

A.T. STILL UNIVERSITY OF HEALTH SCIENCES

GENERAL ORDER	Date Effective: November 1, 1993 Reviewed: March 1, 2011	Order No: 90-324
Subject: Drug-Free and Alcohol-Free Workplace Policy	Approval:	Page 1 of 2

PURPOSE

This General Order states the University policy with regard to providing a drug-free and alcohol-free workplace that will help maintain a safe and healthy working environment for all employees.

Alcoholism and drug abuse affect not only the individual, but also disrupt the lives of family, friends, co-workers, neighbors and anyone else with whom the person associates. The emotional effects of substance abuse go far beyond the body. Mental problems can include depression, learning and memory problems and impaired thinking and judgment. Even if obvious outward signs of physical deterioration have yet to surface, marital problems, and relationships with children, loss of friends, loss of job and legal problems can be as devastating as ill health.

The goal of this policy is to help chemically impaired employees recognize and receive treatment for their impairment, to delineate a confidential process for reporting and assessing members suspected of chemical impairment, to provide an effective intervention process, and to facilitate rehabilitation and re-entry into the workplace.

The Drug-Free Schools and Communities Act of 1989 requires all institutions receiving federal funds to educate and inform employees of the policies, effects, and implications of illicit drug and alcohol use.

The Drug-Free Workplace Act of 1988 requires all federal contractors and grantees to certify that they have a drug-free workplace. This act requires the University to inform employees who are working in grant-funded positions of policies, effects, and implications of illicit drug use and to establish programs to accomplish this task.

POLICY

ATSU encourages a wellness model for the entire institution. ATSU recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks. ATSU also seeks to ensure the safety of all who are at the institution.

The following policy statements are provided to clearly inform employees of the implications of illicit drug and alcohol use in the workplace.

Subject: Drug-Free and Alcohol-Free Workplace Policy	Date Effective: November 1, 1993	No: 90-324
	Reviewed: March 1, 2011	Page 2 of 2

1. A standard of conduct regarding the unlawful possession, use, or distribution of illicit drugs and alcohol has been established. This standard of conduct prohibits all employees from possessing, reporting to work, or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs or alcohol in the workplace.
2. A description of the applicable legal sanctions, which will be applied by federal, state, and local officials for the unlawful possession, or distribution of illicit drugs and alcohol is attached. (Attachment 1)
3. A description of the health risks associated with the use of alcohol, tobacco, and specific illicit drugs is attached. (Attachment 2)
4. A description of drug and alcohol counseling, treatment, or rehabilitation or re-entry programs available to University employees is attached. (Attachment 3)
5. Sanctions will be imposed on employees for violations of the standard of conduct regarding illicit drug and alcohol use. Employee discipline, which may include immediate dismissal, is described in the employee handbook. The Faculty/Staff Impairment Intervention Protocol has been developed to help chemically impaired faculty/staff members to recognize and receive treatment for their impairment. These documents set forth the action to be taken when employees are in violation of Number 1 above. (Attachments 4 & 5)

RESPONSIBILITY

Employees have the responsibility to abide by the terms of this policy. Employees are required to report to the Director of Human Resources any convictions under a criminal drug statute for conduct in the workplace no later than five days after a conviction.

The University must notify any federal granting agency within ten days after receiving notice from an employee or otherwise receiving actual notice of an employee's criminal drug statute conviction for conduct in the workplace.

Attachment 1

DESCRIPTION OF LOCAL, STATE, AND FEDERAL LEGAL SANCTIONS

Local and state sanctions will vary from area to area. If you are outside of the corporate campus area of Kirksville, Missouri and/or Mesa, AZ, you should refer to the sanctions governing that area. If you need specific information regarding applicable sanctions, please contact the Director of Human Resources.

Information on local and state sanctions is available by clicking on "[Alcohol Policies in the United States: Highlights from the 50 States](#)" or visiting the following website [http://www.epi.umn.edu/alcohol/US policy/chrtbook.pdf](http://www.epi.umn.edu/alcohol/US_policy/chrtbook.pdf) (Nov. 2000)

Description of Health Risks

(Updated December 2010)

Alcohol

- About half of all motor vehicle accident fatalities involve alcohol
- Reduces inhibition and self-control even in low doses
- Can lead to arguments, aggressive behaviors, and loss of rational thinking
- Impairs vision, memory, muscular coordination, and judgment
- Can cause unconsciousness, coma, respiratory failure and death
- Long-term abuse will damage most or all body organs, particularly the liver, heart, and brain.
- Using alcohol and other CNS depressants can be fatal

Tobacco Products

- Using tobacco products causes cancer
- Nicotine is highly addictive
- ATSU is a tobacco product free campus

Marijuana

- Increased heart rate, reddening of the eyes, and dryness of the mouth and throat
- Temporarily impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination
- Affects motivation and cognition making the acquisition of new information difficult
- Can produce paranoia and psychosis
- Damages lungs and pulmonary system
- Can result in low sperm count
- Psychological dependence

Inhalants - (paint, model airplane glue, hairspray, aerosol cans, and gasoline)

- Dizziness, loss of muscle coordination, inability to think and behave normally, and sometimes abusive and violent behavior
- Decreased cardiac and respiratory rates
- Impaired judgment
- Amyl and butyl nitrate cause rapid pulse, headaches, and involuntary passing of urine and feces
- Disorientation, violent behavior, unconsciousness, or death
- Weight loss, fatigue, electrolyte imbalance, and muscle fatigue
- Permanent damage to the nervous system

Cocaine & Crack Cocaine

- Dilated pupils and elevated blood pressure

- Increased heart rate, respiratory rate, and body temperature
- Ulceration of the mucous membrane of the nose (nasal administration)
- Psychological and physical dependency
- Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds
- Loss of appetite, tactile hallucinations, paranoia, and seizures
- Death by cardiac arrest or respiratory failure

Amphetamines and Other Stimulants - (Amphetamines, MDMA, Ritalin)

- Restlessness, anxiety, mood swings, panic and paranoid thoughts, and hallucinations
- Circulatory and cardiac disturbances, convulsions, and coma
- Heavy, frequent doses can produce brain damage, resulting in speech disturbance and difficulty in turning thoughts into words
- Feelings of restlessness, anxiousness, and moodiness
- An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure
- Ecstasy (MDMA) and other designer drugs or rave drugs
- MDMA has both stimulant and psychedelic properties, mood elevation, sensory perception alterations, and other psychological responses, stimulates the heart, raise body temperature, jaw clenching, teeth grinding, even seizures, adverse psychological effects (paranoia, confusion, anxiety visual hallucinations). Potentially neurotoxic to serotonergic neurons, i.e., potentially irreversible brain damage

CNS Depressants

- Small amounts can produce calmness and relaxed muscles
- Larger doses can cause slurred speech, staggering gait, and altered perception
- Very large doses can cause respiratory depression, coma, and death
- The use of depressants can cause both physical and psychological dependence.

Hallucinogens – (LSD, Peyote, Mescaline, Mushrooms)

- Changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing unreal or distorted sensations)
- Dilated pupils, increased temperature and heart beat, increased blood pressure, violent tremors
- Heavy hallucinogen use may cause flashbacks and other psychological disturbances including anxiety, depression, or breaks from reality that can last days or months
- Heavy users sometimes develop signs of organic brain damage, such as impaired memory, attention span, mental confusion and difficulty with abstract thinking

Salvia (Information from National Institutes of Drug Abuse)

- Salvia (*Salvia divinorum*) is an herb common to southern Mexico and Central and South America. The main active ingredient in Salvia, salvinorin A, is a potent activator of kappa opioid receptors in the brain. These receptors differ from those activated by the more commonly known opioids, such as heroin and morphine. Although Salvia currently is not a drug regulated by the Controlled Substances Act, several States and countries have passed legislation to regulate its use
- The Drug Enforcement Agency has listed Salvia as a drug of concern and is considering classifying it as a Schedule I drug, like LSD or marijuana
- People who abuse salvia generally experience hallucinations or “psychotomimetic” episodes (a transient experience that mimics a psychosis). Subjective effects have been described as intense but short-lived, appearing in less than 1 minute and lasting less than 30 minutes. They include psychedelic-like changes in visual perception, mood and body sensations, emotional swings, feelings of detachment, and importantly, a highly modified perception of external reality and the self, leading to a decreased ability to interact with one's surroundings.⁵ This last effect has prompted concern about the dangers of driving under the influence of salvinorin
- The long-term effects of Salvia abuse have not been investigated systematically

Opiates (Oxycontin, codeine, morphine, heroin, etc.)

- Feelings of euphoria followed by drowsiness, nausea, and vomiting
- Constricted pupils, watery eyes, and itching
- Slow and shallow breathing, clammy skin, convulsions, coma, and possible death
- Tolerance and dependence develops rapidly
- Use of contaminated syringes can result in AIDS, endocarditis, hepatitis
- Use during pregnancy can result in premature, stillborn, or addicted infants who experience severe withdrawal symptoms

Sedative/Hypnotics (Benzodiazepines, such as Valium, Xanax, Ambien, Sonata / Barbiturates, such as seconal)

- Sedative, euphoria
- Barbiturates can cause loss of consciousness, coma, respiratory depression and death
- Barbiturates are especially lethal when combined with alcohol or other CNS depressants Benzodiazepines, at higher doses, can cause loss of consciousness, possible coma, respiratory depression and death especially when used in combination with alcohol or other CNS depressants
- Benzodiazepines and barbiturates are controlled substances and have addictive potential
- Benzodiazepines should not be used during pregnancy, especially during the first trimester

Athletic Performance Enhancing Drugs

1. Anabolic steroids (testosterone, Testosterone Cypionate, and Testosterone Enanthate)

- Testosterone and other androgenic drugs, sometimes referred to as anabolic steroids
- Athletes abuse androgens to increase muscle mass and strength, especially when combined with strength training
- In males, adverse effects include testicular atrophy, sterility, breast enlargement, some are toxic to the liver
- In females, adverse effects include virilization, menstrual irregularities, some are toxic to the liver
- It is a controlled substance, use is banned by most sports organizations due to deleterious side effects and what is usually considered an unfair advantage

2. Erythropetin (Epoetin, Epogen, Epo)

- Stimulates red blood cell production
- Adverse effects include hypertension and cardiovascular events

3. Human Growth Hormone (Somatotropin, hGH)

- Stimulates growth
- Causes hyperglycemia
- Can cause Carpal Tunnel Syndrome

Attachment 3

DESCRIPTION OF SERVICES

Employees with drug or alcohol addictions may participate in the rehabilitation or treatment program through the University's health insurance benefit coverage. Benefits for treatment of mental illness, alcoholism, drug abuse, and chemical dependence are subject to benefit guidelines.

These are services that are confidential and do not involve University Administration.

Arizona Providers

A complete list of Service Providers is available on the Arizona Department of Health Services web site: www.hs.state.az.us (click on Behavioral Health Services, then Substance Abuse Treatment & Prevention Services). Local services to the Mesa Campus may be accessed at:

<http://www.asu.edu/studentaffairs/wellness/alcohol/resources.html>

Missouri Providers

A complete list of Service Providers is available on the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse web site www.modmh.state.mo.us (click on substance addiction, then Directory of ADA Service Providers).

Self-Help Groups

Center for Substance Abuse Treatment: This website has a search engine for locating treatment centers near your location. www.samhsa.gov/csac/csac.htm
(800) 662-HELP

Alcoholics Anonymous and Narcotics Anonymous (national)
212-870-3400

<http://www.alcoholics-anonymous.org>

<http://www.na.org/>

Other Available Contacts

MAOPS Impaired Physician Program
Jefferson City MO
(573) 635-7141
Adult Children of Alcoholics
310-534-1815
www.adultchildren.org

National Association of State Alcohol/Drug
Abuse Directors (NASADAD)
202-293-0090
www.nasadad.org

National Clearinghouse for Alcohol and
Drug Information (NCADI)
800-729-6686
www.health.org

American Council for Drug Education (ACDE)
800-drughelp
www.acde.org

National Council on Alcoholism and Drug
Dependence
800-NCA-CALL
www.ncadd.org

HOTLINES AND HELPLINES

A wide array of information can be found at the SAMSHA's National Clearinghouse for Alcohol and Drug Information (NCADI) at <http://ncadi.samhsa.gov> or call the Center for Substance Abuse Treatment (a 24 hour hotline with referral information) at (800) 662-HELP. Additional information can be found at the Substance Abuse Information Data base at <http://said.dol.gov/>.

Other Resources:

American Council for Drug Education (ACDE), <http://www.acde.org/>
American Council on Alcoholism Helpline (ACA), 1-800-527-3344,
<http://www.aca-usa.org/>
Center for Substance Abuse Treatment (CSAT), <http://csat.samhsa.gov/>
Cocaine Hotline, 1-800-COCAINE , <http://www.focusas.com/Cocaine.html>
Cocaine Hotline (Spanish) 1-800-662-9832
Drug Free Workplace Helpline,
<http://workplace.samhsa.gov/HelpLine/HelpLine.htm>
National Alcohol and Substance Abuse Information Center, 1-800-784-6776,
<http://www.addictioncareoptions.com/>
National Council on Alcoholism and Drug Dependence, Inc. (NCADD),
<http://www.ncadd.org/>

Attachment 4

UNIVERSITY DISCIPLINARY SANCTIONS

Source: Employee Handbook – Employee Discipline

In any organization, standards for performance, rules of conduct, and other policies, which describe appropriate behavior for employees, must be defined and enforced. When an employee's behavior or performance does not follow these established guidelines, the University has the responsibility to take appropriate action to correct the situation.

Discipline is intended to encourage an employee who has demonstrated unacceptable performance or misconduct to improve his or her performance or conduct to an acceptable level. The disciplinary action taken will be determined by the severity, nature and circumstances of the offense.

Offenses that may result in disciplinary action, up to and including immediate dismissal include, but are not limited to, the following: Possessing, reporting to work or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs in the workplace.

The entire Faculty/Staff Impairment Intervention Protocol is available in the office of the Senior Vice President-Academic Affairs.

Goal: To help chemically impaired faculty or staff members to recognize and receive treatment for their impairment.

Objectives:

1. To delineate a confidential process for the reporting and assessing of a faculty/staff member suspected of chemical impairment, as defined in the Position Statement on Faculty/Staff Impairment.
2. To provide an effective intervention process for a faculty/staff member suspected of or diagnosed with chemical impairment.
3. To facilitate rehabilitation and re-entry into the work place.

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PURPOSE

To help chemically impaired faculty or staff members to recognize and receive treatment for their impairment.

- A. To delineate a confidential process for the reporting and assessing of a faculty/staff member suspected of chemical impairment, as defined in the Position Statement on Faculty/Staff Impairment.
- B. To provide an effective intervention process for a faculty/staff member suspected of or diagnosed with chemical impairment.
- C. To facilitate rehabilitation and re-entry into the work place.

POLICY

- A. Job-related impaired behavior in an employee observed by a colleague or student should be reported to the employee's immediate supervisor. Alternatively, observed impairment may be reported to the Human Resources Director, who will report to the supervisor, but keep the name of the reporting person confidential. Documentation of the report shall be made by the supervisor.
- B. Reported impaired job behavior that is deemed significant and confirmed by the supervisor will be discussed confidentially with the employee. A written plan to prevent further accusations of job-related impairment will be formulated, signed, and enacted by the supervisor and the employee. A part of this plan will be that any subsequent reports of job-related impairment will result in mandatory assessment for chemical dependence. This plan will remain confidential to the supervisor and employee unless it is violated.
- C. The employee may file an appeal of the initial report to the supervisor's supervisor, who will appoint a Hearing Board to review the case. If the Hearing Board confirms the appeal, the case is dropped. If the Hearing Board denies the appeal, the supervisor and the employee must formulate a written plan as outlined in Section B above.

Attachment 5

- D. An employee who fails to comply with the confidential prevention plan will be reported by the supervisor to the Human Resources Director and will be required to report for assessment to an ATSU-approved physician. Criteria for assessment shall include one of the following: 1) A physician certified in addiction medicine; 2) A physician who has demonstrated proficiency in the treatment of chemical dependence; 3) The MAOPS Impaired Physician Program Assessment. A written report of the assessment will be provided by the evaluating physician to the Human Resources Director. Failure of the employee to report for assessment within the specified time, not to exceed 14 days, will result in referral to appropriate University officer. The University officer may provide up to an additional 14 days. Failure to comply will result in disciplinary sanctions.

- E. If chemical dependence is diagnosed by the evaluating physician, the Human Resources Director and the physician will formulate a treatment plan based on a goal of rehabilitating the impaired employee for continued employment at ATSU. This plan will be presented to the involved employee by the Human Resources Director. Failure to comply with the treatment plan within 7 days of notification will result in referral to the appropriate University officer for disciplinary sanctions.

- F. When the employee completes treatment, a contract specifying sobriety will be drawn up between the supervisor and the employee. If at any time in the recovery process there is non-compliance with the treatment plan, the employee will be referred to the Human Resources Director.