Civilian Employee & Supervisor Substance Abuse Training

Fulfills requirements in AFI 44-107, para. 1.33 & 1.34
Purposes of this Training

Describe:
1. Air Force’s (AF) substance abuse (SA) policy, programs, and procedures
2. Types and effects of drugs
3. Symptoms of drug use and effects on performance
4. How to identify employees in need of assistance
5. Role and operation of Employee Assistance Program (EAP)
6. Relationship of EAP to the drug-testing program
7. Intervention and referral to the EAP
8. Relevant treatment, rehabilitation, and confidentiality issues; and
9. Return of employee to workplace and follow-up
The AF does not tolerate the illegal or improper use of drugs by AF personnel, including civilian employees, whether on or off duty.

The knowing use of any intoxicating substance, other than the lawful use of alcohol or tobacco products, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function is prohibited.

(For more information refer to AFI 44-121, para. 3.2 & AFI 44-107, para. 1.2.1)
AF policy recognizes that alcohol abuse negatively affects:

• Public behavior
• Duty performance and/or
• Physical and mental health

The AF provides comprehensive clinical assistance to eligible beneficiaries seeking help for alcohol related problems.

(For more information refer to AFI 44-121, para. 3.1)
Air Force Civilian Drug Testing Program (AFCDTP) Objectives

The primary objectives of the AFCDTP are to:

• Improve the health, productivity, and overall quality of the civilian force
• Prevent, reduce, and eliminate illicit drug use
• Advise and train managers, supervisors, and employees on how to address drug abuse issues
• Refer employees to rehabilitative services and treatment
• Restore employees to full effectiveness
• Maintain the health and wellness of a drug-free AF community

(For more information refer to AFI 44-121, para. 3.3)
The primary objectives of ADAPT are to:

- Promote readiness, health, and wellness through the prevention and treatment of substance misuse and abuse
- Minimize the negative consequences of substance misuse and abuse to the individual, family, and organization
- Provide comprehensive education and treatment to individuals who experience problems attributed to substance misuse or abuse
- Restore function and return identified substance abusers to unrestricted duty status or to assist them in their transition to civilian life, as appropriate.

(For more information refer to AFI 44-121, para. 3.3)
Air Force Drug Testing Program Software (AFDTPS) is a computer based program that provides random selection of personnel to be tested for drug use utilizing urinalysis testing.

Both military and civilians are tested daily.

When an employee is selected:
- He/she must report to the Drug Demand Reduction Program within two hours.
- If the selected person is on temporary duty (TDY), on leave, or in the hospital, the member must immediately report to DDR upon returning to work.
Air Force Civilian Drug Testing Program (AFCDTP) Procedures

- Commanders are highly encouraged to conduct a minimum of one unit sweep per year.

- Positive samples are tested two times at different stations:
  - First sample identify drug presence
  - Second sample “fingerprints” drug
  - Two positive test results are needed to produce a positive report.

- **Note:** There are no products or methods that are effective in flushing or masking the presence of drugs in the body, such as detox products (white willow bark), pickle juice, or bleach and water.
Supervisor’s responsibilities for urinalysis testing include:

- Receiving and maintaining urinalysis testing notifications and positive results
- Ensuring compliance with testing notifications
- Notifying the DDR Program Manager if an employee is unavailable for testing (leave, TDY, etc.)
- Attending training on illicit drug use
- Requesting reasonable suspicion tests after obtaining concurrence from the Human Resources Representative (HRR)
- Referring employees for assessment & referral to ADAPT or Employee Assistance Program following a finding of illicit drug use (after consulting with HRR)
- Initiating appropriate disciplinary action (after consulting with HRR)

(For more information refer to AFI 44-107, para. 1.4.7.11)
Employee’s responsibilities for urinalysis testing include:

- Acknowledging receipt of selection to provide a specimen by endorsing with your signature
- Reporting to the testing site within the established testing time and with the appropriate photo identification
- Providing a urine sample without attempting to alter it or soliciting another to alter it
- Remaining at the collection site until a specimen is provided via either normal collection or “shy bladder” collection procedures
- Failure to appear for testing without a valid reason may be considered refusal to participate in testing and may subject an employee to the full range of disciplinary actions, including removal.

(For more information refer to AFI 44-107, para. 1.4.7.12 and AFI 44-107, para. 1.20.1)
Requirements for civilian employees in testing designated positions (TDP) include:

- Being subject to random drug tests
- Being temporarily reassigned, denied access to classified information, and removed from TDP if a drug test is positive
- Reporting for urine collection on the next selection day if a random drug test is deferred by a supervisor due to a mission critical task, leave, TDY, etc.
Requirements for civilian employees in testing designated positions (TDP) include (continued):

- Being subject to reasonable suspicion testing if a supervisor has facts about drug use on or off duty (supervisors must consult with staff judge advocate)
- Being subject to drug testing based upon the circumstances of an accident or safety mishap
- Being tested for drug use following rehabilitation, after providing consent, or by volunteering

Please refer to AFI 44-107, para. 1.5 – 1.9 for more information
Drug Abuse Self-Referral Procedures

Safe Haven Provision

Disciplinary action for illicit drug use will not be initiated for any employee who meets ALL four of the following conditions:

1. Voluntarily identifies himself/herself as a user of illicit drugs prior to being notified of the requirement to provide a specimen for testing or being identified through other means
2. Obtains and cooperates with appropriate counseling or rehabilitation
3. Agrees to and signs a last chance or statement of agreement, and
4. Thereafter refrains from illicit drug use

(For more information refer to AFI 44-107, para. 1.28)
Substance Abuse Referral & Treatment Procedures

• To ensure maximum workplace productivity through an alcohol misuse and drug-free workforce, General Schedule (GS), and non-appropriated funds (NAF) employees may be seen for an initial ADAPT evaluation if they screen positive for drugs, or have on-base or on-duty substance-related misconduct or incident.
Substance Abuse Referral & Treatment Procedures

• Early intervention is essential. Therefore, supervisors must be alert to behaviors that could indicate a substance abuse problem—prior to the occurrence of an alcohol related misconduct or a Medical Review Officer-verified drug test positive—and advise employees they may voluntarily seek assessment and treatment services.
Substance Abuse Referral & Treatment Procedures

• Supervisors will advise employees on the availability of services when there is any reason to believe that there may be a substance abuse problem. This advice does not require an employee to admit to any problem, but merely offers appropriate services.
Substance Abuse Referral & Treatment Procedures

- Supervisors must direct employees to report for initial SA assessment—in writing—and make a referral for treatment whenever there is an:
  - Alcohol-related misconduct that has a direct impact on work
  - A Medical Review Officer (MRO) verified drug positive test result, and/or
  - Employee who self-identifies with a drug or alcohol problem
Substance Abuse Referral & Treatment Procedures

• If a testing designated position (TDP) employee tests positive for illicit drugs the employee must be removed from his/her position. The employee may be returned to duty after making satisfactory progress in treatment.

• Supervisors must follow-up with civilian employees after referring them for assessment to ensure completion.
Substance Abuse Referral & Treatment Procedures

• Supervisors will notify commanders when an employee refuses to comply with a mandatory referral for counseling.

• Even when the removal of the employee from the Federal Service is proposed, the Air Force will offer, at a minimum, assessment and treatment referral services.
Substance Abuse Referral & Treatment Procedures

• The civilian employee will be provided a one-time mandatory assessment and referral appointment. This assessment and referral appointment can be completed, at no cost to the civilian employee, through the Employee Assistance Program (EAP) or ADAPT, as space and services are available.

• At the employee’s expense this mandatory assessment and referral appointment can also be conducted by other appropriate healthcare providers, such as an outside civilian provider.
Substance Abuse Referral & Treatment Procedures

- Follow-up counseling services, if needed, are available at the employee’s expense. These can be provided by the EAP (if available), the ADAPT program (as fee for service & if open to civilians), or other appropriate private health care providers.

- Employees may be given time off to attend the initial assessment and referral session, but treatment during duty hours will require the employee to be charged leave.
When requested by an employee, a rehabilitation team will convene to provide advice and assistance to supervisors and/or employees to facilitate counseling and/or rehabilitation efforts.

Although the AF will encourage treatment and rehabilitation, it is the responsibility of every employee to refrain from SA and take personal responsibility for rehabilitation when SA problems occur.

(For more information refer to AFI 44-121, para. 3.28 & AFI 44-107 para. 1.27 – 1.27.3.3 and chap. 2)
# Types & Effects of Drugs

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>General Effects</th>
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</thead>
<tbody>
<tr>
<td>1. Depressants (including alcohol)</td>
<td>1. Induce sedation, lower anxiety, and impair coordination.</td>
</tr>
<tr>
<td>2. Cannabinoids</td>
<td>2. Induce euphoria and relaxation and create distorted perceptions.</td>
</tr>
<tr>
<td>3. Opioids</td>
<td>3. Induce sedation, drowsiness, euphoria, confusion, and dizziness.</td>
</tr>
<tr>
<td>4. Stimulants</td>
<td>4. Increase energy and metabolism; induce anxiety, panic, paranoia, violent behavior, and psychosis.</td>
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## Types & Effects of Drugs

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<td>5. Club drugs</td>
<td>5. Induce hallucinations, sedation, relaxation, drowsiness, and disorientation.</td>
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<tr>
<td>8. Anabolic steroids</td>
<td>8. Increase muscle mass, hostility, and male characteristics.</td>
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### Symptoms of Drug Use & Effects on Performance & Conduct

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<tr>
<th>Substances: Category and Name</th>
<th>Examples of Commercial and Street Names</th>
<th>DEA Schedule/ How Administered</th>
<th>Acute Effects/Health Risks</th>
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<tr>
<td><strong>Alcohol (Depressant)</strong></td>
<td>Alcohol found in liquor, beer, and wine</td>
<td>Not scheduled/swallowed</td>
<td>In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose</td>
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<td><strong>Prescription Depressants</strong></td>
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<tr>
<td>Barbiturates</td>
<td><em>Amytal, Nembutal, Seconal, Phenobarbital</em>; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets</td>
<td>Schedule II, III, V (available by prescription only)/injected, swallowed</td>
<td>Reduced pain and anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/confusion, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest, addiction</td>
</tr>
<tr>
<td>Benzodiazepines (other than flunitrazepam)</td>
<td><em>Ativan, Halcion, Librium, Valium, Xanax</em>; candy, downers, sleeping pills, tranks</td>
<td>Schedule IV (available by prescription only)/swallowed</td>
<td>Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness</td>
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<td></td>
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<td>Also for benzodiazepines—sedation, drowsiness/dizziness</td>
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http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html
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<td><strong>Cannabinoids</strong></td>
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</tr>
<tr>
<td>Marijuana</td>
<td>Tetrahydrocannabinol (THC)/ Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed</td>
<td>Schedule I (high potential for abuse and no currently accepted medical use)/smoked, swallowed</td>
<td>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis/cough, frequent respiratory infections; possible mental health decline; addiction</td>
</tr>
<tr>
<td>Synthetic cannabis</td>
<td>Cannabicyclohexanol/ K2, Spice, herbal incense</td>
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<tr>
<td>Hashish</td>
<td>Boom, gangster, hash, hash oil, hemp</td>
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<td><strong>Opioids</strong></td>
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<tr>
<td>Heroin</td>
<td><em>Diacetylmorphine</em>: smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)</td>
<td>Schedule I/ injected, smoked, snorted</td>
<td>Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/ constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose</td>
</tr>
<tr>
<td>Opium</td>
<td><em>Laudanum, paregoric</em>: big O, black stuff, block, gum, hop</td>
<td>Schedule II, III, V/ swallowed, smoked</td>
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<tr>
<td><strong>Prescription Opioids and Morphine Derivatives</strong></td>
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</tr>
<tr>
<td>Codeine</td>
<td>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Cody, schoolboy; (with glutethimide) doors &amp; fours, loads, pancakes and syrup</td>
<td>Schedule II, III, IV/ injected, swallowed</td>
<td>Pain relief, euphoria, drowsiness/ respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash</td>
<td>Schedule II/injected, smoked, snorted</td>
<td>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine</td>
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<td><strong>Prescription Opioids and Morphine Derivatives continued</strong></td>
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</tr>
<tr>
<td>Morphine</td>
<td>Roxanol, Duramorph; M, Miss Emma, monkey, white stuff</td>
<td>Schedule II, III/ injected, swallowed, smoked</td>
<td>Pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction</td>
</tr>
<tr>
<td>Other opioid pain relievers (oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)</td>
<td>Tylox, OxyContin, Percodan, Percocet; oxy 80s, oxycotton, oxycet, hillbilly heroin, percs Demerol, meperidine hydrochloride; demmies, pain killer Dilaudid; juice, dillies Vicodin, Lortab, Lorcet; Darvon, Darvocet</td>
<td>Schedule II, III, IV/ swallowed, injected, suppositories, chewed, crushed, snorted</td>
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<td><strong>Stimulants</strong></td>
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<tr>
<td>Cocaine</td>
<td><em>Cocaine hydrochloride:</em> blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot</td>
<td>Schedule II/ snorted, smoked, injected</td>
<td>Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/ weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction</td>
</tr>
<tr>
<td>Synthetic cathinones</td>
<td><em>MDPV, mephedrone, methedrone, butylone:</em> bath salts, plant food, Ivory Wave, Ivory Snow, Purple Wave, Ocean Burst, Vanilla Sky, Blizzard, Snow Leopard, Stardust, White Dove, White Lightening, Charge+</td>
<td>Not scheduled/ snorted, smoked, ingested</td>
<td>Also, for cocaine—nasal damage from snorting</td>
</tr>
</tbody>
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Substances: Category and Name | Examples of Commercial and Street Names | DEA Schedule/How Administered | Acute Effects/Health Risks
---|---|---|---
**Stimulants continued**
Amphetamine | *Biphetamine,* *Dexedrine*: bennies, black beauties, hearts, LA turnaround, speed, truck drivers, uppers | Schedule II/snorted, smoked, injected | Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction
Methamphetamine | *Desoxyn*: meth, ice, crank, chalk, crystal, fire, glass, go fast, speed | | Also, for methamphetamine—severe dental problems

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<td><strong>Club Drugs</strong></td>
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</tr>
<tr>
<td>MDMA (methylenedioxymethamphetamine)</td>
<td>Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers</td>
<td>Schedule I/swallowed, snorted, injected</td>
<td><strong>MDMA</strong>—mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/sleep disturbances; depression; impaired memory; hyperthermia; addiction</td>
</tr>
<tr>
<td>Flunitrazepam</td>
<td><em>Rohypnol</em>: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies</td>
<td>Schedule IV/swallowed, snorted</td>
<td><strong>Flunitrazepam</strong>—sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction</td>
</tr>
<tr>
<td>GHB</td>
<td><em>Gamma-hydroxybutyrate</em>: G, Georgia home boy, grievous bodily harm, scoop, goop, liquid X</td>
<td>Schedule I/swallowed</td>
<td><strong>GHB</strong>—drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/unconsciousness; seizures; coma</td>
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<td><strong>Dissociative Drugs</strong></td>
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<tr>
<td>Ketamine</td>
<td><em>Ketalar SV:</em> cat Valium, K, Special K, vitamin K</td>
<td>Schedule III/ injected, snorted, smoked</td>
<td><strong>Feelings of being separate from one’s body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea</strong></td>
</tr>
<tr>
<td>PCP and analogs</td>
<td><em>Phencyclidine:</em> angel dust, boat, hog, love boat, peace pill</td>
<td>Schedule I, II/ swallowed, smoked, injected</td>
<td><strong>Also, for ketamine—analgesia; impaired memory; delirium; respiratory depression and arrest; death</strong></td>
</tr>
<tr>
<td>Salvia divinorum</td>
<td>Salvia, Shepherdess’s Herb, Maria Pastora, magic mint, Sally-D</td>
<td>Not scheduled/ chewed, swallowed, smoked</td>
<td><strong>Also, for PCP and analogs—analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations</strong></td>
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<td><strong>Hallucinogens</strong></td>
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<tr>
<td>LSD</td>
<td>Lysergic acid diethylamide: acid, blotter, cubes, microdot yellow sunshine, blue heaven</td>
<td>Schedule I/swallowed, absorbed through mouth tissues</td>
<td>Altered states of perception and feeling; hallucinations; nausea</td>
</tr>
<tr>
<td>Mescaline</td>
<td>Buttons, cactus, mesc, peyote</td>
<td>Schedule I/swallowed, smoked</td>
<td><em>Also, LSD and mescaline</em>—increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion</td>
</tr>
<tr>
<td>Psilocybin</td>
<td>Magic mushrooms, purple passion, shrooms, little smoke</td>
<td>Schedule I/swallowed</td>
<td><em>Also for LSD</em>—Flashbacks, Hallucinogen Persisting Perception Disorder</td>
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*Also for psilocybin*—nervousness; paranoia; panic

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<td><strong>Other Compounds</strong></td>
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<tr>
<td>Anabolic steroids</td>
<td>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers</td>
<td>Schedule III/injected, swallowed, applied to skin</td>
<td>No intoxication effects/hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics</td>
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<td><strong>Inhalants</strong></td>
<td>Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippets</td>
<td>Not scheduled/inhaled through nose or mouth</td>
<td>(Varies by chemical)—stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death</td>
</tr>
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How to Identify Employees in Need of Assistance

Examples that may serve as the basis for determining reasonable suspicion of substance abuse (SA):

1. Direct observation of SA or possession of alcohol/drugs
2. Physical symptoms of being under the influence including behavior, speech, appearance, and body odors
3. A pattern of abnormal conduct or erratic behavior consistent with SA where no other rational explanation is determined
4. Evidence of SA-related impairment supported by hearsay from others and supported by corroboration from a manager/supervisor with experience in evaluating substance-induced job impairment
How to Identify Employees in Need of Assistance

Examples that may serve as the basis for determining reasonable suspicion of substance abuse (SA; continued):

5. Recent arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illicit drug possession, use or trafficking
6. Information of illicit drug use provided either by reliable and credible sources (such as a verified positive drug test) or independently corroborated
7. Evidence the employee has tampered with or avoided a recent or current drug test
8. An employee’s voluntary admission of usage of an illicit drug.

Please refer to AFI 44-107, para. 1.5.3.3 for more information
The primary role of the EAP is to provide assistance to employees in need of mental health counseling, substance abuse treatment, and attention for other stressors.

Unfortunately, Nellis AFB does not have an EAP.

At Nellis AFB, employees in need of assistance are referred to:

- Emergency room for immediate issues
- Life counselors at the Airman & Family Readiness Center
- Private counselors/therapists using their personal health insurance
The Relationship of the EAP to the Drug Testing Program

Normally, counselors at the EAP refer employees to the drug testing program for assistance when:

• The employee tests positive during a drug test, or
• The employee admits to having a drug problem
Intervention & Referral to the EAP

When an EAP is available, employees can be referred for treatment by almost anyone who suspects that the employee is in need of assistance, including:

• Supervisors
• Commanders
• Co-workers, and
• Civilian personnel services
Relevant Treatment, Rehabilitation, & Confidentiality Issues

Treatment & Rehabilitation Issues:
1. The employee’s supervisor will be notified that the employee attended the initial substance abuse assessment, as well as the arrival and departing time.
2. ADAPT personnel will advise civilian employees that if they choose to use ADAPT services (if available to them), a mental health and medical record will be established to ensure quality and continuity of care.
3. The employee will be provided with a Consent of Release of Patient Information During or After Treatment or Rehabilitation letter that will allow the counselor to discuss the patient’s progress in treatment with his/her supervisor. Signing the letter is voluntary. Release of this information can be considered in deciding on the appropriateness of various actions including discipline and continued assignment, as well as to justify the use of sick leave for treatment.

Please refer to AFI 44-121, para. 3.28 for more information.
Confidentiality Issues:

1. All drug and alcohol records are maintained in accordance with all applicable Federal laws, rules and regulations regarding confidentiality of records, including the Privacy Act (AFI 44-107, para. 1.25.1)

2. With written consent, the employee may authorize the disclosure of records to his/her employer for verification of treatment or for a general evaluation of treatment progress. (AFI 44-107, para. 1.25.4)

3. Any employee who is the subject of a drug test will, upon written request, have access to any records relating to drug test results. (AFI 44-107, para. 1.25.5)
Return of Employee to Workplace & Follow-Up

Employees are generally returned to their jobs after drug and/or alcohol treatment is completed, depending on whether there are any medical restrictions.

If the employee works in a testing designated position (TDP), the employee is then subject to random testing.
RESOURCES FOR LEADERSHIP

ADAPT PROGRAM 653-3880
Drug Demand Reduction Program 653-3706
Employee Assistance Program (800) 222-0364

www.foh4you.com