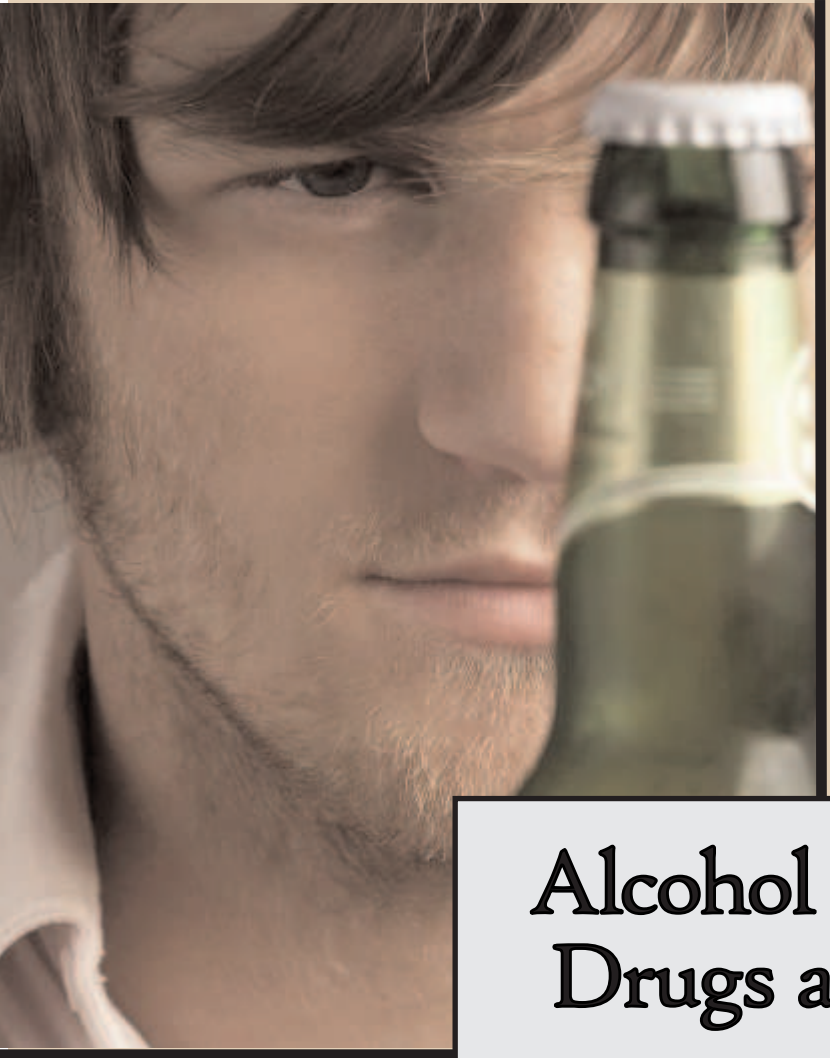
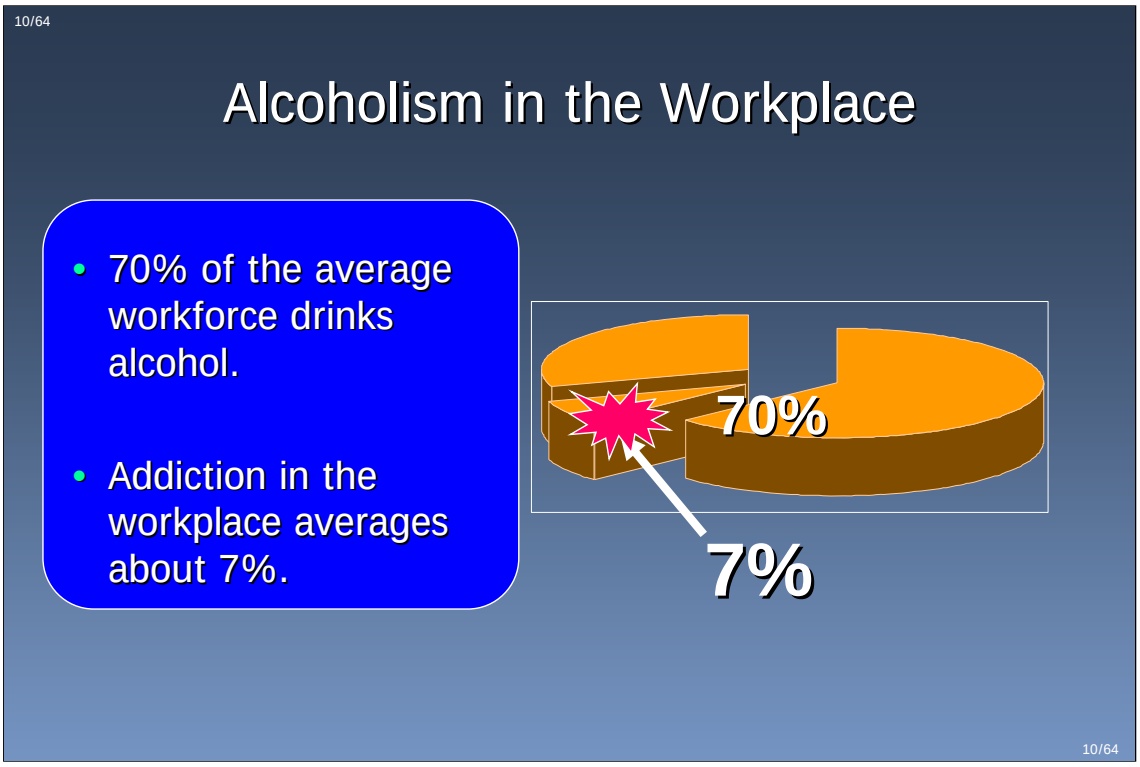


Alcohol & Other Drugs at Work:

What Supevisors Should Know

DFA Publishing &
Consulting, LLC
P.O. Box 2006
Mt. Pleasant, SC 29465
(843) 884-3632



► A workforce with 300 employees will be comprised of about 18 alcoholic employees. These employees average approximately 75% their efficiency level. This means that there is a 25% loss of productivity. This includes higher costs associated with accidents, insurance, property damage, theft, sick leave, and fringe benefits use and abuse.

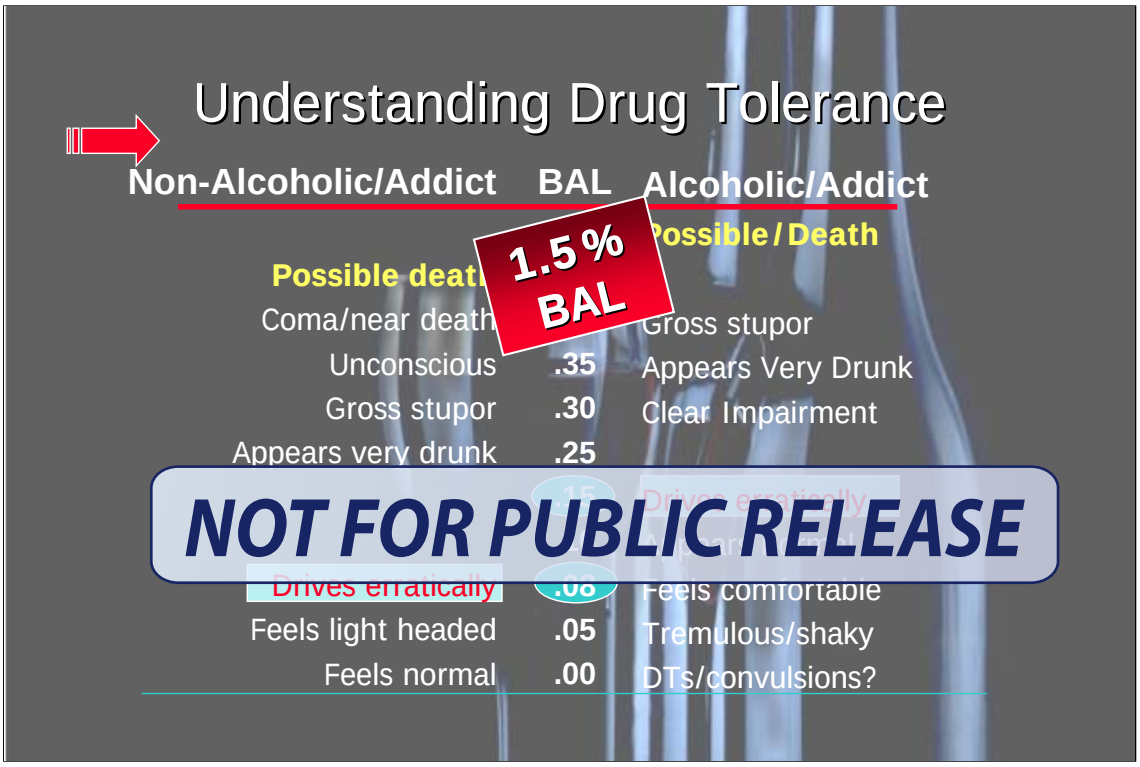
► Alcohol has been consumed for thousands of years with the longest period of use found in Asian cultures, most notably Japanese, for possibly 7000 years or more. These long use cultures experienc[illegible] in cultures that ha[illegible]ne pool. (Examp[illegible]etic resistance and susceptibility. Southern Europeans have drank a thousand years longer than their northern neighbors.)

► Any race or creed may be susceptible if genetic susceptibility exists. Risk increases when susceptibility is taxed by consumption. Peer pressure or experimentation are virtually the only reasons for anyone's first drink.

The following formula was popularized in the early 1970's by NIAAA (Average Salary of Workforce X 25%) X (Number of Employees X 6%) = Economic Loss

Example:
1. $33,000 X 25% = $8250
2. 300 X 7% of workforce = 21
3. 21 X $8250 = $173,250

Total Cost of Addiction to Company = $173,250 per year.



► This chart depicts the effect of tolerance to alcohol. Again, tolerance is associated as an initial prerequisite to acquiring addiction. Non-alcoholic drinkers do not have significant tolerance changes. Tolerance reverses as alcoholics get sicker, however.

► Behavioral differences shown are caused by the nervous system's ability to tolerate larger quantities of alcohol and still function.

► Left Side of Chart: Behaviors of normal drinker as blood alcohol level rises or falls.

► Right Side of Chart: Behaviors of **late stage** alcoholic as blood alcohol level rises or falls.

► The alcoholic may wake up at night to drink, drink in the morning, or hide alcohol in order to drink when needed, but without being seen or detected. Many recovering workers have reported that Vodka was the drink of choice in their later years because the smell was least detectable. Alcoholics may feel guilt and shame for maintenance drinking behaviors, but it is easier to cope with this guilt than seek treatment.

► Blackouts (a hallmark sign of possible alcoholism) demonstrates the nervous system's adaptation to alcohol. A blackout is a short-term amnesia state characterized the inability to recall what happened during a period of drinking even though one did not pass out or fall asleep. It is rare for a non-alcoholic to have a blackout. Most social drinkers will pass out, fall asleep, or throw up before having a blackout. Tolerance reverses as the liver deteriorates in later years.

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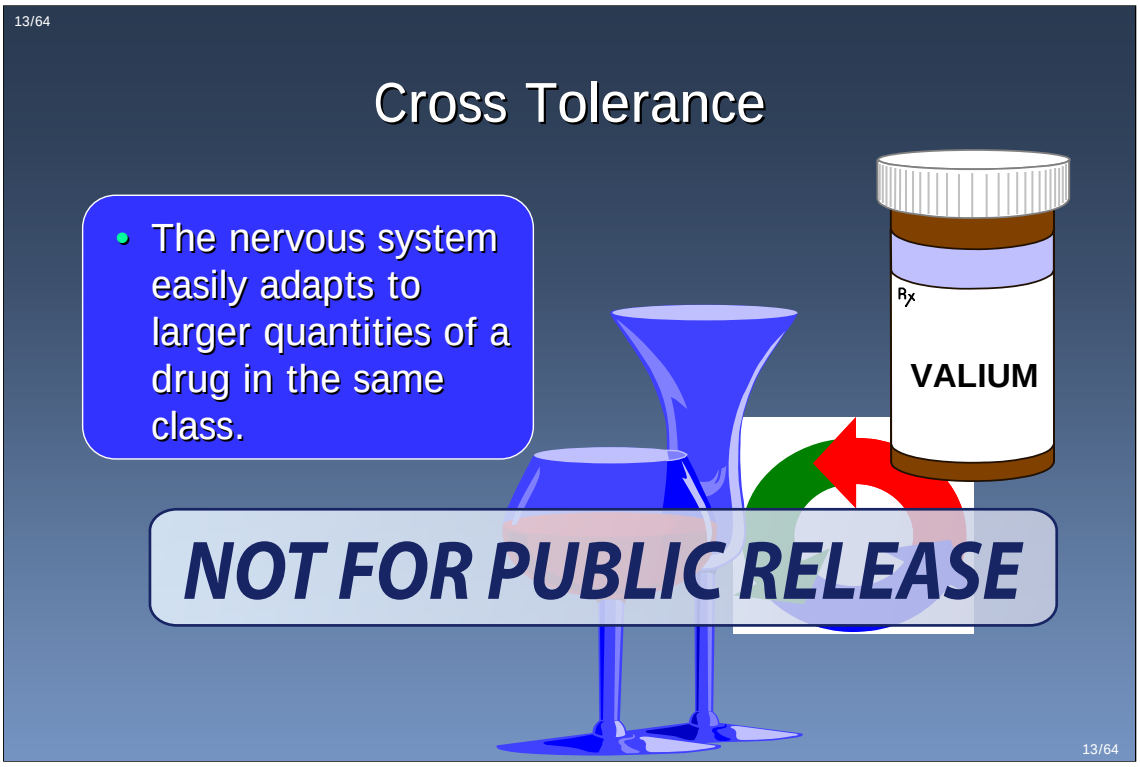

► Cross tolerance describes the ability of an employee with a drug addiction problem to substitute one drug for another in the same class. The most common example of this phenomena is the ability to substitute drugs such as Valium or Xanax for alcohol in order to reduce cravings or other effects of withdrawal such as anxiety.

► Physicians may prescribe such medications for anxiety or nervousness, which are common complaints of alcoholic employees or family members. Addiction to these substances follows because they are cross-addictive and cross tolerant.

► Cross tolerance explains cross addiction to other drug classes and explains why many alcoholic employees (as well as drug addicted persons) may use other medications from time to time to ameliorate the affects of their drug of choice.

NOTES:

This slide has moving overlaps, hence text appears in manual as overwritten

► Loss of control is a hallmark of addiction and addictive disease. It means much more than going to a party and being unable to stop drinking once you stop, which is rare for even most alcoholics.

► Social drinkers can consistently predict their ability to control all the factors shown above, including their decision to over use alcohol, or get drunk. Getting drunk does not mean your an alcoholic it simply means you abused alcohol (and yourself.) Here's something to think about: Getting drunk is a choice for the social drinker. It is a symptom of the disease for the alcoholic.

► As the disease progresses, most alcoholics will eventually discover maintenance drinking. This is an attempt by the alcoholic to consume alcohol at a rate and frequency capable of helping him or her maintain a certain blood alcohol level to prevent withdrawal symptoms.

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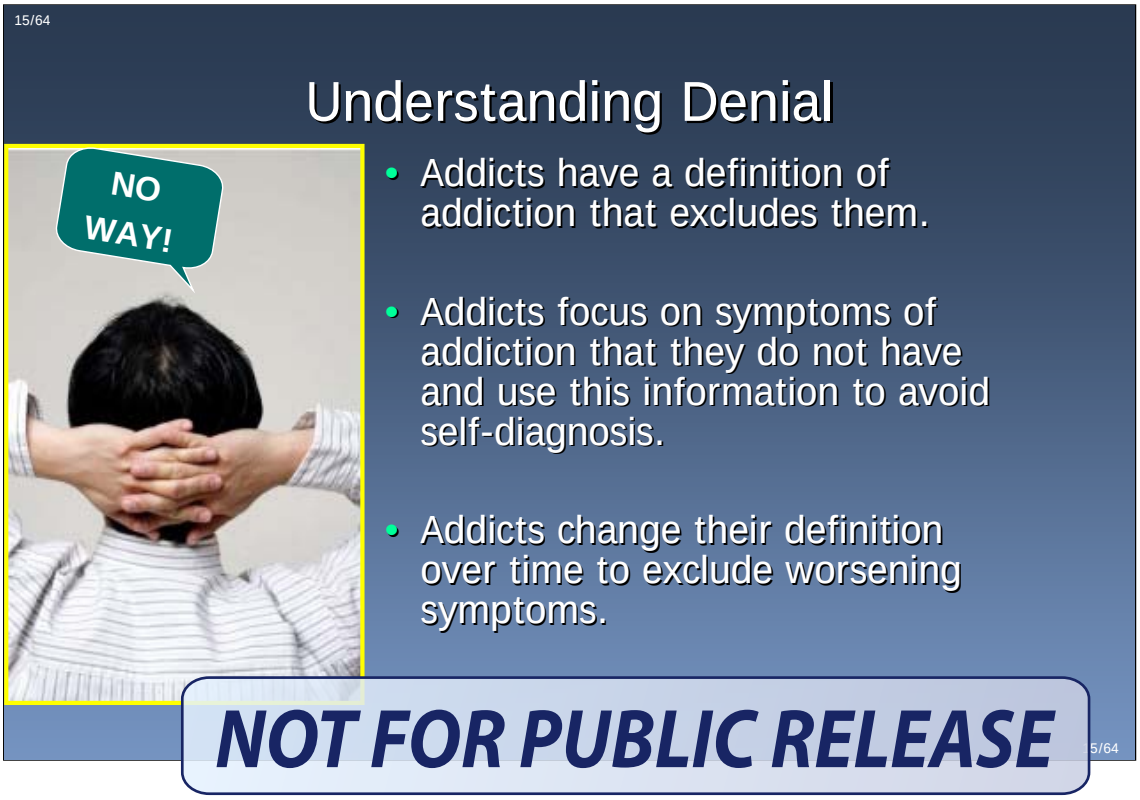

► Alcohol or drug addicts with job problems who are in denial about their addiction are often convinced that other problems cause their job performance shortcomings. Such employees are able to convince the supervisor that these other problems are primary.

► This is the first step toward prolonged toleration of performance problems by supervisors. They become convinced they understand the employee's problems and begin to accommodate tolerate these problems as they grow worse. (Spouses of alcoholics do the same thing.)

► Denial is a defense mechanism that works hand-in-hand with myths and misconceptions about addiction. Denial is used to avoid awareness and is reinforced by others who are willing to participate in it.

► By the time an employee's alcohol or drug problem affects the work situation, he or she usually knows there is a fuzzy relationship between life's problems and the alcohol or drug use. This, however, does not mean the addict will talk about it or is self-diagnosed. Far from it. Still, this reality is what makes referral and treatment possible. An addict does not have to want help in order for it to work. Motivation to accept help comes in the treatment period as a result of re-education and self-diagnosis.

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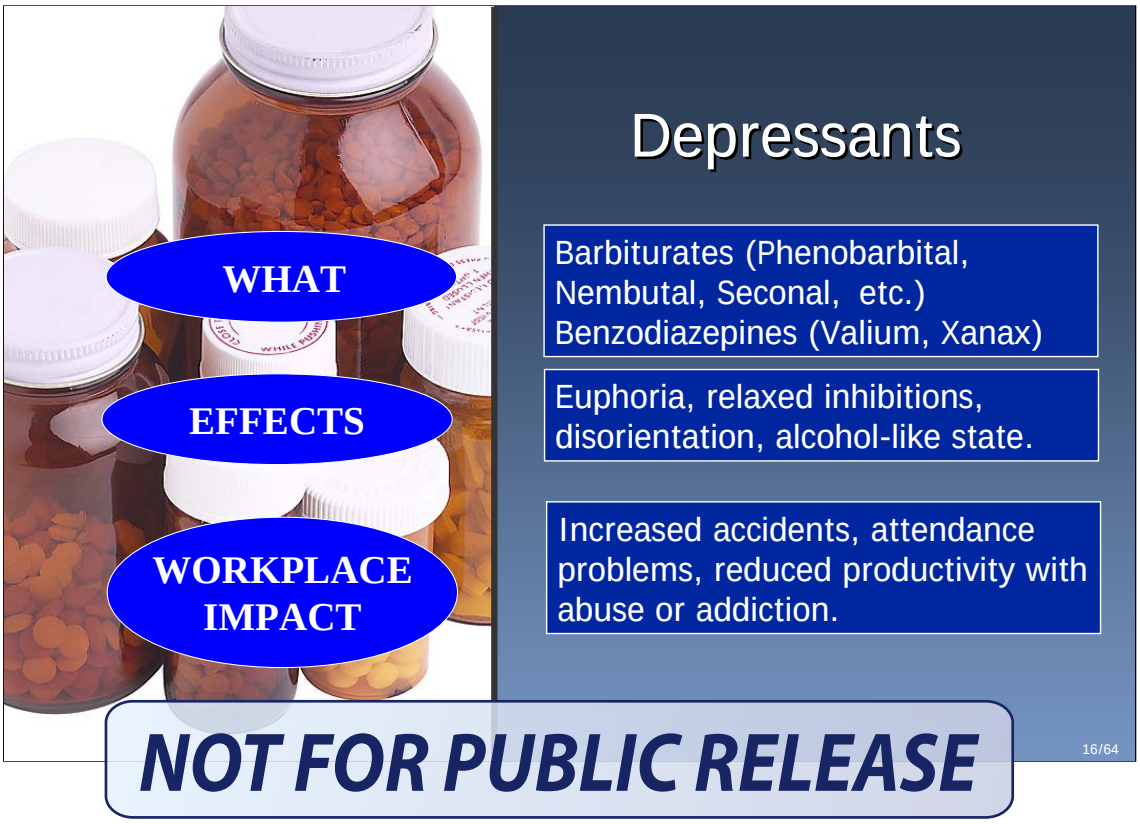

► Hundreds of substances have been produced that induce central nervous system depression. These are called downers, sedatives, hypnotic drugs, minor tranquilizers, and anti-anxiety medications.

► Depressants are generally grouped into two classes barbiturates and Benzodiazepines. Barbiturates are the more dangerous of the two, especially when mixed with alcohol. Both classes of drugs have alcohol-like effects depending on dose. They depress or sedate the nervous system. They are cross tolerant and cross addictive with alcohol.

► Depressant medications are frequently associated with alcohol use and/or addiction and contribute to the same economic costs to business. Absenteeism, reduced productivity, and increased accidents. Severe impact on psychomotor skills creates particularly severe hazards in the workplace.

► Depressants produce feelings of euphoria, relaxed inhibitions, disorientation, and reduced motor coordination. The potential impact on the workplace relates to increased risk of accidents, attendance problems, and consequent reduced productivity.

NOTES:

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Major Tranquilizers

Courtesy US. Dept. of Justice

- Used orally
- Addiction and withdrawal severe
- Overdose can cause death
- Effect is sedation
- Frequently stolen drug
- Dangerous tolerance build-up
- Preferred by drug addicts because of potency

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DEPRESSANTS

► HOW USED: oral, some can be injected after dissolved in water.

► EFFECTS: slurred speech, disorientation, drunken behavior in large quantity.

► OVERDOSE: shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, death

► WITHDRAWAL: anxiety, insomnia, tremors, delirium, convulsions, possible death

► These drugs are legally prescribed medications, but are often illegally diverted. These drugs are class reported in accidental deaths such as the one involving Marilyn Monroe where alcohol was consumed in combination with these drugs. About 20% of sedative drug prescriptions are barbiturates.

► Barbiturates were more popular for the first half of the century. They are used to treat insomnia, as veterinary euthanasia agents, and control of seizure disorders. They are very dangerous because tolerance increases rapidly. Increasing dosage levels to get the same effect eventually approaches lethal limits. A drink or two is all it may take to go over it.

S ► horter acting barbiturates are preferred by addicts: Seconal, Nembutal, Amytal. These drugs can also be crushed up, dissolved, and injected.

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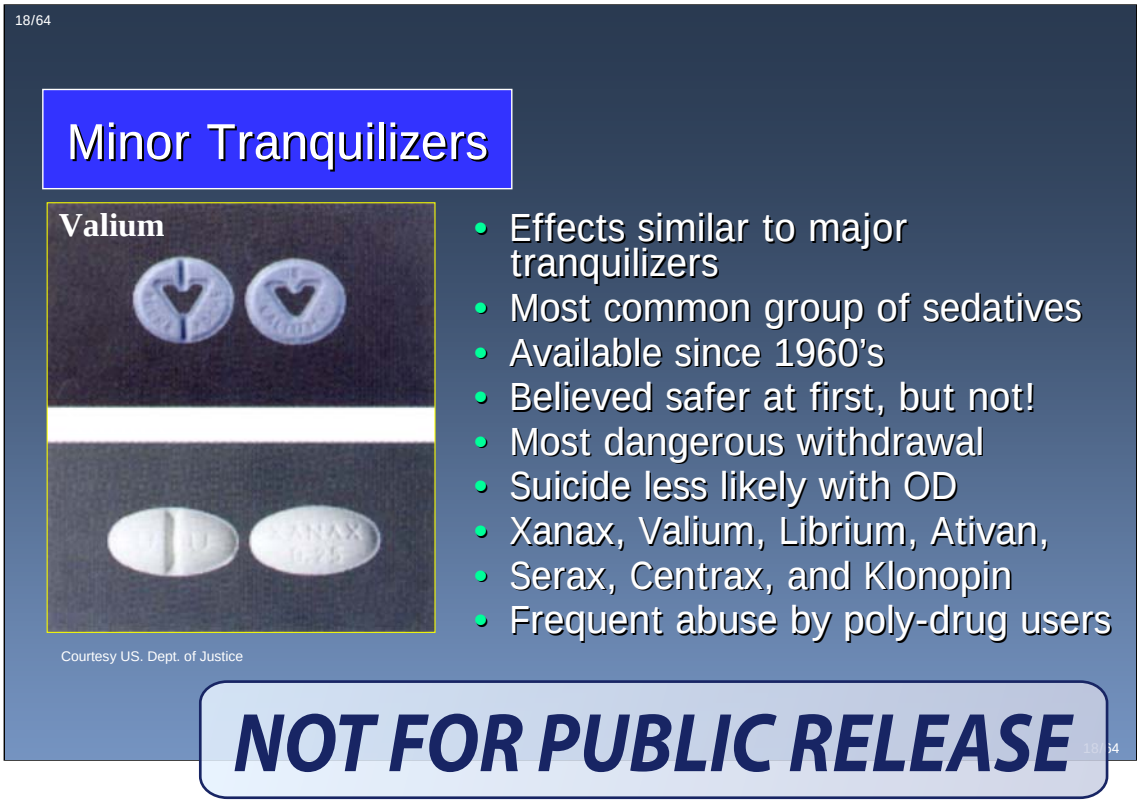

► Effects are same as major tranquilizers.

► Benzodiazepines predominate the sedative drug market. One third of all prescriptions in the country include this class of drugs. They were first marketed in the 1960's. They were touted as much safer depressants with far less addiction potential than barbiturates.

► Unfortunately, these drugs share many of the same undesirable side effects of the barbiturates. Even at recommended dosages, prolonged use can lead to dependence. Unlike barbiturates, larger doses of Benzodiazepines are less often fatal, unless combined with other drugs or alcohol. Still, many suicides and attempts involve them.

► Abuse of these drugs usually occurs as part of multiple drug use pattern. Cocaine users, for example, may use Benzodiazepines to alter the side effects of over stimulation from cocaine. Withdrawal can be life threatening and should be medically managed. These drugs are more dangerous from this standpoint than any other drug.

► Well known Benzodiazepines include Xanax, Valium, Librium, Ativan, Serax, Centrax, and Klonopin among others.

► Given the number of people who use Benzodiazepines, addiction is "relatively low". Still addiction is still a severe problem. Addicts may acquire several different doctors in order to maintain their supply, use other's prescriptions, or forge prescriptions. Abuse of Benzodiazepines is particularly high among heroin and cocaine users. Approximately 50% of people entering treatment for narcotic or cocaine addiction also report abusing Benzodiazepines.

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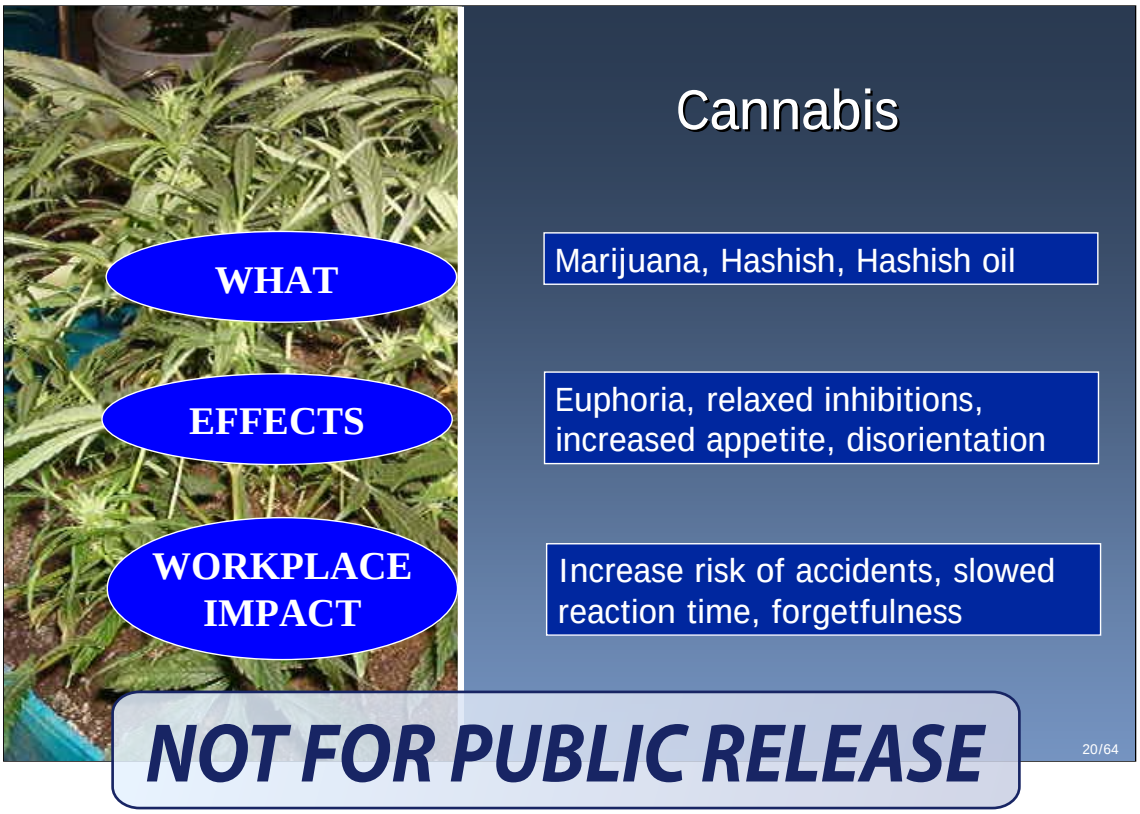

CANNABIS

► HOW USED: Smoked, oral

► EFFECTS: Euphoria, relaxed inhibitions, increased appetite, disorientation

► OVERDOSE: Fatigue, paranoia, possible psychosis

► WITHDRAWAL: Insomnia, anxiety, hyperactivity, decreased appetite

► WORKPLACE: Driving or occupational accidents may result from distorted time and space relationships and impaired coordination. Other hazards include impaired motor skills and concentration.

► Cannabis is the second most abused drug in the U.S. after to alcohol. It is grown clandestinely nationwide. Since 1980, the U.S. is the only country that grows marijuana legally, and then only for scientific research. It is illegal worldwide. THC (delta-9-tetrahydrocannabinol) is the psychoactive ingredient responsible for the "high".

► When smoked the user feels high within minutes - peaking out in 10-30 min. Effects depend on the user's psychological state and THC strength. Low doses provide a feeling of well-being, relaxation, a more vivid sense of sight, smell, taste, and hearing. Intoxication may not be noticeable to the observer. Stronger doses may intensify reactions--shifting sensory imagery, rapidly fluctuating emotions, flights of fragmentary thoughts with disturbed associations, altered sense of self-identity, paranoia, illusion of heightened insight, hallucinations, frequently reported are hunger and a desired increase for sweets.

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