
SUBSTANCE ABUSE POLICY

of

POLK COUNTY, TEXAS

August, 1991

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POLK COUNTY, TEXAS SUBSTANCE ABUSE POLICY

I. PURPOSE OF SUBSTANCE ABUSE POLICY – NOTICE

- A. Polk County has a legal responsibility and management obligation to ensure a safe work environment, as well as paramount interest in protecting the public by ensuring that its employees have the physical stamina and emotional stability to perform their assigned duties. Employees of the county must be free from drug or alcohol dependence, illegal drug use, or drug or alcohol abuse as a condition of employment. Throughout these policies, reference to drugs or controlled substance includes inhalants.
- B. Liability could be found against the county and the employee if we fail to address and ensure that employees can perform their duties without endangering themselves or the public.
- C. There is sufficient evidence to conclude that use of illegal drugs, drug or alcohol dependence, and drug or alcohol abuse seriously impair an employee's performance and general physical and mental health. The illegal possession and use of drugs and narcotics by county employees is a crime and is clearly unacceptable.

The intent of this policy is as follows:

- 1. To provide clear guidelines and consistent procedures for handling incidents of employees' use of alcohol, drugs, or controlled substances that affect job performance, and to make every effort to institute and maintain a drug-free workplace;
- 2. To ensure that employees conform to all state and federal regulations regarding alcohol, drugs, or controlled substances; and
- 3. To provide substance abuse prevention education for all employees.

II. SCOPE OF POLICY; PROCEDURES

- A. Controlled substance – For the purposes of this policy, "controlled substance" includes all chemical substances or drugs listed in any controlled substances acts or regulations applicable under any federal, state, or local laws, as well as inhalants.
- B. Illegal drug – For purposes of this policy, "illegal drug" includes any drug the possession of which is prohibited under state or federal laws.
- C. On the job – For the purposes of this policy, an employee is considered "on the job" whenever he/she is:

1. On county property, including parking lots and various county locations, at any time.
 2. Driving or riding as a passenger in a county vehicle.
 3. Engaged in county business.
- D. The following are prohibited by the county when occurring "on the job" as that term is defined in this policy:
1. Possession, consumption, or being under the influence of alcohol, illegal drugs, or controlled substances while on the job.
 2. Distribution, sale, or purchase of a controlled substance or illegal drug while on the job.
 3. Distribution, sale, or purchase of a controlled substance or illegal drug while on the job, even if the controlled substance or illegal drug, which is the subject of the sale or purchase, is not actually possessed on the job.
 4. Possession, use, or being under the influence of a controlled substance or illegal drug while on the job, except:
 - a. when under, and in strict accordance with, a physician's direction; and
 - b. such use will not impair the employee's ability to perform his/her job safely; and
 - c. when the immediate supervisor has been notified in advance regarding the use of a prescribed controlled substance and has approved the employee's working under these conditions.
 5. Use or being under the influence of other drugs, including prescription drugs, over-the-counter drugs, and any substance which, when used, causes an altered psychological and/or physiological state where there is any possibility that use may impair the employee's ability to perform his/her job safely or may adversely affect his/her safety or the safety of others.

E. Employee Assistance

Chemical dependency is regarded as an impairment, and the county provides channels of assistance. However, it is the employee's responsibility to participate in rehabilitation as a condition of continued employment; and the cost of rehabilitation programs is the employee's responsibility. Rehabilitation is the

county's primary objective when an employee is impaired; however, circumstances may necessitate disciplinary action against the employee up to and including discharge.

F. Condition of Employment – Compliance with this policy is a condition of employment.

G. Testing

1. Drug or alcohol testing of employees may be conducted under any of the following circumstances:


a. When there is a reasonable suspicion that an employee is under the influence, intoxicated, or impaired as a result of the consumption or use of any drugs or alcohol. Factors which could establish reasonable suspicion or probable cause include, but are not limited to:

- (1) sudden changes in work performance;**
- (2) violation of county safety policies;**
- (3) involvement in an accident, or near-accident;**
- (4) discovery or presence of substances in an employee's possession or near the employee's workplace;**
- (5) odor of alcohol and/or residual odor peculiar to some chemical or controlled substances;**
- (6) unexplained and/or frequent absenteeism;**
- (7) personality changes or disorientation;**
- (8) arrest or conviction for violation of a criminal drug statute;**
- (9) an allegation involving the use, possession, or sale of drugs or narcotics;**
- (10) an allegation involving the actual use of force; or**
- (11) a serious on-duty injury to the employee or another person.**

b. When an employee is found in possession of alcohol or drugs in violation of this policy, or when such alcohol or drugs are found in an area controlled or used by the employee (i.e., employee's locker or desk).

c. Following an accident whose nature indicates possible impairment of ability or judgment, or following an incident in which safety precautions were violated or careless acts were performed.

d. As a part of the physical examination of all job applicants to whom a job offer has been made, and who have been informed that they must submit to a drug test as a condition of employment.

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- e. Voluntarily, as part of the employee's pre-employment physical examination.
2. When based on reasonable suspicion, an employee is asked to submit to drug or alcohol testing, he/she will be informed of the reason(s) he/she is being asked to submit to the test and will be informed that refusal constitutes insubordination and is grounds for discipline up to and including discharge.
 3. If the employee refuses to consent to the testing, the refusal should be in writing. Failure to put in writing the employee's refusal to be tested will be grounds for discipline up to and including discharge.
 4. If the employee consents to the testing, he/she will do so in writing and authorize in writing the release of the medical information.
 5. If the employee consents to the testing, but refuses to authorize release of the medical information, the employee must be informed that disciplinary action may be taken because of that refusal.
 6. The fact of the test and the results must be kept confidential. One or more persons in the personnel office will be designated to receive testing results and will notify the appropriate county managers or officials on a need-to-know basis.



H. Discipline

1. Any employee who violates any part of the county's Substance Abuse Policy may be subject to discipline up to and including discharge.
2. Any employee convicted on a charge of illegal possession, use, distribution, purchase, or sale of any controlled substance or alcohol, while off county property and off duty, may be subject to discipline up to and including discharge, where the county concludes that such conduct adversely affects the county or county services. In addition, the county may impose discipline up to and including discharge for such off-duty conduct in the absence of a conviction where the county has reasonable evidence of the commission of those acts and the county concludes that such conduct adversely affects the county or county services.
3. An employee who is charged with a violation of any criminal drug statute must notify his/her supervisor within five (5) days of such charge. Criminal drug statutes include federal, state, and local laws involving the use of drugs (including controlled substances). Failure to report a charge will result in disciplinary action up to and including termination from employment. A charge of violating any criminal drug statute may result in disciplinary action up to and including termination.

I. Policy of Administering Drug/Alcohol Test to Employees

The possession of (either on the employee's person or otherwise controlled by the employee) of or being under the influence of a controlled substance or alcohol on county property or while on the job is prohibited. Employees suspected of being under the influence of a controlled substance or alcohol may be requested to undergo urinalysis or other appropriate medical tests. Refusal to undergo such a test may result in disciplinary action up to and including discharge.

J. Guidelines for Supervision in Administering Drug/Alcohol Tests

Supervisors may request employees suspected of violating this county policy to undergo medical tests to determine whether they have consumed, used, or are under the influence of controlled substances or alcohol. The following guidelines must be followed:

- 1. When a supervisor other than the department head suspects an employee has violated this policy, the supervisor should consult the department head. In the department head's absence, the supervisor should consult another management official. Both supervisory officials should meet with the subject employee.**
- 2. If both supervisors (or management officials) agree, the employee should be requested to undergo urinalysis in accordance with Appendix A of this policy. All discussion of the situation should be held privately. A signed consent form should be obtained from the employee if possible. If the employee consents to the test, but refuses to sign the consent form, his/her consent should be documented (with date and signatures) by the supervisors and the individual administering the test.**
- 3. If the employee states that he/she is taking a medication prescribed by a doctor, ask him/her to take the test anyway. If the test reveals the presence of a drug prescribed for the employee, he/she will not be subject to discipline unless the levels of the drug show purposeful abuse. Even if the employee is not abusing a prescribed drug, the drug may make him/her unfit for work. If so, he/she will not be disciplined, but the employee should be told he/she will not be allowed to report to work when taking the prescribed medication.**
- 4. No physical force or threat of physical force will be used in connection with this procedure. (Of course, if the employee is creating a dangerous situation, appropriate force can be used to restore safe conditions, but only if necessary.)**
- 5. If the employee refuses to take the test after the consent form is read to him/her, the employee should be relieved of duty (sent home, taken to see an appropriate management official, etc.) to await disciplinary proceedings. In most cases, an employee suspected of violating this policy should not be allowed to continue**

working.

6. If the employee does agree to take the test, he/she should be taken to the hospital or lab designated by the Commissioners Court for county employee drug testing. Please remember that the employee has no obligation to take the test and may change his/her mind and leave at any time. Do not attempt to intimidate any employee for changing his/her mind or for refusing to take a test.
7. In following the above procedures, you should attempt to accommodate any reasonable employee request or objection.
8. As soon as possible, and irrespective of the results of the test, both supervisors (or management officials) should write separate reports on the incident. These reports should give as much detail as possible concerning:
 - a. the employee's observed condition (glassy-eyed, alcohol on breath, staggering, etc.) and
 - b. any statements made and any actions taken by any persons involved in the incident.
9. The circumstances surrounding the incident should be kept confidential (except as to any notification of state or federal agencies that may be required by law), and the matter should not be discussed with any personnel or elected officials, supervisory or otherwise, who do not have a need to know. All personnel involved in the matter should be advised of this confidentiality requirement.

K. Urinalysis Procedures

A urinalysis to detect drug or alcohol presence will be performed by a hospital or lab designated by the Commissioners Court to perform such tests on Polk County employees. These tests will be performed in accordance with the procedures set forth in Appendix A of this policy.

Appendix A

URINALYSIS PROCEDURES

A. Obtaining Urine Samples

1. The current or prospective employee designated to give a sample must be positively identified prior to any sample being obtained.
2. The room where the sample is obtained must be private and secure with documentation maintained that the area has been searched and is free of any foreign substance. The person administering the test will take steps necessary to make reasonably sure that the sample is from the employee or applicant and was actually passed at the time noted on the record. Specimen collection will occur in a medical setting, and the procedures should not demean, embarrass, or cause physical discomfort to the employee or applicant.
3. An interview with the employee or applicant prior to the test will serve to establish use of drugs currently taken under medical supervision.
4. Specimen samples must be sealed, labeled, and checked against the identity of the employee or applicant to ensure the results match the individual being tested. Samples shall be stored in a secured and refrigerated atmosphere until tested or delivered to the testing lab representative.

B. Processing Urine Samples

1. The testing or processing phase shall consist of a two-step procedure:
 - a. initial screening step, and
 - b. confirmation step.
2. The urine sample is first tested using a screening procedure. A specimen testing positive will undergo an additional confirmatory test. An initial positive report should not be considered positive; rather, it should be classified as confirmation pending.
3. The confirmation procedure should be technologically different from the initial screening test. Notification of test results to the supervisor or internal affairs investigator will be held until the confirmation results are obtained. In those cases where the second test confirms the presence of drugs or alcohol in the sample, the sample will be retained for six (6) months to allow further testing in case of dispute.
4. The testing method selected must be capable of identifying marijuana, cocaine, and other major drugs of abuse including heroin, amphetamines, and barbiturates, as well as alcohol and inhalants. Personnel utilized for testing will be certified as qualified to conduct urinalysis, or adequately trained to conduct such tests.

5. The county will use only a laboratory that has been approved and certified by the U.S. Department of Health and Human Services.
6. Applicants and employees who have participated in the drug and alcohol testing program, and whose tests indicated no drugs or alcohol were found, will receive a letter stating that no illegal drugs or alcohol were found. If an employee requests such, a copy of the letter will be placed in the employee's personnel file.

C. Chain of Evidence – Storage

1. Where a positive report is received, urine specimens will be maintained under secured storage for a period of not less than six months.
2. Each step in the collecting and processing of the urine specimens will be documented to establish procedural integrity and the chain of evidence.

D. Types of Urinalysis Available

The following analytical methods for the detection of drugs or alcohol in the urine are recommended for consideration following adoption of a drug and alcohol testing program:

1. Chromatographic Methods

- a. TLC (Thin Layer Chromatography), recommended for initial screening step or HPTLC (High Performance Thin Layer Chromatography);
- b. GLC (Gas Liquid Chromatography);
- c. GC/MS (Gas Chromatography/Mass Spectrometry), recommended for confirmation step; and/or
- d. HPLC (High Pressure Liquid Chromatography).

2. Immunological Methods

- a. RIA (Radioimmunoassay); and/or
- b. EMIT (Enzyme Multiplied Immunoassay Technique), recommended for initial screening step.

SCHEDULE 1
DRUG TESTING PROTOCOL
POLK COUNTY, TEXAS

An immunoassay will be used for the initial test with the following cut-off levels:

<u>Substance</u>	<u>Initial Test Cut-off Levels (ng/ml)</u>
Marijuana Metabolites	100
Cocaine Metabolites	300
Opiate (Codeine and Morphine)*	*300
Phencyclidine (PCP)	25
Amphetamines	1,000

* 25 ng/ml if immunoassay specific for free morphine.

All initially positive test results will be confirmed by gas chromatography/mass spectrometry (GC/MS). The following cut-off levels apply for confirmation testing:

<u>Substance</u>	<u>Confirmation Test Cut-off Levels (ng/ml)</u>
Marijuana Metabolites ¹	15
Cocaine Metabolites ²	150
Opiate (Codeine and Morphine)	300
Phencyclidine (PCP)	25
Amphetamines	500

¹ Delta-9-tetrahydrocannabinol-9-carboxylic acid.

² Benzoylgonine.

BARBITURATES AND RELATED DEPRESSANTS

Code Names barbs, ludes, rainbows, 714s, downers, goofballs, blues, blue devils, yellow jackets, yellows, reds, red devils

Description Barbiturates are sedative-hypnotic substances which are potent central nervous system depressants. They are produced by chemical synthesis. In pure form, barbiturates are white, bitter, odorless, water-soluble powders in tablets or capsules. Intravenous barbiturate forms are restricted to medical use. Secobarbital, pentobarbital, and amobarbital are common barbiturates. Other depressants include such drug groups as methaqualone (which includes Quaaludes) and benzodiazepines (which include Librium, Valium, and Xanax).

Short-Term Effects Moderate dosages of up to 100 mg. generate tranquility, relaxation, mild euphoria, and lethargy as psychological responses for the user. But physical reactions may include impairment of motor coordination, short-term memory, and thought processes; nausea; vomiting; abdominal pain; decreased blood pressure; and lower heart rate. Doses over 200 mg. produce exaggerated levels of activity, intense and extreme emotions, impaired thinking and motor and perceptual functions, drowsiness, unconsciousness, and progressive decline in blood pressure and breathing. An overdose would depress major bodily functions and result in coma and death. Barbiturate overdose is a factor in nearly one-third of all reported drug-related deaths. There is little difference between the amount of barbiturate that produces sleep and the amount that kills.

Long-Term Effects In the long term, barbiturate abuse causes impaired memory, judgment, and thinking; hostility, depression, or mood swings; reduced attention span; chronic fatigue; slurred speech; and impaired motor coordination. The abuse potential is very high. Tolerance to the sleep-inducing and pleasurable effects develops rapidly. Both abuse of barbiturates and withdrawal have frequently resulted in death.

CANNABIS (MARIJUANA, HASHISH)

Code Names Mary Jane, Acapulco Gold, Colombian, grass, hemp, pot, dope, Jamaican, reefer, weed, ragweed, Thai sticks, ace, herb, tea, hash, Lebanese gold, Nepalese fingers, black Afghan

Description Cannabis is a plant found in tropical and temperate climates. It contains a mild hallucinogenic substance called delta-9-tetra-hydro-cannabinol (THC). The female plant secretes a sticky resin that covers the flowering tops and upper leaves. Marijuana is prepared by crushing the dried flowering top and leaves into a tea-like substance, which is usually rolled into a cigarette (a joint) and smoked. Hashish is prepared from the dried cannabis resin and crushed flowers, which are compressed into hard chunks or cubes and often smoked in a pipe.

Short-Term Effects Use of a moderate dose of marijuana (one joint) produces an immediate feeling of well-being, relaxation, and emotional disinhibition. Effects of marijuana are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for 2 or 3 hours. The user may also experience a distorted sense of time and distance. The user may laugh spontaneously and suffer a reduced attention span and loss of memory. There may be mild impairment of thinking and motor skills. Physically, the user may find his heart and pulse rates drop slightly, his eyes redden, and his lungs irritated. Higher doses exceeding one joint provide intensification of low-dose effects. Higher doses also cause pseudohallucinations, impaired judgment, slowed reaction time, limited motor skills, confusion of time sense, and short-term memory loss. Chronic intoxication lasting several weeks may continue after termination of use.

Long-Term Effects In the long term, regular users of cannabis may develop a mild psychological dependence. But cannabis does not appear to cause harmful physiological effects in healthy adults who use it in moderate doses. Higher doses of cannabis, however, may cause significant psychological adjustment problems for some users. And chronic heavy smoking of cannabis increases the risk of lung cancer. The euphoric effects of cannabis are generally not as intense as those of heroin and cocaine. Abuse potential is high because cannabis is available illicitly at relatively low cost. Marijuana available today is up to 10 times more potent than that available 10 years ago.

COCAINE

Code Names C, coke, lady, nose candy, crack, white lady, Cola, Bolivian rock, Bolivian marching powder, flake, snow, stardust, blow, Peruvian flake, mother of pearl, toot, freebase.

Description Cocaine is a powerful central nervous system stimulant of brief duration. The drug is derived from the coca bush leaf found primarily in Peru and Bolivia. Hydrochloric acid added to coca base produces a salt, cocaine hydrochloride, which is 90 to 100 percent pure cocaine. Cocaine hydrochloride is an odorless white crystalline, water-soluble powder with a bitter, numbing taste. It is usually in the form of flakes or rocks. Crack is a very common, less expensive form of cocaine. Crack is made by mixing ordinary baking soda and cocaine that has been cut with other substances. The mixture is cooked over an open flame and dried into small rocks that resemble pieces of crumbled white soap. The rocks are smoked, usually in a glass pipe. As they are heated, they make a cracking sound; hence the name "crack."

Short-Term Effects Moderate doses of 25 to 50 mg. produce euphoria, heightened alertness, loss of appetite, sleeplessness, elevated self-confidence, increased speed of performance, anxiety, and panic. Physical effects include increased heart and respiratory rates, constriction of blood vessels, and elevated blood pressure. Higher doses of 100 to 300 mg. intensify the lower dosage effects. Higher doses aggravate the negative effects such as tremors, vertigo, muscular twitches, paranoia, and toxic psychosis.

Long-Term Effects Feeling of competence and power experienced by the infrequent user surrender in the chronic user to a sense of inadequacy, impotence, depression, nervousness, excitability, agitation, paranoia, and hypersensitivity. The chronic user has pronounced mood swings, memory disturbance, and insomnia. The powerful euphoria and multiple means of administration (nasal, oral, and intravenous) make cocaine very popular. Long-term users may consume larger doses in shorter periods of time. Eventually, their lives may be devoted exclusively to their cocaine addiction. The onset of toxic psychosis will be heralded by anxiety, restlessness, and extreme irritability; the symptoms of paranoid schizophrenia. Cocaine is a peculiar problem in the workplace because the short-term effects enhance the ability to perform simple tasks (especially for fatigued workers) and promote self-confidence. But eventually, cocaine becomes a necessary prelude to work for the addict who loses confidence in his or her ability to work without it. Ninety percent of users of cocaine use it at work. People who have used marijuana extensively are most at risk for cocaine addiction.

HALLUCINOGENS

Code Names mushrooms (psilocybin), peyote (mescaline), ecstasy (M.D.A.), acid (LSD), angel dust (PCP)

Description The various hallucinogens distort perception of time and space and create illusions and hallucinations. PCP (phencyclidine) and LSD (lysergic acid) are the most commonly used hallucinogens. Most hallucinogens are taken orally, although PCP is often smoked after it has been sprinkled on parsley, marijuana, or tobacco. LSD comes in a liquid form and most often is swallowed after being placed on a sugar cube or blotting paper.

Effects All hallucinogens have an effect or "high" of a duration that is relatively long compared with that of other drugs. Eight hours or more is common. PCP can create the same effects as acute mental illness. The user will undergo changes in body image, perceptual distortions evidenced as hallucinations of the eye and ear, and feelings of emptiness or nothingness. Commonly, the user will have difficulty thinking and speaking. Many users face acute psychotic episodes. LSD use frequently culminates in "bad trips" — psychological reactions including exaggerated suspicions, fears, confusion, anxiety, and loss of control. Physically, LSD increases blood pressure, heart rate, and blood sugar. Nausea, chills, flushes, irregular breathing, sweating, and trembling occur. M.D.A. has recently been linked with organic brain damage. Dependency on hallucinogens is less likely than dependency on any other commonly abused drug.

HEROIN

Code Names dust, H, horse,

Mexican brown, gum, junk, smack, China white, hombre, dope, scag

Description Heroin is a powerful, semisynthetic narcotic analgesic produced from opium poppies harvested in Southeast and Southwest Asia and Mexico. In pure form, heroin is a fine, white, water-soluble crystalline substance. Its taste is bitter. Heroin may be snorted, smoked, or injected. Pure heroin is usually cut by sugars, starch, powdered milk, quinine, or other diluents.

Short-Term Effects Moderate doses of 3 to 4 mg. produce mental cloudiness, euphoria, suppression of pain, and feelings of well-being. Physically, moderate doses may lower a user's body temperature as the user experiences sweating, nausea, vomiting, reduced appetite, and a relaxation of activity. Higher doses of 10 to 25 mg. intensify the psychological effects experienced with lower doses. After taking a higher dose, a user will experience decreased sensitivity and reduced ability to concentrate. His or her breathing will be slow and shallow. An overdose will produce deep sleep, stupor, coma, and death.

Long-Term Effects Heroin used under medical supervision has not produced marked physiological or psychological deterioration. Most of the severe adverse consequences of heroin addiction are generally related to lifestyle and needle administration. The powerful dependence liability of heroin results from both its powerful euphoric and analgesic effects and its solubility. Out of all drugs of abuse, recidivism is highest among those who have tried to terminate heroin use.

INHALANTS

Code Names solvent, rush, bolt, locker room, bullet, climax, poppers, laughing gas, whippets, buzz, bomb

Description Inhalants include a variety of psychoactive substances which are inhaled as gases or volatile liquids. Many are readily available in most households and are inexpensive. They include paint thinner, glue, gasoline, and other products that are not considered to be drugs.

Short-Term Effects Inhalants may cause nausea, sneezing, coughing, nose bleeds, fatigue, lack of coordination, and loss of appetite. Inhalants such as aerosol sprays may also decrease the heart and respiratory rates and impair judgment. Others may cause rapid pulse, headaches, and involuntary passing of urine and feces.

Long-Term Effects Repeated sniffing of concentrated vapors can cause permanent nervous system damage. Long-term use can cause weight loss, fatigue, muscle weakness, hepatitis, or organic brain damage.

Appendix C

GLOSSARY OF SUBSTANCE ABUSE TERMINOLOGY

ABSTINENCE Refrainment from using something, such as a drug, by one's own choice.

ABUSERS People who use drugs in ways that threaten their health or impair their social or economic functioning.

ACID Slang term for LSD (lysergic acid diethylamide).

ACTIVE PRINCIPLE The main chemical constituent of a drug plant. Although active principles may be responsible for many of the effects of drug plants, they do not exactly reproduce those effects and in pure form have higher toxicity and potential for abuse.

ADDICTION The point at which a person's chemical usage causes repeated harmful consequences and the person is unable to stop using the drug of choice. Medically the term implies that withdrawal will take place when the mood-changing chemical is removed from the body.

ADULT CHILDREN OF ALCOHOLICS (ACOA) A self-help program designed for those adults who have an alcoholic parent or alcoholic parents. The program explores effects on relationships and life choices and patterns.

AFTERCARE Continuation of the recovery process begun in treatment for the chemically dependent and his or her family. Family members may be involved in a variety of aftercare programs such as AA, Al-Anon, Alateen, growth groups, family groups, or peer groups.

AL-ANON A fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. They believe that alcoholism is a family illness and that changed attitudes aid in recovery of the alcoholic.

ALATEEN A fellowship of children and young persons who share their experience, strength, and hope in order to solve common problems. They believe that alcoholism is a family illness and that changed attitudes aid in recovery of the alcoholic.

ALCOHOL A primary and continuous depressant of the central nervous system. Its effect is analogous to a general anesthetic.

ALCOHOLICS ANONYMOUS A fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem, and help others to recover from alcoholism. Their primary purpose is to stay sober and help other alcoholics.

AMPHETAMINES Synthetic amines (uppers) that act with a pronounced stimulant effect on the central nervous system.

ANGEL DUST Slang term for PCP (phencyclidine).

ANTIDEPRESSANTS Pharmaceutical drugs prescribed for the treatment of persistent and severe depression. Imipramine (Tofranil) and amitriptyline (Elavil) are examples.

ANTIHISTAMINES A large class of synthetic drugs used to relieve allergic symptoms.

APATHY Lack of feeling, emotion, or interest in what excites most people.

BAD TRIP An unpleasant experience on a psychoactive drug, especially a hallucinogen. This may include paranoia, panic, scary hallucinations, and depression.

BARBITURATES Central nervous system depressants derived from barbituric acid. They have a hypnotic sedative effect.

BARBS Barbiturates such as secobarbital.

BEHAVIORAL DISORDER Behavior that is inappropriate and/or excessive with no implication of mental illness.

BLACKOUT A drug-induced loss of memory which appears similar to amnesia. A person in a blackout appears to be functioning normally but will not, in fact, remember anything about what happened during that time. Blackouts can last varying lengths of time.

BUMMER Slang term for an unpleasant experience on a psychoactive drug.

BURN-OUT A condition of emotional and intellectual impairment that is thought to be the result of excessive use of psychoactive drugs.

CEREBRAL CORTEX The upper portion of the brain which controls intellect, abstract thoughts, and perception.

CHARACTEROLOGICAL CONFLICT The emotional distress that is created when a person's behavior is repeatedly in contradiction with his or her value system.

CHEMICAL DEPENDENCY A harmful dependence on mood-changing chemicals. Alcoholism is included in this definition.

CHRONIC Continuing indefinitely; perpetual, constant. Not curable. Alcoholism can only be arrested, not cured, so it is considered a chronic disease.

CIRRHOSIS A condition in which cells die and are replaced by scar tissue. Cirrhosis of the liver is a fatal disease, since the scar tissue cannot perform the functions of the liver.

CO-ALCOHOLIC A person close to the alcoholic who feels a responsibility for his or her condition and unwittingly aids in the progression of the disease. Co-alcoholics often manipulate the circumstances and lifestyle of alcoholics, thus removing alcoholics from responsibility for the consequences of their behavior. The co-alcoholic takes the responsibility on himself or herself.

CO-DEPENDENCY An emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules which prevent the open expression of feelings as well as the direct discussion of personal and interpersonal problems.

COCAINE A drug extracted from the leaves of the coca plant which grows in South America. Cocaine is a central nervous system stimulant.

COKE Slang term for cocaine.

COMPLIANCE A stage in the treatment process in which a person outwardly cooperates with the program without the accompanying internal acceptance and personal motivation. Full recovery is not possible if a person remains at this level.

COMPULSION An irresistible urge to keep repeating the same irrational behavior without the ability to stop.

CONFRONTING Telling another person how one sees him or her behaving.

CONGRUENT Allowing outside expressions and behavior to match inside feelings.

CONTINUUM OF CARE Process by which the disease of alcoholism can be arrested. The continuum involves (1) obtaining information about the disease; (2) recognition; (3) intervention; (4) treatment; and (5) aftercare.

CONTROLLED SUBSTANCES Plants and chemicals listed in the federal Controlled Substances Act (Pub. L. No. 91-513, Title II, 84 Stat. 1247 (1970); 21 U.S.C. ' 812 for Schedules of Controlled Substances), the law regulating disapproved psychoactive drugs and those approved only for medical use.

CONTROLLING Being responsible for others (instead of to them). Needing to control others' behavior in order to feel better about one's actions to that person; needing others to act and feel in certain ways to avoid facing reality and feeling pain about it.

CRASH To experience depression, lethargy, or sleepiness after a drug-induced high. Especially common after using stimulants.

CROSS-DEPENDENCE Dependence on substances caused by dependence on one substance.

CROSS-TOLERANCE Development of a tolerance for a substance as a result of tolerance for another substance.

CUT To adulterate a drug by adding to it some substance to make it go further.

DEAL To sell or distribute illegal drugs.

DECREASING TOLERANCE A late stage in alcoholism when parts of the liver are no longer able to detoxify the alcohol, as cirrhosis begins to progress. Therefore, it takes less and less alcohol to bring on intoxication.

DEFENSES Unconscious reactions which keep a person's emotions hidden from himself or herself and others. Specific defenses include: rationalization, minimizing, and feeling repression. Each defense serves to avoid the feelings a person experiences now.

DELIRIUM TREMENS (D.T.'S) The most severe form of withdrawal from alcohol, marked by agitation, hallucinations, and other mental and physical imbalances.

DELUSION The combination of euphoric recall, blackouts, and defense mechanisms which act to keep the alcoholic from being able to see and realize the nature, extent, and severity of his harmful dependency.

DENIAL A symptom of addiction; inability to recognize the true nature of a problem; resistance to seeking or accepting help.

DEPRESSANTS Drugs that reduce the activity of the nervous system (alcohol, downers, and narcotics).

DETOXIFICATION Changing ethyl alcohol into chemicals not harmful to the body. It also applies to the first stage of treatment in which a person is given medical help in withdrawing from the physical effects of alcohol or other drugs.

DOPE Psychoactive drugs in general, especially illegal ones.

DOWNERS Barbiturates, minor tranquilizers, and related depressants.

DRUG ABUSE Pathological use of a prescribed or unprescribed chemical substance.

DRY DRUNK A person who is sober but still living a defensive lifestyle. Nothing is being done about the mental mismanagement. Often characterized by rigid defiance, self-hatred, and continuation of destructive patterns in social relationships.

DUI Driving Under the Influence. A drunk-driving charge under various state statutes.

DUSTER A PCP-laced joint.

DWI Driving While Intoxicated. A drunk-driving charge under various state statutes.

DYSFUNCTIONAL SYSTEM Family or group that communicates defensively within itself, reacting to one another in predictable ways. Each member is locked into a survival role, which perpetuates the system. One or more members must risk breaking the rules of the system for change to take place.

EMPLOYEE ASSISTANCE PROGRAM An employer-sponsored program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns that may adversely affect employee job performance.

ENABLER Any person who inadvertently behaves in a way that makes the alcoholic more sick.

ENABLING Allowing irresponsible and destructive behavior patterns to continue by taking responsibility for others, not allowing them to face the consequences of their own actions.

EUPHORIA A feeling of great happiness or well-being.

EUPHORIC RECALL The distorted perception of reality due to the chemical's effect on the central nervous system. The distortion causes the person to recall the feelings of intoxication but not his or her behavior while intoxicated.

FAMILY DISEASE Chemical dependency is a family disease because the family is unable to get "separatedness" from the chemical problem. In its communication within itself, as well as in its response to the outside world, the entire family revolves around the chemically-dependent member, whose life in turn revolves around a chemical.

FIX Slang term for a dose of a mood-altering drug, especially an intravenous dose of an opiate.

FLASHBACK A recurrence of symptoms associated with LSD or other hallucinogens some time after the actual drug experience.

FREEBASE A smokable form of cocaine.

GROUP THERAPY A forum in which people with common needs get together to discover themselves as feeling persons and to find alternative ways of dealing with life's problems.

HALFWAY HOUSE Residence for those who need daily support and confrontation as they restructure their lives as chemically free members of society.

HALLUCINATION The perception of something that is not there, such as seeing pink elephants or hearing voices that other people cannot hear. Can be a symptom of physical or mental illness, or the result of taking some kinds of psychoactive drugs.

HALLUCINOGENS Drugs that stimulate the nervous system and produce varied changes in perception and mood.

HARMFUL DEPENDENCE The point in the progression of the disease where the individual experiences growing preoccupation with drug usage, increasing tolerance to the effect of the drug, a lifestyle that is changing to accommodate the increased usage, and repeated harmful consequences resulting from drug use.

HASH Slang term for hashish.

HASH OIL A dark, syrupy liquid obtained by extracting the resin of marijuana with solvents and concentrating it.

HASHISH The concentrated resin of the marijuana plant.

HEROIN A semisynthetic derivative of morphine originally used as an analgesic and cough depressant. In harmful doses, it induces euphoria; tends to make the user think he or she is removed from reality, tension, and pressures.

HIGH An altered state of consciousness, marked by euphoria, feelings of lightness, self-transcendence, and energy.

IMPAIR To weaken, make worse, lessen in power, or affect in an injurious manner.

INTERVENTION Carefully planned meeting in which those closest to a chemically-dependent person, having recognized signs of the disease, talk with the person about the harmful effects of the person's behavior upon his or her welfare and encourage the person to seek help.

INTRAMUSCULAR Within a muscle, such as the injection of a drug into the muscle of an arm or leg.

INTRAVENOUS Within a vein, such as the injection of a drug directly into the bloodstream.

JOINT A marijuana cigarette.

JUNK Slang term for narcotics.

JUNKIE A heroin addict.

LETTING GO Realizing that a situation or another person's behavior is out of one's control. Giving up the fight to gain control.

LEVELING Telling another person how one feels.

LIMBUS The middle part of the brain which controls emotions. It is affected by mood-changing (psychoactive) drugs.

LIVER HEPATITIS A condition in which the liver cells enlarge in order to process large amounts of alcohol. It is reversible if drinking ceases completely. It is a dangerous condition.

LOCKED IN Being unable to stop reacting to others, using defenses compulsively, and manipulating compulsively.

LOOK-ALIKE DRUGS Tablets and capsules made to resemble pharmaceutical stimulants and depressants.

LUDES Tablets of methaqualone (Quaalude).

MAGIC MUSHROOM Mushroom that contains the natural hallucinogen psilocybin.

NARCOTICS A class of depressant drugs derived from opium or related chemically to compounds in opium.

NURTURING SYSTEM Family or group whose members have high self-worth, communicate openly and honestly, and share excitement in spontaneous interaction with one another and the outside world.

OBSESSION Persistent thought or desire to do something or have something.

OTC Over-the-Counter, referring to drugs sold legally without prescription.

POLYDRUG USE The consumption of more than one drug at the same time.

POP To swallow a drug in pill form.

POT Slang term for marijuana.

POTENCY The measure of relative strength of similar drugs.

PRIMARY DISEASE A disease that is not just a symptom of some underlying disorder. Chemical dependency is an example of a primary disease.

PSYCHEDELICS Synonym for hallucinogens.

PSYCHOACTIVE DRUGS Drugs that affect the mind, especially mood, thought, or perception.

REACTION TIME The time interval between the application of a stimulus and the detection of a response.

RECOVERY The process that leads to a change of attitudes and behavior and that makes it possible to begin a new and positive way of life, lived one day at a time.

RECREATIONAL DRUGS Any drugs used nonmedically for enjoyment or entertainment.

REFLEX A simple nervous circuit. For example, a tendon reflex is initiated by striking a tendon; this stimulus travels to the spinal cord along a single nerve and quickly produces a response in another nerve that causes a contraction in the muscle.

REHABILITATE To restore to a condition of health and useful and constructive activity.

RELAPSE A behavior pattern whereby the symptoms of the disease (alcoholism, co-dependency, etc.) become reactivated. To use or repeat addictive behaviors, with or without the use of chemicals.

RUSH A sudden, dramatic change in consciousness and body sensation resulting from taking certain psychoactive drugs by inhalation or injection.

SLEEPING PILLS Barbiturates and related sedative-hypnotics.

SMELL To inhale the fumes of organic solvents to produce changes in consciousness.

SNORT To inhale a powdered drug.

SOBERITY A chemical free life.

SPEED Stimulants, especially amphetamines.

SPEEDBALL A combination of a stimulant and depressant, especially cocaine and heroin, intended for intravenous use.

STEROIDS A large family of pharmaceutical drugs related to the adrenal hormone cortisone.

STIMULANTS Drugs that increase the activity of the nervous system, causing wakefulness.

STONED intoxicated on a psychoactive drug.

STREET DRUGS Psychoactive drugs manufactured and sold illegally.

SURVIVAL ROLES Behavior adopted by family members to cover feelings in an attempt to maintain equilibrium in a dysfunctional system.

TRAFFICKING In drug law, the distribution, sale, exchange, or giving away of significant amounts of prohibited substances.

TREATMENT Program in which the chemically dependent person and his or her family begin the process of recovery from the disease. Each member receives information about the disease and recognizes his or her participation in the disease by examining past and present behavior. The family then works together to develop a nurturing system.

TUNNEL VISION A narrow or one-sided attitude. A person with tunnel vision is unable or unwilling to broaden his or her perspective.

UPPERS Stimulants.

USERS People who use psychoactive drugs in a nonabusive way (as opposed to abusers).

WHOLENESS A feeling of freedom to be oneself. Having high self-worth, taking responsibility for oneself, and letting others do the same. A process which begins inside and involves recognizing and developing one's physical, mental, social, emotional, spiritual, and will powers.

WINDOWPANE Slang term for LSD in the form of tiny, transparent gelatin chips.

WITHDRAWAL Symptoms that appear during the process of stopping the use of a drug that has been taken regularly.

Appendix D

TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE – LICENSED SITE FACILITIES

for Polk County Area

Facility	Gender	Capacity	Category of Service	Age Group
Alcohol & Drug Abuse Council of Deep East Texas Adult/Adolescent 127 North First Street, Lufkin, TX 75901 (409) 634-5753 Mr. Russ Robinett, Executive Director	Male/Female	285	Outpatient	
Deep East Texas MHMR Adult Only Peavy Switch Recovery Center Adult Only Farm Road 2497, Lufkin, TX 75901 (409) 875-4910 Mr. Paul Jackson, Service Director	Male/Female	4	Residential Medical Detoxification	
	Male/Female	44	Residential	
Memorial Medical Center of East Texas Adult/Adolescent LifeCare Only (409) 639-7550 Dr. Neal Naranjo, Program Director	Male/Female	4	Residential Medical Detoxification	
	Male/Female	13	Intensive Residential	Adult
	Adolescent Only Male/Female	3	Adolescent Residential	
Memorial Medical Center of East Texas Adult/Adolescent LifeCare 304 North Raquel Street, Lufkin, TX 75901 (409) 639-7550 Dr. Neal Naranjo, Program Director	Male/Female	20	Intensive Outpatient	
Huntsville Alcohol/Drug Abuse Center Adult Only HADAP 115 Highway 75, North (409) 291-1111 Mr. Donald Brindley, Executive Director	Male/Female	60	Outpatient	
Tri-County MHMR Services Only LifeSync 200 River Pointe, Suite 310, Conroe, TX 77304 (409) 539-5523 Ms. Faith K. Ray, Director	Female Only	200	Outpatient	Adult
Tri-County MHMR Services Only LifeSync	Male/Female	100	Outpatient	Adult

One Financial Plaza, Suite 250-D, Huntsville, TX 77340
(409) 295-0072 Ms. Faith K. Ray, Director

Tri-County MHMR Services 30 Outpatient
Adult Only Male/Female
LifeSync
1811 Trinity, Liberty, TX 77575
(409) 336-3675 Ms. Faith K. Ray, Director

Tri-County MHMR Services 30 Outpatient
Adult Only Male/Female
LifeSync
1120 Medical Plaza Dr., Suite 350, The Woodlands, TX 77380
(713) 292-7303 Ms. Faith K. Ray, Director
of Counseling Services

Tri-County MHMR Services 150 Outpatient Adult
Only Male/Female
LifeSync
700 Rockmead Dr., Suite 200, Kingwood, TX 77339
(713) 358-7003 Ms. Faith K. Ray, Director
of Counseling Services

EMPLOYEE ACKNOWLEDGMENT FORM

I, _____, hereby acknowledge that the county's Substance Abuse Policy has been reviewed with and explained to me, and that I have received a copy of the county's Substance Abuse Policy.

I further acknowledge the following:

1. That I have been notified that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol, drugs, or other controlled substances is prohibited in the county's workplace, and that violations of these prohibitions will subject me to referral to appropriate treatment resources or disciplinary action up to and including termination;
2. That the county has provided information to me concerning the dangers of drug and alcohol abuse in the workplace, and the availability of drug and alcohol counseling and rehabilitation; and
3. That as a condition of continued employment, I will abide by the county's Substance Abuse Policy; if convicted of drug-related activity in the workplace, I will notify the county within five days of the conviction.

I understand and agree to the above terms and conditions of employment. I understand that the above in no way creates an obligation or contract of employment and that I, as well as the county, have the right to end the employment relationship at any time. I further understand that the Commissioners Court has the sole discretion to modify or replace these policies at any time without notice.

Employee Name _____ Social Security No. _____
(Please print)

Employee Signature

Signature of County Witness

Date _____

REFERRAL NOTICE

You have indicated on your Chemical Screening Consent and Release Form that you are not a user of any controlled substances. However, our screening test has revealed the presence of a controlled substance.

As a result, you will not be considered for employment at this time. However, you may elect to receive professional evaluation and/or to enter a rehabilitation program (at your own expense) at a facility approved by the Texas Commission on Alcohol and Drug Abuse. After successful completion, you may reapply for a position with the county.

County Department Head

Date

I acknowledge receipt of this notice.

Applicant's Signature

Date

SUBSTANCE ABUSE INVESTIGATION FORM

I, _____, have observed the following condition(s) affecting the work of _____, which give rise to suspicion of substance abuse; and I hereby request an investigation of same:

Condition(s) observed: _____

Date

Supervisor

Cause exists for medical and/or drug or alcohol tests of this employee.

Date

Elected Official, Department Head, or
Other County Representative