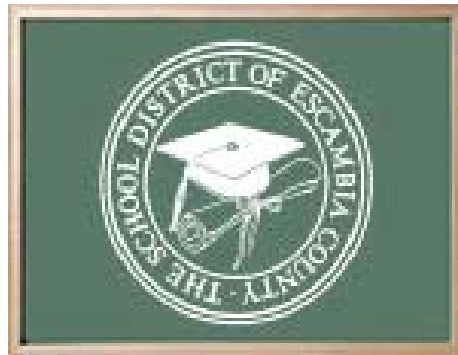


# **THE SCHOOL DISTRICT OF ESCAMBIA COUNTY**



## **SUPERVISOR TRAINING DRUG-FREE WORKPLACE**

# SUPERVISOR TRAINING

## DRUG-FREE WORKPLACE

### **74% OF DRUG USERS ARE EMPLOYED!**

- 1 in 10 Americans have an alcohol problem
- 75% of male workers 18-25, have used drugs or alcohol in the past month
- 95% of major US firms report problems with alcohol or drug abuse
- Alcohol is the number one cause of workplace accidents
- 1/3 of drivers tested after fatal accidents tested positive for at least one drug of abuse.
- Studies of corporate accidents have shown 3 times as many accidents in those who use drugs
- Drug users are absent from work 3.4 times more than non-drug users
- Drug users file more than 5 times the amount of worker's comp claims

### **DRUG USERS MAY:**

- Steal from their employees and co-workers
- Sell drugs while at work
- Undermine morale
- Cause legal difficulties for employers
- Have lower productivity

### **DRUG USERS CAN:**

- Cause health costs to rise
- Cause more accidents
- Have attendance problems
- Endanger other employees or customers

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### **MARIJUANA**

- Usually smoked, sometimes consumed
- Most commonly abused drug
- Causes changes in performance much like alcohol
- 25 times the potency of the 60's and 70's

### **Signs of use:**

- Bloodshot eyes
- Smell of smoke
- Dreamy look, stoned

### **Behavior:**

- Rambling speech
- Mood elevated, laughing
- May be more quiet or withdrawn
- Impaired short-term memory
- Increased appetite
- Lack of motivation
- Impaired learning and coordination

### **Behavior in chronic users:**

- Mood swings
- Apathy, decreased desire
- Impaired short-term memory
- Chronic cough
- Late for work, more sick days
- Fails to perform to potential

**Street names:** Mary Jane, Wed, Grass, Pot, Hash, Reefer, Ganja, Dope

### **Normal Detection Time:**

Occasional user—3-5 days

Chronic user—up to 30 days

Large person, chronic user—up to 45 days

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**COCAINE**

- May be snorted, smoked, injected
- Quality forms are expensive
- Street crack is less expensive
- Extremely addictive
- Sudden changes in behavior and appearance

**Signs of use:**

- Runny nose, sniffles
- Cough
- Dilated pupils
- Facial twitches or tics
- Sleep deprived, dark circles under eyes
- Sudden weight loss

**Behavior of users:**

Mood swings, elevated mood	Violence
Excitement followed by depression	
Trembling	Sudden severe depression
Impaired vision	Itching all over body
Attention lapses	Financial problems
Stressed out	Theft in the workplace
Embezzlement	

**Street names:** Coke, Rock, Snow, Flake, Blow, Crack

**Normal Detection Time:** 2-3 days

**Dangers:** Addiction, heart attack, seizures, lung damage, severe depression, paranoia

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**AMPHETAMINES/METHAMPHETAMINES**

- Usually taken orally, in pill form
- May be snorted
- Taken to offset fatigue and weight loss
- Similar effects of cocaine

**Signs of use:**

- Alertness
- Wide eyed, dilated pupils
- Talkativeness
- Facial twitching or tics
- Trembling
- Sleep deprived, dark circles under eyes
- Weight loss due to loss of appetite

**Behavior:**

- Hyperactivity
- Elevated mood
- Impaired short-term memory
- Paranoia
- Sudden, severe irritability/depression
- Extreme fatigue, exhaustion
- Possible violent reactions, hallucinations, or death

**Street Names:** Speed, Bennies, Dexies, Uppers, Meth, Doe, Crystal, Ice

**Normal detection time:** 3-5 days

**HALLUCINOGENS**

- LSD, Angel Dust (PCP), Ecstasy, mushrooms, peyote
- Taken orally in capsules, tablets, blotter
- Recreational drugs popular at parties
- Radically alters sensory perceptions
- Lower addiction potential

**Signs of use:**

- Dilated pupils
- Nausea, sweating, fever, chills

**Behavior:**

- Altered mood and perceptions
- Hallucinations and flashbacks
- Tendency to focus on extraneous details
- Emotionally unstable and unpredictable
- Anxiety and panic
- May claim to “smell colors and see sounds”
- Violent behavior if drug is PCP

**Street names:** Acid, Microdot, Lysergide, Angel Dust, Hog, Killer Weed

**Normal detection time:**

LSD—up to 5 days

PCP—up to 10 days

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**HEROIN/OPIATES**

- Recent resurgence
- Snorted or smoked with marijuana or tobacco, rather than injected
- Expensive and extremely addictive
- Possible death from overdose

**Signs of use:**

- Euphoria and elevated mood
- Insensitivity to pain
- Constricted pupils
- Drowsiness
- Nausea
- Watery eyes, sore eyes, runny nose

**Behaviors:**

- Uncoordination
- Lethargy
- Low motivation
- Theft in the workplace
- Embezzlement

**Street names:** Smack, Horse, White Lady, Skag, H

**Normal detection time:** 2-4 days

**Other Opiates:**

Paregoric, Parapectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate) Percodan, Vicodin, Tussi-Organidin

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**SPICE**

Similar effects to marijuana, hashish and other forms of cannabis

“Herbal incense” products spiked with powerful designer drugs—that don’t show up on a regular drug test

First made in 1995 for experimental purposes in the lab of Clemson University researcher.

**Signs of Use**

- Massive reddening of the eyes
- Dry mouth
- Increased heart rate—sometimes doubled
- High blood pressure
- Feeling of intoxication
- More addictive than cannabis

**Street Names:** K2, Spice Gold

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**ALCOHOL**

- Socially acceptable and legal
- Abused by 10% of those who drink
- Often abused with other drugs
- Depresses the actions of the central nervous system

**Signs of use:**

- Smell of alcohol on breath
- Unsteady gait
- Slurred speech
- Poor reaction time
- Shakes (Delirium Tremens)

**Behavior:**

- Poor work performance
- Poor judgment
- Mood swings
- Blames others
- No accountability
- Tardiness, calls in sick after weekends or holidays

**Normal detection time:** Dose dependent up to 24 hours

The liver can detoxify 1 unit of alcohol per hour.

1 unit is:

1 shot of liquor

6 oz. of wine

12 oz. beer

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**WHAT TO DO?**

- Know your policy
- Be prepared to explain the policy to employees
- Know your role

\*\*\*You are not expected to diagnose alcohol or other drug abuse or to provide treatment or counseling.

Barriers that arise when addressing employee problems:

**Denial**

The employee denies that problems exist and insists that the supervisor or someone else in the company is out to get him or her.

How to respond:

Stay calm. Have at hand documentation of the employee's job performance and/or conduct and keep the conversation focused on performance issues.

### **Threats**

The employee threatens you or the organization.

"If you push me, I'll go to an attorney...make a scene in the plant..."

#### **How to respond:**

Remind the employee that he or she may do whatever he or she chooses; however, as a supervisor your responsibility is to uphold the organization's policy and find a solution that will help both the organization and the employee. If you think you are losing your objectivity or need help to resolve a conflict with a defensive employee, seek the help of another supervisor or manager.

### **Rationalization**

The employee tries to avoid the issue by making excuses.

"If this job wasn't so stressful, I wouldn't be making so many mistakes and wouldn't be late so often."

#### **How to respond:**

Stay focused on work performance. Avoid being distracted by excuses; let the employee know that help is available.

### **Angry Outburst**

The employee becomes angry. He or she may cry, yell, or scream. This emotional outburst is intended to scare off the supervisor and cause him or her to drop the whole affair.

"How dare you accuse me of being late to work and not getting my deliveries made on time!"

#### **How to respond:**

Do not react! Wait until the employee has run out of steam and then continue where you left off; keep the focus on performance issues. If the employee continues to carry on, reschedule the meeting.

## **Do's & Don'ts for Supervisors**

### **Do:**

- Prepare what you are going to say ahead of time. Have a plan and stick to it. Say what you have to say directly and clearly.
- Find a place to meet that is private. What is said in the meeting must be kept confidential.
- Focus on job performance and conduct—not on suspected alcohol or other drug abuse, mental illness, or any other potential reason for performance problems.
- Present written documentation of the job performance and/or conduct problems (late reports, absences, lower productivity, accidents, trouble with coworkers).
- Treat all employees the same. Don't let age, seniority, friendship, or sympathy affect your evaluation or allow you to make exceptions for some employees and not others.
- Use a formal yet considerate attitude. If the interview becomes too casual, it will lessen the impact of your message.
- State your expectations for improved performance and/or conduct and what will happen if the expectations are not met within a specific period of time. Offer suggestions for improving performance and/or conduct.
- Offer available resources (EAP, hotlines, etc.) to help employees get back on track if they say they are having personal problems.
- Arrange for a second meeting to evaluate progress or to discuss disciplinary actions, if necessary.

### **Don't:**

- Try to diagnose the cause of the employee's job performance or conduct problem.
- Be distracted by tears, anger, or other outbursts. (Stay focused on job performance and conduct.)
- Moralize or judge the employee.
- Cover up for the employee or accept repeated unlikely excuses.
- Back down. (Get a commitment for improved job performance and conduct.)
- Threaten discipline unless you are willing and able to carry it out.
- Argue with an employee. If the employee becomes resistant, reschedule the meeting instead.

## **STEPS TO A SUCCESSFUL PROGRAM**

- Be attentive
  - Accidents
  - Attendance
  - Appearance
  - Behavior
  - Performance
  - Mood Changes
- Observe
- DOCUMENT! DOCUMENT! DOCUMENT!  
Keep detailed records of all observations:
  - Date
  - Time
  - Places
  - Names of witnesses
  - Changes in job performance
- Address job performance—Do not judge!
  - Stay focused on job performance and conduct
  - Goal is to discuss and find solutions
- Be consistent—treat all employees the same.
- Maintain confidentiality
- Follow-up

## **Changes to DOT testing**

- Expand drug testing profile to include MDMA (ecstasy), MDA and MDEA
- Cocaine and amphetamine cutoff lowered
  - Cocaine 300ng/mL to 150ng/mL
  - Amphetamines 1000ng/mL to 500ng/mL
- Requires initial testing of all specimens for 6-AM...a morphine compound
- Allows additional analytical methods
- Requires MRO 's to submit their training programs for review and approval by HHS before their trained MRO's would be permitted to serve as MRO's for Federal agencies employee drug tests.
- Revised COC

## **Escambia County School District Specific Guidelines for Testing Under Reasonable Suspicion:**

### **If a reasonable suspicion test is going to be conducted....remember these steps:**

1. If you suspect that an employee is under the influence, contact Kevin Windham in the Risk Management office (469-6218, 554-4494 cell) to discuss the evidence for testing, procedure, and for ordering the reasonable suspicion test. The testing site will be communicated with you at this time and you will need to arrange for a member of staff to transport the employee to the testing facility and/or to cover a class in the case of a teacher.
2. Bring the employee in a private area with a witness present and notify them that they will be tested under "reasonable suspicion" due to a potential violation of the District's Drug-Free Workplace Policy.
3. Notify the employee, that consistent with the terms of the Collective Bargaining Agreement, they have the right to union representation, but the representation in no way delays the test being conducted. The contract language stipulates that no more than a 30 minute delay is allowed but this can include the time in transient, and the Union Representative can meet you at the collection facility.
4. Remind the employee that a refusal to test is the same as a positive test, so it is in the best interest of the employee to proceed with testing.
5. Typically the initial results will be communicated with you at the testing facility. If the test results are positive, then take the employee home or bring them back to your work location and contact

- someone to transport them home. Do not let the employee drive if the test results came back positive. If the results are negative (clear), the employee may return to the work location.
6. Contact the Risk Management office immediately to follow up with additional notifications or requirements.

For more information you can contact Danette Krumel at ProHealth 850-434-6168 Ext. 4 or [danettek@prohealthfl.com](mailto:danettek@prohealthfl.com).

[www.prohealthfl.com](http://www.prohealthfl.com)