. This treatment allows an individual to reside at home while undergoing intensive treatment.
				3. With UBH, day treatment generally consists of a treatment program that lasts 6 hours per day, up to 7 days per week.
				4. Intensive Outpatient Program (IOP)

This treatment program provides a high degree of structure, and usually requires the individual to attend a program 3 hours per day, 2 to 4 days per week.

This treatment program allows a person to reside at home and continue working.

Outpatient Treatment

This treatment program often includes a weekly one-hour session with a professional counselor, who specializes in drug and alcohol issues.

This program also includes participation in self‑help groups.

Aftercare/Self-help groups

1. Aftercare is those services provided after the individual has completed formal treatment.
2. Generally, this includes periodic group or individual
sessions designed to assist individuals in the recovery process and transition back to daily life, including work and home.
3. Concurrent participation in self-help groups is almost always prescribed.
4. Self help groups based on the “higher power” theory include Alcoholic Anonymous (AA) and Narcotic Anonymous (NA). These are called 12 step programs.
5. Self‑help groups do not rely on professional staff, are usually free, and require only a desire to stop using the substance. Peer support, encouragement, insight and fellowship are available.

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

We are now going to watch a video about Drugs and Alcohol in the workplace. Be sure to look for the things that we’ve talked about today – including enabling behavior. See if you can spot signs of abuse, addiction, tolerance and withdrawal.

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1. REMEMBER - SEAP CAN HELP

	1. The telephone call is toll free, 1-800-692-7459.
	2. The telephone will be answered by a licensed clinician 24/7.
	3. The assessment is free.
	4. Drug and alcohol treatment within the UBH network is free.

		1. QUESTIONS

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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 a sufficient quantity of blank note cards so that each participant will receive one.
	1. **INSTRUCTIONS:**
		1. Give a blank note card to each participant.
		2. Instruct the 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 the small groups to report to the entire group what the group knows, and what the group would like to learn.
		5. Alternately, rather than breaking the participants into groups, the instructor may gather the cards, place them in a 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 today’s session.

**Appendix 3 – Visual Impact Exercise**

**Number of**

**PARTICIPANTS:** UNLIMITED

1. **INSTRUCTIONS:**
2. Have participants count off by tens.
3. Ask everyone who was a number 1 to stand.
4. Ask the group to look around.
5. Instructor makes the following statement while the group is still standing: Studies show that 1 in 10 people are impaired by alcohol.
6. Ask the group to sit down.
7. Now have participants count off by twelves.
8. Ask everyone who was a number 5 to stand.
9. Ask the group to look around.
10. Instructor makes the following statement while the group is still standing: Studies show that 1 in 12 people are impaired by the 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 as many as \_\_\_\_\_ people may be impaired by alcohol or drugs at this agency/facility/location.

**Appendix 4 – Newspaper/magazine articles**

**Number of**

**PARTICIPANTS:** UNLIMITED

1. **PREPARATION:**
2. Make sufficient copies of the provided newspaper articles so that each participant receives one. More than one participant can receive a copy of the same article.
3. Alternately, locate appropriate newspaper or short magazine articles and make sufficient copies of them to distribute. A 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 to class.
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 or 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 the answer key for the 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