AIR FORCE MATERIEL COMMAND

DRUG-FREE FEDERAL WORKPLACE

EGLIN AIR FORCE BASE

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"The Federal government, as an employer, is concerned with the well-being of its employees, the successful accomplishment of agency missions, and the need to maintain employee productivity."– Provisions of Executive Order 12564 of September 15, 1986

Air Force policy regarding illicit drug use by civilian personnel

Reference: AFI 44-107, *Air Force Civilian Drug Demand Reduction Program*

The Air Force, as a result of its national defense responsibilities, and the sensitive nature of its work, has a compelling obligation to eliminate illicit drug use from its workplace.

Federal employees entrusted with the national defense must be free from the possibility of coercion or influence of criminal elements.

Performing duties under the influence of illicit drugs adversely affects personal safety, risks damage to government property, significantly impairs day-to-day operations, and exposes sensitive information to potential compromise.

This is especially important for those civilian employees who have been entrusted with access to classified information, or who, for instance, are responsible for weapons systems with nuclear or conventional capabilities.

Therefore, the use of illicit drugs is inconsistent with the high standards of performance, discipline, and readiness necessary to accomplish the Air Force mission.

> *"The use of illegal drugs, on or off duty, by Federal employees is inconsistent not only with the law-abiding behavior expected of all citizens, but also with the special trust placed in such employees as servants of the public…"* - Provisions of Executive Order 12564 of Sept. 15, 1986

All levels of responsibility and management throughout the Air Force will support and enforce execution of Executive Order 12564, Drug-Free Federal Workplace and the Anti-Drug Abuse Act of 1988.

Air Force employees should report to the command actual or suspected illicit drug use or related criminal activity occurring on or off the base, and directed toward, or potentially harmful to, persons or property.

This activity includes using, buying, stealing, transferring, selling, smuggling, making illicit drugs, or committing a crime to support a drug habit.

Relationship of the Employee Assistance Program to a drug-free workplace

Reference: *www.FOH4You.com*

The Air Force has established **Employee Assistance Programs (EAP)** for its civilian workers and their families.

Research has shown that people generally take drugs to either feel good (i.e., sensation seekers or anyone wanting to experiment with feeling high or different) or to feel better (i.e., self-medicators or individuals who take drugs in an attempt to cope with difficult problems or situations, including stress, trauma & symptoms of mental disorder).

A **confidential** counseling and referral service, the EAP can help with just about anything that's on an individual's mind, such as work and family pressures, legal and financial problems, alcohol and drug use and job stress among others.

EAP services are available to the employee and their family at **no cost**. The employer has prepaid for these services.

Life's challenges addressed by EAP

- Improving health and well-being
- Balancing work and life
- Exploring personal or career development options
- Managing stress; controlling depression and anxiety
- Improving relationships
- Quitting tobacco, alcohol or drug use
- Dealing with financial or legal matters
- Caring for children or aging parents
- Working through grief and loss issues

How people get to EAP

Self referrals - Most people choose to use EAP services when the time is right for them.

Suggestions by supervisors or others (informals) - If supervisor notices that an employee is distracted, emotional, or upset, they may suggest the EAP as a resource. EAP attendance is voluntary.

Formal written supervisory referral - Supervisors are responsible for ensuring a healthy and productive work force. When performance declines, they follow established procedures to work with employees to restore performance to acceptable levels.

Screen yourself to see if you could benefit from contacting EAP

Common signs of substance abuse

- **You're neglecting your responsibilities** at work or home (e.g. skipping work, neglecting your children…) because of your substance use or recovering from substance use.
- **You're using substances under dangerous conditions or taking risks while high**, such as driving while on drugs, using dirty needles, or having unprotected sex.
- **Your substance use is getting you into legal trouble,** such as arrests for disorderly conduct, driving under the influence, or stealing to support a drug or alcohol habit.
- **Your substance use is causing problems in your relationships,** such as fights with your partner or family members, an unhappy boss, or the loss of old friends.

Common signs/symptoms of addiction

- **You've built up a drug tolerance.** You need to use more of the drug to experience the same effects you used to with smaller amounts.
- **You take substances to avoid or relieve withdrawal symptoms.** If you go too long without drugs or alcohol, you experience symptoms such as anxiety, nausea, insomnia, restlessness, shaking, depression, and sweating.
- **You've lost control over your substance use.** You often use substances or use more than you planned, even though you told yourself you wouldn't. You may want to stop using, but you feel powerless.
- **Your life revolves around substance use.** You spend a lot of time using and thinking about drugs or alcohol, figuring out how to get them, and recovering from the effects e.g. hangover.
- **You've abandoned activities you used to enjoy,** such as hobbies, sports, and socializing, because of your drug or alcohol use.
- **You continue to use substances, despite knowing it's hurting you.** It's causing major problems in life—blackouts, mood swings, depression, paranoia--but you use anyway.

If an employee believes they may have a problem with drug(s) or alcohol, they can voluntarily seek services by contacting EAP.

EAP SERVICE CENTER
1-800-222-0364
1-888-262-7848 (TTY)
Call 24 hours a day, 7 days a week for free, **confidential** help with work, family, personal matters, legal, or financial issues

"Safe Haven Provision" for quitting illicit drug use

Reference: AFI 44-107, *Air Force Civilian Drug Demand Reduction Program*

Employees who voluntarily seek assistance with substance abuse issues may not be under threat of disciplinary action if they adhere to the requirements of the "Safe Haven" criteria.

This provision allows an employee to pursue assistance for quitting illicit drug use without concern that disciplinary action will be initiated against them.

The employee must meet **ALL 4** of the following conditions:

(1) Voluntarily identify 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 (i.e., drug testing, investigation)

(2) Obtain and cooperate with appropriate counseling or rehabilitation

(3) Agree to and sign a last chance or statement of agreement; and

(4) Thereafter refrain from illicit drug use.
The Safe Haven Provision does not preclude disciplinary action for other misconduct, i.e., possession of drugs or drug paraphernalia.

Although the Air Force will promote treatment and rehabilitation, it is the responsibility of every employee to refrain from substance abuse and take personal responsibility for rehabilitation when substance abuse problems occur

How supervisor's can identify employees in need of assistance

References: *The National Institutes of Health, National Institute of Drug Abuse*

Although different drugs have different physical effects, the symptoms of addiction are the same no matter the substance. The more drugs begin to affect and control an individual's life, the more likely it is that they have crossed the line from drug use to drug abuse and drug addiction.

Unfortunately, when in the middle of it, the drug user may be in denial about the magnitude of the problem or the negative impact it's had on their life.

Supervisors must be alert to employee behaviors that could indicate a substance abuse problem and advise the employee on the availability of the EAP.

This advice does not require an employee to admit to any problem, but merely offers the employee appropriate referral to assessment and counseling services

The intent is to offer assistance to those civilian employees who need it, while still sending a clear message that illicit drug use is incompatible with Federal service.

Signs of substance use and effects on performance and conduct

If any of the following signs are present, it may suggest that an employee is under the influence of a substance or a potential substance abuse problem exists.

Physical signs of substance use:

- Bloodshot eyes or pupils that are larger or smaller than usual
- Changes in appetite or sleep patterns
- Sudden weight loss or gain
- Deterioration of physical appearance and personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination

Behavioral signs of substance use:

- Drop in attendance and/or performance at work
- Unexplained need for money or financial problems
- Engaging in secretive or suspicious behaviors
- Sudden change in friends, favorite hangouts, and hobbies
- Frequently getting into trouble (arguments, accidents, illegal activities)

Psychological signs of substance use:

- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid, with no reason

Intervention and referral process

Reference: AFI 44-107, *Air Force Civilian Drug Demand Reduction Program*

Supervisor should talk with the employee and explain why there is concern. Fear of discussing concerns is normal; however, the supervisor should address the concern early before the problem gets out of control.

It is important to document and discuss specific instances of unusual behavior with the supervisory chain and servicing Civilian Personnel Office. This will help in expediting a referral of an employee to EAP or ADAPT should a referral be warranted.

Rehabilitation shall be offered to all employees identified as having a substance abuse problem (defined as: alcohol misuse, a Medical Review Officer verified drug positive test result, and/or self-identified with a drug or alcohol problem), regardless of other administrative actions that may be pending or taken.

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.

The employee will be provided a one-time mandatory assessment and referral appointment.

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

This assessment and referral appointment can be completed, at no cost to the employee, through the EAP or the *Alcohol and Drug Prevention and Treatment Program (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 (e.g. civilian health care providers).

Follow-on counseling services, if needed, are available at the employee's expense.

Employees may be allowed up to one hour (or more as necessitated by travel time) of duty time for each assessment and referral session up to a maximum of 3 hours during the assessment/referral phase of treatment.

This applies only to assessment/referral and not follow-up treatment. Absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category according to law and Air Force leave regulations.

Confidentiality and release of information

For the mandatory initial assessment appointment, the employee will be advised by way of documented initial informed consent that their supervisor will be notified that the employee attended the interview and the reporting and departing time of the employee.

The employee is advised of what information will be disclosed to the supervisor at the beginning of the initial interview. At that time the counselor also tells the employee that strict rules govern the disclosure of substance abuse counseling information and how those rules apply to the position the employee holds.

With written consent, the employee may authorize the disclosure of counseling records to his or her employer for verification of treatment or for a general evaluation of treatment progress.

"A drug-free workforce is accomplished through a combination of deterrence, detection, and rehabilitation."--AFI 44-107, *AF Drug Demand Reduction Program*

Air Force Civilian Drug Testing Program and a drug-free workplace

Reference: AFI 44-107, *Air Force Civilian Drug Demand Reduction Program*

The drug testing program strives to improve the health, wellness, safety of the civilian force. Total force readiness is enhanced by:

- Maintaining the health and wellness of a fit and ready workforce and drug-free Air Force community
- Deterring civilian personnel from illicit drug use
- Detecting and identifying individuals who engage in illicit drug use
- Referring employees to rehabilitative services and treatment
- Restoring employees to full effectiveness

Civilian drug testing procedures

The collection, handling, and testing of the urine specimen is conducted under strict chain of custody procedures established by the Department of Health and Human Services to ensure accuracy of the test results.

The quality of testing procedures is tightly controlled to ensure results may be handled with the maximum respect for individual confidentiality.

The National Institute on Drug Abuse (NIDA) established a panel of drugs that all urine specimens must be screened for evidence of use. Regardless of the reason for collection, the Air Force minimally tests each specimen according to the NIDA standard.

Employees who refuse to be tested will be subject to the full range of disciplinary action, including removal.

Failure to appear for testing without a deferral may be considered refusal to participate and may subject the employee to the full range of administrative and/or disciplinary action.

If a laboratory positive test result is received, the employee is given an opportunity to submit medical documentation to support legitimate use of prescription drugs

The Medical Review Officer must review all medical records made available by the employee in determining if a laboratory-verified positive test could have resulted from legally prescribed medication.

Types of civilian drug testing

Random drug testing, reasonable suspicion testing, accident or safety mishap testing, voluntary testing, and consent testing as part of or as a follow-up to counseling or drug abuse treatment will be employed to deter Federal civilian employees from the use of illicit drugs and to identify employees for treatment and administrative actions.

Tentative Selectee Testing - It is DoD policy to not hire civilian employees who are drug dependent or active drug users. The Air Force tests external and current employees being considered for assignment to a Testing Designated Position (TDP). TDPs are those positions deemed sufficiently critical to the Air Force mission or to the protection of public safety to warrant screening to detect the presence of drugs as a job-related requirement.

Appointment to a TDP is contingent on the receipt of notification that the specimen did not reveal evidence of illicit drug use.

Random Testing - Employees assigned to TDPs are subject to urinalysis testing on an unannounced random basis. Once notified by supervisor of the need to test, employees must report to the designated test site within 2 hours of the notification.

Reasonable Suspicion Testing - Prior to initiating reasonable suspicion testing, a supervisor must consult with higher level supervision and attorney from the Staff Judge Advocate's Office.

When conducting reasonable suspicion, post accident, or unsafe practice testing, the Air Force may have a specimen tested for any drug listed in Schedule I or II of the Controlled Substance Act.

The following are some examples of factors that may serve as the basis for determining reasonable suspicion:

- Direct observation of illicit drug use or possession
- Physical symptoms of being under the influence of a controlled substance
- Demonstrated pattern of abnormal conduct or erratic behavior consistent with the use of illicit drugs where no other rational explanation or reason for the conduct is readily apparent
- Evidence of drug-related impairment
- Recent arrest of conviction for a drug-related offense or the focus of a criminal investigation into illicit drug possession, use or trafficking
- Evidence the employee has tampered with or avoided a recent or current drug test

Accident or Safety Mishap Testing - The Air Force is committed to providing a safe and secure working environment and accident or mishap drug testing can provide invaluable information in furtherance of that interest.

Supervisors will coordinate with supervisory chain, servicing Civilian Personnel Office and servicing Staff Judge Advocate

Employees will be subject to testing for evidence of illicit drug use, based upon the circumstances of an accident of safety mishap, if the member's supervisor concludes an employee's conduct may have caused or contributed to accident of safety mishap involving personal injury that requires emergency medical treatment, a fatality, or at least $2,000 in property damage.

Voluntary Testing - Employees not in testing designated positions may volunteer for unannounced random drug testing by notifying the Civilian Personnel Office.

Rehabilitation (Follow-up) Testing - All employees referred for counseling or treatment for illicit drug use will be subject to unannounced testing for a minimum of 1 year from the time of initiating rehabilitation.

Consent Testing - After legal consultation, a supervisor may ask any civilian employee to consent to provide a urine specimen for drug testing at any time. The consent must be knowing and voluntary.

Maintenance and confidentiality of drug testing program records

Drug testing program records will be maintained IAW all applicable Federal laws, rules & regulations regarding confidentiality of records, including the Privacy Act, 5 U.S.C. 552a, and 42 C.F.R., Chapter 1, Subchapter A, Part 2.

Any employee who is the subject of a drug test will, upon written request, have access to any records relating to such drug test results

Types and effects of drugs

Reference: *National Institutes of Health, National Institute of Drug Abuse*

Ethyl alcohol is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream.

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions.

These immediate effects are most often the result of binge drinking and include the following: Unintentional injuries (traffic injuries, falls, drownings), violence (intimate partner violence and child maltreatment), risky sexual behaviors, miscarriage and stillbirth among pregnant women, a combination of physical and mental birth defects among children, and alcohol poisoning from overdosing.

Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments & social problems.

The term **Club Drugs** is used to describe psychoactive drugs that became linked with dance clubs and raves. Common street names are special K, vitamin K, jet (ketamine); G, liquid ecstasy, soap (GHB); roofies (Rohypnol®).

Club drugs have varying effects. Ketamine distorts perception and produces feelings of detachment from the environment and self, while GHB and rohypnol are sedating. GHB abuse can cause coma and seizures.

High doses of ketamine can cause delirium and amnesia. Rohypnol® can incapacitate users and cause amnesia, and especially when mixed with alcohol, can be lethal.

Cocaine is a powerfully addictive central nervous system stimulant that is snorted, injected, or smoked. Crack is cocaine hydrochloride powder that has been processed to form a rock crystal that is then usually smoked.

Cocaine usually makes the user feel euphoric and energetic, but also increases body temperature, blood pressure, and heart rate.

Users risk heart attacks, respiratory failure, strokes, seizures, abdominal pain, and nausea. In rare cases, sudden death can occur on the first use of cocaine or unexpectedly afterwards.

Heroin is an addictive drug that is processed from morphine and usually appears as a white or brown powder or as a black, sticky substance. It is injected, snorted, or smoked.

Short-term effects of heroin include a surge of euphoria and clouded thinking followed by alternately wakeful and drowsy states. Heroin depresses breathing, thus, overdose can be fatal. Users who inject the drug risk diseases such as HIV/AIDS and hepatitis.

Inhalants are breathable chemical vapors that users intentionally inhale because of the chemicals' mind-altering effects. The substances inhaled are often common household products that contain volatile solvents, aerosols, or gases. Most inhalants produce a rapid high that resembles alcohol intoxication.

If sufficient amounts are inhaled, nearly all solvents and gases produce a loss of sensation, and even unconsciousness. Irreversible effects can be hearing loss, limb spasms, central nervous system or brain damage, or bone marrow damage. Sniffing high concentrations of inhalants may result in death from heart failure or suffocation.

LSD can distort perceptions of reality and produce hallucinations; the effects can be frightening and cause panic.

It produces unpredictable psychological effects, with "trips" lasting about 12 hours. With large enough doses, users experience delusions and hallucinations.

Physical effects include increased body temperature, heart rate, sleeplessness; and loss of appetite.

Marijuana is the most commonly used illegal drug in the U.S. It is made up of dried parts of the cannabis sativa hemp plant.

Short-term effects of marijuana use include euphoria, distorted perceptions, memory impairment, and difficulty thinking and solving problems.

MDMA or Ecstasy is a synthetic drug that has stimulant and psychoactive properties. It is taken orally as a capsule or tablet.

Short-term effects include feelings of mental stimulation, emotional warmth, enhanced sensory perception, and increased physical energy.

Adverse health effects can include nausea, chills, sweating, teeth clenching, muscle cramping, and blurred vision. MDMA can interfere with the body's ability to regulate temperature; on rare occasions, this can be lethal.

Methamphetamine is a very addictive stimulant that is closely related to amphetamine. It is long lasting and toxic to dopamine nerve terminals in the central nervous system.

It increases wakefulness and physical activity, produces rapid heart rate, irregular heartbeat, and increased blood pressure and body temperature.

Long-term use can lead to mood disturbances, violent behavior, anxiety, confusion, insomnia, and severe dental problems. All users, but particularly those who inject the drug, risk diseases such as HIV/AIDS and hepatitis.

Phencyclidine (PCP) is a synthetic drug sold as tablets, capsules, or white or colored powder. Developed in the 1950s as an IV anesthetic, PCP was never approved for human use because of problems during clinical studies, including intensely negative psychological effects. PCP is a "dissociative" drug, distorting perceptions of sight and sound and producing feelings of detachment. Users can experience symptoms mimicking schizophrenia (delusions, hallucinations, disordered thinking, extreme anxiety).

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed.

Commonly abused classes of prescription medications include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Opioids can produce drowsiness, constipation and, depending on amount taken, can depress breathing.

Central nervous system depressants slow down brain function; if combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Taken repeatedly or in high doses, stimulants can cause anxiety, paranoia, dangerously high body temperatures, irregular heartbeat, or seizures.

References

AFI 44-107, *Air Force Civilian Drug Demand Reduction Program*

AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment Program*

DoDD 1010.4, *Drug and Alcohol Abuse by DoD Personnel*

DoDD 1010.6, *Rehabilitation and Referral Services for Alcohol and Drug Abusers*

DoDD 1010.9, *DoD Civilian Employee Drug Abuse Testing Program*

Executive Order 12564, *Drug-Free Federal Workplace*, September 15, 1986

Eglin AFB Resources

Alcohol and Drug Abuse Prevention and Treatment Program
(850) 883-9352

Civilian Personnel Office (CPO)
(850) 882-6250

Drug Demand Reduction Program
(850) 883-9460

Employee Assistance Program (EAP)
1-800-222-0364
www.FOH4YOU.com

Integrated Delivery System (IDS)
http://www.eglin.af.mil/units/basehelpingunits.asp

National Institutes of Health, National Institute of Drug Abuse
www.nida.nih.gov

"It is DoD policy to provide education and training on DoD policies for drug and alcohol abuse and/or dependency, and on effective measures to alleviate problems associated with alcohol and drug abuse and/or dependency."
DoD Directive 1010.4, *Drug and Alcohol Abuse by DoD Personnel*