

CITY OF GREENVILLE ALABAMA DRUG-FREE WORKPLACE POLICY

YOUR ROLE AND RESPONSIBILITIES

DRUG-FREE WORKPLACE

City of Greenville "City" is committed to maintaining a safe, pleasant, and productive working environment. You have the right to come to work without fear of interacting with someone under the influence of drugs or alcohol. If you have any questions you may contact the Kristi Turner, Human Resources Director.

While we do not wish to intrude into your private life, a personal problem like drug or alcohol abuse will affect work performance, workplace safety, and public safety. All testing is considered confidential information and will be maintained separate from personnel files, but will be subject to disclosure in any civil or administrative proceeding initiated by the employee or as otherwise provided by law or regulation. Our Drug-Free Workplace Policy does not tolerate the abuse of drugs or alcohol in the workplace. Understand that this Policy prohibits illegal drug use on or off the job, and applies to any contractor working on City property. We encourage any employee suffering from a substance abuse problem to seek help. If you need help, we can direct you to the appropriate treatment program or resource.

Notice of the City's Alabama Drug-Free Workplace testing will be provided on vacancy announcement and is posted in conspicuous locations on City premises. A copy of this Policy will be kept in the Human Resources Director's office and made available for review by all prospective job applicants or current employees.

Our program can help improve your health and help you avoid trouble with the law. Even if you do not use drugs or alcohol, this program will make your workplace safer and more productive, the City safer, and will help your friends and co-workers get the help they need. Compliance with this policy is a condition of your continued employment. The City has developed its drug-free workplace policy in substantial compliance with The Alabama Drug-Free Workplace Act of 1995, Ala. Code §§ 25-5-334 to 340 *and the Fourth Amendment to the United States Constitution as it covers employees of governmental entities*. Applicant testing will begin immediately and sixty (60) days after the effective date of October 1, 2013, all employees are subject to testing as outlined below. Any existing policy will remain in effect until that time.

WHO DO WE TEST?

All final candidates for employment consideration will undergo pre-employment drug testing. All employees performing safety-sensitive functions, and all final applicants for positions where safety-sensitive functions are performed and all other employees where reasonable suspicion exists. Safety-sensitive employees are those who discharge duties (either in their normal job classification or in times of emergency re-assignment) so fraught with risks of injury to others that even a momentary lapse of concentration can have disastrous consequences, such that the health and welfare of other employees, or the public environmental injury and/or significant property damage mandates that steps be taken to ensure that the people in these positions are not under the influence of drugs or alcohol at work. Using the above criteria, the following positions have been classified by the City as safety-sensitive: ****see attached list of job classifications****

HOW DO WE TEST?

Drug and alcohol testing is done through chemical analysis which determines without question if a person has drugs or alcohol in his or her system. Specimens subject to testing include urine, breath, oral fluids, hair, and blood. To ensure accuracy, the procedure includes a preliminary drug screening, two highly sophisticated scientific tests

including adulterant detection, and a review of non-negative results by an independent Medical Review Officer. A HHS or CAP certified laboratory is used for all laboratory testing and collection procedures will be in substantial accordance with DOT drug and alcohol testing regulations (49 CFR Part 40) for urine and breath tests. All post-accident testing will be conducted in accordance with 49 CFR Part 40 procedures. A Breath Alcohol Content of 0.04 or higher is classified as a positive test. The drugs tested for may include all or some of the following: (1) Amphetamines; (2) Cannabinoids; (3) Cocaine; (4) Phencyclidine (PCP); (5) Opiates; (6) Methadone; (7) Methaqualone; (8) Barbiturates; (9) Benzodiazepines; (10) Propoxyphene; (11) Ecstasy or a metabolite of any of the above substances including mind altering synthetic or designer drugs, and (12) Alcohol. The term "illegal use of drugs" includes any controlled or scheduled substance not used in accordance with a health care provider's lawful prescription for the user.

WHAT IF YOU TEST POSITIVE?

The Medical Review Officer will contact you to give you an opportunity to discuss your results before reporting them to the City as a verified positive. An employee or applicant who receives a positive confirmed test result may contest or explain the result to the MRO and within seventy-two (72) hours after notification of a positive result, may request that their specimen be tested at a second laboratory and if positive, they will be responsible for that expense and that cost may be deducted from their paycheck, depending upon the result. Employees and job applicants who receive a positive confirmed test result may contest or explain to the employer within five (5) working days after written notification of the positive test result. Testing positive on a drug or alcohol test is a serious violation of the City's Policy. Any employee who tests positive, or refuses to be tested, may be subject to appropriate disciplinary action for gross misconduct, up to and including termination, as well as disqualification from receiving unemployment compensation benefits (Alabama Code § 25-4-78) and/or worker's compensation benefits (Alabama Code § 25-5-51) if the positive test is post-accident. Additionally, any employee who fails to report an on-the-job accident by shift end, and seeks medical treatment from a medical provider not designated by the City, may be classified as refusing to submit to post-accident testing. Any applicant who tests positive, or refuses to be tested, will have their application rejected. The cost of any retest requested by an applicant must be pre-paid, but will be refunded if a negative test result is received on the retest.

WHAT IF YOU FAIL TO FOLLOW SAFETY GUIDELINES?

Often times, impairment from drugs or alcohol will cause an employee to fail to adhere to safety guidelines and other common sense safe working practices. Failure to wear a seatbelt, failure to use City provided or required safety equipment, failure to follow safety guidelines, or removal (or disabling) of a safety guard will be considered serious misconduct and may disqualify you from receiving worker's compensation benefits.

WHAT ABOUT IMPAIRING EFFECT MEDICATIONS OR SUBSTANCES?

Any employee as defined by City Policy is required, as a safety rule, to pre-duty disclosure that they are taking or using ANY impairing effect prescription, including medical marijuana, over-the-counter medications, mind altering synthetic or designer drugs or other substance which may have an effect on performance of duties. If the fact that the employee is taking or using an impairing effect medication or substance is not disclosed pre-duty by employee and the employee tests positive, or is otherwise determined to be taking or using such, or is determined by the MRO to be a potential safety risk due to taking or using an impairing effect medication or substance, that employee will be subject to discipline for willful misconduct, up to and including termination for violation of this safety rule. Additionally, the employee will be subject to Workers Compensation Disqualification for willful misconduct for violation of this safety rule if their post-accident drug test reveals that such impairing effect medication or substance is in their system at the time of their on-the-job accident.

If disclosure is made, the City reserves the right to send the employee for a Fitness-for-Duty evaluation to evaluate the medication or substance and its effects on the performance of safety-sensitive duties. In advance of testing,

employees are encouraged to have their own doctor make an individualized assessment of any safety related risks of the medications or substances which they are taking or using, providing the doctor a copy of their job description and having the doctor to render an opinion on the safety related risks. The employee need not disclose to the City the medication or medical condition involved to fulfill the disclosure obligation of this Policy. All information provided will be kept separate from personnel files and in a confidential manner. The MRO will make the final determination on the safety related risks of any particular medication or substance. *Note: Safety-sensitive employees are those employees who discharge duties so fraught with risks of injury to self or others, environmental injury and/or property damage that even a momentary lapse of attention can have disastrous consequences. It is an essential job function safety rule applicable to every employee working in a safety sensitive classified position to be able to work in a constant state of alertness and in a safe manner.*

WHAT IF AN ADULTERANT IS FOUND?

The use of an adulterant (something added to a specimen to attempt to hide drug use) is considered a refusal to test and a violation of the Policy. The same would be true if you attempted to substitute a specimen. Any employee who is found to have violated this Policy may be subject to appropriate disciplinary action, up to and including termination, worker's compensation and unemployment compensation disqualification in Alabama.

DRUG EDUCATIONAL INFORMATION

Attached to this Policy you will find drug educational information to assist you in recognizing the impairing effects of drug use, and will be posted in the office of the Human Resources Director. The City will conduct at least two one-hour employee education sessions and two (2) hours of supervisor training on how to recognize signs of abuse, how to document and collaborate signs of employee substance abuse, and how to refer substance abusing employees to the proper treatment providers.

WHAT IF YOU HAVE A SUBSTANCE ABUSE PROBLEM?

Our Policy encourages any employee with a drug or alcohol problem to voluntarily and confidentially seek help. Coming forward after you have been notified to report for testing is not considered a voluntary report. For confidential help with a substance abuse problem, contact the Human Resources Director or any resource on the Substance Abuse Resource attached to this Policy.

Counseling and rehabilitation for alcohol or substance abuse is available through the health and welfare benefit program for employees, *only to the extent of the current benefits package*. The City will assume no direct financial responsibility for counseling or rehabilitation costs of an employee. Any costs in addition to or in excess of any available health benefits are the employee's responsibility. A list of state and national **Substance Abuse Resources** is a part of this Policy.

WHY AND WHEN DO WE TEST?

- Pre-employment: Substance screening or testing will be performed on all final applicants as a condition of their employment.
- Routine Fitness for Duty: Employees in safety-sensitive positions will be required to submit to a drug test as part of a Routine Fitness for Duty examination.
- Random: For employees in safety-sensitive positions, drug testing is done without prior notice with equal probability of selection.

- Reasonable Suspicion: All employees will be asked to submit to a drug and/or alcohol test if reasonable suspicion exists indicating that the employee is under the influence of illegal drugs or alcohol, or exhibits behavior reflecting abuse. Reasonable suspicion means a basis for forming a belief based on specific facts and rational inferences drawn from those facts.
- Post-Accident: Post-Accident/Incident Testing may be conducted under the following circumstances: 1) the employee involved in the incident/accident was actively engaged in the activity which objectively could have caused or contributed to the injury or damage; or 2) the employee was operating, controlling, or repairing any machinery, tool, device, equipment or vehicle that was involved in the incident/accident; or 3) the employee's action or in-action was likely a contributing factor to the incident/accident or cannot be completely discounted as a contributing factor based on current info; or 4) testing is being conducted as part of the City's Post Incident/Accident Investigation related to possible Workers' Compensation Disqualification; or 5) testing is being conducted for other non-injured employees whose actions, or in-action, could have contributed to the incident/accident as part of a root cause investigation; or 6) Is post-accident drug testing required by the City's Workers' Comp Workers' Compensation Carrier or Fund. Testing of non-safety-sensitive employees will be based on decisions made after completion of a Confidential Work-Related Accident Report.
- Assignment to Safety-Sensitive Position: Testing is conducted if an employee is promoted to a safety-sensitive position.
- Post-Rehabilitation/Follow-up: An employee who has voluntarily requested rehabilitation prior to a positive drug test may be subject to unannounced drug and/or alcohol testing to determine whether he or she is under the influence of alcohol or drugs after successful completion of the rehabilitation program. The testing will be conducted at least once a year on a random, unannounced basis, and continue for at least twenty-four (24) months from the return-to-work date. Last chance opportunity following a positive drug test is within the sole discretion of the City and based upon a number of factors.

POLICY PROHIBITIONS

Employees and applicants are strictly prohibited from engaging in the following conduct:

1. With respect to illegal drugs, employees and applicants violate this Policy by engaging in the following conduct (unless such conduct is required of the employee's duties such as: a police officer engaged in collecting evidence), whether or not during work time or on City premises or property and are subject to discipline up to and including discharge, or rejection of the application for employment:
 - a. Testing positive in a confirmed drug or alcohol test, or refusing to be tested.
 - b. Bringing and/or storing (including in a desk, locker, automobile, or other repository) illegal drugs or drug paraphernalia on City premises or property, including City-owned or leased vehicles, or vehicles used for City purposes, or refusal to allow a search of such areas where drugs may be stored.
 - c. Having possession of, being under the influence of, testing positive for, being in close proximity to persons using illegal drugs, or otherwise having in one's system, illegal drugs.
 - d. Using, consuming, transporting, distributing or attempting to distribute, manufacturing, selling, or dispensing illegal drugs.

- e. An employee who has a conviction or plea of guilty relative to any criminal drug offense, that employee must notify City in writing of any criminal drug conviction no later than five calendar days after such conviction under the federal drug-free workplace act.
 - f. Abuse of prescription drugs which includes exceeding the recommended prescribed dosage or using others' prescribed medications. Such prescriptions brought to work should remain in the original labeled container and show both the prescribing doctor's name and the prescription's expiration date.
 - g. Switching, tampering with, diluting, or adulterating any specimen or sample collected under this Policy, or attempting to do so.
 - h. Refusing to cooperate with the terms of this Policy which includes submitting to questioning, drug testing, medical or physical tests or examinations, when requested or conducted by City or its designee, is a violation of City Policy and may result in disciplinary action up to and including termination. A refusal to test includes conduct obstructing testing such as failure to sign necessary paperwork or failing to report to the collection site at the appointed time.
 - i. Failure to advise a supervisor or manager of the use of a prescription or over-the-counter drug which may impair the employee's ability to perform the essential functions of his or her job. Such prescriptions brought to work should remain in the original labeled container.
 - j. Failure of an employee to notify his or her supervisor before reporting to work if he or she believes that he or she is under the influence of drugs.
 - k. Where lawful, we strictly prohibit employees from using hemp products, which some within the medical community have indicated may cause a positive marijuana test result. We will not consider use of hemp products a valid medical explanation for a positive marijuana test result.
2. With respect to alcohol, employees violate this Policy by engaging in the following conduct during work time or on City premises or property:
- a. Bringing and/or storing (including in a desk, locker, automobile, or other repository) alcohol on City premises or property, including City-owned or leased vehicles, or vehicles used for City purposes.
 - b. Having possession of, being under the influence of, testing positive for or having in one's system, alcohol.
 - c. Using, consuming, transporting, distributing or attempting to distribute, manufacturing, selling, or dispensing alcohol.
 - d. A conviction or plea of guilty relative to any criminal alcohol offense. All employees must notify City in writing of any criminal alcohol conviction not later than five calendar days after such conviction.
 - e. Switching, tampering with, or adulterating any specimen or sample collected under this Policy, or attempting to do so.
 - f. Refusing to cooperate with the terms of this Policy which includes submitting to questioning, alcohol testing, medical or physical tests or examinations, when requested or conducted by City or its designee, is a violation of City Policy and may result in disciplinary action, up to and including

termination. A refusal to test includes conduct obstructing testing such as failure to sign necessary paperwork or failing to report to the collection site at the appointed time.

- g. Failure of employee to notify his or her supervisor before reporting to work if he or she believes that he or she is under the influence of alcohol.

HOW CAN YOU HELP?

- I. If you are doing drugs – STOP!
- II. If you need help – ASK!
- III. If you know someone at work who is doing drugs – TAKE ACTION!
- IV. Don't let someone else's drug or alcohol problem be the cause of an ON THE JOB INJURY!

Only with your help can we truly have a safe, pleasant, and productive environment at the City.

City of Greenville
119 E Commerce Street, AL 36037
Phone: 334-382-2647

Safety Sensitive Job Classification List

Police Officer Trainee	Firefighter Division Chief
Certified Police Officer	Firefighter Assistant Chief
Police Senior Officer	Firefighter Chief
Police Corporal	
Community Risk Officer	Laborer I, II, or III (any department)
Police Senior Corporal	PW Refuse Collector
Police Sergeant	HR Director
Police Senior Sergeant	Department Head (any department)
Police Lieutenant	Director/Supervisor/Manager (any department)
Police Senior Lieutenant	Senior Services Van Driver
Police Captain	Truck/Tractor Driver I, II, or III
Police Senior Captain	Mechanic I, II, or III
Police Major	Senior Mechanic
Police Chief	Equipment Operator I, II, or III
PD Animal Control Officer I and II	Building and Grounds Certified Technician
PD Senior Animal Control Officer	Certified Landfill Operator I, II, or III
	Senior Certified Landfill Operator
Firefighter Trainee	Shop Foreman
Certified Firefighter	City/Building Inspector I, II, or III
Firefighter/EMT	Senior Services Director
Firefighter Sergeant	Horticulturist
Firefighter/Medic	City Clerk
Firefighter Sergeant/Medic	Assistant City Clerk
Firefighter Captain/EMT	
Firefighter Captain/Medic	

Drug Educational Information

Alcohol (Depressant)

Common Forms:	Beer, wine, hard liquor Oral ingestion, patterns of use vary.
How Used:	
Desired Effect:	People drink to relax, to socialize, as a part of a religious ceremony, for the control of physical and emotional pain, or for a variety of other reasons. Its depression of the central nervous system is progressive and continuous. It is a mood-modifying drug that usually provides a temporary feeling of mild euphoria and stimulation. This is a result of the initial depression of the higher centers of the brain which control inhibition. The more you drink, the more sedated you then become.
Time in body:	Depends on many factors, such as body size, amount of alcohol consumed within an hour, and other individual factors. Performance is effected in relation to the amount consumed. Generally, a medium-sized person eliminates the equivalent of one drink per hour. However, "hangover" effects of alcohol have been documented for as long as 14 hours after consuming an intoxicating dose, well after the blood alcohol levels have returned to zero.
Observable effects:	Staggering gait Slurred speech Odor of alcoholic beverage Shaky hands Poor eye-hand coordination Slowed reaction time Eyes react slowly to light - wears sun glasses
Work behavior:	Arrive late, leave early, mis-outs Neglect of physical appearance Restlessness Tremors (hands, face, fingers, lips tongue) Slurred speech Uninhibited - makes inappropriate remarks
Material	Empty liquor bottles, cans, often in paper bags
Indicators:	Flasks, sometimes disguised as other things
Slang Terms	Booze, juice, hooch, grape, eye-opener, hair-of-the-dog, brew, suds, etc

Amphetamines (Amphetamine and Methamphetamine)

Stimulant

Common forms:	Amphetamine - usually capsules or white, flat, double-scored pills. Methamphetamine - white or granular powder, often packaged in aluminum foil or plastic bags.
How used:	Orally, sniffed up the nose, or injected.
Desired effects:	Most commonly sought after effects include euphoria, postponement of fatigue, increased energy, alertness and feelings of personal power. Repeated or chronic use often causes a strong dependence reaction and a schizo-phrenic loss contact with reality. Users coming off the drug experience extreme fatigue-induced sleep ("crash"), often followed by continued fatigue and depression.
Time in body:	Injection or sniffed up the nose; "rush" felt within 1 minute. Orally, effects felt within about ½ hour. Single doses detectable for about 48 hours.
Observable effects:	Dilated pupils. Flushed face, rapid respiration, profuse sweating. Hyper-excitability, talkativeness, restlessness. "Stereotypic" behavior often seen: person engages in repetitive tasks or mannerisms for extended periods of time. In large doses, inability to concentrate, confusion, panic. Try to do job beyond competence level. Impaired ability to operate equipment. Takes chances, risks.
Work behavior:	Pills, capsules, white powder, granular crystals
Material	
Indicators:	Foil wrapped tubes, baggies. Hypodermics and paraphernalia for injections
Slang terms:	Defies, bennies, speed, crank, ice, crystal, white crosses, black beauties

Cocaine - A Stimulant

Common forms:	Cocaine - White crystalline powder. Free-base cocaine (crack) - white granular "rocks"
How used:	Cocaine--usually snorted up the nose through a straw or from a "coke spoon" after being chopped to a fine powder with a razor blade. "Crack" -- freebase cocaine--is a processed version which is vaporized in a pipe and inhaled. Either form may also be injected.
Desired effects:	Most commonly sought after effects are euphoria, stimulation, postponement of fatigue and feelings of personal power. The "high" lasts approximately one hour, with a "down" follow-on period. Psychological and physical dependence to "crack" after one to two uses; dependency to snorted coke takes longer to develop. Single doses detectable for 12-24 hours
Time in Body:	
Observable effects:	Dilated pupils. Talkativeness, restlessness. Sniffing, runny nose, irritated or bloody nose. Dramatic mood swings, from "down" to "up" in minutes. Sense of power sometimes manifested in aggressiveness
Work issues:	Frequent trips "to the restroom"—secluded place. Frequent sick-outs and unexplained absences. Hyper-excitability and over-reaction to stimulus. Isolation/withdrawal from friends and activities. Financial problems--borrows, steals and/or sells to support habit. Insomnia, restlessness, lack of sleep
Material Indicators:	Small folded paper envelopes (bundles), plastic bags, small vials used to store drug. Razor blades, mirrors, cut off straws, coke spoons. Small glass pipes, and heat sources used to volatilize crack.
Slang terms:	Coke, snow, toot, crack, blow, happy dust, "C"

Marijuana

Common forms:	Dried green-brown flowers and leaves of the hemp (cannabis) plant--also as compressed tar like lumps (hashish) and sometimes as an oil to be spread on cigarettes (hash oil).
How used:	Generally smoked in hand-rolled cigarettes (joints) or a small pipe, sometimes eaten in baked goods or steeped to make a tea.
Desired effects:	Effects are somewhat dependent on the user and potency of the plant. Low doses tend to produce a dreamy state of relaxation and euphoria with changes in sensory perceptions (usually intensified) and alteration in thought formation and expression. Higher doses intensify these reactions with fragmentation of thought, memory impairment, shortened attention span, and illusions of insight. Marijuana currently sold on the street is 10 times more potent today than in past years. Marijuana dissolves in body fat cells and is detectable for extended periods of time--up to seven (7) days for occasional users and four (4) weeks or longer for chronic users
Time in body:	
Observable effects:	Red bloodshot glassy eyes (users often wear dark glasses and use eye drops to combat). Poor muscular control. Rambling, disconnected speech patterns. Euphoria--as laughing out of context. Getting "hung up" - i.e. going into the bathroom to comb your hair and coming out two hours later. Distinctive odor in air and/or on clothing
Work issues:	Lack of attention, vision and auditory changes, and poor muscular control. Inability to respond to emergencies and sudden situational changes. Frequent sick-outs and mis-outs. Lackadaisical "I don't care" attitude about person and work. Chronic health problems for frequent users--persistent cough, fatigue, frequent sickness.
Material indicators :	Baggies of green-brown vegetable matter; rolling papers; small pipes (for marijuana) and very small pipes (for hashish); "roach clips" to hold the burned end of the marijuana cigarette; "roaches" discarded on the floor or in ash trays; distinctive odor of marijuana in the air.
Slang terms:	Dope, grass, reefer, weed, ganja, pot, etc.

Opiates (Morphine and Codeine)—Narcotic Depressants

Common forms:	Street forms are pills, liquids and powders. Morphine is derived from opium. Opium dissolved in alcohol, containing 10% morphine, is legally available in many states as "paregoric." Morphine and codeine are widely used medicinally. Morphine is a naturally occurring alkaloid, and is also found in products containing poppy seeds. Heroin is a semi-synthetic derivative of morphine.
How used:	Opium is usually smoked. Codeine is most commonly taken orally. Heroin and morphine are injected; powders can be snorted; cigarettes can be dipped in paregoric and smoked.
Desired effects:	Most commonly effects include euphoria, relief from pain, and a feeling of dissociated well-being. Low maintenance doses allow the addict to function on a daily basis. The heroin user experiences a "rush" described as a very pleasurable whole body reaction lasting 5-10 minutes, followed by several hours of mental and physical relaxation.
Time in body:	Single doses are usually detectable for 48-72 hours.
Observable effects:	Pinpoint pupils. Sweating, nausea, vomiting in novice users. "Nodding off"—the head drooping toward the chest, then bobbing up. Overly calm, detached facial expression. Confusion, mental dullness and slurred speech. Needle marks over veins.
Work issues:	Increased sick-outs, mis-outs. Lack of interest in work, no attention to detail. Sharing of needles brings a high risk of contracting hepatitis and/or AIDS. High cost of the addiction may lead to borrowing money, stealing and selling (on or off the premises).
Material indicators:	Foil or paper "bindles" for holding the drug. Charred spoons or bottle caps, used to cook the drug. Multiple burned matches used to cook the drug. Needles, syringes, eye droppers used for injection. Balloons or prophylactics used to hold drug. Bloody tissue papers, blood on shirt sleeves. Heroin, dope, smack, shit, hard stuff, "H", china, monkey dust, china white, etc.
Slang terms:	

Phencyclidine (PCP)

Common forms:	Pills, liquid, powder, and PCP cigarettes
How used:	Usually smoked with tobacco or marijuana, but may be injected, swallowed, eaten or snorted.
Desired effects:	Users report desirable feelings of immobility, numbness, and detachment. Other sought-after effects include feelings of strength, power, and invulnerability, a dream-like detachment from reality (often coupled with lack of coordination).
Time in body:	Usually detectable 1-8 days, but chronic users may test positive for several weeks following the last dose.
Observable effects:	Low doses: Sedated, euphoric, uncoordinated behavior. Wide mood swings. Sparse and purposeless speech. Muscle rigidity and jerky eye movements (nystagnus).
High doses:	Coma-like states with muscle rigidity and staring, half-closed eyes. Sudden stimuli may send the user into a psychotic state, with extreme agitation, violent behavior, abnormal strength, and inability to speak or comprehend.
Work issues:	Wide mood swings, unpredictable behavior, aggressive. Tremendous liability in the work force.
Material indicators:	Cigarettes that look as if they have been wet. Crystals, liquids or powders in small vials. Folded aluminum foil or paper packets.
Slang terms:	PCP, angel dust, hog dust, DOA, shermans, sherns, peace pills, dummy, etc.

NATIONAL RESOURCES

A2Z Alcohol & Drug Abuse-Addiction	800-274-2042
Al-Anon/Alateen Family Group Headquarters	800-356-9996
Alcoholics Anonymous World Service.....	212-870-3400
American Council on Alcoholism Helpline	800-527-5344
800 Cocaine--An Information and Referral Hotline	800-262-2463
Nar-Anon Family Group Headquarters	310-547-5800
Narcotics Anonymous	818-773-9999
National Council on Alcoholism and Drug Dependency Helpline	800-622-2255

ALABAMA RESOURCES

Alcohol & Drug Abuse 24-hour help line and Treatment.....	800-888-9383
Alanon/Alateen.....	334-281-3861
Bradford Health	888-762-3740
Drug Dependence Information & Referral Service.....	334-262-7401
State of Alabama Department of Mental Health	334-242-3961
Substance Abuse Services Division	
(Information available on treatment centers located throughout the State of Alabama in the Treatment Access Project)	