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#921 The impact of alcohol and other drugs in the workplace

Tom Sherba, LCPP, Rick Massatti, MSW, Dyann McDowell and David Hunt

Tuesday, March 29, 2011
9 a.m. to 4 p.m.




Ohio Safety Congress & Expo

Drug-Free Safety Program

Impact of Alcohol & Drugs on the Workplace

Dyann McDowell, President
Training Marbles, Inc.

March 29th, 2011 Session 921

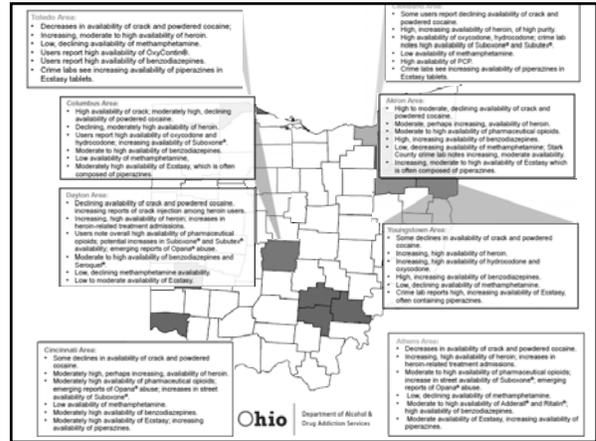


OBJECTIVE

At the end of this session participants will understand the following:

- Impact of Drugs/Alcohol on the Workplace
- Drug-Free **BEST** Practices
- Drug-Free Safety Program (DFSP) Requirement

March 29th, 2011




Problems related to alcohol and drug abuse cost American businesses roughly \$81 billion in lost productivity per year.



WHY WORRY ABOUT DRUGS AND ALCOHOL IN THE WORKPLACE?

- More than 70 percent of substance abusers hold jobs;
- one worker in four, used drugs in the past year; and
- one worker in three knows of drug sales in the workplace.



ACCIDENTS AND INJURIES.

- Up to 40 percent of industrial fatalities and 47 percent of industrial injuries can be linked to drug and/or alcohol use.
- Employees who use drugs are 3.6 times more likely to be involved in a workplace accident and 5 times more likely to file a workers' compensation claim.



ABSENTEEISM AND TURNOVER.

- An estimated 500 million workdays are lost annually due to alcoholism.
- Illicit drug users are more than twice as likely than those who do not use drugs to have changed employers three or more times in the past year.
- Ten times more likely to miss work



SUBSTANCES ABUSERS ARE MORE LIKELY TO:

- Higher rates of turnover and absenteeism;
- Skipped work more than two days in the past month;
- Ten times more likely to miss work
- Responsible for health care costs that are three times as high.



The impact of substance use and abuse is a problem that extends beyond the substance-using employee.

Their co-workers reported being put in danger, having been injured, or having had to work harder, to re-do work, or to cover for a co-worker



DFSP Formula for SUCCESS



BEST PRACTICES

Assemble your Drug-Free **TEAM** consider the following:

- Program Administrator
- Employee Representative from each department
- Union Representative (if applicable)
- Human Resources
- Safety Staff member
- Department Head (at least one)
- Occupational Health
- Drug-Free Consultant
- Legal Representative
- Police and Fire Department (if applicable)
- Supervisor



BEST PRACTICES

The following elements should be strongly considered:

- 1) Written Policy including Procedure Guide
- 2) Employee Education
- 3) Supervisor Training (skill building)
- 4) Drug and Alcohol Testing
- 5) Employee Assistance Plan



BEST PRACTICES

Evaluate the *FREQUENCY* for testing:

- 1) Pre-employment/new hire testing (drug test)
- 2) Post-accident (drug and/or alcohol test)
- 3) Reasonable Suspicion testing (drug and alcohol test)
- 4) Random (drug and alcohol test)
- 5) Follow-up testing (drug or alcohol)



BEST PRACTICES

Testing Process: Drug

Adopt Federal guidelines/procedures in harmony with DOT Regulations (49 CFR Part 40) and HHS standards for accuracy and protection:

- Urine is the primary method for testing secondary is a blood test

Testing Process: Alcohol

Testing is conducted using Breath testing using "breathalyzer", saliva or blood



BEST PRACTICES

Drug-Testing 5-Panel

- Amphetamines (speed, uppers)
 - MDMA
 - MDA
 - MDEA
- Cocaine (including Crack)
- Marijuana
- Opiates
 - Codeine/Morphine
 - 6-AM
- Phencyclidine (PCP, "angel dust")



BEST PRACTICES

The **Medical Review Officer (MRO)** reviews the test result to determine whether there is a valid reason for the presence of the drug in the person's system.

If positive, the MRO will contact the employee for information that may affect the result such as prescription medication...



DFSP Program Requirements



DFSP REQUIREMENTS

The new Drug-Free Safety Program (DFSP) is an innovative program that integrates a drug-free element and is designed to help employers establish safer and more cost-effective workplaces.

DFSP begins with safety. It integrates drug-free efforts into a company's overall safety process.



PROGRAM REQUIREMENT

Written Substance Abuse Policy

- Will prevent discrimination, violation of employee rights and confidentiality

Employee Education (1hr. minimum)

- Information for employee about policy, alcohol and drug issues

Supervisor Training (2hr. initially and 1 hr. there after)

- Give the supervisor insight as frontline program implementers

Drug Testing

- Intended to deter usage and allow appropriate disciplinary action

Employee Assistance Plan

- Action steps and resources for employees, who seek help on their own, are referred by management or test positive

DRUG-FREE SAFETY PROGRAM (DFSP)

	Basic Program	Advanced Program
Discount	Four percent (4%)	Seven percent (7%) Group rated - three percent (3%)
Reporting Deadline	July 2010 - March 31 st , 2011 January 2011 - September 30 th , 2011	Same as Basic Program
Enrollment Deadline	July 1 st - April 29 th , January 1 st - October 31 st , 2011	Same as Basic Program
Employee Assistance	Provide a list of community services available to the employee.	Pre-established relationship for assessment of an employee who tests positive, comes forward voluntarily or is referred by a supervisor, EMPLOYER MUST pay for the cost of the initial assessment
Violation	Allows for termination upon first positive. NOTE: BWC encourages employers to offer a second-chance agreement and provide assistance to an employee who tested positive, termination upon first positive is allowed	Requires employers to provide a second-chance agreement for employees upon first positive, except under specific circumstances. NOTE: Exceptions will be entertained by the BWC

DRUG-FREE SAFETY PROGRAM (DFSP)

	Basic Program	Advanced Program
Drug Testing	Pre-employment/new-hire drug testing;	Pre-employment/new-hire drug testing;
	Post-accident alcohol & drug testing;	Post-accident alcohol & drug testing;
	Reasonable suspicion alcohol & drug testing;	Reasonable suspicion alcohol & drug testing;
	Return-to-duty and follow-up alcohol & drug testing (if applicable)	Return-to-duty and follow-up alcohol & drug testing
	Random testing is not required except for compliance with federal, state or local requirements	Random testing conducted at fifteen percent (15%) or higher random drug testing of the employer's workforce each policy year;



DFSP REQUIREMENTS

Safety Requirements:

- Complete an **annual online safety review** within 30 days of the start of the program participation year
- Conduct **accident-analysis training** for supervisors within the first 30 days of the program participation year
- Complete the online **accident report** within 30 days of the date of injury, or after becoming aware that an employee has filed a claim

Advanced level only

- Submit a **Safety Action Plan** within 60 days of the start of the policy participation year (30 days after the safety review deadline) to address identified safety gaps by listing planned safety-process improvements.

There is no substitute for *EXPERIENCE*

Our clients depend on us to ensure that their Drug-Free Program achieves the highest level of success. We understand the strategies and tools needed to support our clients' core values while maintaining change in the workplace.

When you partner with Training Marbles, Inc. your organization gains the EXPERIENCE and trusted expertise of professionals.

Dyann McDowell, President, Training Consultant



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Ohio Bureau of Workers' Compensation

Operation: Street Smart



Lt. David Hunt
Special Investigations Unit



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Introduction

- Current street drugs
- Current trends, terminology, packaging, and paraphernalia
- Exchange information with officers in the schools; DARE, SRO's, juvenile
- Educate school administrators and teachers; court personnel
- Inform Parents

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Agenda

- Marijuana
- Salvia Divinorum, Kratom
- Khat
- Cocaine and Crack Cocaine
- Methamphetamine
- XTC
- Shrooms, AMT, 5-MEO-DIPT, 5-MEO-DMT
- PCP, LSD, Morning Glory, and Jimson Weed
- Huffing
- DXM, OTC/Prescription Liquid Cough Suppressants
- DFSA - GHB, 1-4 Butanediol, "K"
- Anabolic Steroids
- Prescription Drugs: Oxycontin, Ritalin
- Heroin
- Concealment

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MARIJUANA

- WEED
- HERB
- TREE
- BILL (DOLLAR BILL)
- BLUNT
- DANK
- BUD
- KUSH
- MARIJUANA WITH COCAINE: "CO-CO PUFFS"



Close-up of the front graphic.




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Marijuana vs. Legal Crops

- Marijuana - \$35.8 Billion
- Corn - \$23.3 Billion
- Soybeans - \$17.6 Billion
- Hay - \$12.2 Billion
- Based on \$1,600.00 a pound for marijuana



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Salvia Divinorum



- Grows wild in Sierra Mazatec region of Mexico
- Used by Mazatec Indians for rituals and healing
- Classified as a psychedelic
- Typically smoked, can be chewed
- Not a controlled substance (most states)
- Herbal XTC
- www.salvia-divinorum.com

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Kratom

Tree leaves chewed as an opiate substitute and stimulant in Thailand and South-East Asia.

- **POSITIVE**
 - Simultaneous stimulation & sedation
 - Feelings of empathy
 - Feelings of euphoria
 - Aphrodisiac qualities for some people
 - Vivid waking dreams
- **NEGATIVE**
 - Very bitter taste
 - Dizziness, nausea and/or vomiting at higher doses
 - Mild depression during and/or after
 - Increase in (perceived?) body temperature. (feel hot and sweaty)
 - Hangover similar to alcohol



KHAT

- **PRONOUNCED COT**
- **NATIVE TO EAST AFRICA AND SOUTHERN ARABIA**
- **CATHINONE (SCHEDULE 1) IN FRESH LEAVES**
- **DRIES INTO CATHINE (SCHEDULE IV)**
- **POPULAR WITH SOMALI'S**
- **GRABA – SMOKEABLE FORM**

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COCAINE

- **POWDER – “SOFT”**
- **CRACK – “HARD”**
- **“GIRL”**
- **“CONNIE”**
- **“TEENER” = 16th. OUNCE**
- **BY SMOKING, CAN REACH BRAIN IN 18 SECONDS**



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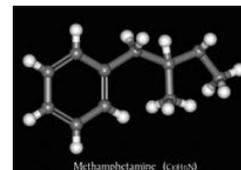
CRACK-COCAINE

- Freebase form of cocaine
- Became popular in mid 80's due to immediate high and low cost
- Easy to produce – two parts baking soda / one part cocaine
- High lasts 5 to 10 minutes, more intense than snorting



METHAMPHETAMINE

- **METH**
- **CRYSTAL**
- **CRANK**
- **ICE**
- **RELEASES DOPAMINE**



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METHAMPHETAMINE BASICS

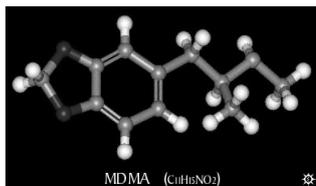
- Description: Synthetic stimulant, ADD (Desoxyn – one example)
- Odorless, white or off-white bitter tasting powder
- Used orally, snorted, smoked, injected
- Production: fairly simple process
- Problem
- History: 1919, WWII, Korean War

EFFECTS

- **Positive**
 - Increased energy and alertness
 - Decreased need for sleep
 - Euphoria
- **Negative**
 - Itching, welts on skin
 - Nausea, vomiting, diarrhea
 - Moodiness and irritability
 - Aggressiveness
 - Panic, suspiciousness and paranoia
 - Violent behavior, severe depression, suicidal

ECSTASY (MDMA)

- XTC
- X
- E
- BISCUITS
- ADAM
- ESSENCE
- DOUBLE-STACKS
- ROLLING
- CANDY-FLIPPING
- “MOLLY”



POST MDMA DEPRESSION

- IRRITABILITY
- LACK OF MOTIVATION
- EXTREME MOODINESS
- UNEXPLAINED CRYING
- INABILITY TO FOCUS
- MEMORY DISRUPTION
- POSSIBLE FUZZY VISION 1-7 DAYS

PSILOCYBIN MUSHROOMS

- SHROOMS
- MAGIC MUSHROOMS



PHENCYCLIDINE – “PCP”

- “Angel Dust”
- “Angel Death”
- “Dummy Dust”
- “Rocket Fuel”



L.S.D.

- LYSERGIC ACID DIETHYLAMIDE
- ACID
- TRIP
- BLOTTER
- WINDOW PANE
- "DICA"
- "CID"

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Morning Glory Seeds

- Psychedelic
- Contain Lysergic Acid Amide, a Schedule III controlled substance
- Heavenly Blue
- Pearly Gates
- Flying Saucers
- 25-50 seeds to reach effect
- Lasts 6-10 hours



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Jimson Weed

A common weed found alongside roadsides, cornfields, pastures, and waste area in the United States.

- Locoweed
- Angel's Trumpet
- Mad Apple
- Stink Weed
- Green Dragon



Can be chewed, smoked, or mixed in tea "onset 30 to 60 minutes"
Lasts 24 to 48 hours

- Dry Mouth
- Dilated Pupils

Abusers look for Hallucinogenic/Euphoric effect



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HUFFING/BAGGING

- Solvents-Airplane glue, paint thinner
- Fuel-Butane, Gasoline, Propane
- Aerosols/Gases-Air Fresheners, spray paint
- Anesthetics-Nitrous Oxide
- Nitrates-Poppers, Rush, Locker Room, Video head cleaner

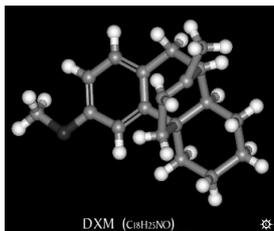
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DEXTROMETHORPHAN

- DXM
- CAN PRODUCE HORIZONTAL GAZE NYSTAGMUS
- ROBOSNAKE- CONSUME & VOMIT



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DXM PLATEAU'S

- First Plateau – Mild inebriation
- Second Plateau – Effect similar to alcohol intoxication and, occasionally, mild hallucinations
- Third Plateau – An altered state of consciousness.
- Fourth Plateau – Out of body experience (comparable to PCP or Ketamine)

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ROBOTUSSIN DM

- "ROBO TRIPPIN"
- "ROBO-ing"
- "TUSSIN"



Codeine or Hydrocodone cocktails

- "Lean"
- "Syrup"
- "Sizzurp"
- "Purple Drank"
- "Purple Sprite"
- 2 OZ's "Deuce"
- 3 OZ's "Tre"
- 4 OZ's "Fo"



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PROMETHAZINE-CODEINE LIQUID COUGH MEDICINE



- Promethazine – Antihistamine that acts as a sedative
- Codeine – Opiate used in the treatment of pain and as a cough suppressant

G.H.B.

- "G"
- LIQUID G
- LIQUID X OR XTC
- GEORGIA HOME BOY
- JUICE
- GOOP
- SOAP
- "CHIMNEY MAGIC" – MEXICAN GHB

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WHAT IS G.H.B.?

- Gamma Hydroxy Butyrate
- GHB is literally a degreasing solvent (GBL) mixed with a drain cleaner (sodium hydroxide or lye)
- It's ingested by drinking the liquid
- Takes effect in 15 to 20 minutes
- Rapid, high intoxication
- Generally effects last 3 to 5 hours
- Capful like "6 beers with P.C.P." or equal to .40 blood alcohol level

WHO USES/ABUSES G.H.B.?

- Rave Crowd
- Club Crowd
- Bodybuilders
- Rapists
- Strippers/Dancers
- Anyone on random or mandatory testing (to "beat" test)



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WHAT ARE THE EFFECTS OF G.H.B.?

- Out of body experience
- Sexually oriented behavior
- Aggression possible – “G Rage”
- Seizure type movement
- Nystagmus – no (low dose), yes (high dose)
- Respiration very depressed (6 per minute)
- Comatose (deep, unarousable coma)
- No gag reflex
- Sudden resolution of symptoms
- No antidote

TERMS ASSOCIATED WITH G.H.B.

- “Carpeting Out” or “Throwing Down” or “Scooping Out” – refers to suddenly collapsing in a heap
- “Head Snap” – refers to similar involuntary forward snap of head when GHB takes effect

1,4 Butanediol

- GHB Analog
- Also called “1,4 B” , “BDO”, and “BD”
- When ingested, will convert into GHB
- Not federally scheduled. Five states have made Schedule I (FL, HI, NV, NY, and OR)
- Still accessible over Internet

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KETAMINE

- “K”
- SPECIAL “K”
- KITTY VALIUM
- CAT NIP
- K-HOLING
- DEVELOPED IN 1963 TO REPLACE PCP
- CAN HAVE FLASHBACKS
- 37% KETAMINE DEATHS ARE FIRST TIME USERS
- “BUMP” EQUALS “2/10THS” OF A GRAM (1/5TH)



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Illegal Administration or Distribution of Anabolic Steroids 2925.06 ORC

- No person shall knowingly administer or dispense for administration to a human being an anabolic steroid not approved by the FDA for use on human beings

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POSSIBLE STEROID PHYSICAL USE INDICATORS

- Bad breath
- Acne
- Change in personality
- Change in body
- Improved physical performance
- Steroid containers/needles
- Routine physical – increase in LDL, decrease in HDL
- Yellowish pigmentation of skin and body fluids

PRESCRIPTION DRUGS

- RITALIN/ADDERALL
- XANAX ("Zanies" "Zanie Bars")
- OXYCONTINS
- METHADONE
- VICODINS
- "PHARM-ING"/"TRAILMIXING" PARTIES
- FENTANYL (DURAGESIC) PATCHES GAINING POPULARITY



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HEROIN

- HEROIN (PRONOUNCED HAIR-ON)
- BOY
- TAR
- MUD
- DOGFOOD
- "CHEESE" – BLACK TAR MIXED WITH TYLENOL PM

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CONCEALMENT

- "THINK OUTSIDE THE BOX"
- ANYTHING AND EVERYTHING CAN BE USED TO CONCEAL ITEMS.

" IF YOU CAN'T
IMAGINE IT, YOU CAN'T
FIND IT!"

WEB SITES

- www.erowid.org
- www.dancesafe.org
- www.third-plateau.org
- www.streetdrugs.org
- www.projectghb.org
- www.drugabuse.gov
- www.inhalants.org
- www.candykids.net
- www.nida.nih.gov
- www.samhsa.gov
- www.whitehousedrugpolicy.gov
- www.drugfree.org
- www.sheriff.franklin.oh.us

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