

DEPARTMENT OF THE AIR FORCE
DRUG-FREE FEDERAL WORKPLACE
NEW SUPERVISOR AND NEW EMPLOYEE TRAINING

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

This document covers the following topics related to a Federal drug-free workplace:

- Department of the Air Force's policy regarding illicit drug use by civilian employees
- Types and effects of specific drugs
- Signs of drug use and effects on performance and conduct
- Role and operation of the Employee Assistance Program
- How to identify employees in need of assistance
- Voluntarily seeking assistance and the Safe Haven Provision
- Employee Assistance Program (EAP)
- Intervention and referral to EAP
- Relevant treatment, rehabilitation, and confidentiality issues
- Return of the employee to workplace and follow-up

The Department of the Air Force policy regarding illicit drug use by civilian personnel

Reference: AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program Chapter 1

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

Federal employees entrusted with the national defense must be free from the possibility of coercion or influence of criminal elements. Performing duties under the influence of illicit drugs adversely affects personal safety, risks damage to government property, significantly impairs day-to-day operations, and exposes sensitive information to potential compromise. This is especially important for those civilian employees who have been entrusted with access to classified information, or who, for instance, are responsible for weapons systems with nuclear or conventional capabilities.

Therefore, the use of illicit drugs is inconsistent with the high standards of performance, discipline, and readiness necessary to accomplish the DAF mission. All levels of responsibility and management throughout the Air Force will support and enforce execution of Executive Order 12564, Drug-Free Federal Workplace and the Anti-Drug Abuse Act of 1988.

DAF employees should report to the command actual or suspected illicit drug use or related criminal activity occurring on or off the base, and directed toward, or potentially harmful to, persons or property. This activity includes using, buying, stealing, transferring, selling, smuggling, making illicit drugs, or committing a crime to support a drug habit.

A drug-free workplace through education

Reference: The National Institutes of Health, The National Institute on Drug Abuse

Types and effects of specific drugs.

Ethyl alcohol is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These immediate effects are most often the result of binge drinking and include the following: Unintentional injuries (traffic injuries, falls, drownings), violence (intimate partner violence and child maltreatment), risky sexual behaviors, miscarriage and stillbirth among pregnant women, a combination of physical and mental birth defects among children, and alcohol poisoning from overdosing. Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments, and social problems.

The term **Club Drugs** is used to describe psychoactive drugs that became linked with dance clubs and raves. Common street names are special K, vitamin K, jet (ketamine); G, liquid ecstasy, soap (GHB); roofies (Rohypnol®). Club drugs have varying effects. Ketamine distorts perception and produces feelings of detachment from the environment and self, while GHB and rohypnol are sedating. GHB use can cause coma and seizures. High doses of ketamine can cause delirium and amnesia. Rohypnol® can incapacitate users and cause amnesia, and especially when mixed with alcohol, can be lethal.

Cocaine is a powerfully addictive central nervous system stimulant that is snorted, injected, or smoked. Crack is cocaine hydrochloride powder that has been processed to form a rock crystal that is then usually smoked. Cocaine usually makes the user feel euphoric and energetic, but also increases body temperature, blood pressure, and heart rate. Users risk heart attacks, respiratory failure, strokes, seizures, abdominal pain, and nausea. In rare cases, sudden death can occur on the first use of cocaine or unexpectedly afterwards.

Fentanyl is powerful synthetic opioid that is typically used to treat patients with severe pain, especially after surgery. It is 50 to 100 times more potent than other synthetic opioids. Fentanyl is addictive because of its potency. People addicted to fentanyl who stop using it can have severe withdrawal symptoms that begin as early as a few hours after the drug was last taken. Synthetic opioids, including fentanyl, are now the most common drugs involved in drug overdose deaths in the United States. When people overdose on fentanyl, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can lead to a coma and permanent brain damage, and even death. Naloxone is a medicine that can treat a fentanyl overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs. But fentanyl is stronger than other opioid drugs like morphine and might require multiple doses of naloxone. Because of this, if you suspect someone has overdosed, the most important step to take is to call 911 so they can receive immediate medical attention.

Heroin is an addictive drug that is processed from morphine and usually appears as a white or brown powder or as a black, sticky substance. It is injected, snorted, or smoked. Short-term effects of heroin include a surge of euphoria and clouded thinking followed by alternately wakeful and drowsy states. Heroin depresses breathing; thus, overdose can be fatal. Users who inject the drug risk diseases such as HIV/AIDS and hepatitis.

Inhalants are breathable chemical vapors that users intentionally inhale because of the chemicals' mind-altering effects. The substances inhaled are often common household products that contain volatile solvents, aerosols, or gases. Most inhalants produce a rapid high that resembles alcohol intoxication. If sufficient amounts are inhaled, nearly all solvents and gases produce a loss of sensation, and even unconsciousness. Irreversible effects can be hearing loss, limb spasms, central nervous system or brain damage, or bone marrow damage. Sniffing high concentrations of inhalants may result in death from heart failure or suffocation.

LSD can distort perceptions of reality and produce hallucinations; the effects can be frightening and cause panic. It produces unpredictable psychological effects, with "trips" lasting about 12 hours. With large enough doses, users experience delusions and hallucinations. Physical effects include increased body temperature, heart rate, sleeplessness, and loss of appetite.

Marijuana is the most commonly used federally designated illegal drug in the U.S. It is made up of dried parts of the cannabis sativa hemp plant. Short-term effects of marijuana use include euphoria, distorted perceptions, memory impairment, and difficulty thinking and solving problems. In spite of state and local laws legalizing the recreational or medical use of marijuana, marijuana remains a Schedule I substance under the Federal Controlled Substance Act and is therefore still illegal under Federal law. Executive Order 12564 made it a condition of employment for all Federal employees to refrain from using illegal drugs both on and off duty. Federal employees who use marijuana, even in a state that has legalized its use, may be subject to disciplinary action, including termination of employment. This prohibition includes chemical components and extracts of marijuana listed as Schedule I illicit drugs by the Drug Enforcement Administration.

Hemp and Cannabidiol also known as CBD. The 2018 Agricultural Improvement Act (Farm Bill) that was signed into law on 20 December 2018 removed hemp from the definition of marijuana within the Controlled Substances Act. However, the Farm Bill states that the delta-9-tetrahydrocannabinol (THC) level in hemp-derived products must be no greater than 0.3 percent on a dry weight basis in order to satisfy the revised definition of "hemp" provided in the Farm Bill. If hemp-derived products exceed that THC threshold, they will not meet the definition of hemp, and therefore, could be considered a Schedule I drug.

The Federal Drug-Free Workplace Program's position on marijuana has remained unchanged since the Department of Health and Human Services issued a warning in 2017, stating that CBD (like marijuana) was classified as a Schedule I drug and that CBD products could contain THC. While the Farm Bill removed certain hemp-derived products such as CBD from CSA Schedule I, the Food and Drug Administration does not certify levels of THC in the products. Studies have shown that some CBD products' labeling does not accurately reflect their content. Cannabis based products containing a THC level greater than 0.3% on a dry weight basis do not fall under the Farm Bill's definition of hemp even if they are labeled as such. In one study, the amount of CBD in 69% of the 84 tested CBD products was inconsistent with that on the label, and some products contained unlabeled cannabinoids, including THC in amounts up to 6.4 mg/mL. As such, an employee's drug test may be positive for the THC metabolite, delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA), due to THC in the CBD product... Under the Federal Drug-Free Workplace Program, there is no legitimate medical explanation for a marijuana positive test result other than a verified prescription for Marinol®, Sativex® or generic equivalent. (Source: Substance Abuse and Mental Health Services Administration, "Marijuana, Marijuana Oils, Marijuana Infused Products and Hemp Products" dated July 24, 2019)

MDMA or Ecstasy is a synthetic drug that has stimulant and psychoactive properties. It is taken orally as a capsule or tablet. Short-term effects include feelings of mental stimulation, emotional warmth, enhanced sensory perception, and increased physical energy. Adverse health effects can include nausea, chills, sweating, teeth clenching, muscle cramping, and blurred vision. MDMA can interfere with the body's ability to regulate temperature.

Methamphetamine is a very addictive stimulant that is closely related to amphetamine. It is long lasting and toxic to dopamine nerve terminals in the central nervous system. It increases wakefulness and physical activity, produces rapid heart rate, irregular heartbeat,

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

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

Prescription drug misuse means taking a prescription medication that is not prescribed for you or taking it for reasons or in dosages other than as prescribed. Commonly misused classes of prescription medications include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy). Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Opioids can produce drowsiness, constipation and, depending on amount taken, can depress breathing. Central nervous system depressants slow down brain function; if combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Taken repeatedly or in high doses, stimulants can cause anxiety, paranoia, dangerously high body temperatures, irregular heartbeat, or seizures.

Visit these recommended resources for additional information

Operation Supplement Safety – www.opss.org. Department of Defense (DoD) dietary supplement program for the military community, leaders, healthcare providers, and DoD civilians. Topics include a list of DoD Prohibited Dietary Supplement ingredients.

Overdose Prevention and Response Toolkit – www.samhsa.gov/resource/ebp/overdose-prevention-response-toolkit. Educates a broad audience on overdose causes, risks, and signs, as well as the steps to take when witnessing and responding to an overdose.

Get Smart About Drugs – www.getsmartaboutdrugs.gov. Information & trending topics from the Drug Enforcement Administration.

DoD's "Own Your Limits" – www.ownyourlimits.org. Facts and resources for understanding alcohol and checking one's own drinking.

DoD's "Too Much To Lose" – www.toomuchtolose.org. Drug facts & risks for the use of prescription drugs, marijuana, CBD & Hemp.

Drug Demand Reduction Program (DDRP) – Check your directory for the contact information for your local DAF DDRP office.

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

Reference: www.afpc.af.mil/eap

Use Code: US Air Force

The DAF has established an Employee Assistance Program (EAP) for its civilian workers and their household. It is important to note that EAP is independent of the drug free workplace and the drug testing program. Its relationship is solely that of helping agency for civilian employees and a consultation and referral service for supervisors addressing alcohol and drug related issues.

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

All DAF civilian personnel—including non-appropriated funds, or NAF, employees; Guard and Reserve; and household members may use the program at no charge to the individual or household member. EAP services are available to the employee and their household at **no cost**. The employer has prepaid for these services. Support offered via phone, chat, web and in person. Providers available world-wide in 120 languages.

Life's challenges addresses by EAP

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

How people get to EAP

- An employee can voluntarily seek services anytime by calling EAP at 866-580-9078.
- A supervisor may formally refer an employee to the EAP if the employee is displaying attendance or performance problems.
- Supervisors are NOT to diagnose, but rather to focus on the employee's performance and/or productivity issues.
- If the employee chooses to contact the EAP, information shared with the EAP counselor is held in strict confidence (unless the employee is a danger to self and/or others).
- Suggestions by supervisors or others - If supervisor notices that an employee is distracted, emotional, or upset, they may suggest the EAP as a resource. EAP attendance is voluntary.
- Formal written supervisory referral - Supervisors are responsible for ensuring a healthy and productive work force. When performance declines, they follow established procedures to work with employees to restore performance to acceptable levels.

An employee can voluntarily seek services by calling EAP at 866-580-9078.

Support. Advice. Help. 24 hours a day. Every day.

Voluntarily seeking assistance and the Safe Haven Provision for quitting illicit drug use

Reference: AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program, Chapter 5.3.

An employee who voluntarily seeks assistance with substance abuse issues may not be under threat of disciplinary action if he/she adheres to the requirements of the "Safe Haven" criteria. This provision allows an employee to pursue assistance for quitting illicit drug use without concern that disciplinary action will be initiated against them.

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

1. Voluntarily identify himself/herself as a user of illicit drugs **prior** to being notified of the requirement to provide a specimen for urinalysis testing or being identified through other means (i.e., drug testing, investigation)
2. Obtain and cooperate with appropriate counseling or rehabilitation
3. Agree to and sign a last chance or statement of agreement; and
4. Thereafter refrain from illicit drug use.

The Safe Haven Provision does not preclude disciplinary action for other misconduct, i.e., possession of drugs or drug paraphernalia.

DAF CIVILIAN DRUG TESTING PROGRAM AND A DRUG-FREE WORKPLACE

Reference: AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program, Chapter 3

The primary goal of drug testing is deterrence, and this is achieved by maintaining a program that is highly visible and relies on unannounced urine collections. An employee assigned to a Testing Designated Position (TDP) is subject to urinalysis testing on a random basis. For this program, testing designated positions perform those duties and tasks sufficiently critical to the DAF mission or to the protection of public safety to warrant screening to detect the presence of drugs as a job-related requirement. Illicit drug use by employees in sensitive positions presents a clear threat to the DAF mission, national security, or public safety. Employees in non-TDPs may be tested on reasonable suspicion of illegal drug use or impairment during duty hours, or when employee is reasonably suspected of having caused or contributed to a work-related accident or unsafe practice.

- The collection, handling, and testing of the urine specimen is conducted under strict chain of custody procedures established by the Department of Health and Human Services to ensure accuracy of the test results.
- The National Institute on Drug Abuse established a panel of drugs that all urine specimens must be screened for evidence of use. Regardless of the reason for collection, the DAF minimally analyzes each specimen for marijuana, cocaine, opioids, amphetamines, and phencyclidine use. A federal agency may test a specimen for any drugs listed in Schedule I or II of the Controlled Substances Act when the agency is conducting a specimen collection for reasonable suspicion or post-accident testing.
- An employee who refuses or fails to appear for urinalysis testing without a deferral may be subject to the full range of administrative and/or disciplinary action, including removal.
- If a laboratory positive test result is received, the employee will have the opportunity to submit medical documentation of lawful use of an otherwise illegal drug. The Medical Review Officer must review all medical records made available by the employee in determining if a laboratory-verified positive could have resulted from a legally prescribed medication.

How a supervisor can identify an employee in need of assistance

Reference: AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program Chapter 10

A combination of deterrence, detection, and rehabilitation will be used to ensure maximum workplace productivity free of alcohol or drug misuse. Early intervention is essential to the effective operation of this program and the successful rehabilitation of employees. Supervisors must be alert to employee performance and behaviors that could indicate a substance use problem and advise the employee on the availability of services through on and off base services, such as the Employee Assistance Program. This advice does not require an employee to admit to any problem, but merely offers the employee appropriate referral to assessment and counseling services. The intent is to offer assistance to those civilian employees who need it, while still sending a clear message that illicit drug use is incompatible with Federal service. It is important to document and discuss specific instances of unusual behavior with the supervisory chain and the servicing Civilian Personnel Office. This will help in expediting a referral of an employee when warranted.

The Employee Assistance Program offers management coaching services to all supervisors. When you call the EAP at 866-580-9078, you will be connected to a master's level, licensed EAP professional, who will listen to your concerns and help you make a plan for addressing them. The EAP consultant will help guide you, as a supervisor, to services you need, from making an employee referral for counseling to dealing with a workplace crisis to preparing to welcome back an employee who has been away in rehabilitation. EAP offers coaching to help managers build strong leadership skills, improve team performance, and improve overall organizational performance.

Signs of drug use and effects on performance and conduct.

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

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

drug addiction. Unfortunately, when in the middle of it, the drug user may be in denial about the magnitude of the problem or the negative impact it has had on their life. The presence of the following signs may suggest that an employee is under the influence of a substance, or a potential substance misuse problem exists.

Physical signs of drug use:

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

Behavioral signs of drug use:

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

Psychological signs of drug use:

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

Intervention and referral process

Reference: AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program, Chapter 10

Supervisor should talk with the employee about performance problems. Fear of discussing concerns is normal; however, the supervisor should address the concern early before the problem gets out of control. Supervisors will advise civilian employees on the availability of EAP services. This advice does not require an employee to admit to any problem, but merely offers appropriate assessment and referral to counseling and rehabilitation services.

Rehabilitation services will be offered to all employees identified as having a substance misuse problem (defined as: alcohol related misconduct incident, a Medical Review Officer verified drug positive test result, and/or self-identified with a drug or alcohol problem), regardless of the other administrative actions that may be pending or taken by management. Even when the removal of the employee from the Federal service is proposed, DAF will offer the employee, at a minimum, a one-time substance use assessment, and treatment referral services. This assessment and referral appointment can be completed, at no cost to the employee through the EAP at each installation. The mandatory assessment can be conducted by some other appropriate healthcare provider (e.g., civilian health care providers) at the employee's expense. Follow-on counseling services beyond EAP scope of services, if needed, are at the employee's expense.

An employee may be allowed up to one hour (or more as necessitated by travel time) of duty time for each assessment and referral session up to a maximum of 3 hours during the assessment and referral phase of treatment. This applies only to assessment and referral and not follow-up treatment. Absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category according to public law and DAF leave regulations.

Although the Air Force will promote treatment and rehabilitation, it is the responsibility of every employee to refrain from substance misuse and take personal responsibility for rehabilitation when substance misuse problems occur. Supervisors will notify the commander when an employee refuses to comply with a mandatory referral for counseling.

Confidentiality and release of information

For the mandatory initial assessment appointment, the employee will be advised by way of documented initial informed consent that their supervisor will be notified that the employee attended the interview and the reporting and departing time of the employee. The employee is advised of what information will be disclosed to the supervisor at the beginning of the initial interview. At that time, the counselor also tells the employee that strict rules govern the disclosure of substance misuse counseling information and how those rules apply to the position the employee holds. With written consent, the employee may authorize the disclosure of counseling records to his or her employer for verification of treatment or for a general evaluation of treatment progress.

DRUG FREE WORKPLACE REFERENCES

- Air Force Manual (AFMAN) 44-198, Air Force Civilian Drug Demand Reduction Program
- DoD Instruction 1010.04, Problematic Substance Use by DoD Personnel
- DoD Instruction 1010.09, DoD Civilian Employee Drug-Free Workplace Program
- DOD Instruction 6130.06, Use of Dietary Supplements in the DoD
- Executive Order 12564, Drug-Free Federal Workplace, September 15, 1986

DRUG FREE WORKPLACE RESOURCES

Visit these resources for immediate assistance or more information on the types and effects of drugs, symptoms of drug misuse, and their impact on performance and conduct.

EMPLOYEE ASSISTANCE PROGRAM FOR CIVILIAN PERSONNEL

All AF civilian personnel—including non-appropriated funds, or NAF, employees; Guard and Reserve; and family members may use the program at no charge to the individual or family member.

Reference: www.afpc.af.mil/eap - Use Code: US Air Force

Call: 1-866-580-9078

SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION NATIONAL HELP LINE

Free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

Call 1-800-662-4357.

OPERATION SUPPLEMENT SAFETY

Department of Defense dietary supplement program for the military community, leaders, healthcare providers, and DoD civilians. Topics include a list of DoD Prohibited Dietary Supplement ingredients.

Reference: www.opss.org

OVERDOSE PREVENTION AND RESPONSE TOOLKIT

Educates a broad audience on overdose causes, risks, and signs, as well as the steps to take when witnessing and responding to an overdose.

Reference: www.samhsa.gov/resource/ebp/overdose-prevention-response-toolkit.

NATIONAL INSTITUTE ON DRUG ABUSE

Explore topics in substance use and addiction science to include prevention, treatment, harm reduction, information about prevalent and emerging drugs, as well as a material for parents and educators.

Reference: www.nida.nih.gov

DEPARTMENT OF AIR FORCE (DAF) CIVILIAN WELLNESS

Offers a multitude of health and wellness services that are designed to enhance quality of life, improve productivity, encourage motivated and engaged employees, and promote a workplace culture of health.

Reference: www.usafwellness.com

DRUG DEMAND REDUCTION PROGRAM (DDRP)

Check your directory for the contact information for your local DDRP

*The information covered in this document is consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) *Model Plan for a Comprehensive Drug-Free Workplace Program*, and the employee training contained in AFMAN 44-198, Chapter 9.

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