



# Civilian Supervisor Training



*The Hour Has Come*

## ***Working Partners* for an Alcohol- and Drug-Free Workplace**



**Drug Demand Reduction Program  
Mrs. Donna Butte**



# Overview



*The Hour Has Come*

- **The Air Force’s substance abuse policy, procedures, and program**
- **Types and effects of drugs**
- **Symptoms of drug use and effects on performance and conduct**
- **How to identify employees in need of assistance**
- **Role of Employee Assistance Program (EAP)**
- **Intervention and referral to the EAP**
- **Return of employee to workplace and follow-up**

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# Governing Directives



*The Hour Has Come*

**AFI 90-508**

***AF Civilian Drug Demand Reduction, 28 Aug 2014***

**Executive Order 12564 and U.S.C. 7301**

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# Policy



*The Hour Has Come*

- **Air Force Civilian employees must refrain from illicit drug use whether on or off-duty**
- **Use of illicit drugs is inconsistent with the high standards of performance, discipline, and readiness necessary to accomplish the Air Force mission**
- **The intent of the Air Force is to offer assistance to those civilian employees who need it, while sending a clear message that illicit drug use is incompatible with Federal service**
- **This policy is based on the Federal criminal statutes on controlled substances and is not affected by any State laws legalizing use of marijuana or other controlled substance**



# Policy



*The Hour Has Come*

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



# Goals



*The Hour Has Come*

- **To support and enforce EO 12564 and the Anti-Drug Abuse Act of 1988. The program strives to improve the health, productivity, and overall quality of the civilian force and enhance total force readiness by:**
  - **Preventing, reducing, and eliminating illicit drug use**
  - **Advising and training managers, supervisors, and employees on how best to address drug abuse issues**
  - **Referring employees to rehabilitative services and treatment**
  - **Restoring employees to full effectiveness**
  - **Maintaining the health and wellness of a fit and ready workforce and drug-free Air Force community**
  - **Deterring civilian personnel from illicit drug use**
  - **Detecting and identifying those individuals who engage in illicit drug use**

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# Goals



*The Hour Has Come*

- **Assisting commanders in assessing the security, fitness, readiness, and good order and discipline of their commands**
- **Providing a basis for action, disciplinary or otherwise, based on an employee's positive test result**
- **Ensuring that urine specimens collected as part of the Anti-Drug Abuse Act of 1988 are supported by a legally defensible chain of custody procedure at the collection site, during transport, and at the testing laboratory**
- **Ensuring that all specimens collected under the Anti-Drug Abuse Act of 1988 guidelines are tested by a certified Department of Health and Human Services (HHS) laboratory**
- **Ensuring that all civilian personnel recognize that the ingestion of non-prescription products that contain controlled substances (as defined by Federal law) and/or illicit ingestion of prescription products may subject the individual to a suspicion of drug abuse and thereby compromise his/her status as an Air Force employee**

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# Air Force Random Drug Testing Policy and Procedure



*The Hour Has Come*

- **ALL Civilian Testing Designated Positions (TDPs)**
  - The job functions associated with these positions have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement, or U.S. national security
- TDP Civilians are selected randomly using the Air Force Drug Testing Program and DOD Drug Testing Program Software, respectively
  - Individuals cannot be singled out for random testing
  - Individuals may be selected on back-to-back days
  - Rank/Status does not exempt individuals from testing





# Testing Notification



*The Hour Has Come*

- **Commander approved trusted agents receive notification letters of individuals scheduled to test from Drug Demand Reduction Staff**
- **Individuals selected for testing must not be notified of their selection sooner than one hour prior to the scheduled starting collection time (0800) and no later than one hour prior to the scheduled end of collection time (1200)**
- **Individuals must report to the DDR office within 2 hours of receiving their notification letter. The notification letter must include:**
  - **the date and time of acknowledgement**
  - **individual's signature**
  - **trusted agent's signature**



# Failure to Present for Drug Testing



*The Hour Has Come*

- Testing is mandatory on the day of selection **EXCEPT** for members and personnel who are:
  - On leave, pass, TDY, quarters, flying status, crew-rest, missile-essential duty, or non-duty status
  - Shift workers or personnel who work alternative duty weeks with “weekends” during the regular duty week
  - Members and personnel with above exceptions will be tested the first day back to duty; civilians must present within one hour of notification when testing has been deferred
- Failure to appear for testing without a deferral will be considered a refusal to participate in testing, and will subject civilian employee to the full range of disciplinary actions



# Random Testing



*The Hour Has Come*

- **The Air Force will randomly test employees in positions that have been identified by Civilian Personnel as TDP**
- **The supervisor will notify the employee of the requirement to provide a urine specimen within two hours of the time of notification**
- **Notification shall occur on the same day the test is scheduled, no earlier than one hour prior to the scheduled starting collection time**
- **The supervisor will explain to the employee that the employee's name was selected randomly for urinalysis testing**
- **Individuals whose specimen is MRO-verified as positive for the presence of an illicit drug without legitimate reason will immediately be temporarily reassigned and denied access to classified information**
- **The employee must be removed from the TDP**



# Random Testing



*The Hour Has Come*

- **Following consultation with the Installation Staff Judge Advocate and CPS/HRO, the squadron commander equivalent or higher may, in his/her discretion, and as part of an employee rehabilitation program, allow an employee to return to duty in a sensitive position if the employee's return would not endanger public health or safety or national security**
- **Supervisors may defer testing for employees on leave, TDY, or non-duty day on the day of testing but the first-level supervisor must ensure the employee is tested on the first selection day after they return to duty**



# Accident or Safety Mishap



*The Hour Has Come*

- **If the supervisor reasonably concludes an employee's conduct may have caused or contributed to an accident or safety mishap**
  - **involving personal injury requiring emergency medical treatment**
  - **a fatality**
  - **at least \$2,000 in property damage**
- **If needed, supervisors should consult organizational medical and safety experts in determining when these thresholds have been met**
- **When an accident or safety mishap meets any of the above criteria, a supervisor in the employee's chain of command will gather all information, facts, and circumstances leading to and supporting this determination**



# Accident or Safety Mishap



*The Hour Has Come*

- **A written memorandum will be prepared to include, at a minimum, the appropriate dates and times of the accident/mishap, and the reliable/credible sources of information, leading to the rationale to conduct the test**
- **This determination will be coordinated with a higher level supervisor in the functional chain of supervision, the HRR, and an attorney from the SJA's office**
- **The supervisor will notify the employee in writing of the requirement to provide a urine specimen. The notice to the employee should specify that it is a safety/mishap test**
  - **A sample notification letter is provided at Attachment 5, AFI 90-508, page 81**



# Civilian - Consent Testing



*The Hour Has Come*

- **Consent Testing, para 3.1.12**
- **After consultation with the SJA, a supervisor may ask any civilian employee to consent to provide a urine specimen for drug testing at any time. The consent must be knowing and voluntary.**
- **An employee who consents to providing a urine specimen whose specimen tests positive for an illicit drug without a legitimate medical reason is not exempt from disciplinary actions as defined in the Safe Haven Provision**
- **A sample consent letter for obtaining a consent urinalysis is provided in Attachment 15, AFI 90-508**



# Reasonable Suspicion Testing



*The Hour Has Come*

- **AFI 90-508, para 3.1.9. Reasonable Suspicion Testing**
- **Reasonable suspicion is a specific and fact-based belief that an employee has engaged in illicit drug use, and that evidence of illicit drug use is presently in the employee's body, drawn from specific and particularized facts, and reasonable inferences from those facts**
- **Employees, regardless of whether they are in TDP positions, may be tested based on a reasonable suspicion of illicit drug use on or off duty**
- **If an employee is suspected of illicit drug use or in possession of drug paraphernalia, the appropriate supervisor will gather all information, facts, and circumstances leading to, and supporting this suspicion, then refer the employee to the DDRP office for testing**





# Procedure for Reasonable Suspicion Testing



*The Hour Has Come*

- Reasonable suspicion may be based on, but is not limited to, the following criteria:
  - Direct observation of illicit drug use or possession and/or physical symptoms of being under the influence of a controlled substance. Physical symptoms are based on the behavior, speech, appearance, and body odors of the employee
  - A pattern of abnormal conduct or erratic behavior consistent with the use of illicit drugs where no other rational explanation or reason for the conduct is readily apparent
  - Evidence of drug-related impairment supported by hearsay from identified or unidentified sources supported by corroboration from a manager or supervisor with training and experience in the evaluation of drug-induced job impairment



# Procedure for Reasonable Suspicion Testing



*The Hour Has Come*

- **Recent arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illicit drug possession, use or trafficking**
- **Information of illicit drug use provided either by reliable and credible sources or independently corroborated**
- **Evidence the employee has tampered with or avoided a recent or current drug test**
- **A supervisor in the employee's chain makes the determination, after coordination with the Installation Staff Judge Advocate, as to whether reasonable suspicion exists in any given case**
- **The supervisor will prepare a written memorandum in a timely manner to include, at a minimum, the appropriate dates and times of reported drug-related incidents, the reliable/credible sources of information considered (i.e., the rationale leading to the test)**



# Procedure for Reasonable Suspicion Testing



*The Hour Has Come*

- **The supervisor's determination that a reasonable suspicion urinalysis is warranted must be coordinated with a higher level supervisor within the functional chain of supervision, the CPS/HRO, and an attorney from the servicing Installation Staff Judge Advocate office**
- **The supervisor will notify the employee in writing of the requirement to provide a urine specimen (under direct observation)**
- **The notice to the employee should specify that the basis for the test is reasonable suspicion of illicit drug use**
- **A sample notification letter is provided at Attachment 6, AFI 90-508**



# Civilian - Voluntary Testing



*The Hour Has Come*

- **Voluntary Testing, AFI 90-508, para 3.1.1.0**
- **Employees not in TDP may volunteer for unannounced random testing by notifying the HRR. The HRR must, in-turn, notify the DDR**
- **An employee who volunteers for the random testing program will remain in the TDP pool until the employee withdraws from participation by notifying the HRR**
- **Volunteers will remain in the TDP pool for the duration of the position which the employee holds, or until the employee withdraws from participation by notifying the program liaison (PL) of such intent at least 48 hours prior to being scheduled for a random test**



# Rehabilitation (Follow-Up)



*The Hour Has Come*

- **Rehabilitation (Follow-up) Testing, AFI 90-508, para 3.1.11**
  - **All employees referred for counseling or treatment for illicit drug use will be subject to unannounced testing for a minimum of one year from the time of initiated rehabilitation services**
  - **Frequency and duration of testing will be determined by the Civilian Rehabilitation Team or as stipulated in an abeyance (last chance) agreement**



# Supervisor Responsibilities



*The Hour Has Come*

- **Supervisor, AFI 90-508, para 2.23**
- **Ensure the drug-free workplace policy is clearly communicated to all employees**
- **Recognize behaviors that may indicate drug or alcohol abuse**
- **Document observations, behaviors and symptoms**
- **Document concerns and observations made by other employees**
- **Refer to and follow Air Force and DOD policies and procedures to determine the status of alleged violations**
  - **Reasonable suspicion: Contact Staff Judge Advocate/ and or Civilian Personnel; be prepared to provide documentation and/or witnesses to corroborate claim**



# Types and Effects of Drugs



*The Hour Has Come*

- **Cocaine is a powerfully addictive central nervous system stimulant that is snorted, injected, or 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**



# Types and Effects of Drugs



*The Hour Has Come*

- **Marijuana is the most commonly used illegal drug in the U.S.**
- **Short-term effects of marijuana use include euphoria, distorted perceptions, memory impairment, and difficulty thinking and solving problems**
- **Marijuana smoke is an irritant to the lungs, and frequent marijuana smokers can have many of the same respiratory problems experienced by tobacco smokers**
- **Marijuana also raises heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours. It is estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug**





# Types and Effects of Drugs



*The Hour Has Come*

- **A number of studies have linked chronic marijuana use and mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) in some users. Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities**
- **Heroin is an addictive drug 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**



# Types and Effects of Drugs



*The Hour Has Come*

- **LSD is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains**
- **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**
- **Physical effects include increased body temperature, heart rate, sleeplessness; and loss of appetite**



# Types and Effects of Drugs



*The Hour Has Come*

- **Methamphetamine (also called meth, crystal, chalk, and ice, among other terms) is an extremely addictive stimulant drug that is chemically similar to amphetamine. It takes the form of a white, odorless, bitter-tasting crystalline powder**
- **Taken orally, smoked, snorted, or dissolved in water or alcohol and injected**
- **Smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria**
- **It is toxic to dopamine nerve terminals in the central nervous system**
- **Increases wakefulness and physical activity, produces rapid heart rate, irregular heartbeat, and increased blood pressure and body temperature**



# Types and Effects of Drugs



*The Hour Has Come*

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



# Types and Effects of Drugs



*The Hour Has Come*

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



# Types and effects of drugs



*The Hour Has Come*

- **Inhalants: Not just for kids – Inhalant abuse is a multi-generational problem**
- **Over 1 million adults abuse inhalants each year**
- **“Huffing”, “Sniffing”, “Bagging” can cause**
  - **“Sudden Sniffing Death” – immediate death due to cardiac arrest**
  - **Asphyxiation - Inhalants replace the oxygen in the body**
  - **Suffocation – from bags used to inhale substances**
  - **Choking on vomit from reaction to inhalants**
- **Addiction is possible and prevalent**
- **Users are predominately white males**
- **Effects vary depending on the substance used, but range from alcohol like effects to stimulant effects**
- **Signs of inhalant abuse: paint or stains on body or clothing, spots or sores around the mouth, red or runny eyes or nose, chemical breath odor, excitability, nausea, dazed/drunk/dizzy appearance**

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# Types and Effects of Drugs



*The Hour Has Come*

- **THC-like Substances: Spice**
- **What is it? Herbs coated with marijuana like chemicals**
- **Spice is prohibited to all active duty personnel and illegal in the state of Oklahoma (civilians). (See AFI 44-120)**
- **On 24 November 2010, the DEA announced plans to emergency control the 5 major chemicals found in Spice blends**
- **The National Poison Control Center has received thousands of calls over the last year concerning Spice with effects ranging from excessive vomiting to hallucinations**
- **As of 22 Feb 11, the Air Force has the capability to test for SPICE**



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# Types and Effects of Drugs



*The Hour Has Come*

- **Salvia Divinorum**
- **Use prohibited/Illegal in Oklahoma**
- **Resembles sage, part of the mint family**
- **Can be chewed, smoked, brewed as tea or vaporized for inhalation**
- **Hallucinations are the primary effect and last 3 to 8 hours**
- **Effects resemble alcohol intoxication, severe flashbacks and mental health problems can occur with long term use**
- **High doses may to lead to unconsciousness**







# Types and Effects of Drugs



*The Hour Has Come*

- Bath Salts
- Common Names
  - Ivory Wave
  - Vanilla Sky
  - Pure Ivory, Purple Wave
  - Charge+
  - Ocean Burst, Sextacy



- Available online and in head shops
- Effects are reported to last six to eight hours,
- Overdoses and death related to use have been reported in US, Europe and Australia
- The Air Force has the capabilities to test for “Bath Salts”,
- Use of these products is PROHIBITED



# Types and Effects of Drugs



*The Hour Has Come*

- **“Bath salts” is a group of synthetic substances that produce effects similar to cocaine, ecstasy, and methamphetamines**
- **“Bath salts” are not actual salts used for taking a bath. The term is used to market the product legally**
- **“Bath salts” often contain MPDV Methylendioxypropylone - a psychoactive drug with stimulant properties and reportedly has four times the potency of Ritalin (ADD medicine)**
- **Although structurally related to MDMA (Ecstasy), MPDV has purely stimulant effects, such as Cocaine, and no empathogen and entactogen effects (distinctive emotional and social effects, like ecstasy)**



# Types and Effects of Drugs



*The Hour Has Come*

- Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream.
- Binge drinking can result in:
  - Unintentional injuries (traffic injuries, falls, drowning).
  - 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.
  - Alcohol poisoning from overdosing.
  - Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments & social problems



# Marijuana Laws



*The Hour Has Come*

- Although some states have approved limited recreational use of marijuana, the use of illegal drugs on or off duty by federal civilians is still prohibited, regardless of the legalization of marijuana by certain states
- The Department of Defense maintains a drug-free workplace pursuant to Executive Order (EO) 12564 (1986) and DoD 1010.09
- Use of illegal drugs on or off duty by federal civilians is still prohibited, regardless of the legalization of marijuana by certain states. Such use will not be tolerated. The illegality of marijuana is based on the federal criminal statutes on controlled substances and is not affected by any state laws legalizing use of marijuana



# Marijuana Laws



*The Hour Has Come*

- **EO 12564 prohibits the use of "illegal drugs," which it defines as a Schedule I or II drug, as defined by section 802(6) of Title 21 of the Controlled Substances Act. The EO states two exceptions to its definition of "illegal use." The first is use of a controlled substance "pursuant to a valid prescription." The second is "other uses authorized by law."**
- **The first exception cannot be invoked because marijuana is a Schedule I drug that has no authorized medical use under federal law**
- **The second exception also cannot be invoked because federal law does not authorize the use of marijuana, except in rare instances (i.e., an authorized research study) and the supremacy clause of the U.S. Constitution invalidates any state laws to the contrary**



# Marijuana Laws



*The Hour Has Come*

- **AFI 90-508, Civilian Drug Demand Reduction Program, and AFI 36-704, Discipline and Adverse Actions, are in effect for civilians testing positive for marijuana regardless of state laws on recreational or medicinal use**
- **AFI 36-704 provides extensive guidance on how to treat illegal drug use offenses. Managers have a number of options in this regard. In determining the proper discipline, they should consult the Table of Penalties (AFI 36-704, Attachment 3, 11b-f)**
- **They should also consider past duty performance, prior discipline, and rehabilitation potential, among other factors. Additionally, the use of "last chance" agreements may be valuable**



# Common Signs of Abuse



*The Hour Has Come*

- **Neglecting responsibilities at work or home (e.g. skipping work, neglecting your children...) because of your substance use or recovering from substance use**
- **Using substances under dangerous conditions or taking risks while high, such as driving while on drugs, using dirty needles, or having unprotected sex**
- **Substance use is creating legal problems, such as arrests for disorderly conduct, driving under the influence, or stealing to support a drug or alcohol habit**
- **Substance use is causing relationship problems, such as fights with friends, significant others, family members, or an unhappy supervisor**



# Behavioral Signs of Abuse



*The Hour Has Come*

- **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 Abuse



*The Hour Has Come*

- **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**



# Physical Signs of Abuse



*The Hour Has Come*

- **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**



# Role of the EAP



*The Hour Has Come*

- **Employee Assistance Program (EAP)—Counseling programs that offer assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and other related problems that affect employee job performance**
- **EAPs are responsible for referring employees who are abusing drugs or alcohol for rehabilitation and for monitoring employees' progress while in treatment**



# Intervention and referral to the EAP



*The Hour Has Come*

- **Supervisors, in coordination with the CPO/HRR, will refer employees experiencing substance abuse and/or self-identified with a drug or alcohol problem to EAP for assessment**
- **Supervisors will advise employees on the availability of services. This advice does not require an employee to admit to a problem, but merely offers appropriate assessment, referral to counseling, and rehabilitation services**
- **Initial assessment and referral services will be provided at no cost to the civilian employee**
- **The mandatory assessment and referral appointment can also be conducted by other appropriate healthcare providers (e.g. civilian health care providers), at the employee's expense**



# Intervention and referral to the EAP



*The Hour Has Come*

- **Rehabilitation shall be offered to all employees identified as having a substance abuse problem, regardless of administrative actions that may be pending or taken**
- **Even when the removal of the employee from the Federal Service is proposed, the Air Force will offer, at a minimum, assessment and treatment referral services**
- **Follow-on counseling services, if needed, are available at the employee's expense**
- **The follow-up counseling services may be provided through the installation EAP (if available), through the ADAPT program (on space available as fee for service), or other appropriate private health care service providers**
- **Supervisors will notify the commander of the referral and then follow up to ensure completion**

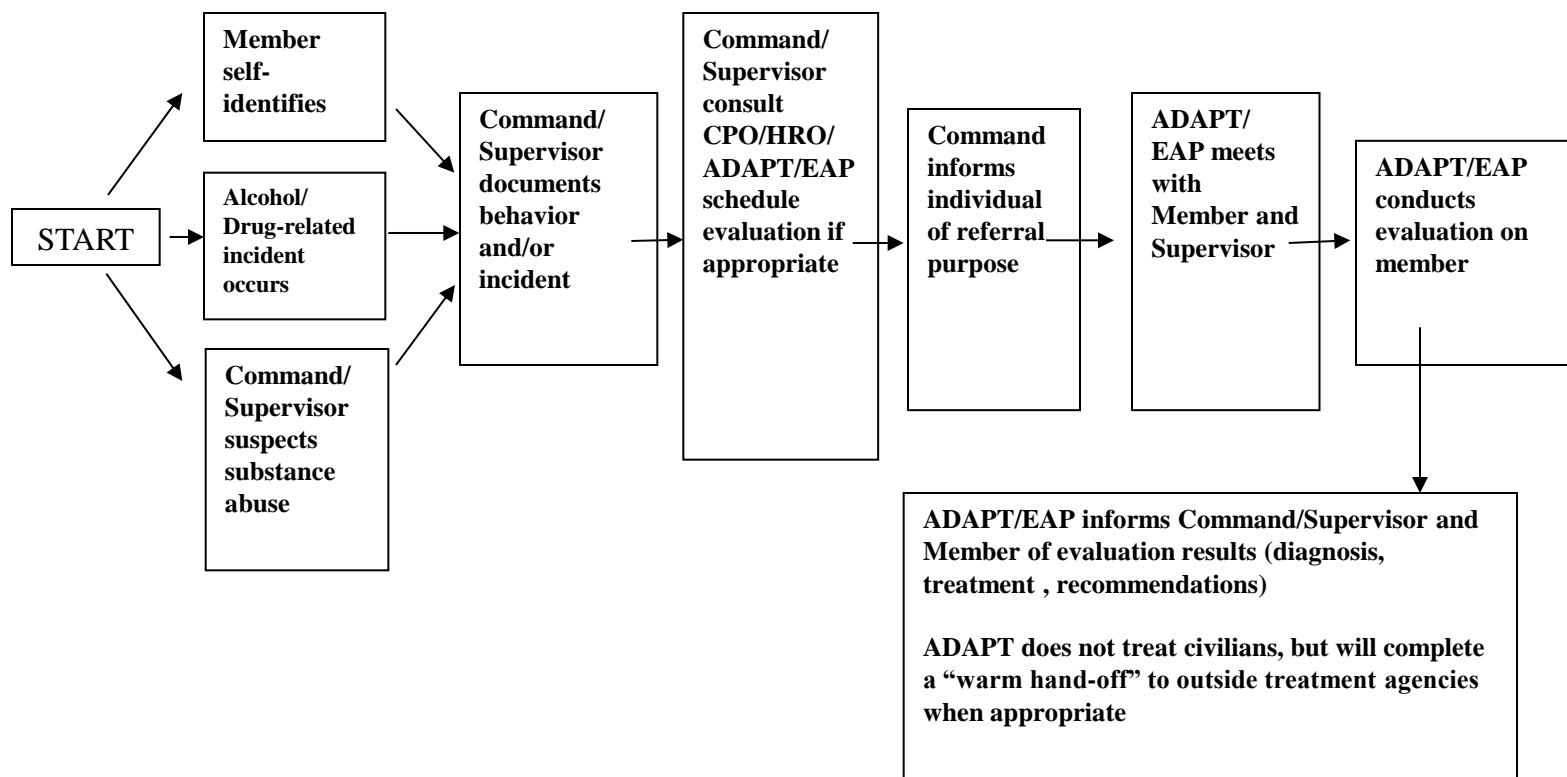
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# Referral Process



*The Hour Has Come*



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# Return to workplace and follow-up



*The Hour Has Come*

- **The Last Chance Agreement gives an employee an opportunity to demonstrate that he/she can be a dependable, productive employee**
- **The purpose of this Agreement is to provide an employee with an alternative to removal from Federal employment**
- **By offering this Agreement, management recognizes that the employee presently retains the potential to be a productive employee**
- **All employees referred for counseling or treatment for illicit drug use will be subject to unannounced drug testing for a minimum of one year from the time of initiated rehabilitation services**



# Safe Haven



*The Hour Has Come*

- **Management and the Unions both recognize the importance of a drug free workplace for safety and health reasons**
- **Employees who voluntarily seek assistance with substance abuse issues may not be under threat of disciplinary action if they adhere to the requirements of the "Safe Haven"**
- **Supervisors must be alert to behaviors that could indicate a substance abuse problem and advise employees they may voluntarily seek assessment and treatment referral services using the Safe Haven provision**





# Safe Haven



*The Hour Has Come*

- **Disciplinary action for illicit drug use will not be initiated for any employee who meets ALL four of the following conditions:**
  - **(1) voluntarily identifies himself/herself as a user of illicit drugs prior to being notified of the requirement to provide a specimen for testing or being identified through other means (i.e., drug testing, investigation);**
  - **(2) obtains and cooperates with appropriate counseling or rehabilitation;**
  - **(3) agrees to and signs a last chance or statement of agreement; and**
  - **(4) thereafter refrains from illicit drug use.**
- **This does not preclude disciplinary action for other misconduct, i.e., possession of drugs or drug paraphernalia**



# Key Telephone Numbers



*The Hour Has Come*

**POC Office: Drug Demand Reduction Program**

**POC Phone: 481-5998**

**E-Mail: [donna.butte@altus.af.mil](mailto:donna.butte@altus.af.mil)**

**Building number: 46, Rm 1261**

**Hours of Operation: 0700 – 1200 and 1400 - 1700**

**Legal Advisor: Capt Bunnell: 481-7294**

**CPO Advisor: Veronica Covington: 481-6648**

**HRO Advisor: Rob Chronister: 481-6416**

**ADAPT Program Manager: 481-5376**