



Nellis ADAPT/DDR Programs

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



Air Force Drug Abuse Policy

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)



Air Force Alcohol Abuse Policy

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)



AF Alcohol & Drug Abuse Prevention & Treatment Program (ADAPT) Objectives

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 Civilian Drug Testing Program (AFCDTP) Procedures

- 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



Air Force Civilian Drug Testing Program (AFCDTP) Procedures

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)



Air Force Civilian Drug Testing Program (AFCDTP) Procedures

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)



Air Force Civilian Drug Testing Program (AFCDTP) Procedures for TDP

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.



Air Force Civilian Drug Testing Program (AFCDTP) Procedures for TDP

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.



Substance Abuse Referral & Treatment Procedures

- 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

Drug Type	General Effects
1. Depressants (including alcohol)	1. Induce sedation, lower anxiety, and impair coordination.
2. Cannabinoids	2. Induce euphoria and relaxation and create distorted perceptions.
3. Opioids	3. Induce sedation, drowsiness, euphoria, confusion, and dizziness.
4. Stimulants	4. Increase energy and metabolism; induce anxiety, panic, paranoia, violent behavior, and psychosis.



Types & Effects of Drugs

Drug Type	General Effects
5. Club drugs	5. Induce hallucinations, sedation, relaxation, drowsiness, and disorientation.
6. Dissociative drugs	6. Induce feelings of being separated from one's body.
7. Hallucinogens	7. Induce hallucinations and altered states of perceptions.
8. Anabolic steroids	8. Increase muscle mass, hostility, and male characteristics.
9. Inhalants	9. Induce stimulation, loss of inhibition, and other effects.



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Alcohol (Depressant)</i>			
Alcohol	Found in liquor, beer, and wine	Not scheduled/ swallowed	<i>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</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Prescription Depressants</i>			<i>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</i>
Barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets</i>	Schedule II, III, V (available by prescription only)/ injected, swallowed	<i>Also, for barbiturates— sedation, drowsiness/ depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness</i>
Benzodiazepines (other than flunitrazepam)	<i>Ativan, Halcion, Librium, Valium, Xanax; candy, downers, sleeping pills, tranks</i>	Schedule IV (available by prescription only)/ swallowed	<i>Also for benzodiazepines— sedation, drowsiness/ dizziness</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Cannabinoids</i>			
Marijuana	<i>Tetrahydrocannabinol (THC)</i> / Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	Schedule I (high potential for abuse and no currently accepted medical use)/ smoked, swallowed	<i>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis/</i> cough, frequent respiratory infections; possible mental health decline; addiction
Synthetic cannabis	<i>Cannabicyclohexanol</i> K2, Spice, herbal incense		
Hashish	Boom, gangster, hash, hash oil, hemp		



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
Opioids			
Heroin	<i>Diacetylmorphine:</i> smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	Schedule I/ injected, smoked, snorted	<i>Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/ constipation; endocarditis; hepatitis;</i>
Opium	<i>Laudanum, paregoric:</i> big O, black stuff, block, gum, hop	Schedule II, III, V/ swallowed, smoked	<i>HIV; addiction; fatal overdose</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Prescription Opioids and Morphine Derivatives</i>			<i>Pain relief, euphoria, drowsiness/ respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction</i>
Codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup</i>	Schedule II, III, IV/ injected, swallowed	
Fentanyl	<i>Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash</i>	Schedule II/injected, smoked, snorted	<i>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Prescription Opioids and Morphine Derivatives continued</i>			<i>Pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction</i>
Morphine	<i>Roxanol, Duramorph; M, Miss Emma, monkey, white stuff</i>	Schedule II, III/ injected, swallowed, smoked	
Other opioid pain relievers (oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)	<i>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</i>	Schedule II, III, IV/ swallowed, injected, suppositories, chewed, crushed, snorted	



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Stimulants</i>			
Cocaine	<i>Cocaine hydrochloride:</i> blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	Schedule II/ snorted, smoked, injected	<i>Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior;</i>
Synthetic cathinones	<i>MDPV, mephedrone, methedrone, butylone:</i> bath salts, plant food, Ivory Wave, Ivory Snow, Purple Wave, Ocean Burst, Vanilla Sky, Blizzard, Snow Leopard, Stardust, White Dove, White Lightening, Charge+	Not scheduled/ snorted, smoked, ingested	<i>weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction</i> Also, for cocaine —nasal damage from snorting



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Stimulants continued</i>			
Amphetamine	<i>Biphphetamine</i> , <i>Dexedrine</i> : bennies, black beauties, hearts, LA turnaround, speed, truck drivers, uppers	Schedule II/ snorted, smoked, injected	<i>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</i>
Methamphetamine	<i>Desoxyn</i> : meth, ice, crank, chalk, crystal, fire, glass, go fast, speed		Also, for methamphetamine —severe dental problems



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Club Drugs</i>			
MDMA (methylenedioxy- methamphetamine)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	Schedule I/ swallowed, snorted, injected	MDMA —mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/sleep disturbances; depression; impaired memory; hyperthermia; addiction
Flunitrazepam	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies	Schedule IV/ swallowed, snorted	Flunitrazepam —sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction
GHB	<i>Gamma- hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, scoop, goop, liquid X	Schedule I/ swallowed	GHB —drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/unconsciousness; seizures; coma



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Dissociative Drugs</i>			
Ketamine	<i>Ketalar SV: cat Valium, K, Special K, vitamin K</i>	Schedule III/ injected, snorted, smoked	<i>Feelings of being separate from one's body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea</i>
PCP and analogs	<i>Phencyclidine: angel dust, boat, hog, love boat, peace pill</i>	Schedule I, II/ swallowed, smoked, injected	<i>Also, for ketamine—</i> <i>analgesia; impaired memory; delirium; respiratory depression and arrest; death</i>
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/ chewed, swallowed, smoked	<i>Also, for PCP and analogs—</i> <i>analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Hallucinogens</i>			
LSD	<i>Lysergic acid diethylamide</i> : acid, blotter, cubes, microdot yellow sunshine, blue heaven	Schedule I/ swallowed, absorbed through mouth tissues	<i>Altered states of perception and feeling; hallucinations; nausea</i> <i>Also, LSD and mescaline—</i> <i>increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion</i>
Mescaline	Buttons, cactus, mesc, peyote	Schedule I/ swallowed, smoked	<i>Also, for LSD—</i> Flashbacks, Hallucinogen Persisting Perception Disorder
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	Schedule I/ swallowed	<i>Also for psilocybin—</i> <i>nervousness; paranoia; panic</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	<u>DEA Schedule/ How Administered</u>	<i>Acute Effects/Health Risks</i>
<i>Other Compounds</i>			
Anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers</i>	Schedule III/ injected, swallowed, applied to skin	<i>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</i>



Symptoms of Drug Use & Effects on Performance & Conduct

Substances:
Category and Name

Examples of *Commercial*
and Street Names

DEA Schedule/
How Administered

Acute Effects/Health Risks

Other Compounds

Inhalants

Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippets

Not scheduled/
inhaled through
nose or mouth

(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



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



Role & Operation of the Employee Assistance Program (EAP)

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

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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.



Relevant Treatment, Rehabilitation, & Confidentiality Issues

Treatment & Rehabilitation Issues:

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



Relevant Treatment, Rehabilitation, & Confidentiality Issues

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