

Creating a Drug-Free Workplace

Making Iowa communities drug-free
is up to all of us.

A PARTNERSHIP BETWEEN



STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES



Drug-Free Workplace Educational Program

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How to Use This Kit

Purpose

This kit provides information and guidance as well as actual education and training modules for implementing a drug-free workplace program in companies of all sizes. Its “how-to” focus is geared to the company that has already recognized the need for a program and now wants specific ideas and strategies for implementing one in a cost-effective manner.

While this kit contains information for creating a comprehensive program, you may decide to develop your program in phases over time rather than trying to accomplish too much at once. The important step is to make the decision to begin.

Contents

This kit contains the following sections and information:

General Program Information

- Drug-Free Workplace Program Components as well as key considerations, implementation checklists, best practices and common questions
- Policy Development
- Education & Training
- Employee Assistance
- Drug Testing
- Program Evaluation
- Outside Resources

Employee Education

- Facilitator Information
- Facilitator Guide
- Participant Handouts

Supervisor Training

- Facilitator Information
- Facilitator Guide
- Participant Handouts

Using the Materials

The following tips may help you use this kit more successfully:

- Read the information in the Program Overview section before you decide what type of program to implement or how and when to implement it.
- Share and discuss the information in this kit with others in your company. Consider including managers, department heads and employees as you develop and implement a drug-free workplace program.
- Use the information about implementing a drug-free workplace program to guide your planning for each component of your program.
- Use the policy development information and sample policies to assist in the creation of your policy, but **always consult with an attorney before finalizing and implementing a policy.**
- Similarly, use the drug testing information to help understand what is involved in implementing a drug testing program, but **consult with an attorney as you develop your program to ensure you are in compliance with the state’s drug testing laws.**
- Unlike many informational programs, this kit contains actual education and training modules to be used with employees and supervisors. The facilitator information explains how to use the materials and provides checklists, agenda options and other tips to help plan and conduct education and training that fits your organization’s needs. A facilitator guide and participant handouts for both an employee education program and a supervisor training program are also included in this kit.



Program Overview

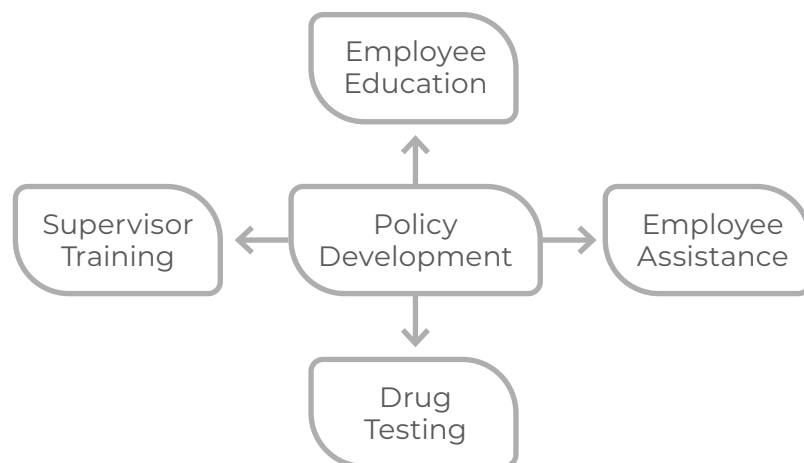
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Drug-Free Workplace Programs

Basic Components

No two workplaces are the same, and no two employers will take exactly the same approach to addressing concerns about alcohol and other substance use. What is right for an employer with 200 employees, many of whom drive company vehicles, will be very different from the needs of an employer with only 8 employees who work on computers all day. What to include depends on your level of concern about the problem, the potential for use at the work site, the potential problems or risks associated with use or misuse, and the available resources.

There is no one “right” way to start a drug-free workplace program, but most successful programs include several of the components shown below. The remaining pages in this section explain these components, what to consider when determining the components of your program, and the tasks that are necessary to implement them as well as best practices and common questions for putting a program in place.



If You Can't Do It All, Do Something

Even the smallest organization with minimal resources can support a drug-free workplace. For example, you may not be able offer extensive education and training or a formal employee assistance program, but you can help your employees by creating and implementing a clear drug-free workplace policy and keeping an employee assistance resource file. **Consider implementing your program in phases – start with a policy, add supervisor training and employee education when you can, then add other components over time.**

Policy Development

A written policy is the central component of most programs. It communicates the organization's position on alcohol and other drug use to everyone and explains what will happen if the policy is violated. Many employers find it beneficial to involve supervisors, employees, and union representatives in the drafting of a policy. **You should always get legal review by an attorney experienced in labor and employment matters before implementing a policy.**

Employee Education

Introducing your drug-free workplace program to employees and informing them about alcohol and other drug-related issues is important.

This kit includes an employee education module that addresses a variety of topics to support a drug-free workplace. You can elect to provide the entire session or present only some topics depending on your organization's needs and time constraints.

The facilitator guide and participant handouts allow you to provide drug-free workplace education using either internal resources or an outside facilitator.

The state's funded substance use prevention agencies may offer workplace training. There may be a modest fee for this training that can be negotiated on an agency-by-agency basis. A list of these agencies is provided on the Partnership for A Healthy Iowa website at <https://www.ahealthyiowa.org>.

Supervisor Training

People in supervisory positions are often closest to employees; therefore, they are an important support group for implementing your policy and increasing employee awareness of alcohol and other drugs. To do this, they will need the right knowledge and skills.

This kit includes a supervisor training module that addresses the leadership role supervisors have in supporting and implementing your drug-free workplace policy and goals. The facilitator guide and participant handouts allow you to provide supervisor training using either internal resources or an outside facilitator.

The state's funded substance use prevention agencies may offer workplace training for supervisors. As previously noted, there may be a modest fee for this training that can be negotiated on an agency-by-agency basis. A list of these agencies is provided on the Partnership for A Healthy Iowa website at <https://www.ahealthyiowa.org>.

Employee Assistance

Providing employee assistance, such as an employee assistance program or an assistance resource file, is one way you can help connect troubled employees with counseling or treatment for alcohol, drug and other issues. Providing this support is one way to show your care and concern for employees and substance use issues, and it can save you the cost and inconvenience of replacing a valued employee.

Drug Testing

Drug testing can help protect your workplace from the negative effects of alcohol and drug use by identifying substance users. A drug testing program can deter people from coming to work unfit for duty. It can discourage people who use alcohol and other drugs from joining your organization in the first place. It can also create controversy, anxiety, and concern, so the decision to include testing in your program is an important one.

Iowa Code specifies that companies who use drug testing must also include each of the other program components in their overall drug-free workplace program. The code is very specific about what types of drug testing are permitted in Iowa, how and when drug testing can be done, and what other responsibilities employers have to inform employees of their drug testing practices and assistance for employees who use drugs or alcohol.

General information about complying with the state's drug testing law is included in this kit, but it is not all-inclusive and **should not be construed as legal advice from the Iowa Department of Health and Human Services or our partners. You should get legal advice and review the complete text of Iowa Code 730.5** before beginning a drug testing program.

Evaluation

Program evaluation is an important part of any drug-free workplace program because it lets you know if you are saving money, improving your bottom line, or reducing workplace problems related to alcohol and other drug use. There are several ways to evaluate your program. Some employers hire a consultant while others elect to conduct their own evaluations.

Determining Program Components

Success Factors

Successful programs are:

- Supported by top management, both in concept and through action.
- Clearly understood by all employees.
- Consistently enforced among all employees.
- Clear about what is expected of employees and what will happen if the policy or program is violated.

The first step for any drug-free workplace program is determining what components to include in the program. The following questions can help you think through the needs of your company.

Who Will Be Affected?

Determine which employees will be affected.

- **Do certain employees perform key functions of the organization?** Examples: brokers handling large sums of money, technicians monitoring essential equipment, salespeople representing the company, teachers in classrooms.
- **Do you have employees in positions where alcohol or other drug use would be difficult to detect?** Examples: employees who work at home, traveling salespeople, home health care workers.
- **Do you have employees in “safety sensitive” jobs?** Examples: driving vehicles, operating machinery, monitoring a limited access entry.
- **Do you have employees in “security sensitive” jobs?** Examples: responsible for inventory or stock, ideas or plans, products or proprietary material, financial accounting or cash, or confidential documents.

What Will Be Prohibited?

Determine specifically what substances and behaviors will be prohibited.

- **To what degree will you include legal drugs such as alcohol, prescription drugs and over-the-counter medication?**
- **What if an employee is not using the substance?** Is it OK to sell or possess it? What about use during non-working hours?
- **What about serving alcohol at work-related functions, such as holiday parties?**

What Will Be The Consequences?

Determine the consequences of violating your policy.

- **Can you afford to lose a valuable employee who is in trouble?** Will loss of the employee affect this year's productivity or bottom line? How much will it cost to recruit, hire, and train someone new?
- **Will you choose to allow for assistance before terminating an employee or opt for immediate termination if your policy is violated?**

Are You Ready?

Determine the level of management support.

- **Am I personally ready to be a role model?** Can I set the example that I want everyone to follow?
- **Can I ensure that the program will apply to all levels of the organization?**
- **Am I ready to support the program and policy for all employees, not just a few?** Am I willing to insist that troubled employees get help, regardless of their rank? Am I willing to terminate a long-time employee who violates the policy and doesn't seek help?
- **Would each of my top managers answer "yes" to these questions?**

Implementing a Drug-Free Workplace Program

Planning, good coordination, and effective communication are important to successfully implementing a drug-free workplace program. Once you have determined the components of your program – and you may not include all components – use the following information to help you identify key steps for the implementation process.

Key Steps

For each program component, implementation includes, but is not limited to, the following tasks.

1. If you decide to develop a written policy and any associated operating procedures:
 - Review the information in this kit.
 - Get input from every sector of the company, including union representatives, if applicable.
 - Get input from your local comprehensive substance use prevention agency.
 - Get legal review from an attorney who is experienced in employment/labor law and drug-free workplace programs and who is familiar with your industry and organization.
2. If you decide to provide supervisor education and training:
 - Review the employee education and supervisor training modules in this kit.
 - Identify trainer(s) and participants.
 - Select training date(s).
 - Provide introductory information about your drug-free workplace program. Communicate date(s) for supervisor training sessions and attendance expectations.
 - Facilitate training session(s).
 - Determine how future supervisors will receive training.
3. If you decide to provide employee education:
 - Review the employee education module in this kit.
 - Identify trainer(s) and participants.
 - Select training date(s).
 - Provide introductory information about your drug-free workplace program. Communicate date(s) for employee education sessions and attendance expectations.
 - Facilitate training session(s).
 - Determine how future employees will be educated.

4. If you decide to establish employee assistance resources:
 - Review the employee assistance information in this kit.
 - Determine a budget for employee assistance, if needed.
 - Identify the organization's goals, then determine a plan and/or select the provider(s).
 - Create an assistance resource list and/or establish relationships with assistance providers.
 - Communicate plan to employees, perhaps as part of employee education sessions.
 - Train supervisors and managers about the plan or program and how to refer employees to assistance.
 - Arrange for periodic evaluation of the resources and/or provider(s).

5. If you decide to implement drug testing:
 - Secure legal assistance and review Iowa Code 730.5 regarding drug testing programs as well as any federal drug testing laws.
 - Determine the type(s) of drug testing you will do as well as how and when it will be done.
 - Identify and contract with any vendors and resources needed to implement your drug testing program – collection sites, laboratories, medical review officers, employee assistance programs, etc.
 - Determine how to protect the confidentiality of employee drug testing records.
 - Write a detailed drug testing policy and distribute it to affected employees. Employees should be notified of the drug testing program 30–60 days before it goes into effect.
 - Provide employee education and supervisor training as required by Iowa Code.

6. If you decide to evaluate your policy and program:
 - Establish goals for your program and determine how to evaluate the effectiveness of your program.
 - Establish a baseline measure for your goals before implementing your program.
 - Implement your program.
 - Reassess your organization after one year.
 - Determine the success of your program based on your goals.
 - Reassess your program and goals based on findings.
 - Modify your program and repeat the evaluation process.

Best Practices

Organizations who have successfully implemented drug-free workplace programs offer the following suggestions to others.

Think Things Through

Plan ahead, define clear goals for the program and seek advice from other employers who already have a program.

Involve Employees

Showing employees you value their input helps ensure they buy into the program and help make it work.

Emphasize Fairness

Protect your organization and employees with procedural rules that are clear, fair and consistently applied. And make sure there is provision for appeals should an employee believe the process wasn't followed or produced inappropriate results.

Protect Confidentiality

To ensure employee support of the program and avoid legal problems, make confidentiality a priority.

Ask for Legal Review

Having your program, policy, and procedures reviewed by an attorney with experience in labor and employment matters in your state is extremely important.

Pay Attention to the Human Factor

A drug-free workplace program that emphasizes care and concern for employees is more likely to succeed than one that intimidates employees.

Consider the Collective Bargaining Process

Union representatives may have model programs or other ideas and they can be very helpful in communicating the program's purpose, procedures, and policies to employees.

Ensure Good Communication and Ongoing Review

Use a variety of communication strategies to ensure the message is clear from the start, and repeat the message often.

Stay Current

Keep your program up-to-date by joining local drug-free advocacy groups and have employees periodically review the program to suggest appropriate changes.

Common Questions

Is my company too small?

No organization is too small to be concerned about creating a workplace that is free of the effects of drug use. Problems can arise in a workplace of any size, and a workplace without a policy or program is where problems are most likely to occur.

Will it cost too much money?

You can be part of the solution without spending a lot of money. Free or low-cost assistance is often available. And you can implement a drug-free workplace program in stages to spread out the costs. For example, you could develop a policy and educate employees using information in this kit now, offer an employee assistance program or develop a list of assistance resources in a year, and wait even longer to implement drug testing.

Will I be sued?

Drug-free workplace policies, drug testing, and personnel actions tied to violating the policy are widely accepted employment practices. As long as you protect confidentiality and implement the policy in a fair and consistent manner, the chances of being sued are minimal. To reduce the chances even more, be sure to have your policy and procedures reviewed by an attorney with experience in labor and employment matters before you put the policy and program into place.

Why bother? Wouldn't I know if someone had a substance use disorder?

Use and substance use disorder are complex and progressive illnesses. You may not know about an employee's condition until the latter stages of the disease because that is when the issues become most apparent. You could have employees with use and substance use disorders and not know it.

Remember, organizations that don't have a drug-free workplace policy or program tend to be where people who use drugs want to work. Having a program in place now can reduce costly problems in the future.

Will having a program negatively impact morale?

Employees will be concerned and will have questions about any new policy or program. But if the program is presented in a positive way – not as a punishment – the chances are good that employees will respond positively. In fact, many employers find that since most employees do not misuse alcohol or other drugs, most employees welcome a drug-free workplace program.



Policy Development

Policy Development

Overview

Your policy is an executive summary of your drug-free workplace program. It should be comprehensive, covering all program components and every important aspect of your program, including the responsibilities of the employer and employees.

Policy development will take thought, time, and the involvement of a variety of people to ensure the policy is complete and realistic for your workplace. Use clear, everyday language and avoid vague, undefined terms or legal jargon that may not be easily understood by all employees. As you develop the policy, you should consult with an attorney experienced in labor and employment matters.

Putting the policy in writing is important because:

- It makes legal review possible, protects you from certain types of legal claims, and provides documentation of your effort and intentions should the policy be challenged.
- It can be clearly and consistently communicated, therefore more easily understood and followed by employees.

Legal Review

Always consult with an attorney experienced in labor and employment matters as you develop your policy. It is helpful for the attorney be familiar with your company and/or industry. Legal review is important because of the growing and ever-changing body of laws and regulations about drugs in the workplace.

Involving Others

It pays to involve employees and others as you develop your policy. Employers continually find that when employees have been consulted about a new policy and believe their voices have been heard, they are more likely to cooperate.

- Some employers set up a task force or employee advisory group to help develop their policy. Others solicit broad review and comment before adopting a policy.
- When employees are represented by a union, the policy may be an issue for collective bargaining. Union representatives can offer ideas and may know of other programs that are working smoothly.

Policy Sections

As a minimum, your policy should include:

- **Reason for a policy**, such as your concern for a safe working environment or the negative impacts of alcohol and other drug use in the workplace. You could also include what you hope the policy will accomplish.
- **Prohibited substances and behaviors**, including when and where they are prohibited. Be clear and specific so there is no confusion or uncertainty among employees or those who are expected to enforce the policy.
- **Specific consequences** for employees who violate the policy. Be clear and definite, but consider listing a range of consequences, including treatment, that will allow you to match the severity of your response to the specific situation.

You may want to expand your policy to include:

- **Assurances** about fairness, consistency, and employee confidentiality. You might explain how employee requests for assistance will be handled.
- **Explanations of program components** that will either help employees comply with the policy or allow the company to enforce the policy. This would include supervisor and employee education and training, employee assistance, and drug testing (if used).

Questions to Ask

Consider these questions as you develop your policy:

- What philosophy and goals should the policy emphasize? Prevention ... punishment ... treatment?
- Will your comprehensive policy extend to consultants and/or contractors?
- What substances and behaviors will be prohibited? Illegal drugs ... alcohol ... use of prescription drugs and other legal drugs such as over-the-counter medicines?
- When and where will the policy apply? During work hours ... at after-hours events ... at company-sponsored events ... when off duty? On site ... off site? Are there events where legal consumption of alcohol will be allowed?
- Will the policy include drug or alcohol testing? If so, are you in compliance with the Iowa Code?
- Who will implement and enforce the policy? How will that be done consistently?
- How will you ensure confidentiality of information? Who will have access to what information?
- Are there any special laws or regulations that apply to your workplace? Are your employees covered by the terms of a collective bargaining agreement?

Tolerance Levels

When writing your comprehensive policy, it is important to define your level of tolerance for violators. Two extremes are:

- Zero Tolerance, which specifies immediate termination for any violation.
- Safe Harbor, which focuses on always providing rehabilitation instead of terminating employees for violations.

Using either extreme as a single, firm policy is unlikely to produce the best results. Instead, specify responses that match the nature of the violation, such as offering a one-time treatment option for a first violation that does not result in injury to an employee or damage/loss to the company. You may want to use wording that allows for “disciplinary action up to and including termination.”

Borrowing a Policy

If policies for similar organizations or work settings are available, it may not be necessary to develop a policy from scratch. While it is unlikely you will be able to adopt another company’s policy verbatim, using that policy as a starting point can save you valuable time and energy. Expect to adapt an existing policy to make sure it fits your organization and your priorities.

Consider contacting the employer who wrote the policy to ask:

- Is the policy still in place?
- Has it been changed in any way? How? Why?
- What aspects of the policy have been most successful? Least successful?
- Have there been any implementation problems? How were they solved?

Where to Go for Help

Many local and national programs have been set up to help employers create effective policies. Finding assistance may take more than one phone call or letter, but the following tips may help you access this help.

- Visit Your Life Iowa at <https://yourlifeiowa.org>.
- Visit the Drug Free Workplace page on the Iowa Office of Drug Control Policy website at <https://odcp.iowa.gov>.
- Call a local substance use prevention provider. A list of these agencies is provided on the Your Life Iowa website at <https://yourlifeiowa.org/facility-locator>.
- Call a local attorney about whether he/she can help develop your policy.

Iowa Code Requirements

Iowa Code requires employers who use drug testing to develop and distribute a detailed, written policy to every employee who is subject to testing prior to the implementation of a drug testing program. Your drug testing policy, which details how your drug testing program will be run, can be separate from your comprehensive policy, but your comprehensive policy should mention drug testing as a program component. It is important to remember that disciplinary or rehabilitation actions can only be executed if they are stated in your written policy as consequences for a positive drug or alcohol test or for refusing to provide a testing sample.

Sample Policies

Two sample policies are included on the following pages.

These templates should not be construed as legal advice from the Iowa Department of Health and Human Services or our partners.

Their purpose is to illustrate possible language and highlight considerations that arise when implementing a drug-free workplace policy and program. Always consult with an attorney and other relevant professionals before implementing a policy or program.

NOTE: Federal, state and local laws pertaining to drug-free workplace policies and procedures are complex and subject to frequent change by legislation and court decisions. It is essential to consult an attorney before implementing any policy or practice. This material is designed and intended for general informational purposes only and does not constitute legal advice from the Iowa Department of Health and Human Services or our partners.

Sample Policy #1

[Company name] is committed to providing a safe work environment and to promoting and protecting the health, safety and well-being of our employees. This commitment is jeopardized when a(n) [Company name] employee engages in the use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances or uses prescription drugs or alcohol. Substance use is a significant public health concern which has a detrimental effect on the business community in terms of productivity, absenteeism, accidents, medical costs, theft, and worker's compensation costs. Therefore, [Company name] has established the following policy:

- 1) It is a violation of company policy for any employee to use or be under the influence of, possess, sell, convey, distribute, or manufacture illegal drugs, intoxicants, or controlled substances, or to attempt to do the same at any time while on or using company property, conducting company business, or otherwise representing the company.
- 2) It is a violation of the company policy to use or be under the influence of alcohol at any time while on or using company property, conducting company business, or otherwise representing the company.

Guidance: *Some companies choose to take out the words "use or" in the above paragraph before "be under" the influence. In that case, the company might want to define "under the influence" with a sentence like: "An employee shall be determined to be under the influence if the employee has a blood alcohol level of [.04%] or higher."*

Some companies may wish to exempt company-sponsored activities, which may include the serving of alcoholic beverages. If there are situations where a company wants to allow drinking at an event, on company property, or during work hours, add the words "except where specifically authorized by [appropriate title(s)]."

- 3) It is a violation of the company policy for anyone to use prescription drugs illegally. However, nothing in this policy precludes the appropriate use of legally prescribed medications.

Guidance: *If applicable, companies may want to add that employees in safety-sensitive jobs are responsible for notifying their supervisors when prescribed medications may interfere with their ability to do their jobs safely.*

- 4) Violations of this policy are subject to disciplinary action up to and including termination of employment.

Guidance: *Some companies add the words "and referral for criminal prosecution." This is a strong deterrent statement that still allows you to determine your specific response on a case-by-case basis.*

The company values its employees and recognizes the need for a balanced approach to achieving a drug-free workplace. Our comprehensive program includes the following components:

Employee Education. The company will provide drug- and alcohol-awareness information to all employees. This will include the company's policy on drug and alcohol use, information on the magnitude and dangers of drug and alcohol use, and the availability of counseling and treatment through the employee assistance program.

***Guidance:** If a company chooses not to have an employee assistance program, the words "local community resources" can be substituted.*

Supervisor Training. Supervisors have a significant role in establishing and maintaining the company's program. Their understanding and support are key factors in establishing a successful program. Supervisor training is not intended to train supervisors to be drug- or alcohol-use experts, counselors or to conduct medical evaluations.

Employee Assistance. The company recognizes that drug and alcohol use can be successfully treated and is committed to helping employees who suffer from these problems, while holding them responsible for their own recovery. [Company name] offers an employee assistance program (EAP) benefit for employees and their dependents. The EAP provides confidential assessment, referral, and short-term counseling for employees and their dependents who need or request these services. If the EAP determines a referral to a treatment provider is necessary, the cost may be covered by the employee's medical insurance, but the employee is responsible for the costs of these services.

***Guidance:** If your company does not have medical insurance or if substance abuse treatment is not covered by your insurance policy, change the last sentence to "If the EAP determines a referral to a treatment provider is necessary, the cost may not be covered by the employee's medical insurance, so the employee is responsible for the costs of these services."*

If you are providing a resource file instead of an employee assistance program, change the second sentence to "[Company name] provides an assistance resource file employees can use to locate assistance." After that sentence, replace all references from EAP to "assistance resource file" or "assistance resources" as appropriate.

***Guidance:** If your company is including drug testing as a component of its drug-free workplace program, insert a paragraph about your drug-testing philosophy at this point. Sample language for this is included in the Drug Testing section of this kit.*

The company is balancing our respect for individuals with the need to maintain a safe, productive, drug- and alcohol-free environment. We are offering a helping hand to those employees who need it, while sending a clear message that the illegal use of drugs and the use of alcohol are incompatible with employment at [Company name].

NOTE: This sample policy does not include drug testing as a component. If you choose to do drug testing, the Drug Testing section of this kit contains sample policy language that can be inserted into this comprehensive policy template.

Sample Policy #2

I. PURPOSE:

(Name of company) is committed to providing a safe work environment and to fostering the well-being, health, and safety of all its employees. That commitment is jeopardized when any (name of company) employee uses alcohol or illegal drugs on the job; comes to work under the influence of these substances or has these substances present in his/her body; or possesses, distributes, or sells drugs in or on company property. This commitment is also jeopardized when an employee misuses over-the-counter or prescription medications on the job. (Name of company) has established the following policy with regard to alcohol and other drugs to ensure that we can meet our obligations to our employees and their families, shareholders, customers, and the community of (city or town where company is located).

This Policy is implemented in compliance with [state law citation] and all Federal Laws as they pertain to this workplace.

II. OBJECTIVE:

The objective of this policy statement is to balance our respect for individuals and their privacy with the need to maintain a safe, productive, and drug-free environment. The intent of this policy statement is to offer a helping hand to those who need it, while sending a clear message that alcohol use, illegal drug use, and misuse of prescription or over-the-counter medications are incompatible with working at (name of company). The management of (name of company) will utilize reasonable measures to maintain an alcohol and drug-free environment. Additionally, we encourage those who use alcohol or use other drugs illegally to voluntarily seek help in overcoming their misuse.

III. DEFINITIONS:

- A. **Use of a legal drug:** Any use of a legal drug, other than use of a legal drug for appropriate purposes in accordance with applicable medical directions, is in violation of Company Policy. In addition, taking a prescription drug that was prescribed for another person shall be considered "misuse" of a legal drug.
- B. **Alcohol:** "Alcohol" means; ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, from whatever source or by whatever process produced. (Read the label(s) on all medications to determine alcohol content).
- C. **Controlled Substance:** For purposes of this policy, controlled substance means: Any drug or substance defined as a controlled substance and included in schedule I, II, III, IV, or V under the federal Controlled Substances Act, 21 U.S.C. §801 et seq.
- D. **Illegal Drugs:** Any drug or substance defined as a controlled substance and included in schedule I, II, III, IV, or V under the federal Controlled Substances Act, 21 U.S.C. §801 et seq. Drug means amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or a metabolite of any substance listed herein.
- E. **Legal Drugs:** A drug for which an individual has a valid prescription and is taken under the direction of a licensed medical professional in a medical setting to address specific physical, emotional, or mental condition; or an over-the-counter medication, which is being taken by an individual according to the applicable medical directions.
- F. **Prospective Employee:** A person who has made application, whether written or oral, to our company to become an employee and who has received an offer of employment contingent on passing a drug test.

G. **Company Premises:** All areas in which the company operates, including, but not limited to, its property; company-owned or leased equipment; privately owned vehicles entering, parked in, or in use upon the property; privately owned and operated vehicles being used for/on company business; in lockers; desks; workspaces; and storage facilities.

H. **Affected Employees:**

- All Regular, Part-Time, and Temporary Employees who are employed by (name of company), or any affiliated company thereof, are subject to the provisions of this policy.
- Contract Employees performing work for (name of company) on or off (name of company) premises are subject to certain provisions of this policy as defined in contract provisions agreed to between the company and the contractor on the subject of alcohol, illegal drugs, or prescribed drugs in the workplace.

IV. WORK RULES

A. (Name of company) prohibits and has zero tolerance for the possession, sale, transfer, or use of alcohol, all illegal drugs, or any form of controlled substance or “look-alike” substance. Additionally, all persons are prohibited from being under the influence of or engaging in the use of all illegal drugs, controlled substances or “look-alike” substances, or alcohol during work hours or at any time on company property (including, but not limited to, parking lots, rest rooms, and break areas).

B. It is a violation of our policy for anyone to report to work under the influence of alcohol or illegal drugs – that is, with alcohol or illegal drugs in his/her body.

C. It is a violation of our policy for anyone to use prescription drugs illegally (e.g., using a prescription that has not been prescribed for that individual, using a prescribed medication any way other than by the prescribed dosage and application). Employees are expected to follow the directions when taking prescription medications and to bring the medication in its original container. It is not a violation of our policy for an employee to legally use prescribed medications, but the employee should notify his/her supervisor if the medication will affect the employee’s ability to perform his/her job. It is not necessary for an employee to inform his or her supervisor about every prescription medication he or she is taking, only those that contain a ‘warning’ on the container that taking such medication may adversely affect job performance. The employee is only required to report the potential effects of the medication to the supervisor and has no responsibility to report the name of, or medical circumstances requiring that employee to take the drug.

D. It is a violation of our policy for anyone to misuse over-the-counter medication. Employees are expected to follow the directions when taking over-the-counter medications and to bring the medication in its original container. It is not a violation of our policy for an employee to use over-the-counter medications, but the employee should notify his/her supervisor if the medication container states a warning that taking this medication may affect the employee’s ability to perform his/her job.

E. To further ensure the health and safety of all employees, their families, and the community at large, it is a violation of our policy to use alcohol or illegal drugs at any company sponsored events (e.g., annual picnic, holiday parties, etc.), whether they take place on or off company property.

F. An employee whose faculties appear to be impaired during work hours will not be allowed to work, regardless of the cause. If it is determined that an employee’s faculties were impaired during work hours due to the affects of alcohol or illegal use of a drug (including the use of a legal drug), the employee will be asked to submit to a drug and alcohol test and may be subject to disciplinary actions up to and including termination.

G. Any employee who is convicted of illegal drug activity, either on or off the job, is considered to be in violation of this policy. In the case that the violation or evidence of such takes place on company premises, the employee may be suspended from work until a legal determination is made and may be subject to disciplinary actions up to and including termination. In the case that the violation takes place in the community and results in a conviction of the employee for the offense, the employee is required to report that 'conviction' to the company in writing within 5 working days of the conviction. DUI is considered to be a violation of company policy. In deciding what action to take, company management/supervision will take into consideration the nature of the offense charged, the nature of the employee's present job assignment, the employee's record with the company, the disposition of the charge by law enforcement officials or the courts, and other factors, including additional company policies and procedures.

V. PRACTICES

- A. **Education and Awareness:** In order to meet the objectives of this policy, the company will educate and train its management/supervisors to identify problem behaviors and will provide information on the symptoms of alcohol and other drug use. (Name of company) will also provide education to employees regarding the policy and the effects of alcohol and other drug use on the workplace, the individual, the family and the community at large.
- B. **Employee Assistance Program** (or Resource File): (Name of company) offers an Employee Assistance Program (EAP) for employees and their dependents as part of its employee services. The EAP offers confidential evaluation, referral, and short-term problem resolution at no cost to employees whose personal or health problems are interfering with their job performance. If it is determined that an individual needs more counseling sessions, or is in need of some type of treatment service, the Employee Assistance Program professional will assist the individual and his or her family in determining what type of services are available and will take into consideration the family's or individual's financial status. No information regarding the nature of the personal problem will be made available to supervisors/managers, nor will it be included in the permanent personnel file. (Name of company) will maintain a resource file so that employees may research information about Employee Assistance services for themselves or their dependents. This file is maintained by (title of individual maintain the file), and is available for confidential review upon request.
- C. **On-the-Job Drug Sale, Use, Possession or Distribution:** Any employee who is found to use, possess, sell, or distribute any illegal drug, controlled substance, or "look-alike" substance on company property or while performing any company-related function, either on or off company property, or while operating any company-owned or leased equipment, will be subject to disciplinary procedures in accordance with policy. Any illegal drugs, controlled substances, or "look-alike" substances will be confiscated and turned over to the proper authorities for additional investigation and handling.
- D. **Role of Management/Supervisors:** It is the responsibility of the company's management/supervisors to observe and document all employee behavior that interferes with successful job performance and to intervene whenever they see changes in performance or behavior regardless of the cause. Although it is NOT management's job to diagnose personal problems, managers/supervisors should encourage such employees to seek help and advise them about available resources for getting help.

- E. **Voluntary Assistance/Rehabilitation:** An employee who needs help due to the use of alcohol or other drugs is encouraged to voluntarily seek help before disciplinary action or improper action by the employee occurs. When an employee voluntarily seeks assistance, the employee should notify his or her supervisor/manager in confidence of the specific situation so that arrangements can be made. If the employee voluntarily enters a substance use rehabilitation program, he or she will be granted sick leave, a leave of absence, or off-duty status without pay in order to successfully participate in the program. The employee must authorize the administrators of the rehabilitation program to provide the company with periodic reports regarding his or her status in the program and a final report indicating successful completion of the program. This report will be required to return to work. Except as required by law, the cost of any substance use treatment is the responsibility of the employee, unless a company benefit plan would cover all or part of the cost.
- F. **Required Referral:** If a supervisor directs an employee to make use of the EAP (required referral), failure to use the EAP and comply completely with EAP recommendations may result in disciplinary action, up to and including termination. The EAP professional will ask the employee to sign a waiver allowing the EAP to call the designated management representative/supervisor and tell him or her whether the employee saw the professional and followed recommendations. No other information is revealed to the management representative/supervisor. If rehabilitation and treatment are appropriate, a notice of successful completion will be required before the employee may return to work. Except as required by law, the cost of any substance use treatment is the responsibility of the employee, unless a company benefit plan would cover all or part of the cost.
- G. **Aftercare Treatment Plan:** If an employee has successfully completed a rehabilitation program and returns to work, he or she is expected to continue with the prescribed aftercare treatment plan created for him or her by his or her counselor/physician. As a condition of return to employment, the employee must agree to provide to the company monthly confirmation of his or her adherence to the aftercare program. Failure to comply with any portion of the aftercare plan without approval of (title of individual) will result in disciplinary action, up to and including termination.
- H. **Questions:** Any questions regarding this policy or its application should be directed to (title of person to whom all policy questions should be directed).

This policy supersedes all previous Policies. Revision date: (_____)

Acknowledgment of Receipt

I hereby acknowledge that I have received and reviewed (name of company's) Drug-Free Workplace Policy

Print Name: _____

Signature: _____

Date: _____



Education and Training

Education and Training

Overview

Educating employees and supervisors about alcohol and other drug use is important because:

- It gives your policy and program a high priority and says that everyone in the organization needs to be involved.
- It fosters a spirit of cooperation – “We’re all in this together.”
- It helps to dispel myths about alcohol and other drug use and acknowledges the impact of substance use on friends, family members, coworkers, and the community.
- It encourages employees to buy into your drug-free workplace program and reinforces the importance of addressing alcohol and other drug use in the workplace.
- It not only creates an informed, aware workforce, it creates informed, aware parents, friends, and family members. This extends the benefits of education and training to not only your workplace but also the community at large.

Education and training can and should take a number of forms.

- **Meetings** to explain your organization’s drug-free workplace policy, employee education program, and any other program components your organization may be implementing.
- **Educational sessions** about alcohol and other drug use and how to be part of a drug-free workplace. (A facilitator guide and participant materials for these sessions are included in this kit.)
- **Informational materials** about your organization’s policy and program. This could include pamphlets, flyers, paycheck stuffers, home mailings, articles in company newsletters, etc.
- **Posters and signs** reminding employees that yours is a drug-free workplace that promotes healthy activities like regular exercise and good eating habits.

The most important point is to keep the focus clear and consistent. Several small steps toward employee education throughout the year are better than one large meeting with no follow-up.

Setting the Tone

Your education and training programs will be more effective if they don't seem like top-down mandates. How you communicate and the tone you take is important.

A positive approach supports employees and lets them know the program is intended to improve the work environment for everyone and provide them with information that will be helpful to them not only as coworkers but also as parents, friends, spouses, and community members. The message is:

“We are here to work together to prevent substance use disorders in our workplace. Together we can create a drug-free work environment.”

A negative approach takes a more punitive, judgmental attitude. It may threaten or scare employees. The message is:

“You'd better watch out or you might be in trouble. We have our eye on you. One mistake and you're out of here.”

Who Should Attend

All employees are part of creating a drug-free workplace – from the highest to the lowest level, full- and part-time, etc. Therefore, all employees should receive educational information and attend educational sessions.

All supervisors play an important leadership role in creating a drug-free workplace; therefore, all supervisors should receive training. Whenever practical, supervisors should be trained before their employees so the supervisors already know what their employees will be taught. If you use the modules in this kit, supervisors should complete the employee education module before they attend the supervisor training.

Extending educational opportunities to family members shows that you care about not only your employees' workplace but their home environment as well. It can also improve the chance that a spouse or child who attended your training will identify a troubled employee.

Who Should Facilitate

Education and training sessions can be facilitated by a variety of people depending on available time and resources. These can include but are not limited to:

- A trainer from your organization.
- A manager or supervisor from your organization.
- A consultant or representative from a local community agency, employee assistance program, or prevention agency.

Iowa Code Requirements

Iowa Code requires employers who use drug testing to establish an education program to inform employees about the dangers of alcohol and other drug use in the workplace.

In addition to general education for all employees, the Code also requires employers who use drug testing to provide supervisors with two hours of alcohol and drug abuse training during the first year of implementation and one hour of training each year thereafter. This training must include but is not limited to:

- Recognizing evidence of employee use of alcohol and other drugs.
- Documenting and corroborating substance use by employees.
- Referring abusing employees to an employee assistance program or to an assistance resource file maintained by the employer.

A graphic featuring a green rounded rectangular border containing the text 'Employee Assistance'. Below the border are two overlapping rounded rectangular shapes, one dark blue and one gold.

Employee Assistance

Employee Assistance

Overview

The most commonly used assistance resource is an employee assistance program (EAP), but there may be other local organizations or agencies that can provide assistance to employees in need. Compiling a list of these into a file that all employees can reference is one way to provide assistance should an employee need help.

Why Assistance is Important

Providing assistance is important because it allows employees to seek help, and potentially treatment, for any type of problem, including alcohol and other drugs. While education and training programs will help supervisors and employees recognize the signs of misuse or dependency, it will not enable them to diagnose a substance use disorder. Only a certified drug treatment counselor or physician can do that. If an employee's problem is impacting the workplace, it is important to refer that employee to assistance so diagnosis and treatment can begin as soon as possible.

Nature of Substance Use Disorder and Recovery

Although substance use disorder begins with a personal choice to use these substances, research shows that, for many, a true physical and/or psychological dependence soon sets in. This can result from a number of things, including heredity, social or environmental factors, and prolonged substance use. Some drugs actually alter brain functioning in ways that produce a compulsion to use drugs despite adverse consequences.

In the past, drug dependence was treated as an acute illness – one that can and should be “cured” virtually overnight. We now know that substance use disorder is a long-term, chronic, relapsing illness.

When treated as such, success rates are comparable to those associated with treating other chronic health problems such as hypertension, diabetes and asthma.

Because substance use disorder is a chronic disorder typically characterized by occasional relapses, short-term or one-time treatment is rarely sufficient. For many, treatment is a long process that involves multiple interventions, relapses and attempts at abstinence. And for all, recovery is a life-long process.

Treatment Works

Treatment works for both people who misuse substances and their family members.

- Family members who attend 12-step support programs report strong improvements in their mental health and well-being, their ability to function each day at home/work/school, and their overall health as a result of treatment. (Al-Anon Membership Survey and Assessment Results)
- Treatment has been shown to produce major savings to the individual and society in the form of significant drops in interpersonal conflicts, improvements in workplace productivity, and reductions in drug-related accidents. (National Institutes of Health and the National Institute on Drug Abuse)
- Treatment for alcohol and other substance use disorders cuts drug use in half, reduces criminal activity by up to 80%, increases employment, decreases homelessness, improves physical and mental health, and reduces medical costs. (National Treatment Improvement Evaluation Study)

Treatment can be an affordable and worthwhile investment.

- Adding full and equal insurance coverage for alcohol and drug substance use disorder only increases premiums by an average of 0.2%. (Substance Abuse and Mental Health Services Administration)
- Findings from a follow-up survey of 668 drug and alcohol treatment residents one year after completing treatment indicated that absenteeism decreased by 89%, tardiness by 92% and on-the-job injuries by 57%. (Ohio Department of Alcohol and Drug Addiction Services)
- Research shows that any costs associated with treatment are more than offset by savings in other health care spending, accidents, welfare, and criminal justice costs. For example, one study found that health care costs for a person who has been treated for substance use disorder dropped from about \$100 per month prior to treatment to just \$13.34 per month after treatment. (President's Commission on Model State Drug Laws)
- According to several conservative estimates, every \$1 invested in treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to reduced health care costs are included, the return can be as high as \$12 for every \$1 invested. (National Institutes of Health and the National Institute on Drug Abuse)

Employers of all sizes have everything to gain by taking an active role in addressing their employees' substance use disorders and supporting the recovery process.

Employee Assistance Programs (EAPs)

EAPs are usually multi-faceted programs designed to assist employees with personal problems that affect their job performance. Although some EAPs focus primarily on alcohol and other drug concerns, most EAPs address a wide variety of employee issues such as stress, marital difficulties, financial trouble and legal problems. Services can include employee education, individual or organizational assessments, counseling and referrals to treatment.

Types of EAPs

EAPs come in a variety of shapes and sizes.

- **Internal/In-House Programs** – These are most often found in large companies with substantial resources. The EAP staff is employed by the corporation and works on-site with employees.
- **Fixed-fee Contracts** – Employers contract directly with an EAP provider for a variety of services such as counseling, employee assessment, and educational programs. Fees are usually based on the number of employees and remain the same regardless of how many employees use the EAP.
- **Fee-for-Service Contracts** – Employers contract directly with an EAP provider, but pay only when employees use the services. Because this system requires employers to make individual referrals (rather than employees self-referring), care must be taken to protect employee confidentiality.
- **Consortia** – An EAP consortium generally consists of smaller employers who join together to contract with an EAP service provider. The consortium approach helps lower the cost per employee.
- **Peer-Based Programs** – Peer or coworker-based EAPs provide education and training, assistance to troubled employees, and referrals through trained peers and coworkers. These types of EAPs are less common than conventional EAPs and they require considerable education and training for employees.

Costs of EAPs

In general, the more comprehensive the services, the more the EAP provider will charge for them. Cost factors include the number of employees, the type of industry, regulatory requirements, your drug testing policy, the location, and the degree of family coverage.

Finding an EAP and Other Assistance Resources

The first step toward offering an EAP is to find a quality service provider.

Currently there are no national licensing programs for EAP providers, but there is a certification program for providers that is supported by two professional associations: the Employee Assistance Professionals Association (EAPA – 703/522-6272) and the Employee Assistance Society of North America (EASNA – 810/545-3888). The Certified Employee Assistance Professional (CEAP) credential indicates satisfactory knowledge about substance use disorders, intervention and related skills. For a fee, the EAPA and EASNA will provide directories of certified EAP providers.

You can also identify local EAPs or assistance resources in the following ways:

- Contact your Chamber of Commerce or trade association.
- Call local hospitals or contact a health maintenance organization (HMO) or insurance carrier that provides alcohol and other drug use treatment services and ask for their local providers.
- Contact local mental health or substance use professionals.
- Talk with other employers who offer EAPs or assistance resources as an employee benefit.
- Search for “employee assistance programs” on the internet.

Iowa Code Requirements

Iowa Code requires employers who use drug testing to establish – prior to testing – either an employee assistance program or a resource file where employees can access help for substance use disorders.

If an employer has an employee assistance program, the employer must:

- Inform all employees of the benefits offered by the program.
- Post notices of the program in conspicuous places and otherwise publicize the services.
- Inform employees how they can access and use the program.

If an employer does not have an employee assistance program, the employer must:

- Maintain a resource file of certified substance use programs available to employees.
- Notify employees of the existence of the file.
- Inform employees how they can access the file and obtain services listed in the file.



Drug Testing

Drug Testing

Overview

Drug testing can help protect your workplace from the negative effects of alcohol and drug misuse by identifying people who use these substances. A drug testing program can deter people from coming to work unfit for duty and can discourage people who use alcohol and other drugs from joining your organization in the first place.

Some employers believe that a drug-free workplace program and drug testing are one and the same; however, drug testing is only one component of a comprehensive program. Drug testing may be appropriate or required for some organizations and not others. When drug testing is optional, the decision about whether to test will depend on a variety of factors such as the cost, appropriateness, need and feasibility.

Iowa Code Requirements

Under Iowa law, workplace drug or alcohol testing is optional for private sector employers. Iowa Code section 730.5 provides detailed information about the use of drug testing in the state. **Be sure to review that section of code with an attorney who is familiar with labor and employment matters**, as well as with your industry and your company, before implementing a drug testing program. The current text of Iowa Code section 730.5 can be viewed online at: <https://www.legis.iowa.gov/docs/code/730.5.pdf>

The Iowa Code specifies what type of testing can be done, acceptable testing procedures, allowable consequences, and employer responsibilities for communication, education, and assistance.

Perhaps one of the most critical parts of the code is the stipulation that employers cannot take punitive actions, individually or in combination, unless those actions are specifically listed as consequences in their written policy. Employers with at least 50 employees should know that in certain circumstances, depending on their employee benefits plan coverage, they may be required to pay up to \$2,000 in rehabilitation costs should an employee test positive for alcohol.

Remember, if you choose to do drug testing, Iowa Code requires you to include all of the drug-free workplace program components (a comprehensive drug-free workplace and drug testing policy, employee education, supervisor training, and employee assistance) in addition to your drug testing program.

Why Test

Below are some of the most frequent reasons employers give for having drug testing programs.

- Comply with Federal regulations, customer or contractual requirements, or insurance carrier requirements.
- Minimize the chance of hiring people who use or misuse alcohol or other drugs.
- Reinforce the company position on “no drugs.”
- Identify people who currently use or misuse alcohol or other drugs and refer them for assistance.
- Establish grounds for discipline or termination.
- Improve safety and reduce the cost of misuse in the workplace.
- Convince “people who casually use drugs” that the cost is too high and deter “recreational” use that could lead to substance use disorder.
- Give people recovering from drug use another reason to stay sober or clean.

Who to Test

While your overall drug-free workplace policy should apply to everyone in the organization, the drug testing policy may apply to only some employees. The testing policy should clearly identify what positions are included in the testing program. Consider positions that:

- Have higher safety or security risks.
- Have a high amount of customer contact, meaning the potential to offend or impact a customer is higher.
- Have little direct supervision and contact with other employees, meaning misuse would be hard to notice.
- Perform key organizational functions or manage key organizational information.
- Operate dangerous or costly machinery.
- Handle large sums of money.

What to Test For

Laboratories can test for a wide variety of drugs. Generally, employers test only for those that are most commonly used and misused: cocaine, phencyclidine (PCP), opiates, amphetamines and cannabis (marijuana). Some employers also test for alcohol.

When to Test

Your testing policy should indicate under what circumstances employees in each position will be tested. Drug testing might be appropriate and necessary in the following situations:

- **Pre-Employment Screening** – Testing prior to starting employment with employment being contingent on a negative test result. The goal is to decrease the chance of hiring someone who is currently using or abusing drugs.
- **Pre-Promotion Screening** – Testing employees prior to promotion within the organization. The goal is to decrease the chance of promoting someone who is currently using or abusing drugs.
- **Reasonable Suspicion and For Cause** – Testing employees who have documented patterns of unsafe work behavior (reasonable suspicion) or show signs of being unfit for duty (for cause). The goal is to protect the safety and well-being of the employee and coworkers and to provide the opportunity for rehabilitation if the employee tests positive.
- **Random Testing** – Testing a selected group of employees at random, unpredictable times. Most commonly used in safety- and security-sensitive positions. The goal is to discourage use by making testing unpredictable and to identify people who currently use or misuse alcohol or other drugs so they can be referred for assistance and/or disciplinary action.
- **Post-Accident Investigations** – Testing employees who are involved in an accident or unsafe practice incident to determine if alcohol or drugs were a factor. The goal is to protect the safety of employees and identify and refer people who misuse substances to assistance.
- **Treatment Follow-up** – Periodically testing employees who have been or are in treatment and return to work. The goal is to encourage and verify that they remain drug-free.
- **Federal Requirements** – Testing to be compliant with the requirements of federal contracts.

Employers whose employees are members of a union or collective bargaining unit should know that unless drug testing is required by law or regulation, it will likely be a mandatory subject for bargaining.

Testing Methods

Several different testing methods are available. Your method(s) of choice should be indicated in your testing policy.

- **Urine Test** – The most common form of testing is to analyze a sample of urine for traces of drugs. A positive test result only indicates that a drug was used sometime in the recent past. It does not tell whether or not the person is under the influence when giving the sample.
- **Blood Test** – This test measures the actual amount of alcohol or other drugs in the blood at the time of the test, telling whether or not the person is under the influence when the test is done.
- **Saliva and Hair Samples** – Researchers have begun studying the testing of hair and saliva to detect alcohol and drugs. Early results are promising for saliva. The accuracy, reliability and interpretation of hair testing have not yet been determined.
- **Breath-Alcohol Test** – This is currently the most common method of testing for alcohol. The results tell if the individual is under the influence of alcohol at the time the sample is taken.

Test Procedures

A clearly written description of the testing procedures that will be used for drug testing should be included either in your testing policy or a separate document that is referred to in your testing policy. This should include:

- Where employees will give their samples.
- Where samples will be tested.
- How results will be reported.
- How employees can appeal test results.

Your testing policy or procedures document should explain:

- Chain of custody – how samples will be handled and stored, how they will be linked to the correct employee, and proof of what happens to the specimen from collection to disposal.
- Confirmation tests – highly accurate testing done on all initial positive test specimens to rule out any false positives.
- Cut-off levels – the concentration value used to determine whether a drug test is positive or negative. Many employers use the cut-off levels established by the Department of Health and Human Services because they have been proven accurate and reliable, as well as defensible in court.
- Medical Review Officer – licensed medical doctor who has special training in substance use and protects both the organization and the employee by reviewing results, ensuring correct procedures were followed, and verifying there are no medical or other legitimate reason for a positive result.

Consequences

Before beginning a drug testing program, consider how you will handle a positive test result or a refusal to take a test. Iowa Code specifies that employers can only take actions that are specifically listed in their testing policy. Although there are many options, common responses include referring the employee to assistance, disciplinary measures, or termination. Usually, refusing to provide a sample for testing or attempting to tamper with, contaminate, or switch a sample is considered grounds for discipline or discharge.

Applicants who test positive are usually denied employment. Some employers allow applicants to reapply after a waiting period of 3–6 months.

Employees who test positive as part of a post-accident or reasonable suspicion test are often removed from their position, especially if the job is safety-related. An employee who tests positive may be given paid or unpaid leave and referred to an employee assistance program or other assistance resources. Other employers automatically terminate anyone who tests positive for illegal substances.

Appeals

It is essential to have written guidelines in place that explain your organization's procedures for appeal should an employee test positive. The appeal process will vary depending on the nature of the work done, contractual requirements, etc., and must be in compliance with the Iowa Code.

Paying for Tests

Normally, employers pay for drug tests. Sometimes employers require employees to pay for the test, and if the results are negative, the employer reimburses the employee. If employees are expected to pay, this should be stated in your written policy.

Drug Testing Policies

If you decide to include drug testing as part of your program, your comprehensive policy or a separate drug testing policy must be much more specific and detailed to be in compliance with Iowa Code. It is important to document the following in your comprehensive drug-free workplace policy or a separate drug testing policy.

- Who will be tested for what substances and when.
- What test methods and procedures will be used.
- What the consequences of a positive test or refusing to provide a test sample will be.
- How an employee can appeal a positive test.
- Who will pay for the test(s).

The best protection against legal challenges is to write a policy that is as detailed and specific as possible. **Always consult with an attorney who has experience in labor law and employment matters as you develop your drug testing program.** A professional consultant specializing in workplace drug testing can also help ensure that the procedures outlined in your policy are in compliance with state regulations.

Sample Policy Language

Sample language to include in your comprehensive policy and/or detailed drug-testing policy is provided on the next page. **The sample language should not be construed as legal advice from the Iowa Department of Health and Human Services or our partners.** Its purpose is to illustrate possible language and highlight considerations that arise when implementing a drug testing policy. Always consult with legal counsel and other relevant professionals before implementing a drug testing policy or program.

NOTE: Federal, state and local laws pertaining to drug-free workplace policies and procedures are complex and subject to frequent change by legislation and court decisions. It is essential to consult an attorney before implementing any policy or practice. This material is designed and intended for general informational purposes only and does not constitute legal advice from the Iowa Department of Health and Human Services or our partners.

Sample Policy Language

Drug and Alcohol Testing. The purpose of drug and alcohol testing is to prevent the hiring of individuals who illegally use drugs, deter employees from abusing drugs and alcohol, and provide early identification and referral to treatment, when necessary, for employees with drug- or alcohol-misuse problems. [Company name] is committed to promoting and maintaining a drug-free work environment for all of its employees and to promoting and protecting the safety, health, and well-being of its employees.

Guidance: Companies should delete the reference to “provide early detection and referral to treatment” if their policy is to terminate first-time offenders.

Guidance: Most companies develop a separate, detailed drug testing policy, which may include language similar to what is presented below. If you do not have a separate drug testing policy, you may want to include this type of information in your comprehensive policy. If you do have a separate drug testing policy, the paragraph above may be all you need in your comprehensive policy.

- A) The company will use the model collection and drug-testing standards issued by the Department of Health and Human Services for federal government employees.
- B) Alcohol testing will be conducted using breath-testing instruments and procedures approved by the U.S. Department of Transportation or the Iowa Code.
- C) The following employee protections will be incorporated to ensure the accuracy and integrity of the testing program:
- Only a Substance Abuse and Mental Health Administration-certified drug-testing laboratory will be used.
 - A strict chain-of-custody procedure will be used to ensure the integrity of each urine specimen.
 - The process will ensure individual privacy during the collection process and the confidentiality of test results.
 - All “positive” drug screens will be confirmed by a second test using a different chemical process, and only those samples which test positive on both the screen and the confirmation test will be considered a “positive.”
 - All confirmed “positive” test results will receive a professional medical review, which includes the opportunity for employees to explain the result.
 - Employees who test “positive” for the first time for drugs or alcohol will be offered the opportunity for treatment, except where independent grounds for termination of employment exist.
 - The refusal by an employee to take a drug or alcohol test is considered equivalent to a verified “positive” drug test and therefore subjects the employee to the same adverse employment actions up to and including termination of employment.

D) Reason for testing:

- **Job Applicant:** Testing that is conducted to prevent the hiring of individuals who illegally use drugs.
- **Post-Accident:** Testing employees who are involved in on-the-job accidents or near accidents, or who engage in unsafe job-related activities that pose a significant danger to themselves, other employees, or the public.
- **Follow-up:** Testing employees who have violated the company's substance use policy but who were given the opportunity to keep their jobs conditioned on successful rehabilitation and no further "positive" tests.
- **Reasonable Suspicion:** Testing that is conducted when there is information about an employee's appearance, conduct, or behavior that would cause a reasonable person to believe that the employee has used or may be impaired by drugs or alcohol.
- **Random:** Testing conducted on a neutral selection basis with all employees subject to testing having an equal chance of being selected.

***Guidance:** Random testing is often reserved for employees in positions where the health and safety of themselves, other employees or the public may be at risk.*



Program Evaluation

Program Evaluation

Overview

Program evaluation is an important part of any drug-free workplace program because it lets you know if you are saving money, improving your bottom line, or reducing workplace problems related to alcohol and other drug use.

There are several ways to evaluate your program. Some employers hire a consultant, while others elect to conduct their own evaluations. For organizations with limited resources, this section offers guidelines for conducting a basic evaluation of your drug-free workplace program.

Set Goals

Drug-free workplace programs have to make good business sense. There should be some return on investment whether that is in the form of actual cost savings or less tangible benefits such as improved morale. As you develop and implement your program, it is important to identify what you hope to accomplish.

Establish a Baseline

Assess your organization as it is today, *before* you implement your program. Check company records for the past two years to determine measures that relate to your goals. Consider some or all of the following factors, which can be indicators of concerns with alcohol and other drug use. If records are not available for years past, start tracking the trends now.

- Absenteeism, tardiness
- Health care benefits utilization
- Workers' compensation claims
- Productivity, quality
- Theft, property damage
- Accidents
- Turnover

Determine the cost of the factors you use in dollars, if possible.

Talk to or survey employees at all levels of the organization to assess the current overall morale of the staff and how drugs might be impacting your workplace. Interviews can provide you with the most in-depth information, but consider having someone outside your organization conduct them so employees feel "safe" about the comments they make. Anonymous surveys typically provide you with the most honest and open feedback, but they can't provide you with information or explanations you did not include in your original set of questions.

Reassess Baseline Measures

Review your records at the end of the first year and in subsequent years for the factors you established a baseline for and reassess employee morale. Compare the results to your baseline and determine if there have been any changes and why those changes might have occurred.

Talk to and/or survey employees and supervisors about their perceptions of the program and its impact. Reassess morale and how the impact of drugs in your workplace has changed.

Determine Your Success

Compare your results and feedback to the goals you set for your program. Have you made progress? Remember that cost savings may take some time to accumulate, but if your baseline includes a broad enough set of measures, you should be seeing progress in at least some areas.

Did you make progress toward benefits you did not identify as goals at the beginning of the program? It is very possible that your organization will benefit in ways you did not anticipate. You may not need to add them to your list of goals, but it is important to recognize unexpected benefits and consider them as you evaluate the success of your program.

Reassess Your Program

Use your annual findings to review and possibly modify your program. Which program components are working well? Which seem to need improvement? Are there program components that were not included in your original program that need to be added?

Consider developing a committee of employees from all levels of the workforce to assist with identifying and making changes to your program.



Outside Resources

Outside Resources

Overview

Several sources of outside help are available to employers who want to start or expand a drug-free workplace program. Which source is most appropriate will depend on the type of program and assistance that is needed.

Free and Low-Cost Services

Free and low-cost resources include:

- The **Iowa Department of Health and Human Services (HHS)**. It funds programs throughout the state aimed at improving the health and welfare of Iowans. Treatment services are available on a sliding fee basis.
hhs.iowa.gov
- **HHS contracted substance use prevention agencies** and licensed treatment programs. They provide services for every county in the state of Iowa.
- **Iowa Office of Drug Control Policy**. Provides direction on Iowa Workplace Drug Testing and Iowa Code.
<https://odcp.iowa.gov>
- **Your Life Iowa**. Provides information, resources, crisis support and referrals for problem gambling, substance use, mental health, and suicide.
<https://yourlifeiowa.org>
- **Professional associations**. They sometimes have a list of programs and individuals who provide assistance and referral services for employers.

Fee-Based Services

Fee-based services include:

- **Drug-free workplace consultants** specializing in helping employers and employees develop drug-free workplace policies and programs.
- **Attorneys, arbitrators and mediators** specializing in helping organizations develop drug-free workplace policies.
- **Drug testing labs** that provide assistance with policy writing and educational programs.
- **Health insurance carriers** who can review your medical and health insurance policies to determine options for treatment coverage.

Using Outside Resources

When using outside resources, it is important to be very clear about what you want and can afford for each part of the program. Will they actually develop the policy or simply critique or provide legal review? Are they expected to create forms or select a testing lab?

Ask questions about:

- Fees and how they are calculated.
- What work will be done.
- Who will do the work and what qualifications they have.
- When work will be completed.
- What results can be anticipated.
- Who you can call for references.

If the costs seem too high:

- Ask if the work can be done in phases.
- Ask about payment plans.
- Ask what could be done within your budget.
- Get two or more bids.

Finding Outside Resources

You can locate outside resources in the following ways:

- Contact your **Chamber of Commerce** or **trade association**.
- Talk with **other employers** about outside resources they have used.
- Use the list of **partnering Substance Use Prevention Agencies** on the Partnership for a Healthy Iowa website at <https://ahealthyiowa.org/>.

Online Resources

The following websites are also good resources for information and ideas:

- **Substance Abuse and Mental Health Administration (SAMSHA)**
The Federal agency charged with improving the quality of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance use and mental illnesses. This site has links to the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), Prevention Online, and the National Clearinghouse for Alcohol and Drug Information (NCADI).
<https://www.samhsa.gov>
- **National Institute on Drug Abuse (NIDA)**
NIDA supports nearly 85% of the world's research on the health aspects of drug misuse and substance use disorder and strives to make this information available to professionals and the general public.
<https://nida.nih.gov>
- **Partnership for a Drug-Free America (PDFA)**
A non-profit coalition of professionals from the communications industry whose mission is to help teens reject substance use.
<https://www.drugfree.org>
- **Office of National Drug Control Policy (ONDCP)**
The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences.
<https://www.whitehouse.gov/ondcp/>

Online Resources

(continued)

- **Alcoholics Anonymous (AA)**

Alcoholics Anonymous is an international fellowship of individuals who have had a drinking dependency. It is nonprofessional, self-supporting, nondenominational, multiracial, and apolitical. It is available almost everywhere, and there are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking dependency.

<https://www.aa.org>

- **Al-Anon/Alateen**

Al-Anon is a program designed to help families and friends of alcoholics recover from the effects of living with the drinking of a relative or friend. Alateen is a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking.

<https://www.al-anon.org>

- **Narcotics Anonymous World Services (NA)**

Narcotics Anonymous is an international, community-based association of people who are recovering from drug use with more than 28,000 weekly meetings in 113 countries.

<https://www.na.org>

- **EAP-SAP.COM from DataLink**

Online Employee Assistance Program and Substance Abuse Professional directories.

<https://www.eap-sap.com>

- **Employee Assistance Professionals Organization (EAPA)**

The world's oldest and largest membership organization for employee assistance professionals.

<https://eapasn.org>



Employee Education Program

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Facilitator Information for the Employee Education Module

Purpose and Objectives

The purpose of the employee education modules is to increase awareness of alcohol and other drug use and encourage employees to assist in maintaining a drug-free workplace.

After completing the training, participants will be able to:

- Understand who can develop a substance use disorder.
- Recognize “Red Flags” that indicate possible substance use.
- Comply with the company’s drug-free workplace policy and/or program.
- Appropriately communicate concerns about substance use in the workplace.
- Recognize and avoid enabling behaviors that may inadvertently contribute to a substance use disorder.
- Understand the nature of substance use disorder and the recovery process.
- Locate assistance for substance use disorders.
- Identify ways to prevent substance misuse.

Who Should Attend

All employees are part of creating a drug-free workplace – from the highest to the lowest level, full- and part-time. Therefore, all employees should receive educational information and attend educational sessions.

Managers and supervisors should be trained before employees whenever that is practical. This gives them advance knowledge of what will be communicated to their employees and allows them to ask questions about the content or their supervisory role without worrying about what their employees might think. Both of these make it easier for managers and supervisors to support the training and the company’s policy in the workplace.

Managers and supervisors should complete the first module, Supporting a Drug-Free Workplace, before they attend the additional supervisor training module because the content builds from one module to the other.

Who Should Facilitate

The employee education modules can be facilitated by a variety of people depending on available time and resources. Consider selecting one of the following people to facilitate the session(s):

- A trainer from your organization.
- A manager or supervisor from your organization.
- Your local comprehensive substance use prevention agency representative.
- A consultant or representative from a local community agency or employee assistance program.

Session Agenda

The entire session takes about 3 ½ hours. **You may elect to do all of the training or only those sections that are best suited to the organization’s available time and drug-free workplace program goals.** The following list of approximate times for each section of the module will help you tailor the module, if necessary, to meet the organization’s needs.

Time	Module Sections
20 min	Initial Motivation and Session Objectives <ul style="list-style-type: none"> Includes video and large group activity. Should <i>not</i> be eliminated because it sets the stage for the entire session. Objectives should be edited if not doing entire module.
15 min	Who Becomes a Person Who Uses Drugs? <ul style="list-style-type: none"> Includes video and large group review. Recommend not doing this section without video support.
40 min	Signs of Use and Dependency <ul style="list-style-type: none"> Includes video as well as facilitator-led presentations and group discussions.
10 min	Break
20 min	Your Drug-Free Workplace Program and Policy <ul style="list-style-type: none"> Is a review of the organization’s policy and/or program. Time is approximate – depends on how lengthy the policy is as well as how familiar participants already are with it.
20 min	Communicating Concerns About Potential Substance Use <ul style="list-style-type: none"> Includes facilitator-led discussion and a case study activity in small groups.
30 min	Enabling Behaviors <ul style="list-style-type: none"> Includes video and case study activity in small groups as well as an optional self-assessment activity. Could take longer without video support because facilitator will present information.
10 min	Break
15 min	Understanding Substance Use Disorder and the Recovery Process <ul style="list-style-type: none"> Includes video and facilitator-led presentation and discussion. Has large group activity that can be used in place of video.
10 min	Locating Resources <ul style="list-style-type: none"> Is a facilitator-led presentation.
10 min	Prevention is Best <ul style="list-style-type: none"> Is a facilitator-led presentation and group discussion.
15 min	Review and Summary <ul style="list-style-type: none"> Is a facilitator-led discussion in question and answer format. Questions should be edited if not doing entire module.

The agenda includes two breaks. If you are not doing the entire session, you should still include at least one 5–10 minute break if your session time will exceed 60 minutes.

Shorter Sessions

The following agendas can be used for shorter sessions.

1 hour

Time	Module Sections
20 min	Initial Motivation and Session Objectives
35 min	Signs of Use and Dependency
5 min	Review and Summary (Adapt to include only these agenda topics)

90 min

Time	Module Sections
10 min	Initial Motivation and Session Objectives (Do either quiz or video, but not both)
10 min	Recognizing Potential Substance Use (page I-14)
20 min	Communicating Concerns About Potential Substance Use
5 min	Break
30 min	Enabling Behaviors
10 min	Review and Summary (Adapt to include only these agenda topics)

2 hours

Time	Module Sections
20 min	Initial Motivation and Session Objectives
35 min	Signs of Use and Dependency
5 min	Break
20 min	Communicating Concerns About Potential Substance Use
30 min	Enabling Behaviors
10 min	Review and Summary (Adapt to include only these agenda topics)

Training Materials

This kit includes the following materials:

- **Facilitator Guide** with talking points and instructions for each activity as well as detailed facilitator notes to assist facilitators in debriefing quizzes, case studies and role plays.
- **Participant Handouts** with information and activities for the participants. The handouts are referenced by both title and number throughout the facilitator guide. Copies of the handouts are located behind the Participant Handouts tab. Masters of both a cover sheet and the individual handouts are located in the back of this kit.
- **Video** that presents key content and demonstrates important training concepts so facilitators can focus on leading discussions and activities. For facilitators who are not able to use the video, the facilitator guide contains suggestions and facilitator notes that will allow them to cover the same content.
- **Presentation Slides** to support facilitator-led sections of the training. The slides are in Microsoft PowerPoint and can be used with computer-driven display units. It also includes suggested **Flip Chart Content** for those who will not be using computer-driven display units.

This training has been designed to be facilitated almost anywhere for anyone, regardless of technology and equipment. Although the video and presentation slides enhance the overall training experience, ***the session can effectively be facilitated using only the facilitator guide, handouts, a flip chart, and markers.***

Equipment and Supplies

You will need some or all of the following equipment and supplies to facilitate this module:

- Video player with monitor
- Computer-driven display unit
- Computer with presentation slides downloaded or on drive
- Flip chart on stand with markers
- Participant handouts and session evaluation forms
- Copies of the organization's drug-free workplace policy and/or program information
- Nametags for participants
- Pens or pencils for participants

Preparation Checklist

4–6 weeks prior to the session:

- Determine who will facilitate the sessions. Schedule time with outside resources if they will be used.

2–4 weeks prior to the session:

- Review the facilitator guide and preview the videos.
- Set your agenda and determine the session length.
- Determine training date(s) and reserve room(s) for training.
- Invite participants.

1 week prior to the session:

- Continue to review the facilitator guide, focusing on those sections most unfamiliar to you.
- Verify participants will be attending.

1–2 days prior to the session:

- Practice presenting the session information. Become familiar with discussion points and activities.
- Prepare flip charts that should be made ahead of time.
- Gather all materials and make all copies.
- Test video player and monitor if available.
- Test computer-driven display unit.
- Arrange for food and/or beverages (optional).

1–2 hours prior to the session:

Plan to arrive 45–60 minutes prior to the start of the session to ensure everything is ready and in working order.

- Review agenda and facilitator guide.
- Verify you have all equipment and materials. Test video player and computer-driven display.
- Arrange room with U-shaped or small group seating.
- Place participant handouts and pens/pencils at each place.
- Set up food and/or beverages (optional).

Inviting Participants

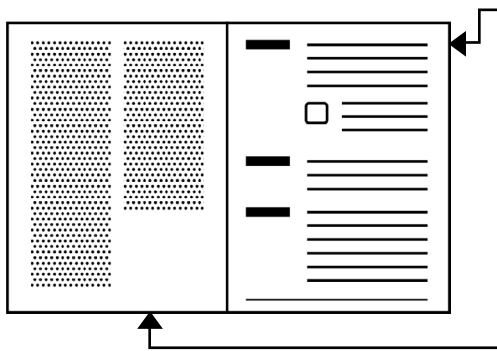
A memo similar to the following should be sent to participants two to four weeks prior to the session. Modify this text to meet your specific needs.

<p>To: From: Date:</p> <p>Re: Employee Education for a Drug-Free Workplace</p> <p>Our company is committed to providing a safe work environment and promoting and protecting the health, safety and well-being of our employees. In support of this, we have recently adopted a drug-free workplace policy and are now implementing a comprehensive drug-free workplace program that, in addition to the policy, includes employee education, supervisor training and assistance for employees who need it.</p> <p>You are encouraged to attend the following education session, which will focus on how employees can support a drug-free workplace.</p> <p>Date: <i>(fill in day and date)</i> Time: <i>(fill in starting and ending time)</i> Location: <i>(provide room name/# and directions if anyone is not located in that building on a regular basis.)</i></p> <p>Creating and maintaining a drug-free workplace will take everyone working together to make it happen. Please mark your calendars so you can attend this important session. We look forward to seeing you there.</p> <p><i>(Your name)</i> <i>(Department Name and/or Contact Phone Number)</i></p>

Some companies may choose to mandate training. If that is the case, the second paragraph of the invitation might read as follows:

- As part of our commitment to this comprehensive program, we are requiring all employees to attend the following education session, which will focus on how employees can support a drug-free workplace.

Using the Facilitator Guide



Knowing where to look for key information will make preparation and facilitation easier.

The right-hand pages of the guide tell the facilitator what to say or do throughout the module. They include the overall flow as well as specific talking points, video summaries and instructions for activities. These are the pages you should refer to as you conduct the session. Talking points, instructions, and things you should actually say or do are in **this large font** while other notes for the facilitator are in *this smaller italic font*. A key can be found on the top right of most pages that provides a quick reference on what the facilitator can expect for each page and what resources to have ready. The left column on these pages serves as an outline of the module while the right column contains the facilitator information.

The left-hand pages are titled “Facilitator Notes” and contain background or more detailed information for you to refer to when preparing for the session or debriefing the quizzes, case studies, or role plays. You should review this information carefully as you prepare for the session.

Icon Key

The right-hand pages of the facilitator guide contain icons that let you know at a glance when you will use various training materials or methods. The key below lists what you will do for each icon.



Refer to a participant handout or online resource for information or an activity.



Show a video segment.



Refer to a presentation slide/prepared flip chart
–OR–
Write participant responses/other information on a flip chart.



Facilitate a group discussion or activity.



Ask a question to generate discussion or gather thoughts and ideas.

Suggested Flip Charts

If you are not using the presentation slides, you will want to use flip charts to support the facilitator-led presentations or discussions. Prepare flip charts with the following content ahead of time so you can focus on your presentation during the session.

Session Objectives 1

- Understand who becomes a person who uses drugs
- Recognize problems
- Understand drug-free workplace policy
- Communicate concerns appropriately
- Stop enabling others
- Understand addiction and recovery
- Locate assistance
- Prevent abuse

Communicating About Suspicious Behaviors 2

- Don't ignore or cover up problems
- Tell a supervisor about inappropriate behavior and safety or quality issues
- Focus on specific, job-related behaviors
- Make observations, not judgments

Remember ... you only SUSPECT a problem. You DON'T KNOW that there is one.

Enabling Behaviors 3

- Accepting or Encouraging
- Ignoring
- Excusing
- Rescuing

Why We Enable 4

- Don't believe there is a problem
- Hope it will improve on its own
- Avoid embarrassment
- Don't know what to do

Most people who enable substance abuse do so because they mistakenly believe they are helping.

Session-Specific Tips

Because of the sensitive nature of this topic, you should:

- **Invite local experts to help you facilitate** if they are willing and able to come. Very few of us would call ourselves experts on alcohol or drug use. Resources include a local substance use prevention specialist, law enforcement official, or physician.
- **Avoid using the word “you” when talking about drug use.** Avoid saying, “When you use methamphetamine...” Some people may find this offensive or accusatory. Instead say “When people use methamphetamine...”
- **Avoid using the words “addict” or “alcoholic.”** These are negative labels implying that the person is the problem instead of acknowledging that the person has a substance use disorder. Instead say, “a person with a substance use disorder” or “a person dealing with alcoholism.”
- **Allow time for questions.** The topic may generate a number of questions for employees. Be sure to allow time to answer them. Some individuals may want to ask their questions in private, so plan to stay afterwards for those people.

General Facilitation Tips

Keep the following tips in mind as you prepare to facilitate:

- **Know your material.** Take time to review the facilitator guide, the participant handouts, and the video several times before you present the session. Avoid reading the facilitator guide text as you present information.
- **Know your audience.** Taking time to learn about the tenure, interests and personalities of your audience will strengthen your ability to encourage participation and help you feel more confident as you facilitate.
- Remember that **people have different learning styles.** Try to incorporate different types of activities and techniques to meet the needs of the three main learning styles:
 - **Auditory** learners remember what they hear. They like lectures and group discussions.
 - **Visual** learners remember what they see or read. They like handouts and visual aids.
 - **Kinesthetic** learners remember what they do. They like to be physically engaged in demonstrations and activities.

Remember that **adults learn best in informal settings where the information is practical and they are asked to solve realistic problems** or deal with situations that can be easily related to their everyday activities.

Involving the Group

The more you involve participants, the more they will benefit from the session. Making good use of questions and rewarding participation are two ways to encourage involvement.

Questions

Asking open-ended questions naturally gets people involved because they can't be answered with a simple "yes" or "no." These questions typically begin with the words who, what, when, where or how, not do or is.

- **Overhead questions** are directed to the group as a whole. They are used to generate discussion. Example: What would you do if you suspected an accident was related to drug use?
- **Direct questions** are asked of a specific person. They are used to take advantage of special expertise or get that person more involved. Example: Mary, how does that information compare to what you've researched? Ben, what did you find interesting about the video?
- **Referral questions** redirect one question or opinion to another person in the group. They are used to draw out opinions or take advantage of a participant's expertise. Example: Bill, how do you feel about Maria's recommendation?
- **Reverse questions** encourage an individual or the group to answer a question that has been asked by a participant. They encourage people to think things through and are especially effective when you think that person has a good response or a desire to answer the question. Example: Carlos, how would you answer Megan's question? Good question – what do the rest of you think?

Questions from participants are a good thing. It shows they are interested enough to speak up. When a participant asks a question:

- **Listen to the entire question** even if you think you know what the person is asking after only a few words.
- **Assume you have not been clear** even if you think the person wasn't paying attention.
- **Ask if your answer was clear and complete**, by saying something like, "Does that answer your question?"
- **Admit when you don't know the answer**, then do your best to find it.

Rewards

Always say "thank you" when people volunteer answers or comments or participate in a role play or activity. If you are worried about getting people to participate, consider giving out candy or small prizes when people do volunteer information or opinions, as well as when they take the risk of doing a role play or something else in front of the group.

Background Information About Substance Use Disorder

When asked what type of person is most likely to become an “addict,” people will use some of the following descriptions:

- Weak
- Immature
- Lazy
- Misdirected
- Low self-esteem
- Immoral
- Depressed
- No willpower
- Dependent
- Compulsive
- Stupid

These represent our stereotypes of a person who uses drugs. But like most stereotypes, they are flawed. Most of us would not describe ourselves as weak or immature. If we believe the stereotypes, then we believe that substance use disorder cannot happen to us – that our choices about quantity and frequency when using alcohol or drugs don’t matter. We come to believe that it is the type of person we are rather than the choices we make that determines whether we develop a substance use disorder or not.

Research has shown that although people with a substance use disorder tend to develop similar issues after the substance use disorder has begun, there is no common PRE-substance use disorder personality. Research has also shown that although there is a greater risk of developing substance use disorder if a family history exists, substance use disorder happens to both people with a family history of substance use disorder and people without a family history or genetic risk.

Everyone has the potential to develop a substance use disorder, but this risk is based on the choices we make, not on the type of person we are. It can happen to anyone.

Although substance use disorder begins with a personal choice to use these substances, research shows that, for many, a true physical and/or psychological dependence soon sets in. This can result from a number of factors, including heredity, social or environmental factors, and prolonged substance use. Some drugs actually alter brain functioning in ways that produce a compulsion to use them despite adverse consequences.

In the past, drug dependence was treated as an acute illness – one that can and should be “cured” virtually overnight. ***We now know that substance use disorder is a long-term, chronic, relapsing illness.*** When treated as such, success rates are comparable to those associated with treating other chronic health problems such as hypertension, diabetes, and asthma.

Because substance use disorder is a chronic illness typically characterized by occasional relapses, short-term, one-time treatment is rarely sufficient. ***For many, treatment is a long process that involves multiple interventions, relapses and attempts at abstinence. And for all, recovery is a life-long process.***

Background Information About Substances of Use

Substances that are misused may include:

- Alcohol
- Benzodiazepines
- Cannabis (Marijuana/Pot/Weed)
- Cocaine (Coke/Crack)
- Fentanyl
- GHB
- Hallucinogens
- Heroin
- Inhalants
- Ketamine
- Khat
- Kratom
- LSD (Acid)
- MDMA (Ecstasy/Molly)
- Mescaline (Peyote)
- Methamphetamine (Crystal/Meth)
- Over-the-Counter Medicines
- PCP (Angel Dust)
- Prescription Opioids
- Prescription Stimulants
- Psilocybin (Magic Mushrooms/Shrooms)
- Rohypnol® (Flunitrazepam/ Roofies)
- Steroids (Anabolic)
- Synthetic Cannabinoids (K2/Spice)
- Synthetic Cathinones (Bath Salts/Flakka)
- Tobacco/Nicotine

Note that many of these substances are legal. Substance misuse is not just an illegal drug issue. Substance of use are constantly changing. Below is a list of categories that substances may fit into.

Depressants

Depressants are highly addictive substances that slow down the nervous system and produce a calming effect or sleep. They are often called “downers” and include alcohol, barbiturates, tranquilizers, anti-anxiety drugs like Valium, and sedatives such as benzodiazepines, ketamine and Rohypnol (roofies). Small amounts produce calmness and relaxed muscles. Larger doses can cause slurred speech, staggering, and altered perception. Very large doses can cause respiratory depression, coma, and even death.

Alcohol is the most commonly used and misused drug in the United States. Alcohol misuse has a tremendous impact on the workplace because it causes increased sick leave, absenteeism, accidents, medical expenses, and lowered productivity. Although alcohol is a legal drug for adults and has widespread social acceptance, it is estimated that one in ten Americans has a substance use disorder or dependency. Even low doses can significantly impair judgment and coordination. Low to moderate doses increase the incidence of a variety of aggressive acts. High doses can cause marked impairment to higher mental functions, altering a person’s ability to learn and remember information.

Very high doses or combining alcohol with other depressants is extremely dangerous and may even cause death.

GHB (gamma-hydroxybutyrate) produces a hallucinatory and euphoric state. The drug is generally ingested orally after being mixed in a liquid. Depending on the dose, GHB produces drowsiness, dizziness, nausea, amnesia, visual hallucinations, reduced blood pressure, decreased heart rate, convulsions, severe respiratory depression, coma, and death. The onset of symptoms is rapid. With an overdose, unconsciousness can occur after 15 minutes and coma within 30 minutes. Most individuals regain consciousness within two to four hours, but an overdose requires emergency care. Because of its potential to cause amnesia and render a person unconscious, GHB is often used as a “date rape” drug.

Stimulants

Stimulants include amphetamines, methamphetamine, cocaine, crack, khat, synthetic cathinones (bath salts/flakka), and prescription drugs such as Ritalin. Stimulants cause increased alertness and excitation, often making users more talkative and self-confident, but they can also cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. Users experience sweating, headaches, blurred vision, dizziness, sleeplessness and anxiety,

and they often feel restless and moody. Higher doses intensify all of the effects and can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure. Users can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia.

Methamphetamine trafficking and use in Iowa have risen significantly since 1994. It is manufactured from easily obtained household goods and chemicals and is a powerfully addictive stimulant associated with serious health conditions. As a result, this drug is having a devastating impact on communities. Meth use causes irritability, aggressive behavior, anxiety, auditory hallucinations, and paranoia. People who use it tend to engage in violent behavior and may experience meth psychosis.

Cocaine is a powerful stimulant with both psychological and physical dependency that leaves users feeling they cannot function without the drug. It is typically snorted through the nose in powder form, often causing a stuffy or runny nose or other nasal problems. Cocaine may also be diluted and injected intravenously. "Crack" cocaine is a more potent form of the drug, and its effects are felt within 10 seconds. It comes in crystalline rocks or pellets and is usually smoked.

Cannabis

Cannabis products, which include dried marijuana, hashish, hash oil, wax or shatter, are smoked, inhaled as vapor or ingested in foods or liquids. Synthetic cannabinoids (K2/spice), are usually smoked. Low doses tend to induce a sense of well-being and a dreamy state of relaxation. Stronger doses intensify reactions. The user may experience shifting sensory imagery, rapidly fluctuating emotions, a flight of fragmentary thoughts with disturbed associations, an altered sense of identity, impaired memory, and a dulling of attention despite the illusion of heightened insight. High doses may result in image distortion, a loss of personal identity, and fantasies and hallucinations. The drugs' effects often depend upon the experience and expectations of the individual user as well as the drug itself. The effects are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours.

Marijuana contains known toxins and cancer-causing chemicals, which are stored in fat cells for as long as several months.

Marijuana users experience many of the same health problems as tobacco smokers, including bronchitis, emphysema, and bronchial asthma. Use can also produce increased heart rate, dryness of the mouth, reddening of the eyes, impaired motor skills and concentration, and frequent hunger with an increased desire for sweets. Extended use increases risk to the lungs and reproductive system and suppression of the immune system.

Hallucinogens

Hallucinogens distort a person's perception of reality and alter the senses. Drugs in this category include LSD, PCP, mescaline (peyote), psilocybin (magic mushrooms/shrooms), and amphetamine variants such as MDMA (ecstasy). Hallucinogens interrupt the brain functions that control intellect and keep instincts in check. Time and body movements are slowed, muscular coordination worsens and senses are dulled, while speech may be blocked or incoherent. Physical effects include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. Sensations and feelings may change rapidly. It is common for users to have a bad psychological reaction or to experience panic, confusion, suspicion, anxiety, or a loss of control. Delayed effects or flashbacks can occur even after use has ceased. Chronic PCP users report persistent memory problems and speech difficulties. Mood disorders such as depression, anxiety, and violent behavior also occur. Some of these effects may last six months to a year following prolonged daily use.

Ecstasy is an illegally manufactured variation of mescaline and amphetamine whose use has soared among teenagers and young adults. Sometimes called a "feel good" drug, ecstasy is said to produce profoundly positive feelings, empathy for others, elimination of anxiety, and extreme relaxation. It is also said to suppress the need to eat, drink, or sleep, which makes it very popular at all night dances called "raves." While many symptoms of ecstasy overdose are similar to stimulant or hallucinogen use, other adverse effects include severe sweating, hyperthermia (elevated body temperature), and dehydration, which can all lead to kidney or cardiovascular failure.

Narcotics

Except for heroin, many narcotics are approved for medical use in the United States and are commonly prescribed as painkillers. Narcotics include heroin, fentanyl, codeine, morphine, oxycodone, and Demerol. Narcotics initially produce a feeling of euphoria that is followed by drowsiness, nausea, and vomiting. Users may experience constricted pupils, watery eyes, and itching. An overdose may produce slow or shallow breathing, clammy skin, convulsions, coma and possibly death. Tolerance to narcotics develops rapidly, meaning higher doses are needed to obtain the same effects as use continues. Dependence is likely.

Prescription Drug Use

Misuse of prescription drugs is greater than most people realize. While most people do not intentionally misuse prescription drugs, with people seeing multiple doctors and pharmacists, addictive combinations or amounts of drugs can easily go undetected. The elderly are especially vulnerable because of the number of medications they may take. It is important that we all take responsibility to ask our doctor about medications he or she prescribes, tell both our doctor and our pharmacists about any drugs we are using (other prescriptions, over the counter, alcohol, illegal), and find out if we are taking any dangerous combinations.

Inhalants

Inhalants came to public attention in the 1950s when the news media reported that young people seeking a cheap high were sniffing glue. While some people view it as a childish fad, inhalant use is deadly serious. Inhalants are typically common household items that can be used to alter a person's mental state – adhesives, lighter fluids, cleaning fluids, and paint products. Inhalants may be sniffed directly from an open container or “huffed” from a rag soaked in the substance and held to the face. Alternatively, the open container or soaked rag can be placed in a bag where the vapors can concentrate before being inhaled. Risks include sudden death, asphyxia, suffocation, hallucinations, loss of the sense of smell, nausea, and nosebleeds. Research shows that most inhalants are extremely toxic. Perhaps the most significant toxic effect of chronic exposure to inhalants is widespread and long-lasting damage to the brain and other parts of the nervous system.

Background Information on Drugs and Their Effects on the Body

Different types of drugs can affect the body in different ways, and the effects associated with drugs can vary from person to person.

How a drug affects an individual is dependent on:

- body size
- general health
- the amount and strength of the drug
- whether any other drugs have been taken around the same time
- a person's mood or the environment they are in

As illegal drugs are not controlled substances, the quality and strength may differ from one batch to another.

Drugs have short-term and long-term effects. These effects can be physical and psychological. Drugs can impact the way a person thinks, feels and acts. Knowing the risks can help reduce the potential harms someone experiences.

People use drugs for many reasons, and these reasons might include to:

- feel good
- relax
- cope with stress, anxiety or feelings of depression
- deal with emotional pain or a history of trauma
- experiment
- stay awake
- fall asleep
- increase confidence
- enhance social experiences – such as partying

Not all drug use leads to dependence. And not everyone who uses drugs or alcohol wants (or needs) help.

Tolerance and Dependence

People who use a drug regularly for a long period of time can develop dependence and tolerance to it. Tolerance means they need to take larger amounts to get the same effect.

Dependence can be psychological, physical or both. People who are dependent on a drug may find that using the drug becomes more important than other activities in their life.

Remember that there is no safe level of drug use and care should be used when taking any kind of drug.

Different Drugs, Different Effects

Drugs affect the body's central nervous system. They affect how a person thinks, feels and behaves. The seven main types are depressants, psychedelics, stimulants, empathogens, opioids, cannabinoids, and dissociative.

- **Depressants** slow down the messages travelling between the brain and the body. They can reduce arousal and stimulation, making a person feel relaxed or drowsy.
- **Psychedelics** affect all the senses, altering a person's thinking, sense of time and emotions. They can also cause a person to hallucinate – seeing or hearing things that do not exist or are distorted.
- **Stimulants** are a class of drugs that speed up messages traveling between the brain and body. They can make a person feel more awake, alert, confident or energetic.
- **Empathogens** increase a person's feeling of empathy and kindness towards others, as well as feelings of being socially accepted and connected.
- **Opioids** include any drug that acts on opioid receptors in the brain and any natural or synthetic drugs that are made from or related to the opium poppy. Opioids slow heart rate and breathing and provide sensations of pleasure and pain relief.
- **Cannabinoids** are chemical compounds found in all parts of the cannabis plant. They are responsible for the psychoactive effect when cannabis is consumed. They can make a person feel happy, relaxed, anxious or paranoid.
- **Dissociative** (also referred to as “dissociative anesthetics”) can cause people to feel separated or detached from reality. They can also cause hallucinations or other changes in thoughts, emotions and consciousness.

Risk Factors for Drug-Related Harm

The effects of a drug, and how long they last, depend on a number of factors:

- the type and strength
- how the drug was made
- height, weight, age, and metabolism
- the amount taken
- how often or how long the person has used the drug
- how the drug is taken (orally, snorting or injecting). Compared with swallowing, snorting and injecting are more likely to lead to overdose. If injecting drugs, there is an increased risk of tetanus, infection and vein damage. If sharing injecting equipment, there is an increased risk of hepatitis B, hepatitis C, and HIV/AIDS.

Using drugs may increase the risk of experiencing mental health issues for people with a history or family history of these conditions.

Mixing drugs – including over the counter or prescribed medications – can be unpredictable and dangerous.

Harms From Drug Use

Drug use can affect short- and long-term health, including physical and mental health.

People may experience some of the following:

- Taking part in risky behaviors such as drunk driving or unprotected sex
- Changes in behavior such as mood swings or increased aggression toward others
- Impacts on sleep or experiencing insomnia
- Cognitive/memory problems
- Reduced appetite or not eating a balanced diet
- Regular colds and flu
- Long-term health impacts such as liver, kidney and heart problems or cancer (depending on the type of drug used and how frequently it was used)
- Dental health problems (cavities and gum disease)
- Mental health issues such as anxiety and depression
- Dependence
- Overdose
- Psychosis
- Infectious disease from shared injecting equipment
- Damage to veins from unsafe injecting practices
- Financial, work or social problems

Sources:

National Institute of Health: Drugs, Brains, and Behavior: The Science of Addiction

National Institute of Health: The relationship of addiction, tolerance, and dependence

National Institute of Health: Commonly Used Drugs

BetterHealth.vic.gov

Centers for Disease Control and Prevention

Substance Abuse and Mental Health Services Administration



Facilitator Guide

**Employee Education:
Creating a Drug-Free Workplace**

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Initial Motivation and Session Objectives

(20 minutes)

Welcome

Welcome the participants and introduce yourself.

Explain that before you get started you want to see how much they already know about alcohol and other drug use in the workplace.

Fact or Fiction Quiz Part 1

Use the **Fact or Fiction?** quiz to begin generating interest in the session.



Refer to handout J-1, **Fact or Fiction?**

- Allow 3–5 minutes for participants to complete the T/F quiz. Have them work individually or in small groups.
- Explain that before you review the correct answers, you'd like them to watch a video about the types of issues this quiz refers to.

*Note: If you do not have access to a video player, go directly to **Fact or Fiction Quiz Part 2.***

Right Here Right Now Video

Introduce the video as an interesting look at drug use and how it has become a workplace issue.



Show the **Right Here Right Now** video segment.

This is a fast-paced introduction to the issues of drug use and misuse in the workplace. It has scenarios portraying workplace issues and problems related to drug use and it reinforces that use can happen anywhere – even at your workplace. It defines the scope of substance use in the workplace. It ends with a call to action encouraging viewers to join the fight and be part of the solution for a drug-free workplace.

Facilitator Notes

Quiz Answers and Explanations

F 1. *Most people who use drugs are unemployed.*

2/3 of people who use drugs are employed; 3/4 of those are employed full time.

T 2. *There are more high-income people who use drugs than low income.*

Many people who use drugs are prominent citizens – business owners, doctors, civic leaders, parents and neighbors. The typical cocaine user is well-educated with at least 2 years of college. 77% are employed and 37% earn over \$25,000.

F 3. *People who use drugs don't tend to use them at work.*

Almost 10% of employees use drugs in the workplace; 32% know of drug use on the job; and 10% have been offered drugs on the job.

F 4. *Substance use is a personal issue. It rarely impacts a business's bottom line.*

Drug use costs businesses an estimated \$100 billion per year in direct and indirect costs. Abusing employees have 300% higher medical costs, are 3–4 times more likely to have an accident, are 5 times more likely to file a workers compensation claim, typically function at only 67% of their productive capacity, are 3 times more likely to be late, and are 2.5 times more likely to be gone eight or more days, and over half miss 30-35 days of work per year!

F 5. *People with a dependency on alcohol and other drugs are generally weak individuals who suffer from low self-esteem.*

Common views are that people with alcoholism are weak or genetically pre-disposed to alcoholism. The truth is dependency and substance use disorders occur with nearly equal frequency in all types of people. It is the quantity and frequency of use that determines use or substance use disorder. Anyone can become a person who uses drugs.

T 6. *For every person who dies from the use of illegal drugs, 150 die from using alcohol and other legal drugs.*

Alcohol is the number 1 substance of use in Iowa. One in four adult Iowans is classified as an acute drinker, indicative of substance use disorder. 60% of alcohol-related disorders can be attributed to employees who are not alcohol dependent but who occasionally drink too much on a work night or drink during lunch.

F 7. *Prescription drugs are not generally a concern because they are monitored by a doctor.*

Not so – prescription drug use is on the rise. Non-medical use of painkillers increased 181% from 1990 to 1998, tranquilizer misuse increased 132%, and stimulant misuse increased 165%. This type of use affects many Americans but is most seen among the elderly, adolescents and women.

F 8. *When a coworker is abusing alcohol and/or other drugs, you should ignore or help cover up the problem for the sake of teamwork and morale.*

Ignoring or covering for a person only condones the substance use and helps ensure the problem will continue with ever-broadening negative impacts. Don't cover up issues or mistakes, especially when the safety of others is at risk. Make sure a supervisor knows about your concerns.

F 9. *People with a dependency on alcohol and/or other drugs could stop using these substances if they really wanted to.*

They probably can't stop without help. While initial use results from personal choice, further use is often the result of true physical or psychological dependence. Substance use disorder is a chronic illness that requires proven treatment, but it can be treated successfully over time.



Fact or Fiction Quiz Part 2

Have the group discuss what they have learned from the video by reviewing the answers to the quiz questions.



Refer to handout J-1, **Fact or Fiction?**

- Have the group tell you the correct answers based on their thoughts and the video. Correct answers are provided in the facilitator notes on the facing page.

Note: If you did not use the video, use the facilitator notes on the facing page as you review the quiz to better introduce the broader picture of substance use and how it impacts the workplace. The video includes most of the explanatory information in the facilitator notes, so extensive review and explanation of the quiz information is not necessary if you are using video to support your training.



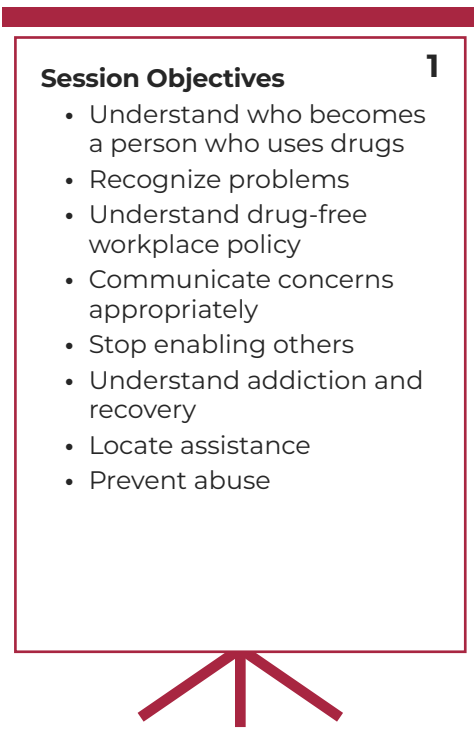
Ask:

- **What comments do you have?**
- **Did anything surprise you?**

Wait out the silence! People may not talk right away, but if you have patience, they will open up and share their thoughts.

Facilitator Notes

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Session Objectives 1

- Understand who becomes a person who uses drugs
- Recognize problems
- Understand drug-free workplace policy
- Communicate concerns appropriately
- Stop enabling others
- Understand addiction and recovery
- Locate assistance
- Prevent abuse

Session Objectives



Refer to the presentation slide or a prepared flip chart to introduce the session objectives.

Explain that we've already touched some of the things we'll be exploring in more detail during the session:

- What types of people become dependent on alcohol or other drugs and what types of drugs they use.
- How you can recognize that someone may have a substance use disorder.

But workplaces won't be drug-free if all we do is recognize a problem. We'll also talk about:

- The organization's drug-free policy and program.
- How to communicate any substance use concerns you may have to a supervisor
- Enabling behaviors – which are things we may think are helpful but which really make another person's substance use disorder worse.
- The nature of substance use disorder and the recovery process.
- How to locate assistance for substance use disorders.
- How to prevent substance use disorders.

Housekeeping

Explain the session agenda, how and when you would prefer they ask questions, and that you will take a break after about 90 minutes.

Have participants introduce themselves if they don't already know each other.

Inform participants about food or beverages, restroom locations, phones, etc., as appropriate.

Facilitator Notes

Stigma is a form of discrimination against an identifiable group of people, a place or a nation. Stigma about people with substance use disorder might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition. For people with an substance use disorder, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be – a chronic, treatable disease from which patients can recover and continue to lead healthy lives. We can be proactive in helping the audience understand how language plays a role in how an individual with substance use disorder seeks help.

Throughout the session, we need to reiterate the importance of person-first language. Person-first language maintains the integrity of individuals as whole human beings – by removing language that equates people to their condition or has negative connotations. For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis. Be conscious of how you yourself refer to individuals with a substance use disorder.

For additional support in what to say, visit the National Institute on Drug Abuse *Words Matter – Terms to Use and Avoid When Talking About Addiction* guide.

Who Becomes A Person Who Uses Drugs?

(15 minutes)

The Truth About Substance Use Video

Note: If you do not have access to a video player, go directly to the next section of training – **Signs of Use and Dependency**.

Introduce the video by explaining that the first thing we need to understand is what kind of person becomes a person who uses drugs in the first place.



Show the **The Truth About Substance Use** video segment.

This segment presents people's stereotypes of what kind of person uses drugs then breaks those stereotypes with statistics and examples that show anyone can become a person who uses drugs – that dependency is more related to how much and how often an individual uses than an individual's personality or social situation.



Review what participants learned from the video by asking the following questions:

- **Did any of the facts in the video surprise you?**
- **What does that tell you about the potential for substance use disorder here in our workplace?**
- **What other comments do you have about people who use drugs after watching the video?**

Conclude by stressing that it is the choices we make about how much and how often and not the type of person we are that leads to substance use or substance use disorder.

Caution participants that since a substance use disorder is a health problem, they should avoid referring to individuals with a substance use disorder or dependency on drugs as an “addict” or an “alcoholic.” These are negative labels that suggest the **person** is a problem when in reality the person **has** a substance use disorder.

Facilitator Notes

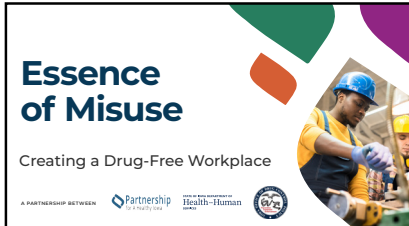
Here are some helpful reminders:

- No one expects employees to recognize which drug may be involved if they suspect a problem.
- The most important thing for them to know are the potential symptoms of drug use because these are what they will see or hear if someone near them has a potential problem.

Signs of Use and Dependency

(40 minutes)

Essence of Misuse Video



Show the ***Essence of Misuse*** video segment.

This segment presents substance use as bigger and broader than illegal drugs. It helps viewers identify behaviors they should be aware of to recognize potential use disorders around them.



Review what participants learned from the video by asking the following questions:

- ***What surprised you about “legal” drug use?***
- ***What other comments do you have after seeing the video?***

Facilitator Notes

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Recognizing Potential Substance Use

Explain that although the video contained a lot of substance use information, no one expects you to be an expert on drugs or to diagnose a substance use disorder. The most important things you should be aware of are the signs that indicate a substance use disorder **may** exist so you can recognize a potential problem at work.



Ask:

What kinds of behaviors would you notice if someone had a substance use disorder?



Let the group share their thoughts, then refer to handout J-3, **Signs of Substance Use**.

- Explain that this handout describes types of behaviors, not types of drugs. Why? Because what's important is to identify that there may be a substance use disorder, not necessarily what drugs are involved. Again, a coworker's role is NOT to diagnose – only to be aware of behaviors that indicate there could be a substance use disorder.
- Stress again what the introduction states: **that people can change for many reasons** so participants should **look for a series of changes**, not isolated, single behaviors.
- Remind them that while these signs and behaviors indicate there may be a drug use disorder, **they could be an indication of some other type of problem** such as marital or financial problems, a sick family member, or living with someone who uses drugs.



Ask:

How many “red flags” do you need to see to be sure there is a problem?

There is no “magic” number. Individuals can change for many reasons. The difference between normal behavior and behavior that may indicate substance use is sometimes a matter of degree and consistency. Don't be ignorant of the possibility, but don't jump to conclusions either.

Facilitator Notes

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The Difference Between Use, Misuse and Dependency

Explain that some people can use and even misuse drugs for years without becoming dependent while others may develop a substance use disorder very quickly. Everyone is different.

Before we continue, it may help to clearly define some terms.

- **“Use”** occurs when the choice to use doesn’t hurt the person who uses or anyone else and the substance is legal. For example:
 - Wine at dinner or a beer after work
 - Aspirin or ibuprofen for pain
 - Cold medicine
 - Cancer treatment drugs
- Many of us “use” legal drugs.
- People progress from use to **“misuse”** when their use of a substance hurts themselves or someone else and/or the substance is illegal. This would apply to the use of alcohol by someone who is younger than the legal drinking age.
- **“Substance Use Disorder”** occurs when people depend on alcohol or other drugs – when it’s no longer a choice because of a true physical and/or psychological dependence or need. This is the point at which many people begin to go to great lengths to hide their use of alcohol or other drugs. But over time, they become less able to mask its effects on their lives.

Facilitator Notes

The chart titled **Typical Behaviors Associated With Alcohol Use Disorder** should be used to generate discussion about

- how signs of substance use may not be obvious at first, and
- how behaviors and consequences worsen over time once a person becomes dependent on a substance.

This particular chart pertains specifically to alcohol use disorder, and the details in the first and third columns may not accurately represent the behaviors and visible signs for all other drugs. However, **the crisis points apply to most drugs, and that portion of the chart gives a good overall picture of how dependency creates a downward spiral of behaviors and consequences** for the person who has a substance use disorder involving drugs.

Please note that the “early phase” that is referred to in the chart should NOT be confused with early stages of substance use. This chart reflects behaviors associated with **alcohol use disorder**, which means the person represented in the chart is already dependent and is no longer freely choosing to drink.

The Dependency Cycle

Transition with: Let's take a look at how and when the "red flags" we talked about might show up for someone with a substance use disorder involving something readily available in our culture: alcohol.



Refer to handout J-4, ***Typical Behaviors Associated With Alcohol Use Disorder.***

Stress that this chart represents a dependency on alcohol – not use or even misuse. This is what will happen to someone who has developed a dependency on alcohol.

- Explain that in the early phase, people with alcohol use disorder drink to relieve tension. As they do, their tolerance increases, so they drink more, to the point that they may have blackouts or memory blanks. At this stage, they realize their drinking is different, so they may become defensive about it.
- ***Have a participant read*** the visible signs they might observe in the early phase.

Ask:



Would you start noticing these signs suddenly or gradually? How or why?

- Point out that as they read through the visible signs of the other phases, they will see that the problem worsens and the signs become more obvious.
- Now focus on the middle column – the crisis points. Note that there are no real crisis points in the early phase until their poor performance warrants criticism from the boss. Unfortunately, by that time, things are starting to snowball, and the crisis points are more frequent and more damaging – both for work and at home.

(continued on next page)

Facilitator Notes

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The Dependency Cycle (Continued)

- Have them look through the crisis points of the middle phase.



Ask:

How much of an impact might some of these crisis points have on an individual or that person's family?

- Point out that once the signs become more noticeable, things can go downhill very quickly – the crisis points start to mount and have such negative impacts that they are difficult to recover from.

Explain that covering for a coworker or friend doesn't stop the cycle – it only hides it until the crisis points are so bad it can't be hidden.

Avoiding this cycle is one reason for this training. We need managers, supervisors and coworkers who know enough to recognize a potential problem and are concerned enough to say something so the problem can be addressed before the crisis points begin to snowball and recovery is difficult.

Facilitator Notes

You may want to point out the following as they relate to the statistics in this handout.

- **47% of workplace accidents and 40% of fatal workplace accidents involve drugs or alcohol. Also, 40% of the time, when a person who uses drugs causes a work accident, a coworker is injured.** This issue doesn't just affect the person who is using or abusing drugs! Your own safety could be at risk because of another person's choices.
- **People who use drugs are 33% less productive.** That would be like missing 1 ½ days of work each week!
- **People who use drugs are 10 times more likely to be absent, missing 30–35 days per year, and are 3 times more likely to be late for work.** Add another day to that last point – between being less productive, absent, and late, having a substance use disorder would be like missing 2 ½ days of work each week!
- **An average of 15–17% of the employees in every company use drugs. Almost 10% of employees use drugs in the workplace.** That would mean that for every group of employees the size of our group here in this room, *_____ might be part of this growing problem. And it's probably happening right here at work.

** Insert an appropriate number based on the size of your group. For a group of 10, it would be 1, possibly 2. For a group of 20, it would be 2 or 3.*

- **1 in 4 Iowans is classified as an “acute” drinker, indicating substance use disorder.** That's 25%! If we, as a company, are representative of Iowa, then *_____ of our employees might have a drinking disorder.

** Again, insert an appropriate number based on how many employees your company has. For 10 employees, it would be 2 or 3. For 25, it would be 6. For 50, it would be 12. For 100, it would be 25. For 250, it would be 60. For 500, it would be 125.*

Here are some helpful reminders:

- No one expects employees to recognize which drug may be involved if they suspect a problem.
- The most important thing for them to know are the potential symptoms of drug use because these are what they will see or hear if someone near them has a potential problem.



J-5



10 Minutes

How Does Substance Use and Misuse Impact You?

Transition with: We've talked a lot about "other" people so far. Let's take a few minutes to discuss how all of this relates to you and our workplace here at _____.



Divide participants into groups of 3–5.

Based on the information presented so far, have them discuss:

- **How might a coworker's use or misuse of alcohol or other drugs affect you personally at work?**
- **How might use or misuse affect your department and the company as a whole?**

Have each group share 3–4 impacts they identified during their discussion.

*If you did not use the **Right Here Right Now** video, you may want to provide the optional handout (below) to the group as background information to use during their small group discussions.*



Optional:

Provide participants with handout J-5, **The Issue Is...**, as a summary of how substance use impacts them and has grown as a problem in our state.

Depending on time and the interests of your group, you can either review the information in the handout or simply provide it to the group for future reference and move on to the next section.

Break



Give participants a 10 minute break.

Facilitator Notes

If you are an outside facilitator, it would be best to have a company representative, such as a supervisor or a representative from the human resources department, help facilitate this part of the session.

If the company's drug-free workplace policy or program is new or simply unfamiliar to employees, be prepared for a lot of questions. It might be good to brainstorm a list of possible questions or concerns with an appropriate group of supervisors or Human Resource representatives prior to the session to minimize surprises and ensure you, as the facilitator, appear knowledgeable and credible. If someone asks a question you cannot answer, be sure to write it down and let the participants know how and when you will get an answer to them.

Remember, any policy implementation creates concerns on the part of employees. **Drug-free workplace policies and programs are best received when the emphasis is on getting help** for individuals with substance use disorders. Employees will naturally ask questions about how the policy will punish violators, and if you're not careful, this focus on the punitive side of the policy will dominate the discussion and create unnecessary concern. It is important to answer those questions, but be sure to emphasize the positive aspects of the policy – how the workplace and individuals will benefit from the policy – and make sure your closing statements in this section of training are related to the helpful, supportive aspects of the program.

When introducing the policy or program, it is good to share positive, employee-oriented reasons for implementing one. If the company does not have specific reasons for the policy or program, some of the following reasons may be appropriate to share and/or elaborate on:

- Commitment to employee health and safety
- Costs or liabilities associated with accidents
- Productivity issues or concerns
- Recent incidents or concerns involving substance use
- Feedback from employees about substance use disorders or concerns

The following are suggestions for specific circumstances you might encounter depending on the company's policy.

- **If your policy is very long and/or difficult to read** because of the legal language it includes, be prepared to summarize the key points in everyday terms. You may even want to provide a 1-page summary as a handout.
- **If your policy includes drug testing**, have a current copy of the Iowa Code or someone from legal who is well versed in the Iowa Code to answer questions.



Your Drug-Free Workplace Policy and Program

(20 minutes)

Why Have a Drug-Free Workplace Program?

Point out that the company is implementing a drug-free workplace program to avoid the things they've just been discussing.

Share specific reasons the company has for implementing its program and relate those to what the group has been learning or discussing.

Specifics of the Drug-Free Workplace Policy/Program



Distribute copies of the company's drug-free policy and/or program description to the group and use this documentation to explain the program in detail.



Ask:

What questions do you have about the company's program?

If you are not able to answer a question, write it on a flip chart and post that as a "parking lot" for unanswered questions. Commit to getting the answers and communicating them to the group by a reasonable date, then follow through on that commitment.

Facilitator Notes

When discussing expectations, and throughout training, it is important to NOT say something like:

- “If you observe substance use ...”
- “You should report substance use ...”

Remember, the behaviors they observe simply indicate there might be an issue of some sort. They won't know there is a problem; they will only suspect there is a problem, and they certainly cannot conclude that substance use is the cause. It could be a number of personal situations, including financial issues, a death in the family, marital problems, even living with someone who has a substance use disorder.

More than likely, the company does not want to identify substance use. The company wants to ensure a safe, productive work environment for all employees. To do that, they will try to help troubled employees, regardless of the source of trouble. The focus should be on how the individual's behavior is affecting their performance or the workplace, NOT diagnosing the problem.

You can more appropriately encourage participants to report:

- “inappropriate behaviors”
- “behaviors that negatively impact the workplace”

Employee Expectations

Explain that one of the most important expectations the organization has of its employees is that each individual abide by the policy and not use or be under the influence of alcohol or other drugs in the workplace.

In addition to this, employees are expected to do two things if they observe inappropriate behavior or safety and quality issues that might be associated with substance use by a coworker:

- Communicate their concerns to a manager or supervisor.
- Evaluate whether they might be enabling the behaviors or issues and, if so, stop those enabling behaviors.

Point out that you don't expect them to be able to diagnose a problem as substance use – that's why we haven't been talking a lot about specific drugs. But we have been talking about behaviors and visible signs because you do expect them to notice behaviors that are inappropriate or possibly dangerous and ensure that a supervisor is aware of these and any other issues that could negatively impact other workers.

Let's discuss each of these expectations in a little more detail...

Facilitator Notes

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Communicating Concerns About Potential Substance Use *(20 minutes)*

Important Points for Talking About Suspicious Behavior



Ask:

Why is it important to tell a supervisor when you see behavior that is inappropriate or dangerous?

Make sure the discussion brings out the following:

- Being silent or covering for a coworker will not help the problem. It may actually make it worse. If you are concerned, say something.
- Substance use affects everyone, not just the person with the substance use disorder. Because it can negatively affect the safety or health of others as well as morale, it's important to say something. Often, people who are abusing drugs need to be confronted with the consequences of their behavior and the impact they are having on others before they can admit they have a problem.



Ask:

- ***So ... do you just go up and say someone has a substance use disorder? (No!)***
- ***How do you approach the conversation with your supervisor?***

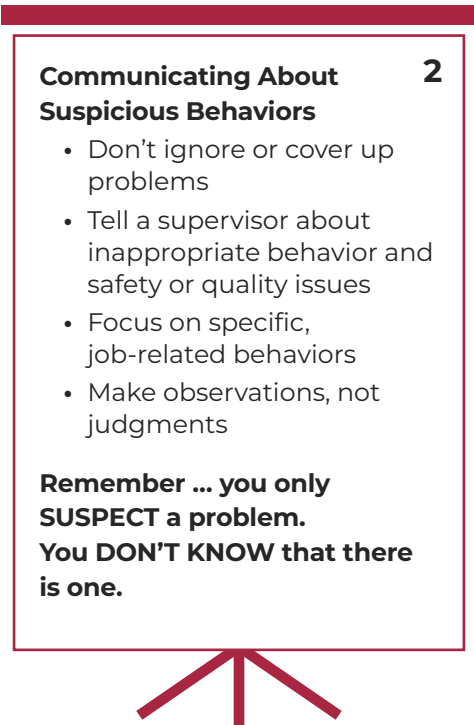
Make sure the discussion brings out the following:

- Focus on specific behaviors and/or issues related to how the person is doing his/her job, not that you think the person has an alcohol or drug use disorder.
- Make observations, not judgments.
- Stick to things other people can also see or hear, and therefore agree with. Examples:
 - *Being late, leaving early*
 - *Making mistakes, not doing work, being forgetful*
 - *Angry outbursts, being negative or mean*
 - *Coming to work dirty/unkept, in a dirty uniform*

(continued on next page)

Facilitator Notes

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Communicating About Suspicious Behaviors **2**

- Don't ignore or cover up problems
- Tell a supervisor about inappropriate behavior and safety or quality issues
- Focus on specific, job-related behaviors
- Make observations, not judgments

Remember ... you only SUSPECT a problem. You DON'T KNOW that there is one.

Important Points for Talking About Suspicious Behavior (Continued)



Refer to the presentation slide or a prepared flip chart and use their answers to get to the following summary about communicating their concerns:

- Don't ignore or cover up problems
- Tell a supervisor about inappropriate behavior and safety or quality issues
- Focus on specific behaviors and/or issues related to how the person is doing his/her job
- Make observations, not judgments

Remember ... you **suspect** a substance use disorder, but you **don't know** that there is one. Marital problems, a sick family member, financial problems, living with a person abusing drugs, etc., can all produce the same or similar behaviors in the workplace as substance use. It's not your job to figure out what is wrong, only to let a supervisor know about behaviors or situations that do or could negatively impact your work environment.

*You may want to reassure participants that all supervisors are being trained in how to tactfully conduct conversations with employees who exhibit suspicious behaviors and **may** have a substance use disorder.*

Facilitator Notes

Use the following information to assist with the case study discussion. The italicized text is from the participant handout. The bold text is for you as the facilitator.

1. *Chris has always been a great coworker – energetic and a hard worker. Over the past few months, Chris has been late 10–12 times and sick more often than usual. Chris seems forgetful, distracted, and more tired than usual. He is unhappy and frustrated. You heard he had to borrow money for lunch the other day. He appears to make and receive a lot of personal phone calls. Twice last week and once already this week, Chris has asked you to cover up the fact that he was late to work. When you asked what was wrong, he said, “Nothing,” but you could tell he was holding something back.*

Chris’s behaviors indicate there is some kind of problem. While his behaviors could be associated with substance use, they could also be caused by marital problems, a sick or dying parent, a night job to assist with financial issues, or a spouse or child with a substance use disorder.

You should let a supervisor know there are workplace issues, especially if Chris works where the safety of others could be at risk. Focus on his being tardy, the unusual number of sick days, asking people to cover for him, and having so many personal phone calls (if that is limited by company policy). While it would be OK to mention other signs such as being distracted or tired in your general concern for Chris, those things don’t necessarily mean he isn’t doing his job. Avoid talking about him being unhappy or frustrated or that you think he was covering something up when you asked how things were going – these are your judgments. And reporting things you heard, but don’t know, is also inappropriate.

2. *William used to be very organized. His work was always neat and on time. William has always been well liked by everyone, but lately people are avoiding him because he’s been so moody. His desk is a mess, his work is sloppy and he misses deadlines. He just doesn’t care. He’s angry at the world and doing well isn’t important to him anymore.*

That William has changed from how he has always been (messy versus neat, late versus on time, etc.) does indicate some type of problem. But like the previous situation, the problem may NOT be substance use. Be open. Avoid diagnosing.

A supervisor should know about the missed deadlines because this is a work issue. You could add that he has changed in a number of ways and provide some specific examples. Comments about him not caring or being angry would be inappropriate because they are judgments – you don’t know how he feels and you don’t know what is and is not important to him.

3. *Over the past two months, Leroy has been to the company nurse three times. You’ve heard that Leroy does cocaine in his truck at lunch, and you believe it because his pupils are usually dilated, his eyes have that glassy look, and he typically seems agitated or impatient. Lately he is driving everyone crazy by bragging about all the things he is buying – big things that most everyone else says they could never afford.*

While Leroy’s unusual wealth compared to his coworkers as well as his recent series of accidents indicates there could be a drug disorder or that Leroy might even be selling drugs, we can’t know for sure.

You should let a supervisor know about Leroy’s frequent visits to the nurse and your concerns that there might be a drug disorder because of his behaviors. You should not mention your suspicions about whether the rumors of him doing cocaine in his truck are true.

4. *Terry has gotten lazy and careless. Her quality stats have been slipping over the past month, and she has been late at least once a week. And she has become overly sensitive. You saw her fly off the handle with another coworker when he joked about how drunk she was at a local bar the other night. She doesn’t think about what she is doing and she has very little respect for her coworkers. Today, she caused a problem with a machine, and a coworker was cut badly enough to need 15 stitches. When it happened, she didn’t apologize or do anything to help.*

Several things indicate there may be a problem: lower productivity, being tardy, losing her temper – even the fact that people saw her so drunk. But one night of drinking doesn’t necessarily mean she has a substance use disorder, and anger would be a normal reaction when being teased, especially if she was embarrassed about the incident. Like the other scenarios, you do not know for sure that substance use is the problem.

Her behavior at the bar is not work-related, so communication should focus on her productivity and tardiness, as well as the safety concern. This discussion shouldn’t wait – someone else could get hurt.

Statements about her being overly sensitive, not thinking about what she is doing, not having respect for coworkers and not caring that someone was hurt would be inappropriate since they are your judgments and interpretation of what is going on.



Case Studies for Recognizing and Reporting Potential Substance Use

Transition with:

Let's apply what we've been talking about to some real-life work situations because recognizing possible misuse and deciding how or when to communicate our concerns is not always as easy as it sounds.



Refer to handout J-6, ***Could This Be Substance Use?***

Divide participants into groups of 2 or 3.

Have them read and discuss the first scenario to determine whether this could be a case of substance use. Refer them to handout J-3, ***Signs of Substance Use***, for help.

Ask one small group to share their conclusion and rationale. When they are done, ask if any other groups disagree with that conclusion or have anything to add to the discussion

In each case, the point is that we do not know what the problem is – we can not assume it is substance use.



Ask the group as a whole:

What, if anything, should be reported to a supervisor? Why?

This is the most important part of the activity – understanding what should and should not be included as they communicate concerns in a way that is appropriate for a work environment. Use the notes on the facing page to help you with this part of the discussion.

Repeat for remaining scenarios, selecting a different small group to share for each.

Facilitator Notes

Presentation Notes for Enabling Behaviors

One of the best ways to help a user face his/her problem is to make sure you don't ignore or cover up behaviors or mistakes that result from substance use.

People around us often do things that help us make decisions, continue a pattern of behavior, reach our potential or stay stuck. This behavior is called "enabling." Like many behaviors, enabling can be positive or negative depending upon the situation and how it is used. Enabling your child to be in college by continuing to support her financially is positive enabling. Looking the other way when your underage child comes home drunk is negative.

Enabling behaviors are generally categorized into 4 types and typically progress from one to the other as the problem gets worse.

1. **Accepting/Encouraging** behaviors such as:

- Laughing at someone who is intoxicated.
- Encouraging chugging contests/drinking games.
- Pushing someone to have "one for the road."
- Telling someone that "a little pot won't hurt."
- Drinking heavily/using drugs with the user.

2. **Ignoring** behaviors such as:

- Not saying anything about long lunches.
- Accepting tardiness or absences without question.
- This type of enabling reflects thoughts like:
 - *It's not my problem.*
 - *The problem will take care of itself.*

3. **Excusing** behaviors such as:

- Accepting poorer performance on certain days due to someone's social life the night before.
- Minimizing problems caused by being late or careless.
- This type of enabling reflects thoughts like:
 - *He doesn't usually get this drunk or act this way.*
 - *It's not so bad (could be worse).*
 - *It calms his nerves/helps her sleep.*

4. **Rescuing** behaviors such as:

- Doing a person's work or calling him in sick so he won't get in trouble or fired.
- Lying about what really caused an accident.
- Rescheduling work or giving someone "extra time" because she isn't as productive.
- Replacing lost or damaged items without saying anything.

- They don't realize there is a problem.
- They hope the condition will improve on its own if they help cover up issues for the time being.
- They don't want to embarrass the other person.
- They don't know what to do.

Most people who are enabling substance use do so because they actually, mistakenly, believe their actions are helping the situation.

But at some point, most enablers get tired of the chaos, pain, unpredictability, poor work quality, etc., and begin to separate themselves from the user.

They may outwardly and openly reject the user or quietly abandon that individual.

Tip: *The labels for each type of behavior are somewhat self-explanatory. Before sharing examples of each, ask for the group's ideas on what types of behaviors it might be referring to.*

If using flip charts instead of the presentation slides, prepare charts similar to the following prior to the session:

Enabling Behaviors 3	Why We Enable 4
<ul style="list-style-type: none">• Accepting or Encouraging• Ignoring• Excusing• Rescuing	<ul style="list-style-type: none">• Don't believe there is a problem• Hope it will improve on its own• Avoid embarrassment• Don't know what to do
Most people who enable substance abuse do so because they mistakenly believe they are helping.	

People inadvertently enable drug use for what they believe are many "good" reasons:



Enabling Behaviors

(30 minutes)

Enabling Behaviors Video



Note: If you do not have access to a video player, pass out handout J-7, **Enabling Behaviors**, for participants to refer to and use the presentation slides or prepared flip charts to help you present the information in the facilitator notes on the facing page, then continue with the **Enabling Behaviors Case Study**.

Transition with:

Our second expectation of you is to make sure you are not somehow enabling substance use to continue. This is something you may not have thought about and you may not even know what we're talking about. Let's take a look at how our own behaviors could actually encourage use.



Show the **Enabling Behaviors** video segment.

This segment explains how well-meaning coworkers and friends may inadvertently contribute to a substance use disorder with enabling behaviors. It identifies typical enabling behaviors and encourages viewers to stop those kinds of behaviors, even if it makes the other person angry.



When the video indicates you should pause for group discussion, ask:

- **What comments to you have?**
- **Does this make you think differently about how you respond or deal with issues or behaviors you encounter at work?**
- **Were there any enabling behaviors that hit home for you?**

Facilitator Notes

Debrief Notes for Case Study:

Several people are enabling Terry's potential substance abuse problem:

- Her husband is **rescuing** her by calling in sick for her.
- Joe is excusing the problem when he points out that if people knew what Terry was going through they would understand. He is **rescuing** her when he redoes her poor work and when he says the machine has been acting up instead of letting Terry face the consequences of being at fault when her coworker was cut.
- Her supervisor is **rescuing** her when he/she lowers her production goal so she can be more careful.
- The work group that goes drinking is **encouraging** her by making that the focus of their activity and having a trophy to reward the drinking.
- Sue is **excusing** her by saying she wasn't any drunker than anyone else.

Debrief Notes for Optional Case Study:

- Carlos and Hannah are **rescuing** Chris by punching in and making it look like he is at work when he is late.
- His supervisor is **ignoring** the problem when she doesn't say anything about taking too much sick leave, and she is **rescuing** him by letting him work comp days even though that's not an accepted practice in their company.
- Sarah is **rescuing** him by loaning him money day after day.
- Mike is **excusing** him when he tells the group to be more patient and understanding, and he is **rescuing** Chris when he does his work, even if he does believe he is just repaying the favor Chris did for him when he needed help.



Enabling Behaviors Case Study

Explain that enabling behaviors are often inadvertent. Many are actually misdirected attempts to help and because of that, they may be difficult to recognize. Remind the group about Terry from the **Could This Be Substance Use?** activity and lead into the video/case study by saying we're going to see how things are going now.



Restart the video – OR –

Have a participant read the case study at the bottom of handout J-7, **Enabling Behaviors**, out loud. As they watch or listen, have the group focus on behaviors they consider to be enabling.



Ask:

What are other people are doing to enable Terry's behavior?

Use the facilitator notes on the facing page to debrief the case study.



Ask:

Do we know that Terry has a substance use disorder?

We didn't know before and at this point we still don't know for sure. Our suspicions are probably stronger, but we still only suspect she has one. The point is that enabling behaviors still need to stop even if the issue is something other than substance use.



Optional:

If the group is interested in or seems to need more discussion about enabling behaviors, read the second case study from the facilitator notes on the facing page to the group then ask:

- **What are other people doing to enable Chris's behavior?**
- **Do we know that Chris has a substance use problem?**

Facilitator Notes

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Enabling Behaviors Self-Assessment

Transition with:

Again, we've talked about enabling behaviors in "other" people. Now it's time to take a closer look at ourselves.



Refer to handout J-8, ***Enabling Behaviors Self-Assessment***.

Have participants assess their own tendency for enabling behaviors by taking the quiz. BEFORE they start:

- Assure them that this is solely for their own information and that they will not be asked to share it with the group.
- Stress that being very honest about their answers is the best way to learn something about themselves. If we can recognize these behaviors in ourselves, we can choose to change that behavior so we do NOT enable others to continue down a dangerous path. By not enabling them, we are indirectly encouraging them to get help.

Allow 5–10 minutes for participants to complete the self-assessment. Before moving on, ask who needs more time. If necessary, allow 2–3 additional minutes, then move on.

Break



Give participants a 10 minute break.

Facilitator Notes

Quiz Answers and Explanations

F 1. *Substance use disorder is an acute illness that can be cured quickly with the right treatment.*

In the past, drug dependence was treated as an acute illness – one that can be treated and cured “overnight.” We now know that substance use disorder is a long-term, chronic, relapsing illness similar to asthma or hypertension. Like these illnesses, substance use disorder can be treated, but successful treatment and control is a life-long process.

F 2. *Successful treatment depends solely on the individual's resolve to overcome their substance use disorder.*

The support of family, friends, coworkers and the community at large is a critical facet of the recovery process. Their role in intervention, motivating the individual with the substance use disorder to seek help, and supporting that person throughout his or her efforts to “stay clean” cannot and should not be underestimated.

T 3. *Relapses during treatment are common and should not be seen as signs of failure.*

Recovery from drug or alcohol dependency is a process that by its very nature may include relapse. Occasional relapses should be expected. So long as the individual continues to make an effort to “stay clean” and stick to treatment, progress in the process is being made. Most people who seek treatment are able to eventually recover and lead healthy, productive lives.

T 4. *Family members can benefit from treatment even if the substance user does not participate or complete treatment.*

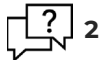
Family members who attend 12-step support programs like Al-Anon report strong improvements in their own mental health and well-being, their ability to function each day at home/work/school, and their own overall health as a result of treatment.

T 5. *Treatment for alcohol and other drug dependencies reduces criminal activity by up to 80%.*

Not only that, it cuts drug use in half, increases employment, decreases homelessness, improves physical and mental health, and reduces medical costs. Within the workplace, research has shown that treatment produces significant drops in interpersonal conflicts, improvements in productivity, and reductions in drug-related accidents.

F 6. *Most physical problems associated with alcohol or drug use are temporary and do not continue to be problems once the individual stops using drugs.*

Drug use often results in permanent damage to key organs of the body. Research has shown that long-term drug use results in significant changes in brain function that persist long after the individual stops using drugs. These changes may have behavioral consequences, including the compulsion to use drugs despite adverse consequences. That's why early detection and treatment are so important.



Understanding Dependency and the Recovery Process *(15 minutes)*

Treatment Works Video



*Note: If you do not have access to a video player, use handout J-9, **Does Treatment Work?**, as an introduction to this section. The facilitator notes on the facing page provide additional information to share as you review the quiz answers.*

State that you would like to continue with a video.



Show the **Treatment Works** video segment.

This segment contains short “testimonials” from people who have overcome substance use disorder. It explains that substance use disorder is a chronic illness which takes time and persistence to overcome, but that it can be overcome. The video gives statistics showing that treatment works, benefiting both individuals and the community. It concludes by emphasizing how important support from friends and coworkers, both during and after treatment, is to the recovery process.

Ask:



- **How many of you had ever thought about substance use disorder as an illness, as something like asthma or diabetes, before? And do you agree with that thinking?**

If the group concludes that they do not agree with this thinking, remind them of some of the recovery statistics and information on the facing page, especially questions 1, 3 and 5.

- **Was there anything in the video that surprised you or stood out for you?**

Facilitator Notes

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Dos and Don'ts for After Treatment

Remind the group that the video talked about how important support is for someone who is recovering from a substance use disorder – support not only from family and friends, but from other people they spend a lot of time with, like coworkers.

You may or may not know if another employee is in treatment for alcohol or other drug use. But if you do know, you should feel good about a coworker who seeks treatment. It shows a real commitment to turning his/her life around. But sometimes it can be awkward when that person returns to work.



Ask:

Assuming you somehow knew the person was in treatment, what should you do and not do to be supportive of that coworker when he/she returns to work?



Refer to handout J-10, ***Dos and Don'ts After Treatment***, as some additional suggestions. Compare their answers to the information on the handout.

- Ask a participant to read the first “do” item.
- Briefly discuss why that would be important to a person who had been through treatment.
- Repeat for the remaining dos and don'ts.

Facilitator Notes

Resources can be downloaded from the Your Life Iowa website at <https://yourlifeiowa.org/>.

Locating Resources

(10 minutes)

Locating Resources

Transition with:

Of course, for people to complete treatment, they have to get into treatment. The first step is locating available resources.

Explain that assessment and treatment are not the same. Assessment helps individuals identify what is causing a problem and determines whether treatment is necessary and what type of treatment would be most effective. Treatment occurs after a substance use disorder has been diagnosed.

But most people don't know where to go for available resources.



Take participants to the Your Life Iowa webpage (<https://yourlifeiowa.org>). Review the **Facility Locator** and **Resources** sections with them.

One of the things people don't typically think of when someone they care about has a substance use disorder is getting help for themselves. Yet getting help for yourself can help you be a better, stronger support person.

Support groups and counselors can help you learn how to better respond to the user, take care of yourself despite the situation, and assist you in encouraging the person who is abusing drugs or alcohol to seek help. They can even help you confront someone who has yet to admit they have a problem.

Remember ... it's important to take care of yourself.

Facilitator Notes

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Prevention Is Best

(10 minutes)

Making Prevention Work

Explain that although we've been focusing on identification and intervention of substance use disorders, ideally we should work to prevent problems from even happening.

Prevention involves promoting healthy lifestyles that discourage alcohol and other substance use and encourage drug-free environments. It's all about reducing risks. It's all about stopping problems before they start.

While there are professional substance use prevention specialists who use a specialized set of knowledge, experience, training, and skills to encourage healthy attitudes and behaviors, everyone has a role to play. Let's take a look at some specific things each of us can do to prevent substance use.



Refer to handout J-11, **Prevention Is Best**.

- Talk about the first 3 items, which are most relevant to adults in the workplace.
- Point out the rest of the items. These focus on prevention in their families, especially in children.

Obviously, the message here is that you can promote prevention through your own behavior and choices related to alcohol and other drug use. You can set a good example. You can educate your family members about the negative consequences of drug use. You can set clear rules for your children regarding the use of alcohol or tobacco.

You can get involved with anti-drug coalitions in your community. It takes everyone working together for prevention to work.

Facilitator Notes

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Review and Summary

(15 minutes)

Review



Ask:

- What questions do you have?

Transition with:

- If there are no more questions, let's quickly review some of the things we've learned today.



Ask the following questions to review key points:

- **What causes misuse and/or dependency?**

Personal choices about how much and how often to use alcohol or other drugs are the biggest contributing factor. While some people do have a genetic pre-disposition toward addiction, anyone who chooses to use can develop misuse or dependency.

- **What types of behaviors indicate that someone may have a misuse disorder?**

*Refer to handout #3, **Signs of Substance Use**. Look for a series of sudden changes, not isolated incidents. And it's important to remember these signs could be indicators of other personal problems, not just substance use.*

- **If you suspect that someone has a problem, how should you talk to a supervisor about it?**

Focus on what is happening in the workplace – inappropriate behaviors and/or safety and quality issues. Remember, you SUSPECT they have an use disorder; you DON'T KNOW if they do.

Facilitator Notes

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Review (Continued)

- **What types of actions would be considered enabling behaviors?**

The four categories are accepting/encouraging, ignoring, excusing and rescuing. Refer to facilitator notes or handout J-7, **Enabling Behaviors**, for more specific examples.

- **Why is it so important to avoid enabling behaviors?**

They ultimately encourage continued substance use, delaying identification and treatment of the problem.

- **What are some important things to remember about the nature of substance use disorder and recovery?**

Any answers about what was important to them are appropriate. In addition, you may want to remind them that:

- Substance use disorder is a chronic illness, meaning it cannot be “cured” but it can be managed, just like diabetes or asthma.
- Recovery is a life-long process, and occasional relapses are typical.
- Strong support from family and friends as well as supervisors and coworkers is a key factor keeping individuals in treatment.

- **How can you locate help for someone with a substance use disorder?**

Refer to the company’s employee assistance program or resource file.

- **What are some things you can do to prevent issues in the first place?**

Refer to handout J-11, **Prevention is Best**.

Facilitator Notes

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Summary

Conclude with the following message:

- Our greatest asset is our workforce. We depend on our people. We depend on you. And you deserve a safe, healthy work environment free from the dangers of alcohol and other drugs.
- This company is committed to doing what it can to ensure you have a drug-free work environment. But we can't do it without your support. Our purpose in taking the time to present this training is to encourage each of you to take specific actions toward establishing a drug-free workplace.
- It can't be done by management alone, nor by the government or police. There is a part to be played by every worker ... by each of you.
- Because of drugs, workers are losing their jobs and their self-respect. Productivity is suffering. But more than that, the health and safety of the people they live and work with are suffering.
- It's too easy to say it won't or doesn't happen here. It can. It will. Unless we – unless you – make the choice to support a drug-free workplace.

Evaluations



Thank the participants for coming. Distribute handout J-12, **Session Evaluation**, and conclude the session.

Facilitator Notes

Statistical or Informational Sources for the Employee Education Module

Statistical or informational sources for *Fact or Fiction?* by quiz question:

1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health*
2. National Drug Task Force Journal
3. National Institute on Drug Abuse; Indiana Gallup Poll
4. U.S. Chamber of Commerce; U.S. Department of Justice – Drug Enforcement Administration; National Institute on Drug Abuse; Employee Assistance Society of North America
5. Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training; Iowa Department of Health and Human Services; JSI Research and Training Institute
6. National Institute on Drug Abuse, Research Report Series, *Prescription Drugs: Abuse and Addiction*
7. Minnesota Bureau of Criminal Apprehension, *Special Report on Street Drugs*
8. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *We Recover Together* packet
9. National Institute on Drug Abuse

Statistical or informational sources for *Does Treatment Work?* by quiz question:

1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health*
2. U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration, *We Recover Together* packet
3. U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration, *We Recover Together* packet

Facilitator Notes

Statistical or Informational Sources for the Employee Education Module

Statistical or informational sources for session content by page number:

Page I-5	See above list of sources
Pages I-9 – I-10	National Institute on Drug Abuse, <i>Words Matter</i> guide
Pages I-11 – I-14	Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, <i>Making Your Workplace Drug Free</i> packet
Pages I-28 – I-30 I-33 – I-34 I-40 – I-44	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, <i>Making Your Workplace Drug Free</i> packet

Statistical or informational sources for Participant Handouts:

4	Source Unknown – <i>Typical Behaviors Associated with Alcohol Use Disorder</i>
8.	Gary Anderson, Community Recovery Press, Milwaukee, Wisconsin



Participant Handouts

**Employee Education:
Creating a Drug-Free Workplace**

*Note: Participant Handouts may be photocopied for educational sessions only.
Masters for photocopying the cover sheet and individual handouts are located at the back of this kit.*

Fact or Fiction?

See if you can identify which of the following statements are fact or fiction. Circle "T" if you believe the statement is true; circle "F" if you believe it is false.

- T F 1. Most people who use drugs are unemployed.
- T F 2. There are more high income drug users than low income.
- T F 3. People who use drugs don't tend to use them at work.
- T F 4. Substance use is a personal issue. It rarely impacts a business's bottom line.
- T F 5. People with a substance use disorder to alcohol and other drugs are generally weak individuals who suffer from low self-esteem.
- T F 6. For every person who dies from the use of illegal drugs, 150 die from using alcohol and other legal drugs.
- T F 7. Prescription drugs are not generally a concern because they are monitored by a doctor.
- T F 8. When a coworker is abusing alcohol and/or other drugs, you should ignore or help cover up the problem for the sake of teamwork and morale.
- T F 9. People with a substance use disorder involving alcohol and/or other drugs could stop using these substances if they really wanted to.

Signs of Substance Misuse

The difference between normal behavior and behavior that may indicate a problem with alcohol or drug use is sometimes a matter of degree and consistency. Look for a series of sudden changes, not isolated single behaviors or incidents.

The following is a list of “red flags” that may indicate alcohol or other drug use by individuals.

- **Excessive absenteeism, tardiness, and use of sick days**, especially a significant number of impromptu decisions to take vacation time or a pattern of Monday and Friday absences
- **Accidents**, near-accidents, and frequent careless mistakes
- **Unusual behavior** such as frequent visits to the restroom, secretive phone calls, dressing inappropriately for the season, or wearing sunglasses indoors
- **Personality changes** such as sudden and erratic mood or personality shifts, excessive giddiness, aggressive or depressed behavior, and loss of appetite or memory
- **Physical signs of a substance use disorder** such as hyperactivity, dilated pupils, tremors, slurred speech, problems with coordination, excessive weight fluctuation, a constant runny nose, or constant encrustation around the nose
- **Physical evidence of drug use** such as cigarette papers, glassine envelopes, medicine droppers, bent spoons, razor blades, and short straws

Remember, **individuals can change for many reasons**. Some of these same behaviors may occur because of marital or financial problems, a sick family member, trying to juggle two jobs, living with someone who uses drugs, etc.

Typical Behaviors Associated with an Alcohol Use Disorder

BEHAVIOR	EFFICIENCY	CRISIS POINTS DURING THE ADDICTION CYCLE	VISIBLE SIGNS
<p>EARLY PHASE</p> <ul style="list-style-type: none"> Drinks to relieve tension Alcohol tolerance increases Blackouts or memory blanks Lies about drinking habits 	<p>90%</p> <p>75%</p>	<p>ACTUAL PERFORMANCE</p> <p>SUPERVISOR'S EVALUATION</p> <p>CRITICISM FROM BOSS</p>	<p>ATTENDANCE</p> <ul style="list-style-type: none"> Late (after lunch) Leaves job early Absent from office <p>GENERAL BEHAVIOR</p> <ul style="list-style-type: none"> Fellow workers complain Overreacts to real or imagined criticism Complains of not feeling well Lies <p>JOB PERFORMANCE</p> <ul style="list-style-type: none"> Misses deadlines Makes mistakes due to inattention or poor judgement Decreased efficiency
<p>MIDDLE PHASE</p> <ul style="list-style-type: none"> Surreptitious drinks Guilt about drinking Tremors during hangovers Loss of interest 	<p>50%</p>	<p>FAMILY PROBLEMS</p> <p>LOSS OF JOB ADVANCEMENT</p> <p>FINANCIAL PROBLEMS e.g. WAGE GARNISHMENT</p> <p>WARNING FROM BOSS</p> <p>IN TROUBLE WITH LAW</p>	<p>ATTENDANCE</p> <ul style="list-style-type: none"> Late (after lunch) Frequent days off for vague ailments or implausible reasons <p>GENERAL BEHAVIOR</p> <ul style="list-style-type: none"> Statements become undependable Begins to avoid associates Borrows money from coworkers Exaggerates work accomplishments Hospitalized more than average Repeated minor injuries on the job Unreasonable resentment <p>JOB PERFORMANCE</p> <ul style="list-style-type: none"> General deterioration Spasmodic at work Attention wanders, lack of concentration
<p>LATE MIDDLE PHASE</p> <ul style="list-style-type: none"> Avoids discussion of problem Fails in efforts at control Neglects food Prefers to drink alone 	<p>25%</p>	<p>PUNITIVE DISCIPLINARY ACTION</p> <p>SERIOUS FAMILY PROBLEMS – SEPARATION</p> <p>SERIOUS FINANCIAL PROBLEMS</p>	<p>ATTENDANCE</p> <ul style="list-style-type: none"> Late (after lunch) Frequent time off, sometimes for several days Fails to return from lunch <p>GENERAL BEHAVIOR</p> <ul style="list-style-type: none"> Grandiose, aggressive, or belligerent Domestic problems interfere with work Apparent loss of ethical values Money problems, garnishment of salary Hospitalization increases Refuses to discuss problems Trouble with the law <p>JOB PERFORMANCE</p> <ul style="list-style-type: none"> Far below expected level
<p>LATE PHASE</p> <ul style="list-style-type: none"> Believes that other activities interfere with his/her drinking 		<p>FINAL WARNING FROM BOSS</p> <p>TERMINATION</p> <p>HOSPITALIZATION</p> <p>Area of Greatest Coverage</p>	<p>ATTENDANCE</p> <ul style="list-style-type: none"> Prolonged unpredictable absences <p>GENERAL BEHAVIOR</p> <ul style="list-style-type: none"> Drinking on job Totally undependable Repeated hospitalization Visible physical deterioration Money problems worse Serious family problems and/or divorce <p>JOB PERFORMANCE</p> <ul style="list-style-type: none"> Uneven and generally incompetent

The Issue Is ...

Alcohol and other drug use impacts the health, safety and productivity of workers. Consider these statistics...

Productivity: People who use substances are 33% less productive. (American Council on Drug Education)

Absenteeism: People who use are ten times more likely to be absent and three times more likely to be late for work than non-users. (American Council on Drug Education, U.S. Chamber of Commerce)

Accidents: People who use are three to four times more likely to have an accident on the job. (Employee Assistance Society of North America)

Drugs are just as much a problem in the workplace as they are elsewhere. Workplaces provide an environment where groups of people assemble, money is made to pay for drugs, and the threat of getting caught is minimal.

- An estimated one out of five workers ages 18–25 and one out of eight workers ages 26–34 abuse drugs on the job. (National Drug Task Force)
- The typical cocaine user is well-educated, employed, and well-paid. Many earn over \$25,000 per year. (National Drug Force Journal)

Not Just Illegal Substances

Data from the Iowa Department of Health and Human Services shows that alcohol remains by far the number one substance of use in Iowa.

- One in four adult Iowans is classified as an acute drinker, indicating misuse.
- From 1995 to 2000, the per capita consumption of alcohol in Iowa rose 11.1%. The number of adults seeking substance use treatment for alcohol increased 14% during those years.
- 60% of alcohol-related work performance problems can be attributed to employees who are not alcohol dependent but who occasionally drink too much on a work night or drink during a weekday lunch. (JSI Research and Training Institute)

Misuse of legal prescription drugs is another area of growing concern, especially among older adults, adolescents, and women. From 1990 to 1998, misuse of pain relievers increased 181%, tranquilizers increased 132%, and stimulants increased 165%. (National Institute on Drug Abuse)

Not Just People Who Use

Coworkers and family members are victims, too.

- 21% of workers report being injured or put in danger, having to re-do work or cover for another employee, or needing to work harder due to others' drinking. (JSI Research and Training Institute)
- Non-alcoholic members of alcoholics' families use 10 times more sick leave than other employees. (Occupational Medicine)
- 80% of family members report that their ability to function at work is impaired as a result of living with an alcoholic. (Al-Anon Family Group Survey)

Treatment Works

Recovery from a substance use disorder is a lifelong process that often includes relapses. But a majority of people who seek treatment are able to recover and lead healthy, productive lives that include being good employees and family members. Although substance use disorder involving alcohol and other drugs begins with a personal choice to use, research shows that, for many, further use occurs because of true dependence – not choice. When substance use disorder is treated as the long-term, chronic illness that it really is, not an acute illness that should be “cured” overnight, success rates are comparable to those associated with treating other chronic health problems such as hypertension, diabetes and asthma. (National Institutes of Health, National Institute on Drug Abuse)



47% of serious workplace accidents and 40% of fatal workplace accidents involve drugs and/or alcohol. (Occupational Medicine)

Over 75% of drug abusers are employed. (U.S. Department of Health and Human Services)

An average of 15–17% of employees in every U.S. company are substance abusers. (Bureau of Labor Statistics)

40% of the time, when a substance abuser causes an accident, a coworker is injured. (Occupational Medicine)

Could This Be Substance Misuse?

Substance misuse affects everyone, not just the person with a misuse problem. Because it can negatively affect the safety or health of others, as well as morale, it's important to say something.

Tell a supervisor about inappropriate behavior and safety or quality issues so they can be addressed. Make observations, not judgments. Stick to the problem itself – things that can be seen or heard – not that you think the problem is related to substance abuse. Remember ... you **suspect** a misuse problem, but you **don't know** that there is one.

Class Activity

Read and discuss each of the following scenarios to determine whether there is reason to suspect a substance use disorder. Then agree on what you would mention when you talk to a supervisor about your concerns.

1. Chris has always been a great coworker – energetic and a hard worker. Over the past few months, Chris has been late 10–12 times and sick more often than usual. Chris seems forgetful, distracted, and more tired than usual. He is unhappy and frustrated. You heard he had to borrow money for lunch the other day. He appears to make and receive a lot of personal phone calls. Twice last week and once already this week, Chris has asked you to cover up the fact that he was late to work. When you asked what was wrong, he said, “Nothing,” but you could tell he was holding something back.
2. William used to be very organized. His work was always neat and on time. William has always been well liked by everyone, but lately people are avoiding him because he's been so moody. His desk is a mess, his work is sloppy and he misses deadlines. He just doesn't care. He's angry at the world, and doing well isn't important to him anymore.
3. Over the past two months, Leroy has visited the company nurse three times. You've heard that Leroy does cocaine in his truck at lunch, and you believe it because his pupils are usually dilated, his eyes have that glassy look, and he typically seems agitated or impatient. Lately he is driving everyone crazy by bragging about all the things he is buying – big things that most everyone else says they could never afford.
4. Terry has gotten lazy and careless. Her quality stats have been slipping over the past month, and she has been late at least once a week. And she has become overly sensitive. You saw her fly off the handle with another coworker when he joked about how drunk she was at a local bar the other night. She doesn't think about what she is doing, and she has very little respect or concern for her coworkers. Today, she caused a problem with a machine, and a coworker was cut badly enough to need 15 stitches. When it happened, she didn't apologize or do anything to help.

Enabling Behaviors

Enabling behaviors help us make decisions or continue a pattern of behavior. They can be good, like when you enable a child to go to college by continuing to provide financial support. But in the case of substance abuse, they are usually bad because they unintentionally allow the problem to continue. There are four types of enabling behaviors:

- **Accepting** or **Encouraging** behaviors include laughing about how drunk someone was, partying with the person, or avoiding places where drug use occurs at work.
- **Ignoring** behaviors include overlooking absences and other unacceptable behaviors, doing nothing when you recognize a substance abuse problem, or failing to report a safety issue.
- **Excusing** behaviors include minimizing a mistake, justifying use as relaxing or somehow “good” for the person, or believing there isn’t a problem because he/she is a “good” person.
- **Rescuing** behaviors include taking the blame for poor work, punching the person’s timecard for him/her so they won’t get docked pay, or doing or re-doing the person’s work.

Class Activity

Read the following scenarios to determine who may be enabling the issue. As you identify enabling behaviors, discuss what that person could do that would NOT be enabling.

Scenario #1

Terry’s quality ratings have been slipping over the past month, and she has been late at least once a week. Her husband called today to say she was sick and would not be in. Joe works closely with Terry and has noticed the change as well. Joe doesn’t mention any specifics but has commented that if people knew what Terry was going through at home, they would understand. Joe has reworked several things because of Terry’s carelessness. As a result, their supervisor is giving Terry a lower production goal so she can take her time.

A group goes to the Clipper Bar every Friday, and Terry is one of them. They have several regular drinking games and a traveling “trophy” that goes to each night’s winner. Last Monday at work, Terry flew off the handle when a coworker joked about how drunk she was at the Clipper. Sue intervened and told the person to knock it off because Terry hadn’t been any drunker than the rest of them.

Yesterday, Terry was operating a machine when a coworker was cut badly. Terry left without a word. She didn’t apologize or get help. Joe insists that the machine had been acting up all week and that the cut looked a lot worse than it really was. He thinks Terry left like that because she gets sick at the sight of blood.

Scenario #2

Chris has always been a great employee – energetic and a hard worker. Over the past few months, Chris has been late or sick more often than usual. If he calls to let them know, Carlos or Hannah will usually punch in for him and turn his desk light on so no one really notices that he is not there. After all, it’s usually only 5–10 minutes. He has used up all his sick leave but is willing to work comp days to make up the time. That’s technically against the rules, but his supervisory is glad to see he wants to do a good job, so she hasn’t been questioning Chris’s additional time off.

Sarah noticed that Chris wasn’t eating lunch every day like he used to. When she asked about it one day, Chris told her he didn’t have any money that day, so Sarah loaned him some. Since then, Chris has asked Sarah to loan him lunch money on several occasions. He keeps saying he’ll pay Sarah back, he but hasn’t repaid any of it yet.

Chris seems forgetful, distracted, and more tired than usual. He appears to make and receive a lot of personal phone calls. In fact, that was the hot topic at lunch the other day, but Mike really got mad and told the group they should be more patient and understanding.

Mike has always stood by Chris through thick and thin. A few years ago when Mike was going through a divorce, Chris would pitch in to help him do his work so he could leave on time to pick up his kids. Mike has been repaying the favor lately when he notices Chris is behind on work.

Enabling Behaviors Self-Assessment

The statements below describe elements of belief systems, feelings, and behaviors that can contribute to the complicated system of enabling. For each statement, indicate the degree to which it applies to you.

Yes	No	Sometimes	
___	___	___	1. I overlook or excuse obvious problems in others.
___	___	___	2. I view alcohol and other drug disorders as mainly a moral issue.
___	___	___	3. I participate when people are gossiping about someone with an alcohol or other drug disorder.
___	___	___	4. I do not report observed or suspected instances of alcohol or other drug use.
___	___	___	5. I hesitate to say something about an individual's problems out of fear that the situation will be mishandled.
___	___	___	6. I am fearful of how others will react if I take action or say something about someone's alcohol or other drug disorder.
___	___	___	7. My own use of alcohol or other drugs has resulted in behavior I am not proud of.
___	___	___	8. I usually believe problem behavior will change by itself.
___	___	___	9. I protect others from experiencing negative consequences by making excuses, doing things for them, or minimizing the seriousness of problems.
___	___	___	10. I hesitate to say something about an alcohol or other drug disorder to someone I care about for fear of jeopardizing my relationship with him/her.
___	___	___	11. I look the other way when people are using alcohol or other drugs at work or other inappropriate places.
___	___	___	12. I verbally support some use of alcohol or other drugs.
___	___	___	13. Discussions of alcohol or other drug use are "too close to home."
___	___	___	14. I fear that my job or position may be jeopardized if I report incidents related to alcohol or other drug use.

Consider how many times you checked "yes" or "sometimes." Each of these is an enabling behavior and the more often you do them, the more you are delaying the chance that a coworker who uses alcohol or drugs will be forced to confront his/her disorder and seek help.

Does Treatment Work?

See how much you already know about how effective treatment is. Circle "T" if you believe the statement is true; circle "F" if you believe it is false.

- T F 1. Substance use disorder is an acute illness that can be cured quickly with the right treatment.
- T F 2. Successful treatment depends solely on the individual's resolve to overcome their substance use disorder.
- T F 3. Relapses during treatment are common and should not be seen as signs of failure.
- T F 4. Family members can benefit from treatment even if the person who uses substances does not participate or complete treatment.
- T F 5. Treatment for alcohol and other drug use reduces criminal activity by up to 80%.
- T F 6. Most physical dependencies associated with alcohol or drug use are temporary and do not continue to be problems once the individual stops using drugs.

Dos and Don'ts After Treatment

When a coworker returns from treatment, keep the following in mind.

Do ...

- Invite him to tell you about the experience if the person is open about sharing that he has been in treatment. Don't try to play counselor or pry for "gory" details – just listen and respond appropriately.
- Let the person know that you are glad to have her back at work (if you are sincere about that).
- Ask if there is anything you can do to make the transition back to work goes more smoothly.
- Be aware that he may not feel comfortable being around conversations that revolve around alcohol or other drugs or hanging out at a bar after work. If the person agrees, help him connect with other employees who do not use alcohol or other drugs. Don't suggest employee gatherings at bars.
- Let her pull her weight. Do not lower your expectations or do work for her.
- Recognize that there are different attitudes and philosophies toward recovery, so the person may not necessarily be doing what you expect or think is right. This does not mean the person is making a "bad" choice; he is simply doing what is appropriate for him.

Don't ...

- Don't act like you are walking on eggshells. Open communication during this time is very important. If you are uncomfortable, tell the person about your feelings. She will most likely appreciate your honesty. In all likelihood, she is probably feeling nervous about returning to work and about maintaining sobriety.
- Don't tell the person that you don't believe he has a substance use disorder because you drink or use drugs "just like him." Even if you do, it's not relevant to his recovery. It's common when someone we know has been through treatment for us to evaluate our own use. It's also common to deny the possibility that we could have a similar problem. Minimizing another's experience only serves to convince us that our own behavior is not problematic.
- Don't send the message that she isn't capable of doing her job

Prevention is Best

Of course, the most effective “treatment” is to prevent substance use from starting. The following tips can help keep your workplace, family and friends free of the consequences of substance use:

- Support proposed public policy changes likely to make your community, state or country safer and healthier. Example: restricting distribution of alcohol at public events.
- Be a positive role model.
 - *Do not engage in illegal, unhealthy or dangerous drug use. Do not use or store illegal drugs in your home. Use prescription and over-the-counter medication only as directed.*
 - *Model low-risk alcohol use and ask others to do so as well. Be a responsible host and driver.*
 - *Model and encourage good health practices and plan activities with friends and family that are alcohol- and drug-free.*
 - *Encourage individual expression and creativity and respect for nature and the human spirit.*
- Be aware of the connection between alcohol or drugs and sexually transmitted diseases, including HIV/AIDS, because using alcohol or drugs can lead to unplanned, unprotected sex and many drugs interfere with the body's immune system.

As a parent or guardian ...

- Establish and enforce rules against underage drinking.
 - *Don't send mixed messages. Don't let children taste your alcoholic drinks, even at home.*
 - *Store alcohol, prescription, and over-the-counter drugs out of the reach of children.*
- Be clear and consistent in stating your expectation that underage youth will not use alcohol or other drugs. Let other parents know your views if your children are going to be guests in their homes.
- Help children and adolescents learn the health, safety and legal consequences of using alcohol and other drugs. Be sure they understand that alcohol and inhalants are drugs and that they are just as dangerous as illegal drugs.
- Make sure your children have easy access to a wide variety of appealing, drug-free activities and safe, monitored areas where they can gather.
- Discuss alcohol advertising with your children. Ask what they think about the ads and their messages and whether they realize the ads do not teach about the harmful effects of alcohol.
- Provide lots of love, support and encouragement. Help your child learn to do something well.

If you use legal substances such as alcohol or tobacco ...

- Set an example you want your children to follow. Are you making low-risk choices in terms of frequency and quantity in your use?
- Don't involve your children in your alcohol or drug use. They shouldn't be asked to get your beer or light your cigarette.

If a family member or friend exhibits signs of a substance use disorder ...

- Be prepared to connect him/her with appropriate help in your area.
- Help children in the home understand that:
 - *They are not responsible for the issues that adults or others experience.*
 - *A person's behavior while under the influence does not necessarily reflect true attitudes.*
- Learn how to help buffer the stress for children living with someone who has a substance use disorder and to reduce their risk of developing serious concerns in their own lives.

Session Evaluation

We would like your feedback about this drug-free workplace education session. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree		Neutral		Strongly Agree
This drug-free workplace educational session increased my awareness and knowledge of alcohol and other drug use and/or how I can better support a drug-free workplace.	1	2	3	4	5
The content of this session was relevant to my daily life at work or at home.	1	2	3	4	5
Overall, the session was a good use of my time.	1	2	3	4	5
The facilitator was familiar with the content and helped the session go smoothly.	1	2	3	4	5

Please provide your answers to the following questions.

What was the most interesting or useful part of the session?

What suggestions do you have to improve the session?

If you have other comments, please write them below.

Thanks for taking the time to attend this session and for working to support a drug-free workplace that benefits all of us!



Supervisor Training Program

Facilitator Information	K
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Facilitator Information for the Supervisor Training Module

Purpose and Objectives

The purpose of the supervisory training is to ensure supervisors understand and can fulfill their leadership role in creating a drug-free workplace.

After completing the training, managers and supervisors will be able to:

- Explain the company's drug-free workplace policy and/or program.
- Document work performance concerns.
- Identify troubled employees.
- Address concerns with the employee.
- Refer the employee to assistance if appropriate.
- Be consistent in their enforcement of the company's drug-free workplace policy.

Who Should Attend

All managers and supervisors play an important leadership role in creating a drug-free workplace; therefore, all managers and supervisors should receive training.

Managers and supervisors should complete the first module, Supporting a Drug-Free Workplace, before they attend this additional supervisor training. The employee training covers core skills and knowledge that are referred to during this module, which is specifically for managers and supervisors. Feedback from participants indicates that individuals who attend the first module prior to participating in the supervisor training receive more benefit from the supervisor training than individuals who only attend the supervisor training.

Who Should Facilitate

The supervisor training can be facilitated by a variety of people depending on available time and resources. Consider selecting one of the following people to facilitate the session(s):

- A trainer from your organization.
- A manager or supervisor from your organization.
- Your local comprehensive substance use prevention agency representative.
- A consultant or representative from a local community agency or employee assistance program.

Session Agenda

The entire session takes about 3 hours. You may elect to do all of the training or only those sections that are best suited to the organization's available time and drug-free workplace program goals. The following list of approximate times for each section of the module will help you tailor the module, if necessary, to meet the organization's needs.

Time	Module Sections
15 min	Initial Motivation and Session Objectives <ul style="list-style-type: none"> Includes large group activity. Should not be eliminated because it sets the stage for the entire session. Objectives should be edited if not doing entire module.
15 min 25 min if didn't complete Module 1	Our Drug-Free Workplace Program <ul style="list-style-type: none"> Is a group review/discussion. Will take longer if participants have not already completed the first module of training.
5 min	Four-Step Approach to a Drug-Free Workplace <ul style="list-style-type: none"> Should not be eliminated as it sets the stage for the next four segments of training. Even if you are not covering all four steps in detail, it is valuable to put what you are covering into perspective by explaining the entire model.
25 min	Documenting Performance Issues <ul style="list-style-type: none"> Includes facilitator-led presentation and small group activity.
10 min	Break
20 min	Identifying Troubled Employees <ul style="list-style-type: none"> Is a facilitator-led presentation and group discussion.
35 min	Addressing Concerns <ul style="list-style-type: none"> Includes video and role-play activity. Could take longer without video support because facilitator will present information.
10 min	Referring to Assistance <ul style="list-style-type: none"> Is a facilitator-led presentation.
10 min	Break
10 min	Policy-Practice Gap: Why Supervisors Don't Enforce Policies <ul style="list-style-type: none"> Is a facilitator-led presentation and discussion.
10 min 30 min if didn't complete Module 1	Enabling Behaviors <ul style="list-style-type: none"> Is a review of enabling behaviors and a self-assessment activity. Includes instructions for using video and case study to present content if participants did not complete module 1.
5 min	Additional Information for Supervisors <ul style="list-style-type: none"> Short review of handout with additional helpful information
10 min	Review and Summary <ul style="list-style-type: none"> Is a facilitator-led discussion in question and answer format Questions should be edited if not doing entire module.

The agenda includes two breaks. If you are not doing the entire module, you should still include at least one 5–10 minute break if your session time will exceed 60 minutes.

Shorter Sessions

The following agendas can be used for shorter sessions.

1 hour

Time	Module Sections
5 min	Session Objectives (Do not include Initial Motivation)
20 min	Identifying Troubled Employees
20 min	Addressing Concerns (Do not do role play #2)
10 min	Policy-Practice Gap – OR – Enabling Behaviors
5 min	Review and Summary (Adapt to include only these agenda topics)

2 hours

Time	Module Sections
15 min	Initial Motivation and Session Objectives
20 min	Identifying Troubled Employees
35 min	Addressing Concerns
10 min	Break
10 min	Referring to Assistance
10 min	Policy-Practice Gap
10 min	Enabling Behaviors
10 min	Review and Summary (Adapt to include only these agenda topics)

Training Materials

This kit includes the following materials:

- **Facilitator Guide** with talking points and instructions for each activity as well as detailed facilitator notes to assist facilitators in debriefing quizzes, case studies and role plays.
- **Participant Handouts** with information and activities for the participants. The handouts are referenced by both title and number throughout the facilitator guide. Copies of the handouts are located behind the *Participant Handouts* tab. Masters of both a cover sheet and the individual handouts are located at the back of this kit.
- **Video** that presents key content and demonstrates important training concepts so facilitators can focus on leading discussions and activities. For facilitators who are not able to use the video, the facilitator guide contains suggestions and facilitator notes that will allow them to cover the same content.
- **Presentation Slides** to support facilitator-led sections of the training. The slides are in Microsoft PowerPoint and can be used with computer-driven display units. It also includes suggested **Flip Chart Content** for those who will not be using computer-driven display units.

This training has been designed to be facilitated almost anywhere for anyone, regardless of technology and equipment. Although the video and presentation slides enhance the overall training experience, ***the session can effectively be facilitated using only the facilitator guide, handouts, a flip chart, and markers.***

Equipment and Supplies

You will need some or all of the following equipment and supplies to facilitate this module:

- Video player with monitor
- Computer-driven display unit
- Computer with presentation slides downloaded or on drive
- Flip chart on stand with markers
- Participant handouts and session evaluation forms
- Copies of the organization's drug-free workplace policy and/or program information
- Nametags for participants
- Pens or pencils for participants

Preparation Checklist

4–6 weeks prior to the session:

- Determine who will facilitate the session(s). Schedule time with outside resources if they will be used.

2–4 weeks prior to the session:

- Review the facilitator guide and preview the video.
- Set your agenda and determine the session length.
- Determine training date(s) and reserve room(s) for training.
- Invite participants.

1 week prior to the session:

- Continue to review the facilitator guide, focusing on those sections most unfamiliar to you.
- Verify participants will be attending.

1–2 days prior to the session:

- Practice presenting the session information. Become familiar with discussion points and activities.
- Prepare flipcharts that should be made ahead of time.
- Gather all materials and make all copies.
- Test video player and monitor if available.
- Test computer-driven display unit.
- Arrange for food and/or beverages (optional).

1–2 hours prior to the session:

Plan to arrive 45–60 minutes prior to the start of the session to ensure everything is ready and in working order.

- Review agenda and facilitator guide.
- Verify you have all equipment and materials. Test video player and computer-driven display.
- Arrange room with U-shaped or small group seating.
- Place participant handouts and pens/pencils at each place.
- Set up food and/or beverages (optional).

Inviting Participants

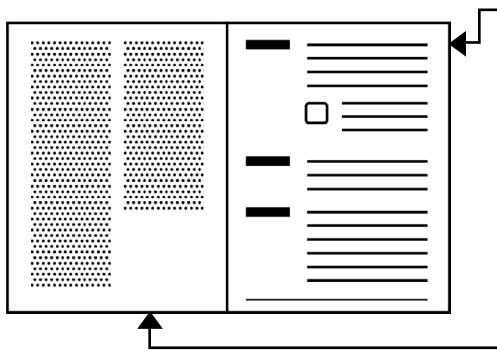
A memo similar to the following should be sent to participants two to four weeks prior to the session. Modify this text to meet your specific needs.

<p>To: From: Date:</p> <p>Re: Supervisor Training for a Drug-Free Workplace</p> <p>Our company is committed to providing a safe work environment and promoting and protecting the health, safety and well being of our employees. In support of this, we have recently adopted a drug-free workplace policy and are now implementing a comprehensive drug-free workplace program that, in addition to the policy, includes employee education, supervisor training, and assistance for employees who need it.</p> <p>You are encouraged to attend the following supervisory training session, which will focus on your leadership role in creating a drug-free workplace.</p> <p>Date: <i>(fill in day and date)</i> Time: <i>(fill in starting and ending time)</i> Location: <i>(provide room name/# and directions if anyone is not located in that building on a regular basis)</i></p> <p>Creating and maintain a drug-free workplace will take everyone working together to make it happen. Please mark your calendars so you can attend this important training session. We look forward to seeing you there.</p> <p><i>(Your name)</i> <i>(Department Name and/or Contact Phone Number)</i></p>
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Some companies may choose to mandate training. If that is the case, the second paragraph of the invitation might read as follows:

- As part of our commitment to this comprehensive program, we are requiring all employees to attend the following education session, which will focus on how employees can support a drug-free workplace.

Using the Facilitator Guide



Knowing where to look for key information will make preparation and facilitation easier.

The right-hand pages of the guide tell the facilitator what to say or do throughout the module. They include the overall flow as well as specific talking points, video summaries and instructions for activities. These are the pages you should refer to as you conduct the session. Talking points, instructions, and things you should actually say or do are in **this large font** while other notes for the facilitator are in *this smaller italic font*. A key can be found on the top right of most pages that provides a quick reference on what the facilitator can expect for each page and what resources to have ready. The left column on these pages serves as an outline of the module while the right column contains the facilitator information.

The left-hand pages are titled “Facilitator Notes” and contain background or more detailed information for you to refer to when preparing for the session or debriefing the quizzes, case studies, or role plays. You should review this information carefully as you prepare for the session.

Icon Key

The right-hand pages of the facilitator guide contain icons that let you know at a glance when you will use various training materials or methods. The key below lists what you will do for each icon.



Refer to a participant handout for information or an activity.



Show a video segment.



Refer to a presentation slide/prepared flip chart

–OR–

Write participant responses/other information on a flip chart.



Facilitate a group discussion or activity.



Ask a question to generate discussion or gather thoughts and ideas.

Suggested Flip Charts

If you are not using the presentation slides, you will want to use flip charts to support the facilitator-led presentations or discussions. Prepare flip charts with the following content ahead of time so you can focus on your presentation during the session.

1

Agree

2

Disagree

Addressing Concerns **3**

- Pick good time, place
- Discuss performance
- Develop improvement plan
- Don't diagnose
- Listen
- Keep confidential
- Have employee select next steps
- Offer your support
- Refer to professional help
- Be specific about consequences

4-Step Model **4**

- Document performance issues
- Identify troubled employees
- Address concerns
- Refer to assistance

Good Documentation **5**

Include:

- Names
- Date and time
- Specifics of what happened
- Witnesses
- What actions were taken

Don't include:

- Opinions, judgments
- Suspicions of alcohol or other drug use

Session Objectives **6**

- Understand and explain the company's drug-free workplace program.
- Document performance issues as they occur.
- Identify troubled employees.
- Address concerns with the employee.
- Refer the employee to assistance if appropriate.
- Avoid the policy-practice gap.

Reasons for the Policy-Practice Gap **7**

- Reputation
- Good Worker
- Stereotypes
- Fear of being sued
- Feeling inadequate
- Needing to be liked
- Personal use

Enabling Behaviors **8**

- Accepting or Encouraging
- Ignoring
- Excusing
- Rescuing

Why We Enable **9**

- Don't believe there is a problem
- Hope it will improve on its own
- Avoid embarrassment
- Don't know what to do

Most people who enable substance abuse do so because they mistakenly believe they are helping.

Session-Specific Tips

Because of the sensitive nature of this topic, you should:

- **Invite HR or a coaching resource to help you facilitate** if they are willing and able to come. A great deal of what this module discusses is basic intervention for any employee issue, whether it is substance-related or not. These resources can provide valuable assistance or advice to the participants.
- **Avoid using the word “you” when talking about drug use.** Avoid saying, “When you use methamphetamine...” Some people may find this offensive or accusatory. Instead say “When people use methamphetamine...”
- **Avoid using the words “addict” or “alcoholic.”** These are negative labels implying that the person is the problem instead of acknowledging that the person has a substance use disorder. Instead say, “a person with a substance use disorder” or “a person dealing with alcoholism.”
- **Allow time for questions.** Some supervisors may feel overwhelmed at the prospect of dealing with substance use, even though it is handled like many other performance issues. Be sure to allow time to answer the questions they may have. Some individuals may want to ask their questions in private, so plan to stay afterwards for those people.

General Facilitation Tips

Keep the following tips in mind as you prepare to facilitate:

- **Know your material.** Take time to review the facilitator guide, the participant handouts, and the video several times before you present the session. Avoid reading the facilitator guide text as you present information.
- **Know your audience.** Taking time to learn about the tenure, interests and personalities of your audience will strengthen your ability to encourage participation and help you feel more confident as you facilitate.
- Remember that **people have different learning styles.** Try to incorporate different types of activities and techniques to meet the needs of the three main learning styles:
 - **Auditory** learners remember what they hear. They like lectures and group discussions.
 - **Visual** learners remember what they see or read. They like handouts and visual aids.
 - **Kinesthetic** learners remember what they do. They like to be physically engaged in demonstrations and activities.
- Remember that **adults learn best in informal settings where the information is practical and they are asked to solve realistic problems** or deal with situations that can be easily related to their everyday activities.

Involving the Group

The more you involve participants, the more they will benefit from the session. Making good use of questions and rewarding participation are two ways to encourage involvement.

Questions

Asking open-ended questions naturally gets people involved because they can't be answered with a simple "yes" or "no." These questions typically begin with the words *who, what, when, where* or *how*, not *do* or *is*.

- **Overhead questions** are directed to the group as a whole. They are used to generate discussion. Example: What would you do if you suspected an accident was related to drug use?
- **Direct questions** are asked of a specific person. They are used to take advantage of special expertise or get that person more involved. Example: Mary, how does that information compare to what you've researched? Ben, what did you find interesting about the video?
- **Referral questions** redirect one question or opinion to another person in the group. They are used to draw out opinions or take advantage of a participant's expertise. Example: Bill, how do you feel about Maria's recommendation?
- **Reverse questions** encourage an individual or the group to answer a question that has been asked by a participant. They encourage people to think things through and are especially effective when you think that person has a good response or a desire to answer the question. Example: Carlos, how would you answer Megan's question? Good question – what do the rest of you think?

Questions from participants are a good thing. It shows they are interested enough to speak up. When a participant asks a question:

- **Listen to the entire question** even if you think you know what the person is asking after only a few words.
- **Assume you have not been clear** even if you think the person wasn't paying attention.
- **Ask if your answer was clear and complete**, by saying something like "Does that answer your question?"
- **Admit when you don't know the answer**, then do your best to find it.

Rewards

Always say "thank you" when people volunteer answers or comments or participate in a role play or activity. If you are worried about getting people to participate, consider giving out candy or small prizes when people volunteer information or opinions, as well as when they take the risk of doing a role play or something else in front of the group.

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Facilitator Guide

**Supervisor Training:
Taking a Leadership Role Toward a
Drug-Free Workplace**


A dark blue rounded rectangular shape with a rounded top-right corner, positioned below the teal frame.A gold rounded rectangular shape with a rounded top-right corner, positioned below the dark blue shape.

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Facilitator Notes

Debate Statements

1. Supervisors should know the company's drug-free workplace policy by memory.

While they probably don't have to actually memorize the policy, supervisors should know the policy in detail and be able to explain it to employees and answer employee questions about the policy. However, memorizing the policy to some extent will make it easier to explain and enforce the policy on a day-to-day basis.

2. Supervisors should ignore substance use suspicions unless work performance or the workplace environment is impacted.

During earlier training, we learned that concern from a supervisor is typically the first crisis point in a substance use disorder downfall. By saying something early on, supervisors may facilitate early admission of a dependency, therefore early treatment, which typically aids in successful rehabilitation. However, as a supervisor, it's important to realize that you can not accuse an employee of a substance use disorder. It is safest to wait until you can address your concerns and their consequences in a work-related context. If the employee admits to the substance use disorder or other issues, you can help them get assistance.

3. Supervisors should become familiar with the warning signs of substance use.

If you deal with poor performance and inappropriate behavior as workplace issues, you do not need to know whether it's a substance use disorder or another type of matter to address the issue. The employee has to admit to substance use for you to refer them to assessment. However, if supervisors are familiar with the warning signs of use, they may be able to facilitate a discussion that allows the employee to admit to their dependency because the supervisor already suspects that as a cause.

4. Supervisors are expected to document performance concerns when they relate to a potential substance use disorder.

Yes, supervisors should document performance issues that relate to substance use, but supervisors may not know an issue relates to substance use.

It may be too soon to tell, or the issue may look like substance use but really be something else. Supervisors should document all job-related performance concerns regardless of whether the supervisor suspects substance use as a potential cause.

5. Supervisors are expected to diagnose use disorders and provide initial counseling to troubled employees.

One could certainly understand how supervisors might feel that this is the expectation given all the training they have received on recognizing symptoms of use. And being very familiar with this information and skill set will make the supervisor more effective in dealing with substance use issues. However, supervisors are not expected to diagnose specific substance use disorders or know whether substance use is the cause of performance issues.

Supervisors are simply expected to address performance issues with an employee and refer them to assessment, where professionals can help diagnose and provide treatment for whatever the cause may be. Remember – marital or financial problems, health issues, and other non-use issues can produce similar symptoms.

6. Supervisors should be careful to only address job-related performance issues and not become involved in discussing the possibility of a substance use disorder or getting involved in assistance for a substance use disorder.

It's true that supervisors should begin all discussions from a work-related, performance context; however, if an employee admits to substance use, supervisors should show concern for the employee, refer them to treatment and even assist the employee in getting treatment by providing resource information.

Depending on the company's program, many supervisors may even help the employee schedule their first appointment with an employee assistance program or other resources.

Initial Motivation and Session Objectives

(15 minutes)

Welcome

Welcome the participants and introduce yourself.

Wait until after the Initial Motivation activity to share the session objectives and housekeeping information.

Initial Motivation

Explain that this training is about the leadership role supervisors play in creating and sustaining a drug-free workplace and that, to start, you want to have them “debate” what exactly that role is.



Facilitate an **Agree or Disagree Debate**.

Prior to the session, post a large “agree” sign on one side of the room and a large “disagree” sign on the opposite side of the room. Make sure there is space by each sign for participants to stand near them.

- Explain that you will read a statement about something supervisors might be expected to do to support a drug-free workplace. Participants should move to a sign depending on whether they agree or disagree with the statement. There are good reasons to agree and disagree with each statement, so either is OK. They must go to one side or the other – no fence sitters!
- Read one of the statements on the facing page and have participants move to a sign.

Select statements that best match the points your organization wants to stress about the role of supervisors.

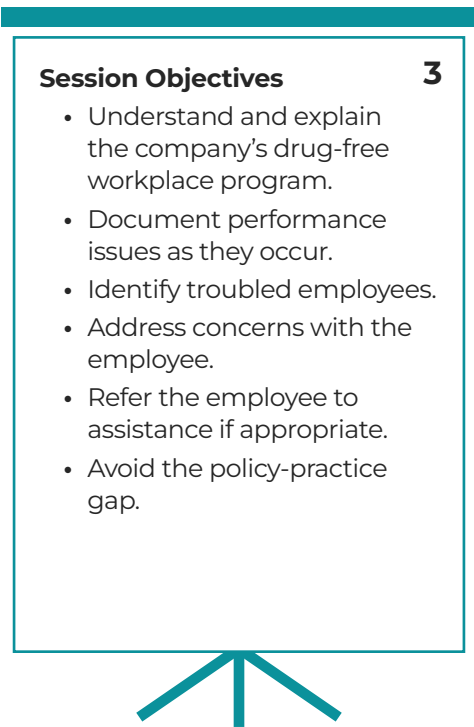
- Ask participants to share why they moved to the sign they chose. Ask for comments from both sides and encourage those who wanted to be a fence sitter to explain why they were torn.

*Use their comments and the facilitator notes on the facing page to lead a discussion about how each statement relates to real or imagined supervisory expectations. **Be sure to acknowledge that going to either sign is understandable.** If everyone goes to one sign, be sure to point out why a person would the side no one went to.*

- Repeat for 3–4 of the other statements.

Facilitator Notes

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Session Objectives **3**

- Understand and explain the company's drug-free workplace program.
- Document performance issues as they occur.
- Identify troubled employees.
- Address concerns with the employee.
- Refer the employee to assistance if appropriate.
- Avoid the policy-practice gap.

Session Objectives

Explain that all of the things the group debated are elements of how supervisors can play a leadership role in supporting a drug-free workplace policy. The fact that they had differing viewpoints highlights the need to formally and consistently define the role supervisors are expected to play as the organization strives to provide a drug-free workplace for its employees.



Refer to the presentation slide or a prepared flip chart to introduce the session objectives.

One of the most important objectives is to make sure they understand the company's drug-free workplace policy so they can explain it to others as well as effectively enforce it.

The other objectives are geared toward developing knowledge and skills that will make them more effective as leaders in the organization's drive for a drug-free workplace. At the end of the session, they will be able to:

- Appropriately document performance issues
- Identify potentially troubled employees
- Address performance concerns with employees
- Refer employees to assistance, if necessary
- Avoid the policy-practice gap that makes so many supervisors ineffective in the fight against drugs in the workplace.

Housekeeping

Explain the session agenda.

Have participants introduce themselves if they don't already know each other.

Inform participants about breaks, food or beverages, restroom locations, phones, etc., as appropriate.

Facilitator Notes

If you are an outside facilitator, it would be best to have a company representative, such as a supervisor or a representative from the human resources department, help facilitate this part of the session.

If the supervisors completed Module 1 prior to attending this session, this discussion can and should focus on those parts of the policy that they will be directly involved in enforcing. One suggestion is to highlight those areas before making copies so they are easy to reference in class and after class.

If the company's drug-free workplace policy or program is new or simply unfamiliar to the supervisors, be prepared for a lot of questions. It might be good to brainstorm a list of possible questions or concerns with an appropriate group of supervisors or Human Resource representatives prior to the session to minimize surprises and ensure you, as the facilitator, appear knowledgeable and credible. If someone asks a question you cannot answer, be sure to write it down and let the participants know how and when you will get an answer to them.

It is good to remind the supervisors of the positive, employee-oriented reasons for implementing the policy. If the company does not have specific reasons for the policy or program, some of the following reasons may be appropriate to share and/or elaborate on:

- Commitment to employee health and safety
- Costs or liabilities associated with accidents
- Productivity issues or concerns
- Recent incidents or concerns involving substance use
- Feedback from employees about substance use disorders or concerns

The following are suggestions for specific circumstances you might encounter depending on the company's policy.

- **If your policy is very long and/or difficult to read** because of the legal language it includes, be prepared to summarize the key points in everyday terms. You may even want to provide a 1-page summary of the points that relate to supervisors as a handout.
- **If your policy includes drug testing**, have a current copy of the Iowa Code or someone from legal who is well versed in the Iowa Code to answer questions.



Our Drug-Free Workplace Program

(15 minutes)

Supporting the Policy/Program

Review why the company chose to implement a drug-free workplace policy and/or program.

Remind them that the first objective of this training session was for supervisors to understand and be able to explain the company's drug-free workplace program, which in turn allows them to enforce it.

This is our policy. We'll be more successful if we enforce it consistently as a team.



Distribute copies of the company's drug-free policy and/or program description to the group.

Review those sections that are most relevant to them in their supervisory roles.



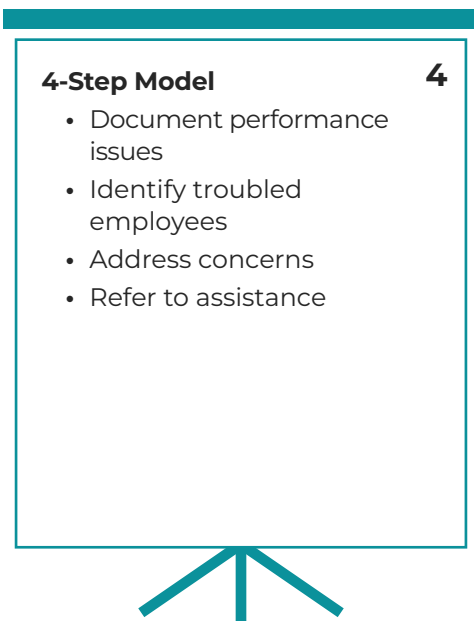
Ask:

What questions do you have about explaining or enforcing the company's program?

If you are not able to answer a question, write it on a flip chart and post that as a "parking lot" for unanswered questions. Commit to getting the answers and communicating them to the group by a reasonable date, then follow through on that commitment.

Facilitator Notes

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Four-Step Approach to a Drug-Free Workplace

(95 minutes)

Introduction (5 min)

Explain that beyond understanding and explaining the policy, a supervisor's role can be accomplished by implementing a four-step approach for dealing with potential substance abuse.



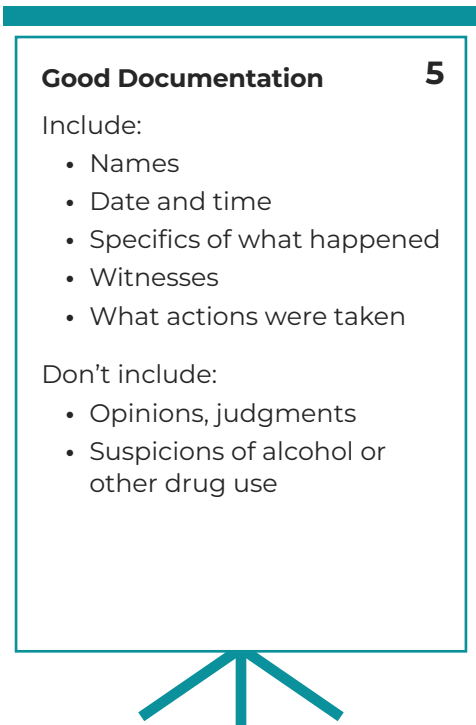
Refer to the presentation slide or a prepared flip chart to introduce the four-step model.

1. **Document performance issues** – Substance use symptoms appear and worsen over time. A record of issues is often what helps the organization identify substance use as a potential cause of problems and take further action if necessary.
2. **Identify troubled employees** – so they can receive help and we can protect coworkers, whether it is for a substance use disorder or something else. Rely on your own observations, feedback from other employees, and self-identification by the employee.
3. **Address concerns** – a supervisor's intervention may prompt the employee to face the problem and seek help. It certainly starts the discipline process that is needed to take more severe action.
4. **Refer to assistance, if appropriate** – a trained counselor or other professional can determine if further action, including treatment, is necessary. A supervisor's role would be to provide appropriate support that allows the employee to continue working as long as he/she can be productive and effective.

Tell them we're going to take a closer look at each of these steps.

Facilitator Notes

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Good Documentation **5**

Include:

- Names
- Date and time
- Specifics of what happened
- Witnesses
- What actions were taken

Don't include:

- Opinions, judgments
- Suspicions of alcohol or other drug use

Step 1: Documenting Performance Issues (25 min)

Explain that alcohol and other drug use generally does not happen overnight. Substance use disorder usually develops over a period of time during which individual incidents may not seem significant. Months later, when the pieces fall into place and the issue is recognized, it can be difficult to recall the specific details of incidents in order to take necessary actions.

Recording incidents as they occur allows supervisors to assemble a solid record of support for future actions. Keeping such records will assist in discussing the problem with not only the employee but also the human resources department or an assistance program. All work-related performance problems and concerns, as well as any conversations with the employee about these concerns, should be documented so there is a written record of what the supervisor saw, heard and did.



Refer to the presentation slide or a prepared flip chart to explain what good documentation should include.

Explain that to avoid allegations of bias or harassment, supervisors should document all types of incidents with all employees. Don't fall into the trap of not documenting incidents with your best employees because you like or need them, while documenting any little thing associated with an employee you don't like or suspect of a substance use disorder.

All documentation should be kept confidential and only shared with others who have a specific need to know of the concerns.

Facilitator Notes

Documenting Activity

Terry's quality ratings have been slipping over the past month. She used to have a 98% error-free rate, but has slipped to just 87%. Your group's average is 93%.

Terry has been late at least once a week for the past 6–8 weeks, usually on Mondays. Her husband called today to say she was sick and would not be in. This is the third time her husband has called instead of Terry.

Joe works closely with Terry and has noticed the change as well. Joe doesn't mention any specifics but has commented that, if people knew what Terry was going through at home, they would understand. Joe has reworked several things because of Terry's carelessness.

A group goes to the Clipper Bar every Friday, and Terry is one of them. They have several regular drinking games and a traveling "trophy" that goes to each night's winner. Last Monday, Terry flew off the handle when a coworker joked about how drunk she was at the Clipper. Sue intervened and told the person to knock it off because Terry hadn't been any drunker than the rest of them.

Lately, Terry looks tired no matter when she comes in. Her hair often looks like it hasn't been combed, and her clothes are wrinkled and sometimes dirty. She hasn't always been that way.

Yesterday, Terry was operating a machine when a coworker was cut so badly he required 15 stitches and will not return to work for a few days. Terry left without a word when it happened. She didn't apologize or get help. Joe insists that the machine had been acting up all week. He thinks Terry left like that because she gets sick at the sight of blood. You're wondering why she is still "sick" today.

It would be appropriate to document:

- Her decline in quality.
- The days she was late.
- The days she was absent and the fact that her husband called in for her.
- That Joe has had to redo Terry's work.
- That Terry got angry at a coworker for comments about being drunk at the Clipper – because it happened in the workplace. (The other employee's contribution to the altercation should also be documented to be fair.)
- Her unacceptable appearance at work **if** you have a dress code or other policy about appearance. (If you don't have such policies, this may not be appropriate to document.)
- The incident with the machine where the other employee was hurt, and the fact that she simply left without getting help, which also made it impossible to investigate the cause of the incident. (It can include Joe's suspicions about the machine, but the machine should be inspected immediately to determine if there are reasons for his statements.)

It would NOT be appropriate to document:

- That Joe has noticed a change or Joe's comments about her going through a lot at home – you don't know that for sure.
- Incidents at the Clipper or Sue's opinions about Terry's drinking compared to others – these were not at work or part of work.
- Joe's comment that Terry left because the sight of blood made her sick – you don't know that.

Information that should be available for documentation:

- The dates she was late and what time she came in.
- The dates she was absent.
- **More details about the accident that injured her coworker. Unfortunately, Terry left and did not return today, making the investigation difficult.**



M-2



10 Minutes

Documentation Activity



Refer to handout M-2, **Documenting Performance Issues**.



- Divide participants into groups of 2-3.
- Have them read the situation at the bottom of the page and discuss what they would document about Terry.

If your company has a standard form for documenting performance concerns, pass that out and encourage them to actually write on the form.

- Ask one group to share what they thought should be documented and not documented. Conclude by asking if there was any information they wished they had for documentation purposes.
- Ask if other groups documented additional information or disagree with what the first group thought should be documented.
 - *Use the facilitator notes on the facing page to help debrief this activity.*
 - *If you heard some lively debate within a group that doesn't seem to come up during the sharing time, ask about that – about what they disagreed on and/or how they came to*

Explain that your reason for asking about what they would NOT document is two-fold:

1. Documenting inappropriate information can make it difficult to take action later if that becomes necessary because the employee may claim some type of bias.
2. Information you see but can't document is still important because it can help you identify troubled employees – our next step in the model.

Break



Give participants a 10 minute break.

Facilitator Notes

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Step 2: Identifying Troubled Employees (20 min)

Explain that because supervisors are the ones who best know their employees, they are the ones most likely to notice changes in performance, conduct, personality, and appearance that could indicate a drug or alcohol use disorder. And they are the ones who must deal with the situation when these problems begin to impact the workplace.

Just about anyone can recognize an alcohol or drug use disorder when the employee hallucinates, goes into convulsions, or staggers around reeking of alcohol. But, by the time the issue becomes this apparent in the workplace, irreparable damage may have already been done – to the company, to coworkers, and to the employee’s chances for successful rehabilitation.



Refer to the presentation slide or redistribute the handout from the employee education module about typical behaviors associated with alcoholism (J-4).

If participants have not completed the employee education module, you may need to explain the chart in general.



Ask

What does this chart indicate the first crisis point is for someone with a substance use disorder?

Explain that although this is considered a crisis point, it can also be a turning point. By saying something about issues early on, supervisors are not only protecting the company and other employees, they are looking out for the welfare of that employee as well. Your criticism may be what it takes for the individual to seek help.

This doesn’t mean supervisors have to become an alcohol or drug vigilante. They are not expected to diagnose a substance use disorder. But supervisors should maintain a healthy suspicion about the possibility of alcohol or other drug use, and when a pattern of behavior indicates there could be a substance use disorder, supervisors should notice and take action.

Facilitator Notes

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Substance Abuse Is Hard to Spot

Explain that substance use disorders in the workplace do not usually involve a heroin junkie or blatantly stoned or incompetent worker, though there is some of that. More often, the concern involves the use of common drugs that are easy to conceal and consume. ***A typical person who uses drugs is one of the 6 million Americans who look, talk, and, for the most part, act like everyone else.***

In addition to income, employment can provide people with dignity, pride, and self-worth. Because of this, many people who use alcohol and other drugs will go to great lengths to hide the concerns associated with their use in order to keep their job.

People who use may not exhibit any signs or symptoms until the substance use disorder has become quite bad.

To make matters worse, some drugs, such as methamphetamine, may actually seem to be improving an employee's performance at first. This can trick people into believing there is not a concern until much later and much heavier use.

That's why it is important to keep the warning signs of substance use in mind when there are performance issues of any kind.

Facilitator Notes

If the group is having trouble coming up with items for the checklist, you might need to ask them a few questions to get them thinking in the right direction. For example:

What might you notice about ...

... the way they walk or even stand?

- You'd probably see some extremes here – what might those be?

... their eyes?

- Would they be bright and clear?
- What might they wear often?

... the way they talk?

- Would they be easy to understand?
- What might you notice about their volume level? (Again, this could be two extremes.)

... their appearance or hygiene?

- Would they look crisp and clean?
- What might you notice about their clothes? their breath?

... their demeanor?

- You'd probably see some extremes here, too – what might those be?
- Where might they fall on a “happy – sad” meter?



Warning Signs



Refer to handout M-3, **Identifying Troubled Employees**.

- Quickly review the warning signs in the handout.
- Remind them that these same signs can be associated with a number of problems, not just substance use, so it's important to not jump to conclusions.



Ask:

If we were to develop a “reasonable suspicions” checklist – a tool to help you as supervisors determine whether or not a problem may exist, what would that checklist include?



Write their thoughts on a flip chart.

Make the flip chart look like a checklist by putting boxes or lines in front of each item they recommend.

You can offer to type up their checklist and email or send it to them after the training session. This gives you an important opportunity to touch base after the session with some good reminders to keep the topic of a drug-free workplace top of mind with supervisors.



Ask:

What questions or concerns do you have about identifying troubled employees?

Talk about whatever is on their mind. Respond in ways that build confidence and clarify as much as possible. This is a “gray” area, and some people will struggle with that.

Facilitator Notes

Presentation Notes for Addressing Concerns

When supervisors observe and evaluate performance then address concerns with the employee, they can feel like “the bad guy,” but they are really being an advocate for that employee.

Work or earning an income is an essential element of life for most people. When a supervisor cares enough to talk about concerns that could impact whether a person continues to be employed, receives pay increases, etc., that supervisor is helping the employee and being an advocate for that employee’s improved performance. By investing time in the initial conversation and follow-up, not only is the supervisor taking care of the company, he/she is taking care of the employee as well by encouraging the employee to deal with and find solutions for work-related concerns.

If an employee has been given the chance to improve job performance but hasn’t changed his/her behavior, the supervisor may need to take a more forceful approach and become more of an enforcer. Supervisors should remember that they are still helping the employee to face an issue, whatever the cause may be, and the emphasis should be on improving job performance, NOT judging the employee.

Tips

(More details about each tip are on handout #3.)

1. **Pick an appropriate time and place.** Choose a convenient time for both of you and a place that is private and comfortable.
2. **Discuss performance issues.** Practice how you will present behaviors or issues as facts, not accusations.
3. **Don’t diagnose.** If the employee brings up alcohol or other drug use, you can certainly respond, but keep the discussion focused on job performance.
4. **Listen.** Be sympathetic, but be careful not to be “pulled into” the issue.
5. **Have the employee select the course of action he/she believes is best.** You can help brainstorm alternatives, but DON’T decide what the person should do.

6. **Develop a performance improvement plan.** The employee should be put on a performance improvement plan if his/her job standards are not being met.
7. **Offer support.** Communicate your support for his/her efforts.
8. **Refer your employee to professional help.** This could be an EAP program, your human resources department, or a local resource provider.
9. **Tell the employee what the consequences will be if he/she does not remedy the job performance problems.** Knowing that one’s job may be in jeopardy can often be the “last straw” that leads someone to seek help.
10. **Keep it confidential.** Remind the employee that this and all subsequent discussions about the problem will be kept confidential, and stick to this promise at all costs.

Be prepared for the following reactions:

- **Denial** – If so, stay calm and stick to specific examples that support your concerns.
- **Threats** – If so, remind the person that he/she can do whatever he/she wants, but that you needed to say something because of how his/her behavior was impacting you.
- **Rationalization** – If so, stay focused on WHAT has happened, not why it has happened. Let the person know help is available and you will support him/her.
- **Angry Outburst** – If so, don’t react. Wait until he/she runs out of steam, then continue where you left off.

Your conversation is successful if you have shown you care, offered your support, and encouraged the person to seek help. The decision to take action – or not – is up to the user, not you. Be prepared for him/her to decide to do nothing right now. They may not be ready. If that is the case, don’t view your efforts as a failure. You have most likely planted the seeds that will allow them to take action in the future.

(continued on next page)



Step 3: Addressing Concerns (35 min)

Emphasize that even though they may identify an employee as having a potential substance use disorder, they can not be certain whether substance use is the cause of that person's performance issues. The important thing is to make sure you talk about your concerns with the employee. Although the focus of your conversation will be resolving their performance issues, an underlying goal will be to open up a channel of communication so a troubled employee can get assistance, if necessary.

Addressing Concerns Video



*Note: If you do not have access to a video player, use the information on the facing page and handout M-4, **Addressing Concerns**, to present information on how to hold conversations with troubled employees. Then continue with the next section of training – **Addressing Concerns Role Play**.*

Introduce the video as a look at the general signs and symptoms of substance misuse, as well as how substance use impacts even for those who are NOT abusing.



Show the **Addressing Concerns** video segment.

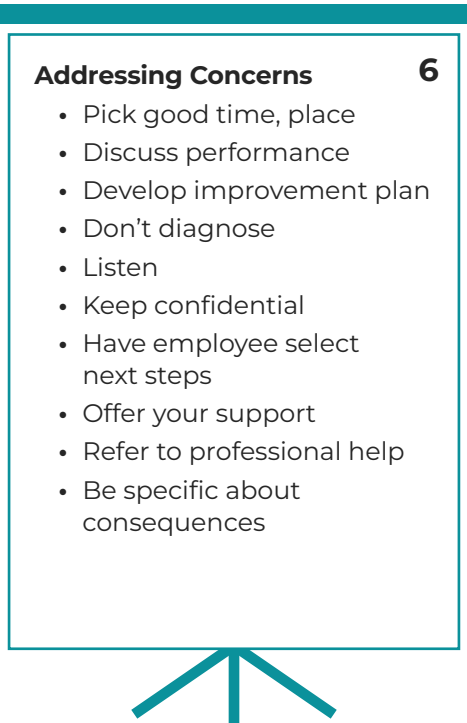
This segment positions the supervisor as an employee advocate who helps the employee address problems that are impacting his/her employment. It explains the key steps of a successful conversation and demonstrates how to address concerns without diagnosing the cause or slipping into the counselor role. It also addresses how to deal with various employee responses, such as anger or denial.

(continued on next page)

Facilitator Notes

Presentation Notes for Addressing Concerns (Continued)

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:



Addressing Concerns Video (Continued)



Review what participants learned from the video by asking the following questions:

- **How can the video justify saying you are an employee advocate when you address concerns? Aren't you really getting the employee in trouble?**

Work, or earning an income, are essential elements of life for most people. When a supervisor cares enough to talk about concerns that could impact whether a person continues to be employed, receives pay increases, etc., that supervisor is helping the employee, being an advocate for that employee's improved performance. By investing time in the initial conversation and follow-up, not only is the supervisor taking care of the company, he/she is taking care of the employee as well. While many employees may perceive that they have "gotten in trouble," when handled well, conversations about concerns are a positive thing for the future.

- **What tips did the video give for having a successful performance-focused conversation with an employee?**

*Refer to the first page of handout M-4, **Addressing Concerns**, for an overview of the tips.*



Refer participants to handout M-4, **Addressing Concerns**, as a summary of the information in the video.

Stress that supervisors are not expected to give substance use counseling, but they can and should address issues that affect the workplace and that may lead to helping a troubled employee.

Facilitator Notes

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Addressing Concerns Role Play #1

Facilitate a role play about how a supervisor might address concerns about Terry.



Ask for two volunteers to do a role play in front of the group. Determine who will play the supervisor and who will play Terry.



- Have the volunteers read the information about Terry from handout M-5, **Role Play Scenarios**.
- Explain that if any information isn't provided on the handout, they will need to make up something appropriate.

Take "Terry" aside and tell him/her to decide what the real problem is and whether or not to admit to it based on how the conversation is going – to be realistically reluctant, but not too hard on the supervisor.

- When they are ready, have the supervisor initiate the conversation.
- Have some chairs available so they can sit and relax to talk. Expect some laughter and uncertainty. If they turn to you for help, tell them this is their conversation, not yours. If the role play is really not going well or they seem overly frustrated, tactfully offer to have two other volunteers give it a try.
- Debrief by asking the two volunteers:
 - *What went well?*
 - *What could have gone better?*
 - *How well did the supervisor stay on track with performance concerns and avoid diagnosing or counseling Terry?*
 - *How well did the supervisor facilitate getting Terry to identify and decide on a solution to the performance issues?*

- Ask the group for feedback and thoughts.

Remember, they don't have to identify a cause for the problem – that is up to "Terry." To be successful, they simply had to identify a solution for the performance concern(s).

Facilitator Notes

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Addressing Concerns Role Play #2 (Optional)

Explain that now you'd like everyone to give the conversation a try.



- Divide participants into groups of 2–3. Have each group decide who will play the employee and who will play the supervisor.
- Refer them to the second scenario on the handout. Allow 2–3 minutes for them to read this information.
- Explain that if any information isn't provided on the handout, they will need to make up something appropriate.
- Have the employees decide what the real cause of their issue is and remind them that it is their choice whether or not to admit to that cause based on how the conversation is going.
- Remind the supervisors that they don't have to identify a cause to be successful – they simply have to get the employee to agree to a reasonable solution for the issues.
- When they are ready, have the supervisor initiate the conversation.
- After 8–10 minutes, begin debriefing the activity by asking:
 - *How are your conversations going?*
 - *Who has a supervisor that has done something very good? What was it?*
 - *Who has a difficult employee? What are they doing? Can you foresee ever running into that with a real employee?*
 - *What are your biggest take-aways from this activity?*

Facilitator Notes

It is important for managers and supervisors to be familiar with both the resources available through the company and who is responsible for paying for treatment – the company or the employee.

Information regarding payment for treatment is typically found in the organization's drug-free workplace policy or health plan.

Resources can be downloaded from the Your Life Iowa website at <https://yourlifeiowa.org/>

Step 4: Referring to Assistance (10 min)

Explain that while in most cases a supervisor's conversation with an employee will NOT result in a discussion about substance use, occasionally it will. If an employee tells a supervisor that he/she has a substance use disorder or reports substance misuse, the supervisor should support the recovery process by:

- Referring the employee to the company's assistance resources or programs.
- Being supportive of treatment and a return to work.

Explain what assistance resources your company makes available and how supervisors can or should refer employees to those resources.



Take participants to the Your Life Iowa webpage (<https://yourlifeiowa.org>). Review the **Facility Locator** and **Resource** sections with them.

- *If your company has a resource file that supervisors should use when referring employees to assistance, you may want to use that information.*
- *If participants have already completed the Employee Education section, point out that this is the same resource they received during that session.*

Clarify whether your company expects the supervisor to be actively involved, such as helping to make an appointment, or more passively involved, such as simply providing information and encouraging the employee to take action.

Facilitator Notes

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Treatment Options

Explain that assistance programs help determine what type of treatment is best for the employee. While there are a variety of options, all of them focus on the same two goals:

- Keeping the person from using drugs.
- Helping the person learn how to live without alcohol or other drugs.

Some supervisors hesitate to refer employees to assistance because when they think of drug treatment, they think of inpatient programs. But there are other options. Not everyone has to be removed from the workplace. Treatment options include:

- Inpatient Treatment – Person spends time in residence at a treatment center to learn ways to live without alcohol or other drugs.
- Outpatient Treatment – Person participates in an intense treatment program but does not reside at the treatment center. Some meet several nights a week to allow for normal daytime activities. Others require individuals to be in treatment all day, but they can return home in the evenings.
- Support Groups – Groups of people who use drugs or who formerly used drugs come together to help each other recover. Some groups use a 12-step program (like Alcoholics Anonymous). Others do not.

Point out that being in treatment is NOT an excuse for poor job performance. It is the supervisor's responsibility to make sure employees do a good job during and after treatment.

Break



Give participants a 10-minute break.

Facilitator Notes

Presentation Notes for the Policy-Practice Gap

The Policy-Practice Gap occurs when individual leaders decline to translate the employer's drug-free workplace policy into concrete action. They avoid addressing concerns or referring employees to programs designed to help the employee. This enabling happens for a variety of reasons.

- **Worrying that referring the employee will ruin his/her reputation despite assurances to the contrary.** Some supervisors harbor a fear that if they refer the employee to treatment, it will not remain confidential and they will ruin the employee's reputation.
- **Wanting to protect a "good worker" or being afraid of losing that good worker.** Leaders often want to protect an employee because the employee has been, or still is, a good worker. Also, many leaders fear that they will lose a good worker if the employee is referred to treatment. In reality, the employee's performance is likely to progressively worsen without assistance and/or treatment.
- **Hanging on to old stereotypes that addicts are homeless, poor and lonely, and not accepting that an employee with a job, family and friends has a dependency.** The old stereotype of an addict as a homeless, street person is so prevalent that many supervisors simply can not accept that a person with a substance use disorder can have a home, family, job and friends.
- **Fear of being sued for taking action when the real risk is not taking action.** Many supervisors are concerned that an employee who is referred to assistance will have grounds for a lawsuit. However, if a supervisor follows the company's established policies and procedures regarding alcohol or other drug use and focuses on observable behaviors, that supervisor is probably acting in a legally defensible manner. The potential for a lawsuit is actually much greater in situations where a supervisor has not taken action and an accident has occurred.

There are other, deeper, less obvious reasons for the gap as well:


- **Feeling they should be able to "fix" their employees' problems and that referring them to assistance is a sign of inadequacy on their part.** Many supervisors feel they are responsible

for "fixing" all of their employees' problems, including alcohol or other drug use, and that referring an employee to assistance is a sign of their own inadequacy as a supervisor. In reality, a supervisor is responsible for protecting the safety of all employees, and referring an alcohol- or other drug-impaired person to assistance upholds that broader responsibility for everyone's safety. It also gives the employee the best chance of recovery by putting them in touch with professionals who are specially trained to provide the help an abusing employee needs.

- **Letting the need to be liked interfere with being able to confront an employee about a problem.** Like everyone else, supervisors are human, and they want to be liked and respected by their employees, perhaps even be friends with their employees. Unfortunately, when this need is strong, it may interfere with a supervisor's ability to talk to an employee with a problem. The supervisor may feel the employee's problem should stay "just between us" or may be concerned about hard feelings, therefore doesn't refer the employee to assistance.
- **Feeling that their own use, even if it is casual and legal, means "they do it, too" so they don't have a right to confront the employee.** In some cases, supervisors may feel that their own casual use of alcohol or other legal substances makes them a "user" who shouldn't confront another user even though they suspect the employee's use has gone beyond casual use. In other cases, a supervisor may also misuse alcohol or other drugs, and he/she is reluctant to confront an employee with the same issue. To do so would require the supervisor to face up to his/her own issues. It is easier to ignore or scoff at the company's policy than address the issues.

If using flip charts instead of the presentation slides, prepare a chart similar to the following prior to the session:

Reasons for the Policy-Practice Gap		7
• Reputation	• Feeling inadequate	
• Good Worker	• Needing to be liked	
• Stereotypes	• Personal use	
• Fear of being sued		



Policy-Practice Gap

(10 minutes)

Introduction

Explain that while all the information we've covered seems very straightforward, many leaders don't take action and don't enforce their company's policy for a drug-free workplace. This is referred to as a policy-practice gap and happens for a variety of reasons.



Ask:

Why do you think supervisors don't enforce a policy like this?



Summarize the discussion by referring to the presentation slide or a prepared flip chart that lists the reasons supervisors do NOT enforce a policy. These include:

- Concern about ruining someone's reputation
- Wanting to protect a "good worker"
- Old stereotypes that block out realization that there really is a problem
- Fear of being sued
- Feeling inadequate if they can't personally solve all employee problems
- Needing to be liked
- Believing their own personal use – even legal use – means they have no right to confront the other person

Stress that whenever a manager or supervisor does not adhere to or enforce the company policy, they may be creating a legal liability.



Ask what concerns they have about implementing the company's policy or fulfilling their supervisory role.

Discuss their concerns as a group with a focus on overcoming concerns and encouraging full support of the company's program. If there are concerns that cannot be addressed by the group, make note of those and commit to getting advice, then follow through on that commitment.

Facilitator Notes

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Enabling Behaviors

(10 minutes)

*Note: If participants have completed the Employee Education module, they have already covered the information about enabling behaviors and the case study, but they have not applied those concepts to their role as a supervisor. Skip the first part of this section of training and go directly to **Enabling Behaviors Review** on page L-40 to do a quick review of the concept of enabling behaviors and complete a self-assessment about enabling behaviors in supervisors.*

*If participants have not completed the Employee Education module, start with the introduction below, then use the **Enabling Behaviors** video segment and case study from the Employee Education module to teach them about enabling behaviors.*

*If you do not have access to a video player, use the presentation slides from the Employee Education module or prepared flip charts to present the information on the next page, and discuss scenario #1 in handout J-7, **Enabling Behaviors**, from the Employee Education module.*

Introduction

Start with:

The possibility that you may be encouraging substance use – even if you don't mean to – is something you may not have ever thought about.

Let's take a look at how our own behaviors could actually encourage use.

Facilitator Notes

Presentation Notes for Enabling Behaviors

One of the best ways to help a user face his/her problem is to make sure you don't ignore or cover up behaviors or mistakes that result from use.

People around us often do things that help us make decisions, or continue a pattern of behavior. This is called "enabling," and it can be positive or negative depending upon the situation. Enabling your child to be in college by supporting her financially is positive. Looking the other way when your underage child comes home drunk is negative.

Enabling behaviors are categorized into 4 types and typically progress from one to the other over time.

1. Accepting/Encouraging behaviors such as:

- Laughing at someone who is intoxicated.
- Encouraging drinking games.
- Pushing someone to have "one for the road."
- Telling someone "a little pot won't hurt."
- Drinking heavily/using drugs with the user.

2. Ignoring behaviors such as:

- Not saying anything about long lunches.
- Accepting tardiness or absences without question.
- This type of enabling reflects thoughts like:
 - *It's not my problem.*
 - *The problem will take care of itself.*

3. Excusing behaviors such as:

- Accepting poorer performance on certain days due to someone's social life the night before.
- Minimizing problems caused by being late or careless.
- This type of enabling reflects thoughts like:
 - *He doesn't usually get this drunk or act this way.*
 - *It's not so bad (could be worse).*
 - *It calms his nerves/helps her sleep.*

4. Rescuing behaviors such as:

- Doing a person's work or calling him in sick so he won't get in trouble or fired.
- Lying about what really caused an accident.
- Rescheduling work or giving someone "extra time" because she isn't as productive.
- Replacing lost or damaged items without saying anything.

People inadvertently enable drug use for what they believe are many "good" reasons:

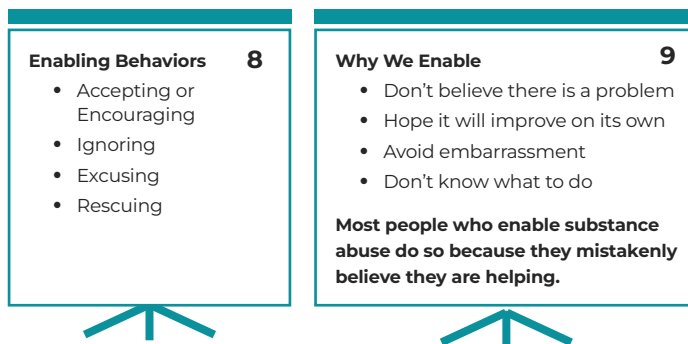
- They don't realize there is a problem.
- They hope the condition will improve on its own if they help cover up issues for the time being.
- They don't want to embarrass the other person.
- They don't know what to do.

Most people who are enabling substance use do so because they actually, mistakenly, believe their actions are helping the situation.

But at some point, most enablers get tired of the chaos, pain, unpredictability, poor work quality, etc., and begin to separate themselves from the user.

They may outwardly and openly reject the user or quietly abandon that individual.

Tip: The labels for each type of behavior are somewhat self-explanatory. Before sharing examples of each, ask for the group's ideas on what types of behaviors it might be referring to.



Debrief Notes for Case Study:

Several people are enabling Terry's potential substance use disorder:

- Her husband is rescuing her by calling in sick for her.
- Joe is excusing when he points out that if people knew what Terry was going through they would understand. He is rescuing her when he redoes her work and when he says the machine has been acting up instead of letting Terry face the consequences of being at fault when her coworker was cut.
- Her supervisor is rescuing her when he/she lowers her production goal so she can be more careful.
- The work group that goes drinking is encouraging her by making that the focus of their activity and having a trophy to reward the drinking.
- Sue is excusing her by saying she wasn't any drunker than anyone else.



Enabling Behaviors Video



Show the **Enabling Behaviors** video segment.

This segment explains how well-meaning coworkers and friends may inadvertently contribute to a substance use disorder with enabling behaviors. It identifies typical enabling behaviors and encourages viewers to stop those kinds of behaviors, even if it makes the other person angry.



When the video indicates you should pause for group discussion, ask:

- **What comments to you have?**
- **Does this make you think differently about how you respond or deal with issues or behaviors you encounter at work?**
- **Were there any enabling behaviors that hit home for you?**

Enabling Behaviors Case Study



Restart the video. As they watch or listen, have the group focus on behaviors they consider to be enabling.



Ask:

- **What are other people doing to enable Terry's behavior?**

Use the facilitator notes on the facing page to debrief the case study.

- **Do we know that Terry has a substance use disorder?**

No, we only suspect she has one. The point is that enabling behaviors still need to stop even if the issue is something other than substance use.

Facilitator Notes

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Enabling Behaviors Review

*Note: If you just showed the **Enabling Behaviors** video and did the review questions and case study associated with it, you do not need to do the following questions. Go directly to the next section of training – **Enabling Behaviors Self-Assessment**.*



Review what participants remember about enabling behaviors by asking the following questions:

- **Why is it important for you to understand enabling behaviors?**
- **Do you remember the 4 types of enabling behaviors? What are they?**
- **Give me some examples of ways a supervisor might unintentionally enabling substance use.**

Enabling Behaviors Self-Assessment

Point out that the biggest question they have to ask themselves is whether or not they themselves might be enabling use.



Refer to handout M-6, **Enabling Behaviors Self-Assessment for Supervisors**.

Have participants assess their own tendency for enabling behaviors by taking the quiz.

- Assure them that this is solely for their own information and that they will not be asked to share it with the group.
- Stress that being very honest about their answers is the best way to learn from this. If we can identify and stop our own enabling behaviors, we are indirectly encouraging individuals to get help.

Allow 5–10 minutes for participants to complete the self-assessment. Before moving on, ask who needs more time. If necessary, allow 2–3 additional minutes, then move on.

Facilitator Notes

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Additional Information for Supervisors

(5 minutes)

Introduction

Explain that you'd like to share some additional information that supervisors might find helpful as they support a drug-free workplace.

Handout



Review handout M-7, **Additional Information**.

You may want to have participants volunteer to read each section to the group.

Highlight that in all of these situations, they should always involve another supervisor for validation purposes.

Facilitator Notes

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Review and Summary

(10 minutes)

Review



Ask:

What questions do you have?



Ask the following questions to review key points:

- **What 5 things did we agree are part of a supervisor's leadership role?**

Understand the policy and the four steps of the model: document concerns, identify troubled employees, address concerns with employees, and refer employees to assistance.

- **What are the specifics of our organization's drug-free workplace program?**

Refer to your organization's policy and/or program description.

- **What are we talking about when we refer to a policy-practice gap, and why does it happen?**

Not taking action when the policy has been violated. Happens because they don't want to ruin someone's reputation or hurt/lose a good worker, they can't get over old stereotypes, they are afraid of being sued, they feel inadequate if they can't solve the problem themselves, they need to be liked, or they also use alcohol or other drugs, which makes a confrontation difficult.

- **What are some things supervisors typically do that actually enable a substance use disorder?**

Avoid dealing with the effects, use causes, adjust performance expectations instead of dealing with the issue, avoid or ignore obvious uses, or worry about what other people will say.

- **What would you do if you suspected your supervisor of having a substance use disorder?**

Don't confront on your own. Seek help from at least one other supervisor or HR representative.

Facilitator Notes

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Summary

Summarize the session with the following:

We don't want you to have a policy-practice gap. Providing leadership for a drug-free workplace is no different than providing good leadership for other work-related situations. The key is understanding your leadership role and strategies for being effective in that role.



Refer to handout M-8, **Leadership Role for Supervisors**, as a summary of the session.

- Review the role information at the top of the page.
- Ask for a volunteer to read the first 3 guidelines for effective leadership. Ask for another volunteer to read the next 3 and a third volunteer to read the last 2.
- Ask the group for any final comments or thoughts about being a leader for a drug-free workplace.

Evaluations

Thank the participants for coming.



Distribute handout M-9, **Session Evaluation**, and conclude the session.

Facilitator Notes

Statistical or Informational Sources for the Supervisor Training Module

Statistical or informational sources for session content by page number:

Pages L-11 – L-36: Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training; U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Making Your Workplace Drug Free* packet

Page L-36: Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training

Page L-44: Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training; U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Making Your Workplace Drug Free* packet

Page L-46: Employee and Family Resources of Iowa, Iowa Workforce Substance Abuse Training

Statistical or informational sources for Participant Handouts:

6 Gary Anderson, Community Recovery Press, Milwaukee, Wisconsin



Participant Handouts

**Supervisor Training:
Taking a Leadership Role Toward
a Drug-Free Workplace**

Documenting Performance Issues

Substance abuse or addiction typically develops over a period of time during which individual incidents may not seem significant. Months later when the problem is recognized, it is difficult to recall specific details of those incidents. By recording incidents as they occur, you assemble a solid record of support for future actions. All work-related performance problems and concerns, as well as any conversations with the employee about these concerns, should be documented so there is a written record of what you saw, heard and did. This documentation should be kept confidential and only shared with others who have a specific need to know of the concerns.

Documentation should include:	Documentation should NOT include:
<ul style="list-style-type: none">• Name(s) of those involved.• Date and time of the incident.• Specifically what happened.• Names of witnesses.• What actions were taken.	<ul style="list-style-type: none">• Opinions or judgments about the person.• Suspicions of alcohol or drug use.

Activity

Read the following situation involving Terry, then determine what information should be documented, what information is not appropriate for documentation, and what information is missing that should be part of your documentation.

Terry's quality ratings have been slipping over the past month. She used to have a 98% error-free rate, but has slipped to just 87%. Your group's average is 93%.

Terry has been late at least once a week for the past 6–8 weeks, usually on Mondays. Her husband called today to say she was sick and would not be in. This is the third time her husband has called instead of Terry.

Joe works closely with Terry and has noticed the change as well. Joe doesn't mention any specifics but has commented that, if people knew what Terry was going through at home, they would understand. Joe has reworked several things because of Terry's carelessness.

A group goes to the Clipper Bar every Friday, and Terry is one of them. They have several regular drinking games and a traveling "trophy" that goes to each night's winner. Last Monday, Terry flew off the handle when a coworker joked about how drunk she was at the Clipper. Sue intervened and told the person to knock it off because Terry hadn't been any drunker than the rest of them.

Lately, Terry looks tired no matter when she comes in. Her hair often looks like it hasn't been combed, and her clothes are wrinkled and sometimes dirty. She hasn't always been that way.

Yesterday, Terry was operating a machine when a coworker was cut so badly he required 15 stitches and will not return to work for a few days. Terry left without a word when it happened. She didn't apologize or get help. Joe insists that the machine had been acting up all week. He thinks Terry left like that because she gets sick at the sight of blood. You're wondering why she is still "sick" today.

Identifying Troubled Employees

As a supervisor, the success of the company's drug-free workplace program depends on you. Being closest to your employees, you are the one most likely to notice changes in performance, conduct, personality, and appearance that could indicate a drug or alcohol disorder. And you are the one who must deal with the situation when these problems begin to impact the workplace.

Drug abuse is not an easy problem to spot. It's not usually an employee who hallucinates, goes into convulsions, or staggers around reeking of alcohol. More often, the issue involves the use of common drugs that are easy to conceal and consume. Unfortunately, most of the 6 million Americans who use alcohol or other drugs look, talk, and for the most part, act like everyone else.

In most cases, you **won't know** there is a substance use disorder – you'll **suspect** there is one. Here are some key clues:

- **Excessive absenteeism, tardiness, and use of sick days**, especially a significant number of impromptu decisions to take vacation time or a pattern of Monday and Friday absences
- **Accidents**, near-accidents, and frequent careless mistakes
- **Unusual behavior** such as frequent visits to the restroom, secretive phone calls, dressing inappropriately for the season, or wearing sunglasses indoors
- **Personality changes** such as sudden and erratic mood or personality shifts, excessive giddiness, aggressive or depressed behavior, and loss of appetite or memory
- **Physical signs of a substance abuse problem** such as hyperactivity, dilated pupils, tremors, slurred speech, problems with coordination, excessive weight fluctuation, a constant runny nose, or constant encrustation around the nose
- **Physical evidence of drug use** such as cigarette papers, glassine envelopes, medicine droppers, bent spoons, razor blades, and short straws

None of these signs necessarily means a person is a substance user. **Individuals can change for many reasons**, and the difference between normal behavior and behavior that may indicate alcohol or drug use is sometimes a matter of degree and consistency. Look for a series of sudden changes, not isolated single behaviors.

Remember that anyone close to someone with a substance use disorder will experience a number of similar issues. A troubled employee may not have a substance use disorder but may be living with someone who does. Similarly, undiagnosed physical ailments, mental illness, and/or family issues can produce these types of behaviors or symptoms. Don't try to diagnose the issue, but do respond to the issue immediately and cautiously.

Addressing Concerns

Once you have identified there is some type of issue, you should meet with the employee to discuss what you have seen. It is important to act early rather than wait until it develops into a crisis situation or impacts the safety and welfare of other employees. Your job is to address the performance problem and encourage improvement, not judge the employee.

When performance problems occur, it is especially important to treat the employee with respect. Be relaxed, and maintain a nonjudgmental attitude. Here are some tips for your conversation:

1. **Pick an appropriate time and place.** Arrange to talk at a time that is convenient for the employee. Choose a place that is quiet, private, and comfortable, without distractions.
2. **Discuss performance issues.** Tell the employee what you have observed about his or her work and behavior. Do not present rumors or hearsay. Stick to the facts you have documented, and keep it work related. Practice how you will present behaviors or issues as facts, not accusations.
3. **Don't diagnose.** Unless you directly observed your employee using alcohol or other drugs, do not mention these issues in the discussion. If you have witnessed this type of behavior, stick to the facts and do not make assumptions about whether a substance use disorder exists. If the employee brings up alcohol or other drug use, you can certainly respond, but keep the discussion focused on job performance.
4. **Listen.** Be sure to give the employee a chance to respond to your observation(s). Be sympathetic, but be careful not to be “pulled into” the issue. Sticking to the documented facts will help you remain neutral.
5. **Have the employee select the course of action he/she believes is best.** You can help brainstorm alternatives and assist the employee in evaluating the pros and cons of each, but DON'T decide what the person should do.
6. **Develop a performance improvement plan.** The employee should be put on a performance improvement plan if his or her job standards are not being met. The plan should include a concrete list of desired objectives or changes in performance, a timeline for expected improvement, and regular meetings between you and the employee.
7. **Offer support.** Make it clear that the problem must be resolved, but communicate your support for his/her efforts.
8. **Refer your employee to professional help.** Depending on the size and nature of your business this may be your EAP program, personnel department, or a local resource provider.
9. **Finally, tell your employee what the consequences will be if he/she does not remedy the job performance problems.** Knowing that one's job may be in jeopardy can often be the “last straw” that leads someone to seek help. Set a timeline for when the employee will take action and resolve issues. Schedule a follow-up meeting to check on his/her progress.
10. **Keep it confidential.** Remind the employee that this and all subsequent discussions about the concerns will be kept confidential and that only those with a legitimate business need to know (e.g., employer, EAP counselor) will be informed. Stick to this promise at all costs. If your employee chooses to tell coworkers or others about your discussions, that is his or her prerogative – it is not yours.

Prepare a written summary of this meeting, including the follow-up plan, then conduct the follow-up meeting as planned. Be sure to follow your company's policy and guidelines for further discipline and/or referral to assistance.

Role Play Scenarios

Scenario #1:

Terry's quality ratings have been slipping over the past month. She used to have a 98% error-free rate, but has slipped to just 87%. Your group's average is 93%.

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Yesterday, Terry was operating a machine when a coworker was cut so badly he required 15 stitches and will not return to work for a few days. Terry left without a word when it happened. She didn't apologize or get help. Joe insists that the machine had been acting up all week. He thinks Terry left like that because she gets sick at the sight of blood.

Scenario #2:

Chris has always been a great employee – energetic and a hard worker. Over the past few months, Chris has been late or sick more often than usual. The other day, you found out two of his friends will usually punch in for him when he's only a few minutes late so no one will notice. That made you start thinking ... he has also used up all his sick leave. He's been willing to make up the time by staying late or working on a Saturday, so you haven't said anything even though that's technically against the rules. You were just glad to see that he wanted to do a good job.

Chris seems forgetful, distracted, and more tired than usual. He appears to make and receive a lot of personal phone calls. In fact, that was the hot topic at lunch the other day, but Mike got really mad and told the group they should mind their own business.

Mike has always stood by Chris through thick and thin. A few years ago when Mike was going through a divorce, Chris would pitch in to help him do his work, so he could leave on time to pick up his kids. You believe Mike has been repaying the favor lately because you saw him finishing a report for Chris the other day and one of your leads mentioned being glad Mike was able to finish the proposal estimates when Chris got behind last week.

Enabling Behaviors Self-Assessment

The statements below describe elements of belief systems, feelings, and behaviors that can contribute to the complicated system of enabling. For each statement, indicate the degree to which it applies to you.

Yes	No	Sometimes	
___	___	___	1. I oversimplify issues that may result from alcohol or other drug use.
___	___	___	2. In management meetings, I participate in gossip about employees with alcohol or other drug dependencies.
___	___	___	3. I avoid handling situations involving alcohol or other drugs.
___	___	___	4. I lack clear and definite standards of performance for my employees.
___	___	___	5. I have gradually lowered my expectations for acceptable performance.
___	___	___	6. I avoid confronting employee substance use disorders associated with alcohol or other drugs.
___	___	___	7. I hesitate to get others involved in an employee's alcohol or other drug dependencies out of fear the situation will be mishandled.
___	___	___	8. I am fearful of what my other employees will say or think if I take action on an employee's substance use disorder with alcohol or other drugs.
___	___	___	9. I prefer to wait and see if problem behavior will correct itself.
___	___	___	10. I protect my employees by minimizing the consequences of their actions.
___	___	___	11. I look the other way when people are using alcohol or other drugs at work or other inappropriate places.
___	___	___	12. If an employee disclosed alcohol or other drug dependencies to me, I would not know what to do.
___	___	___	13. I avoid taking action against an employee for alcohol or other drug dependencies because I'm concerned about legal repercussions.
___	___	___	14. I fail to take action on alcohol or other drug dependencies because I fear others will not support me.
___	___	___	15. I have ignored a staff concern that I suspect is related to alcohol or other drugs.

Consider how many times you checked "yes" or "sometimes." Each of these is an enabling behavior, and the more often you do them, the more you are delaying the chance that an employee who uses alcohol or drugs will be forced to confront his/her substance use disorder and seek help.

Additional Information

Employees Who Report to Work Unfit for Duty

In general, you should have two management members verify that the employee is not fit to do his/her job. Document the conduct problems or reasons for being unfit as objectively as possible. If there is a human resources or safety person in your organization, he/she should be notified and consulted about the situation. If all the management people involved agree the person is not fit to do his/her job, the employee should be sent home via public transportation or with a family member, or he/she should be escorted home by two other staff members. Do not let the employee drive home if he/she is not fit to perform the job. As the supervisor, you should then decide, based on your organization's policy, what disciplinary actions should be taken.

Alcohol or Drug Use by Your Boss

Alcohol and other drug use and substance use disorder are serious illnesses that affect people in all walks of life, in all types of jobs, and of all ages. This issue is especially touchy when it is your boss who is having the problem. Handling substance use by your boss or another supervisor requires careful thought, and your response may depend on your relationship with him/her.

You should avoid confronting the situation on your own. Seek the help of another supervisor or a professional who can advise you about your options, or ask for help from your company's employee assistance program or other assistance resources.

What to Do if You Find Illicit Drugs at Work

Use caution and review your organization's policy to see if guidelines have been established for how to handle these situations. Do NOT discard or transport the drugs yourself. This could make you vulnerable to criminal charges. Seek the help and guidance of another supervisor. Contact your local police department.

Leadership Role for Supervisors

Supervisors play a central role in an effective drug-free workplace program. As leaders, they are expected to:

- Understand and be able to explain the company's drug-free workplace program.
- Document work performance concerns.
- Identify troubled employees.
- Address concerns with employees.
- Refer employees to assistance if appropriate.

Supervisors are not expected to provide substance use counseling. Neither should they try to diagnose alcohol or other drug disorders. If a supervisor suspects an alcohol or drug use disorder or other concerns as evidenced by poor job performance or conduct, the employee should be referred for professional evaluation and assistance.

Guidelines for Effective Leadership

1. **Be attentive**

Be ready to recognize employee issues that may or may not be related to alcohol or other drug use. Examples: accidents, frequent lateness, mood swings.

2. **Document**

Keep an ongoing record of the employee's performance – good and bad. Document all incidents even if an issue isn't apparent. Stick to observable facts.

3. **Focus on performance**

Avoid judging, diagnosing, or counseling. Don't accuse someone of having a substance use disorder, and don't expect a confession. Recognize the employee's point of view. But don't get sucked into sympathy-evoking tactics, manipulation or stroking that avoids the real issue.

4. **Be straightforward**

Stick to what you expect and what you have documented. Don't get sidetracked, and don't argue with the employee about what has been documented.

5. **Be consistent**

Follow the same procedures for all employees.

6. **Maintain confidentiality**

Discuss employee issues in private, and keep the discussion between the two of you unless others have a legitimate business need to know.

7. **Refer**

Don't attempt to solve the issue. Encourage troubled employees to seek help from the resources in the workplace or the community. Know how to get help for an employee.

8. **Follow up**

Continue to assess employee job performance over time.

Session Evaluation

We would like your feedback about this drug-free workplace education session. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree		Neutral		Strongly Agree
This drug-free workplace educational session increased my awareness and knowledge of alcohol and other drug use and/or how I can better support a drug-free workplace.	1	2	3	4	5
The content of this session was relevant to my daily life at work or at home.	1	2	3	4	5
Overall, the session was a good use of my time.	1	2	3	4	5
The facilitator was familiar with the content and helped the session go smoothly.	1	2	3	4	5

Please provide your answers to the following questions.

What was the most interesting or useful part of the session?

What suggestions do you have to improve the session?

If you have other comments, please write them below.

Thanks for taking the time to attend this session and for working to support a drug-free workplace that benefits all of us!