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404-223-2277 or E-mail at
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Step 3

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**DRUGS
DON'T
WORK**

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July 2003



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WELCOME to the Drug Free Workplace e-Newsletter!

Designed to provide you with timely information regarding ongoing anti-drug activities in the business community, key issues include recent events affecting awareness and attitudes towards drug-use in the work environment. Although geared toward small business, the newsletter contains a broad range of topics ranging from national trends, government policy, and recent findings to employee and parent education. We welcome your comments and suggestions and look forward to presenting you with the most current data you want and the important information you need. -- The publishers

- Parents Arrested for Teen Party
- White House Anti-Drug Effort
- Heroin Problem
- California State PTA Passes Resolution
- Letter to the Editor

Parents Arrested for Teen Party

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A married couple in Naperville, Ill., was arrested for allowing minors to consume alcohol in their home, the [Chicago Sun-Times](#) reported June 4.

Police learned about the high-school graduation party at the home of Kathleen and James Connor, both 52, when the couple called for permission to leave cars parked on the street overnight. They told police they didn't want the teens to drive home after drinking.

When the Connors explained the reason for their request, police went to the home and arrested them for allowing underage drinking. The parents may have had good intentions, but, "you just can't do that," said Naperville Police Sgt. Joel Truemper.

Seven youths, ages 17 to 20, including the Connors' son, Patrick, were also cited for underage drinking.

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Wins Top PR Industry Award

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6/11/2003



Office of National Drug Control Policy
Washington, DC 20503
www.whitehousedrugpolicy.gov

Washington, DC - A national effort to inform parents about the harms of youth marijuana use received the PR industry's highest honor, a Silver Anvil, for outstanding achievement in strategic public relations planning and implementation of a government public service campaign. The Marijuana Initiative of the Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign was recognized by the Public Relations Society of America (PRSA) at an awards ceremony June 5th in New York. The effort, launched last September, is dispelling common myths about marijuana through a series of media briefings, public events, community partnerships, Web sites and printed resources.

"Since the launch of our marijuana prevention campaign last September, we have alerted parents across the country to the risks of youth marijuana use and given them tools they need to help keep their children drug-free," said John P. Walters, Director of National Drug Control Policy. "Marijuana is riskier than many people think -- in fact, more teens are in treatment for marijuana than for all other illicit drugs combined."

[FULL STORY](#)

[Office of National Drug Control Policy](#)

Small-Town America Deals with Heroin Problem

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Small towns in the Midwest are looking for ways to address a rise in heroin use among young people, the Chicago Tribune reported May 9.

In Lexington, Ohio, for example, the adult sons of Steve and Chris Thomas have stolen more than \$50,000 from the family business to support their heroin addiction. Mark Thomas, 22, and Matt Thomas, 18, were arraigned on felony drug-possession charges. The next day, Mark was back to using heroin.

"I don't know what we're going to do," said Chris Thomas.

The family is one of many in the region with children addicted to heroin. Hospitals and drug counselors report an alarming increase in overdoses in small communities throughout the Midwest. According to law-enforcement officials, the heroin market has expanded beyond the typical clientele.

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SAMHSA - Substance Abuse & Mental Health Services Administration

Resolution Rejecting Zero Tolerance

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Marsha Rosenbaum wins PTA support

Wed., June 11, 2003



Marsha Rosenbaum, well known pro-drug legalization advocate, persuades CA State PTA to teach our children how to be a "responsible" illicit drug users.

The 104th California State Parent Teachers Association (PTA) voted to reject zero tolerance responses to student drug use. Instead of suspension and expulsion, compassionate alternative programs that encourage prevention, treatment, and education will be advocated.

In voting "yes," California's PTA accepts that drug use continues to be prevalent in schools, yet punishing students with ineffective suspension or expulsion without attempting to alter behavior does not solve the problem. The solution, according to the resolution, lies in "school connectedness."

Julie Bauer, author of the resolution and Vice President for Community Concerns in California's 3rd District, was first exposed to the approach advocated by Safety First before drafting the PTA resolution. The language in the successful resolution is echoed in Safety First, a reality-based approach for parents to address teens, drugs, and drug education.

[Read the resolution](#)

[Drug Free American Foundation](#)

Letter to the Editor

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Dear Editor:

I see a lot of information out there about the importance of having a drug free workplace, but I'm not convinced that I should start a program at my small warehouse business. Is substance abuse more common in certain occupations and industries than others?

Signed,

Doubting Thomas

Dear Doubting:

Heavy alcohol and illicit drug use is highest among construction workers and food preparers. Auto mechanics, laborers and light-truck drivers are among those more susceptible to alcohol abuse. And tobacco use is more common among blue-collar workers than white-collar workers.

Consider this, more than 14 million Americans use illicit drugs. Roughly three-quarters of these individuals are employed, and when they arrive for work, they don't leave their problems at the door. American businesses pay a high price for substance abuse in the workplace. Some costs—increased absences, accidents and errors—are obvious. Others, such as low employee morale and high illness rates are less obvious, but the effects are equally harmful.

Small businesses are greatly disadvantaged when it comes to drugs and alcohol in the workplace. They are less likely than large companies to have programs in place to combat the problem, yet they are more likely to be the "employer-of-choice" for illicit drug users. Individuals who can't adhere to a

drug-free workplace policy seek employment at precisely those firms that don't have one, and the cost of just one error caused by an impaired employee can devastate a small company.

Feedback & Comments...

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If you have questions about programs offered by the Drug Free Workplace drop us a line and let us know at: Publisher@dfwp.utsa.org

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Tools for Reaching Working Parents



When children use illicit drugs, parents often suffer decreased morale and productivity in their workplaces. This Web site was developed to help alleviate those problems.

It is easy and there is no cost to sharing youth drug prevention information with employees. Click on Get

Involved (below) and learn how to integrate information into Web pages, intranets and other communication channels, such as employee newsletters. You also can call 1-800-788-2800 to obtain free materials, such as "Keeping Your Kids Drug-Free: A How-To Guide for Parents and Caregivers," a parenting brochure developed with the American Academy of Pediatrics and the National PTA. Also, if you are looking for ways to involve your organization in your community, coalitions across the country are working to make their neighborhoods better places to live. [Learn more](#) about your local community drug coalitions.

What's New ❖



Research shows that involvement in supervised activities during the school year lowers a teen's risk of using marijuana and other illicit drugs. [Click here](#) for an article to help your working parents gear up for a drug-free school year.

Get Involved ❖

Link to www.TheAntiDrug.com on your Intranet. Use an anti-drug [banner](#) to create the link.

There are many ways to get involved in the @Work Program. [Click here](#) for more information.

❖ Search

A parent tells TMP Worldwide:

"Thank you very much. I am a single parent with a 12 year old and appreciate the advice!"

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Please Contact Leanne Mulherin at 770-239-7442 Drug Free Workplace Coordinator

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Please Contact Leanne Mulherin @ 770-239-7442
Drug Free Workplace Coordinator
The Council on Alcohol and Drugs
6045 Atlantic Blvd.
Norcross, Georgia 30071



The Costs of Parity for Substance Abuse Treatment

- Writing in the Journal of the American Medical Association, prominent addiction researchers Tom McLellan, Ph.D., David Lewis, M.D., Charles O'Brien, M.D., Ph.D., and Herbert Kleber, M.D., conclude drug dependence has much in common with chronic illnesses such as diabetes, hypertension and asthma, and should be insured, treated and evaluated in a like manner. Additionally, the article states that while many physicians believe there are no effective interventions for addiction, the research says otherwise, especially when outcomes are compared with type 2 diabetes, hypertension and asthma, diseases "well studied and are widely believed to have effective treatments, although they are not yet curable." JAMA, October 4, 2000.
- Between 13 million and 16 million people need treatment for alcoholism and or drug abuse annually, yet only 3 million receive such care. 1998 National Household Survey on Drug Abuse, SAMHSA, 1999; *The Substance Abuse Treatment System*, Institute of Medicine, 1997. 55% of the costs of alcohol and other drug abuse are borne by society, either governments, private insurance companies or victims; and 45% of the costs of alcohol and other drug abuse are borne by the abuser. Center for Substance Abuse Research, University of Maryland. September 30, 1998.
- Aetna Federal Employee Health Benefit Plan showed overall health care costs of alcoholics rose from \$130 to \$1,370 per month prior to treatment and fell to \$190 per month three years after treatment. Substance Abuse in Brief, Center for Substance Abuse Treatment, January 1999. An extensive body of federally funded research shows that with treatment, primary drug use decreases by nearly half. In addition, reported alcohol and drug-related medical visits decline by more than 50%, criminal activity decreases and financial self-sufficiency improves (e.g. employment increases, and welfare receipt and homelessness decline.) *National Treatment Improvement Evaluation Study*, SAMHSA, 1999.
- Cost estimates of "full substance abuse parity" to "typical" benefit plans range from an increase in premium rates of \$0.14 per member/month for HMO/EPO plans to \$1.35 per member for fee-for-service plans. The estimated composite increase in premium rates is \$0.66 per member per month, or less than \$8 per year. *Premium Estimates for Substance Abuse Parity for Commercial Health Insurance Products*. Stephen P. Melek, FSA, MAAA, Bruce S. Pyenson, FSA, MAAA. Milliman & Robertson, Inc. for The Coalition for Nondiscriminatory Coverage of Addiction Treatment, September 1997.
- On average, full parity of mental health and substance abuse treatment is estimated to increase premiums by 3.6% based on an actuarial model. Health maintenance organizations that tightly manage care would have a 0.6% premium increase for full parity for mental health and substance abuse services. *The Cost and Effects of Parity for Mental Health and Substance Abuse Insurance*, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD. March 1998.

Smoking Increases Panic Attack Risk

Studies in the past suggested an association between smoking and mental disorders. Now, new research finds a unique connection between smoking and the risk of a panic attack.

For the research, authors used data from the Early Developmental Stages of Psychopathology Study. The study included adolescents and young adults in Munich, Germany. Researchers assessed number of cigarettes smoked, nicotine dependence, panic attacks, panic disorder, other anxiety disorders, and other mental disorders. Study participants were followed for four years.

At the start of the study researchers note a clear association between panic attacks and disorders and regular smoking and nicotine dependence. After analyzing the data, researchers say they also found an increased risk for the onset of a panic attack in those who smoked regularly and were nicotine dependent. Prior nicotine dependence also increased a person's risk for the onset of a panic disorder, whereas those who had panic problems did not show a tendency to turn to smoking.

Researchers say this study shows a rather unique and specific relationship between smoking and the increased risk for a panic attack or panic disorder. They say their results suggest smoking and nicotine dependence increase the risk for panic attacks and disorder but not for most other anxiety disorders. Furthermore, prior smoking increases the risk for a panic problem, but there is no higher incidence of smoking among cases with an anxiety disorder.

Substance Abuse Internet Referral System (SAIR)

is a free and easy to use service for searching alcohol and drug treatment resources online.

www.LiveDrugFree.org

Get the Facts about Drugged Driving

While the consequences of drunk driving have become well known over the last twenty years, the subject of drugged driving has received fairly limited attention. Unfortunately, too many Americans are unaware of the dangers and uncertain about the possibility of being arrested for drugged driving.

- Over 8 million persons aged 12 or older, or 3.6% of the U.S. population, reported driving under the influence of illegal drugs during the past year (2001). This was an increase from the rate of 3.1 percent in 2000 according to the 2002 National Household Survey of Drug Abuse (NHSDA).
- Rates of drugged driving for young adults aged 18 to 34 increased from 2000 to 2001.
- The 2002 NHSDA revealed that the rate of drugged driving increased with each year of age peaking among 19 year olds at 16 percent and generally decreased with increasing age among those aged 20 or older.
- According to a 2002 survey among teen drivers conducted by SADD, Inc. (Students Against Destructive Decisions/Students Against Driving Drunk) and Liberty Mutual Group, driving after marijuana use is more prevalent (68 percent) than driving after alcohol use (48 percent of those who drink "regularly"). More than half the teens who reported illegal drug use also reported that they were not concerned about riding in a car with a driver who is using illegal drugs (57 percent).
- The 2002 NHSDA also revealed that among adults aged 18 or older, those who were unemployed were more likely than full or part-time workers to report driving under the influence of illegal drugs during the past year.
- According to the National Highway Traffic Safety Administration (NHTSA), illegal drugs are used by approximately 10-22 percent of drivers involved in all motor vehicle crashes, often in combination with alcohol. In 1996, the percentage of drivers aged 16 to 20 who drove within 2 hours after using marijuana and another illegal drug was 39.7 percent.

- The Department of Transportation has published two studies examining the impact of marijuana on driving performance. Marijuana - the most widely abused illegal drug - slows a driver's perception of time, space, and distance.
- Research indicates that cocaine causes drivers to speed, change lanes without signaling and puts other innocent people at risk of a deadly accident.
- NHSTA estimates that only 15 percent of all drivers involved in fatal crashes had their blood alcohol content tested, suggesting that the incidence of driving while impaired by alcohol or other drugs is potentially significantly underestimated.
- While it is illegal in all states to drive a motor vehicle while under the influence of alcohol, drugs other than alcohol, or a combination of alcohol and other drugs, there is no consistent method across states for identifying drug impairment. As a result, we do not know the full impact of illegal drug use on public safety.

Statistics of Interest

Among employed adults, the highest rates of current drug use and heavy drinking are reported by white, non-Hispanic males, 18-25 years old, with less than a high school education. By occupation significantly higher rates were reported by those employed as food preparation workers, waiters, waitresses and bartenders (19%), construction workers (14%), and transportation and material moving workers (10%).

More than 10% of Drivers in the US Under the Influence of Alcohol

New national survey indicates that more than 1 in 10 driving Americans drove under the influence of alcohol at least once in the previous year.

Source: 2001 National Household Survey on Drug Abuse (NHSDA)



Información para personas que están en contacto cercano con pacientes con SRAS

Una nueva enfermedad llamada SRAS

El Síndrome Respiratorio Agudo Severo (SRAS) (En inglés: Severe Acute Respiratory Syndrome, SARS) es una enfermedad respiratoria cuya aparición ha sido reportada recientemente en Asia, América del Norte y Europa. Esta hoja informativa proporciona información básica sobre la enfermedad y sobre lo que se está haciendo para combatir su propagación. Para más información en inglés sobre el SRAS vaya a www.cdc.gov/ncidod/sars/ y www.who.int/csr/sars/en/. Estos sitios Web son actualizados diariamente.

Síntomas del SRAS

El SRAS empieza generalmente con una fiebre superior a los 100.4°F [$>38.0^{\circ}\text{C}$]. Otros síntomas pueden ser dolor de cabeza, una sensación general de incomodidad y dolor en el cuerpo. Algunas personas experimentan también síntomas respiratorios leves. Después de 2 a 7 días, los pacientes el SRAS pueden presentar tos seca y problemas para respirar.

Cómo se propaga el SRAS

La forma principal de propagación del SRAS parece ser el contacto cercano entre las personas. La mayoría de los casos de SRAS se han presentado entre personas que han cuidado de alguien infectado con SRAS, han vivido con esa persona o han tenido contacto directo con el material infectado (por ejemplo, secreciones respiratorias) de una persona que tiene SRAS. Las formas potenciales en que puede propagarse el SRAS son, entre otras, tocar la piel de otras personas u objetos que están contaminados con partículas infectadas y luego tocarse los ojos, la nariz o la boca. Esto puede ocurrir cuando alguien enfermo con el SRAS tose o estornuda gotitas o partículas que caen sobre sí mismo, sobre otras personas o sobre superficies cercanas. Es posible también que el SRAS se propague más ampliamente a través del aire o de otras formas que se desconocen por el momento.

Quién corre el riesgo de contraer el SRAS

La mayoría de los casos del SRAS en Estados Unidos han ocurrido en personas que regresan a los EE.UU. después de un viaje a otras partes del mundo afectadas por el SRAS. Han habido muy pocos casos como resultado de un contagio entre personas que tienen un contacto cercano como familiares y trabajadores sanitarios. Actualmente, no existe evidencia de que el SRAS se esté propagando más ampliamente en la comunidad en Estados Unidos.

Qué hacer para protegerse a sí mismo

Los CDC han publicado recomendaciones provisionales para pacientes de quienes se sospecha que tengan SRAS en los centros de asistencia médica y en hogares.

Estas recomendaciones pueden cambiar a medida que tengamos más información sobre el SRAS. Si usted presenta los síntomas descritos anteriormente y ha estado cerca de alguien que pudiera tener SRAS, consulte a su proveedor de asistencia médica y siga las recomendaciones que se dan a continuación.

RECOMENDACIONES

Si usted piensa que usted o alguien en su familia pudiera tener SRAS, debe: Consultar a un proveedor de asistencia médica tan pronto como sea posible.

- Cubrirse la boca y la nariz con un pañuelo para toser o estornudar. Si tiene una mascarilla quirúrgica, úsela cuando esté cerca de otras personas. Una mascarilla puede reducir el número de gotitas que caen al aire al toser.

Si usted tiene SRAS y están cuidando de usted en casa, debe:

- Seguir las instrucciones de su proveedor de asistencia médica.
- Limitar las actividades fuera de la casa durante un período de 10 días. Por ejemplo, no vaya para el trabajo, la escuela ni a otras áreas públicas.
- Lavarse bien las manos a menudo, especialmente después de soplarse la nariz.
- Cubrirse la boca y la nariz con un pañuelo para toser o estornudar.
- Si es posible, usar una mascarilla quirúrgica cuando esté cerca de otras personas en la casa. Si usted no puede usar la mascarilla, entonces, deberán usarla las otras personas que viven en su casa cuando estén cerca de usted.
- No compartir cubiertos, toallas, ni lencería con nadie en la casa hasta que dichos artículos hayan sido lavados con jabón y agua caliente.
- Limpiar las superficies (superficies de trabajo, mesas, puertas, manillas, accesorios de baños, etc.) que hayan sido contaminadas con líquidos corporales (sudor, saliva, moco e incluso vómito u orine) del paciente con SRAS con un desinfectante de hogar utilizado según las instrucciones del fabricante. Usar guantes desechables durante las actividades de limpieza. Botar los guantes cuando haya terminado. No volver a usarlos.
- Seguir estas instrucciones durante 10 días después de que se hayan ido la fiebre y los síntomas respiratorios. Si usted está cuidando de alguien con SRAS en la casa, debe:
- Asegurarse de que la persona con SRAS haya consultado a un proveedor de asistencia médica y esté siguiendo las instrucciones en cuanto a su cuidado y a los medicamentos.
- Asegurarse de que todos en la casa se laven las manos frecuentemente con jabón y agua caliente o con algún detergente para las manos a base de alcohol.
- Usar guantes desechables si tiene contacto directo con los líquidos corporales del paciente con SRAS. Sin embargo, el uso de los guantes no sustituye la buena higiene de las manos. Después de haber tenido contacto con los líquidos corporales de un paciente con SRAS, quítese los guantes, bótelos y lávese las manos. No lavar ni volver a usar los guantes.
- Invite a la persona que tiene SRAS a que se cubra la boca y la nariz con un pañuelo cuando tosa o estornude. Si es posible, la persona con SRAS debe usar una mascarilla quirúrgica mientras esté en contacto cercano con otras personas en la casa. Si la persona con SRAS no puede usar la mascarilla, entonces deberán usarla las otras personas que estén en casa en la misma habitación de la persona con SRAS.

Metanfetamina

La metanfetamina es una droga estimulante adictiva que activa mucho ciertos sistemas del cerebro. Guarda una estrecha relación química con la anfetamina, pero su efecto en el sistema nervioso central es mayor. Ambos productos tienen algunos usos médicos, sobre todo para el tratamiento de la obesidad, pero su uso terapéutico es limitado.

La metanfetamina se fabrica en laboratorios ilegales y hay una alta probabilidad de que se abuse y se dependa de ella. El producto vendido en la calle se conoce por muchos nombres, tales como "speed", "meth" y "chalk" (anfetam, meta y tiza). El clorhidrato de metanfetamina consiste en cristales transparentes en pedazos parecidos al hielo, que se pueden inhalar al fumarlos y se llaman "ice", "crystal" y "glass" (hielo, cristal y vidrio).

Peligros para la salud

La metanfetamina libera altos niveles del neurotransmisor llamado dopamina, que estimula las células cerebrales y mejora el estado de ánimo y los movimientos del cuerpo. También parece tener un efecto neurotóxico, ya que daña las células cerebrales que contienen dopamina y serotonina, otro neurotransmisor. Con el tiempo, la metanfetamina parece reducir los niveles de dopamina, lo que puede resultar en síntomas similares a los de la enfermedad de Parkinson, un trastorno grave del movimiento.

La metanfetamina se toma por vía oral o intranasal (inhalación del polvo), se inyecta por vía intravenosa y se fuma. Inmediatamente después de la inhalación o la inyección intravenosa, el usuario experimenta una intensa sensación inicial, conocida como "rush" o "flash" (arrebato o fogaño) que dura algunos minutos y se dice que es sumamente placentera. El uso oral o intranasal produce euforia, es decir, un estímulo, pero no una sensación intensa. Los usuarios de este producto pueden convertirse rápidamente en adictos y usarlo con más frecuencia y en dosis cada vez mayores.

Algunas investigaciones hechas con animales durante más de 20 años muestran que las altas dosis de metanfetamina dañan las terminaciones de las neuronas. Las neuronas que contienen dopamina y serotonina no se mueren después del uso de metanfetamina, pero sus terminaciones (terminales) se recortan y parece que el proceso de volver a crecer es limitado.

La acción que tiene en el sistema nervioso central el consumo aun de pequeñas cantidades de metanfetamina incluye prolongación del estado de vigilia, mayor actividad física, reducción del apetito, aumento de la frecuencia respiratoria, hipertermia y euforia.

Otros efectos en ese mismo sistema incluyen irritabilidad, insomnio, confusión, temblores, convulsiones, ansiedad, paranoia y agresividad. La hipertermia y las convulsiones pueden causar la muerte.

Además, la metanfetamina aumenta la frecuencia cardíaca y la tensión arterial y puede causar lesión irreversible de los vasos sanguíneos cerebrales, por lo que produce derrames cerebrales. Otros de sus efectos incluyen problemas respiratorios, irregularidad de los latidos del corazón y anorexia extrema.

Su uso puede ocasionar colapso cardiovascular y la muerte. Un estudio realizado en Seattle confirmó que el uso de metanfetamina estaba generalizado entre las poblaciones homosexuales y bisexuales de la ciudad. De estos grupos, aquellos que usaban metanfetamina declararon que tienen costumbres sexuales y de uso de agujas que los exponen al riesgo de contraer y transmitir el VIH y el SIDA.

Alcance del uso

*Estudio de observación del futuro (MFT)**

El estudio de observación del futuro evalúa las proporciones del uso de drogas por adolescentes (estudiantes de 8o, 10o y 12o grados) y adultos jóvenes en todo el país.

Los datos recientes de la encuesta muestran lo siguiente:

- En 1997, 4,4 por ciento de los estudiantes de último año de secundaria habían usado metanfetamina en cristales al menos una vez en la vida, cifra que representa un aumento en comparación con la de 2,7 por ciento registrada en 1990.
- Los datos recopilados muestran que 2,3 por ciento de los estudiantes de ese grupo habían usado metanfetamina en cristales en 1997, cifra que representa un aumento en comparación con la de 1,3 por ciento registrada en 1990.

Grupo de Trabajo Epidemiológico Comunitario (CEWG)

**

La metanfetamina es el problema principal de drogas ilícitas en San Diego. Honolulu y San Francisco también cuentan con importantes poblaciones que usan metanfetamina. Se ha observado tendencias de uso creciente en Denver, Los Angeles, Minneapolis, Phoenix, Seattle y Tucson. Nuevos patrones de tráfico han aumentado la disponibilidad de la droga en Missouri, Nebraska y Iowa.

Encuesta domiciliaria nacional sobre abuso de drogas (NHSDA)†

Según la encuesta domiciliaria nacional sobre abuso de drogas realizada en 1996, 4,9 millones de personas de 12 años o más habían usado metanfetamina al menos una vez en la vida (2,3 por ciento de la población). Esta cifra no representa un aumento estadístico significativo en comparación con la de 4,7 millones de personas (2,2 por ciento) registrada en la encuesta de 1995.

Continúe : SRAS

- Limpiar las superficies (superficies de trabajo, mesas, manillas, accesorios de baños, etc.) que hayan sido contaminadas con líquidos corporales (sudor, saliva, moco e incluso vómito u orine) con un desinfectante de hogar utilizado según las instrucciones del fabricante. Usar guantes desechables durante las actividades de limpieza. Botar los guantes cuando haya terminado. No volver a usarlos.
- Seguir estas instrucciones durante 10 días después de que a la persona enferma se le hayan ido la fiebre y los síntomas respiratorios.
- Si usted tiene fiebre o presenta síntomas respiratorios, debe contactar a su proveedor de asistencia médica inmediatamente y decirle que ha tenido contacto cercano con un paciente con SRAS.

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**DRUGS
DON'T
WORK**

Dear Employers:

Preventing accidents and injuries in the work force is a top priority with the State Board of Workers' Compensation. When strong safety programs are in place, workplace accidents are decreased, resulting in fewer lost time days and lower medical and indemnity costs. A healthy work force is a productive work force.

The Safety Library is one of the ways the Board supports and encourages each employer's efforts at accident prevention. The State Board of Workers' Compensation Safety Library contains a large number of videos on a wide variety of safety topics and is available to all employers in Georgia at no charge. The only cost to you is the postage required to return the video tapes to the Board.

We strongly encourage you to use the Workers' Compensation Video Library and tell other employers about this valuable recourse.

Let's work together to make Georgia the number one state in accident prevention.

Sincerely,

Carolyn C. Hall
Chairman

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Georgia State Board of Workers' Compensation
 Safety Library
 270 Peachtree St., NW
 Atlanta, GA 30303-1299
 404/651-9057

SAFETY LIBRARY REQUEST

- * All programs are loaned on a first-come/first-served basis.
- * All programs are loaned for a period of **two weeks**. If they are not returned in a timely manner, the user will jeopardize his/her ability to use the Library.
- * Please sign the Library User Agreement on the reverse side.
- * **Please return First Class Mail.**
- * This form may be duplicated.
- * Please provide ALL information requested below.

ATTENTION: THERE WILL BE A \$5.00 SHIPPING & HANDLING CHARGE, PER VIDEO, PAYABLE IN ADVANCE BY CHECK OR MONEY ORDER.

REQUESTOR INFORMATION:

Name: _____

Title: _____

Agency Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

REQUESTED ITEMS:

ID#	Is this a Manual or a Video?	Item Title	If item is checked out, would you like to be added to the waiting list?	Do Not Use SBWC Use Only
				OUT DUE IN
				OUT DUE IN
				OUT DUE IN
				OUT DUE IN

I agree as a condition of borrowing these programs to: read and comply with the terms and conditions of the Library User Agreement on the reverse side; use the material properly; report any problems or damage of the materials to the Library Administrator; and, return the programs by the due date. I understand that failure to do so may result in discontinuation of the privilege to use the Library.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION LIBRARY USER AGREEMENT

WHEREAS, the Board has developed a library of various publications, videotapes, audio tapes, slides, and movies related to the promotion of work place safety that the Board has agreed to lend to employers of the State of Georgia; and

WHEREAS, User is an employers of the State of Georgia, authorized by the agency identified below, would like to borrow from the Board from time to time, on behalf of said agency, certain materials described above (the "Materials") for the purposes of and in accordance with the terms set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual promises flowing to and from the parties, the parties, intending to be legally bound, hereby agree as follows:

1. Grant of Right to Use. The Board grants User, and User accepts from the Board the right to borrow and use the Materials from time to time during the dates specified by the Board. Upon the conclusion of its use of the Materials, or upon the prior termination of this Agreement, User shall immediately return the Materials to the Board in as good a condition as they were when delivered to User.
2. Scope of Use. User acknowledges and agrees that the user will use the Materials only for the purpose of promoting safety in its work place. User may not use the Materials for any other purpose without the Board's express prior written permission. User shall use the Materials only in the manner for which they were intended, and will, at the user's own cost and expense, maintain each item of the Materials in as good a condition as when such Materials were delivered to User.
3. Cost. User is required to pay a fee of \$5.00 per videotape, publication, audio tape, slide or movie.
4. No Warranty. **THE BOARD SHALL PROVIDE THE MATERIALS TO USER "AS IS." THE BOARD MAKES NO REPRESENTATION OR WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, WITH REGARD TO THE MATERIALS, INCLUDING, WITHOUT LIMITATION, THE CONTENT OF THE MATERIALS, THEIR MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE, OR THE QUALITY OF THEIR CONTENTS (INCLUDING WITHOUT LIMITATION, THE ACCURACY, EFFECTIVENESS OR LEGALITY OF ANY SAFETY MEASURES DISCUSSED IN THE MATERIALS), AND THE BOARD HEREBY DISCLAIMS ANY SUCH REPRESENTATION OR WARRANTY. THE BOARD SHALL NOT BE LIABLE TO USER OR TO ANY THIRD PARTY FOR ANY DAMAGES, INJURIES, LOSSES OR COSTS: (A) RESULTING DIRECTLY OR INDIRECTLY FROM USER'S USE OF THE MATERIALS OR USER'S PROVISION OF THE MATERIALS TO A THIRD PARTY; OR (B) BASED ON ANY ASSERTED INADEQUACY OR INACCURACY OF ANY PORTION OF THE MATERIALS. MOREOVER, THE BOARD DISCLAIMS ANY LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING WITHOUT LIMITATION, INJURIES TO PERSONS OR PROPERTY) SUSTAINED BY ANY PARTY AS A DIRECT OR INDIRECT RESULT OF USER'S USE OF THE MATERIALS REGARDLESS OF WHETHER OR NOT THE BOARD IS AWARE OF THE POSSIBILITY OR RISK OF SUCH DAMAGES IN A PARTICULAR CASE.**
5. User Assumes Risk, Waiver and Release. Because the Board has no control over the content of the Materials or User's use of the Materials, User hereby accepts all risk, liability and responsibility with respect to the user's use of the Materials or the use of the Materials by any party to whom user provides the Materials. In consideration for the user's rights to use the Materials pursuant to this Agreement, User hereby (a) waives any claims or rights of action they may currently have or in the future may have against the Board with respect to the Materials, and (b) releases the Board from any liability to User with respect to the Materials.
6. Indemnification. User, at their expense, shall indemnify the Board and hold the Board harmless for and against any and all losses, costs (including court costs and reasonable attorney's fees), damages, settlements, suits, actions, expenses, liabilities, and claims sustained by or involving the Board arising out of or resulting from (a) any use of the Materials by or on behalf of User or by or on behalf of a party to whom User has provided the Materials or who gains access to the Materials from User (whether with or without authorization), or (b) any Materials breach by User of the terms and conditions of this Agreement.
7. Intellectual Property Rights. User acknowledges that some or all parts of some or all of the Materials may constitute or contain the "intellectual property" of third parties. User agrees to respect and observe all applicable laws and regulations related to the protection or preservation of such third parties' intellectual property rights in the Materials (including, without limitation, any copyrights in the Materials held by such third parties). User agrees not to copy or duplicate in any manner all or any portion of the Materials without the express written permission of the Board, and any parties owning any intellectual property rights in the portion of the Materials to be copied or duplicated.
8. Entire Agreement. This Agreement (including any schedules) constitutes the entire Agreement between the parties with respect to the subject matter hereof, and supersedes any prior statement or writing not a part of this Agreement or otherwise referenced in this Agreement, and neither party shall be bound by any prior or contemporaneous representation, statement, promise, warranty, covenant, or agreement pertaining thereto unless set forth or referred to in this Agreement.
9. Amendments and Waiver.
 - (a) No amendment, change or modification of this Agreement or any of the terms, conditions or provisions hereof, and no waiver of a right, remedy, privilege or power, or discharge of an obligation or liability, conferred upon, vested in, or imposed upon any party under or pursuant to this Agreement, and no consent to any act or omission pertaining hereto shall be effective unless duly embodied in a written instrument signed by the duly authorized representatives of both parties.
 - (b) No failure to exercise and no delay in exercising any right, remedy, privilege or power under or pursuant to this Agreement shall operate as a waiver thereof; nor shall any single or partial exercise of any right, remedy, privilege, or power provided for under or pursuant to this Agreement by either party hereto preclude or limit such party from any other or further exercise thereof or from pursuing any other right, remedy, privilege, or power available pursuant to this Agreement, at law or in equity.
10. Miscellaneous. This Agreement shall be governed by and interpreted under State of Georgia law. Neither party may assign this Agreement to another party without the prior written consent of the other party. The terms of this Agreement shall be binding upon and inure to the benefit of the parties, their successors and permitted assigns.

THIS LIBRARY USER AGREEMENT (this "Agreement") is made and entered into this day _____ of _____, 20____, by and between the **Georgia State Board of Workers' Compensation** and _____

of _____
(Name of Agency)

(Signature of User)



DRUG FREE WORKPLACES

Membership Program

[FAQ](#) | [Georgia Laws](#) | [Fees](#) | [To Join](#) | [Drug Testing Products](#) | [Contact Us](#)

Please Contact Leanne Mulherin at 770-239-7442 Drug Free Workplace Coordinator



Video Library

Drug Free Workplace videos are highlighted in red.
Please look for tapes that are also available in Spanish.

- A Cry for Help-28.47 minutes
- Adams's Last Day-16 minutes
- Addictions: Getting In, Getting Out-57 minutes**
- Addictive Voice Recognition Techniques 41 minutes
- Adolescent Treatment Approaches-25 minutes
- Adult Children of Alcoholics -30 minutes
- Alcohol, Children, and Family-51 minutes
- Alcoholism and Drug Addiction...The Disease-17 minutes
- Alcohol and The Mind-30 minutes
- America in Jeopardy-30 minutes (Workplace) Spanish and English**
- American Cities against Drugs-51 minutes
- And down will come baby-17 minutes
- A Thin Line-29 minutes

- Back to Reality -29 minutes
- Before It's Too Late -Getting Help-71 minutes (Workplace)**
- Black and Recove ring-18 minutes
- Brainstorm-4 -15minute segments
- Brandon Tells His Story-28 minutes
- Breaking the dysfunctional bonds: relationships and codependency -72 minutes
- Brother Earl's Street Talk-60 minutes

- Changing Channels -24 minutes
- Channel 2: Series on people coming into city to buy crack-n/a
- Changing Lives **Spanish and English**
- Children of Alcoholics-56 minutes
- Classroom Connections: Making a Difference-24 minutes
- Climbing High-26 minutes
- Cracked Lives-32 minutes (Workplace)**
- Coming together on prevention -26 minutes
- Community Covenant-23 minutes
- Communities taking Charge-n/a
- Coping with pressures-30minutes

Counseling children of Alcoholics-34 minutes

Detroit Urban League Male Responsibility Program-16 minutes

Developing positive self images and discipline in black communities-60 minutes

Discovery Kit-42 minutes

The Disease of Addiction-60 minutes (Workplace)

The Dog who dared to keep kids of drugs and alcohol-25 minutes

Do I have and addiction problem-30 minutes (Workplace)

Donnie Dinosaur in tobacco trouble-12 minutes

Dread-56 minutes

Driving Ambition: New laws, new responsibilities-30 minutes

Drug Abuse-17 minutes

Drug Abuse Treatment in Prison-23 minutes

Drug Wars-n/a

Drug Avengers-73 minutes

Drug Babies-30 minutes

Drugs Don't Work :Chuck Wade-45:09 Minutes (Workplace/Speaker Video)

Drug Free Zones-27 minutes

Drugs and Alcohol-Part 1, Part 2-30 minutes

Drugs and Youth-23 minutes

Drugs in Black and White -40 minutes

Dual Diagnosis-NIDA

Drug Testing in the workplace (2) (Workplace)

America in Jeopardy: Drugs in the Workplace- 20.06minutes

Drugs in the Workplace: Employee Version- 23 minutes

Prevention Works: Workplace Version(2)- 30 minutes

Educate -Creating Inhalant Abuse Awareness Together-n/a

Everybody's Business: Drug Free Schools and Communities- 300 minutes (5hrs)

Facing the Future: The Search for Identity-15 minutes

Fast Forward Future -61 minutes

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol-16 minutes

Finding Out-30 minutes

Finding Solutions-19 minutes

Florida's Challenge: A guide to educating substance exposed children-45 minutes

Folktales of Peace-22 minutes

Front Page Crusade -48 minutes

Getting Help -23 minutes

Get Real About Violence - 12 minutes

I live in an alcoholic family-36 minutes

If you change your mind-31 minutes

Inhalant Abuse -20 minutes

Inhalants: The adult premier-8 minutes

Inhalants: The silent epidemic-24 minutes

Intervention: Facing Reality-35 minutes

It's only beer-14 minutes

Joey and me -8 minutes

Just for me: "For parents, too-family ties-14 minutes

Just for me: I do care -14 minutes

Just for me: I don't buy it-14 minutes
Just for me: My choice-15 minutes
Just for me: My family, myself-15 minutes
Just for me: The real me-15 minutes
Just for me: Who are you-150 minutes

Kids at risk: Covering up for Kevin-20 minutes
Kids, Chemicals, and America-30 minutes

The last dance-8 minutes

Learning the ropes of competitive double dutch-20 minutes

Living Sober Series:

- A. Resisting Social Pressures to Use Chemicals-11 minutes
- B. Coping with cravings and thoughts of using-13 minutes
- C. Managing Anger in Recovery-15 minutes
- E. Coping with Family and Interpersonal Conflict-17 minutes
- F. Building a recovery network and sponsorship-18 minutes
- G. Coping with relapse warning signs-17 minutes
- I. Motivation and Recovery-18 minutes
- J. Relationships 1. Amends, Assertiveness-24 minutes
- K. Relationships 2. Passion, Rejection-23 minutes
- L. Relationships 3. HIV & Sexuality Issues-20 minutes
- M. Other Addictions Gambling, Sex & Tobacco-20 minutes
- N. Balanced Living-20 minutes
- O. Compliance with aftercare/outpatient-23 minutes
- P. Low motivation to change-21 minutes
- Q. Relationship to therapist and group-21 minutes
- R. Compliance with Medicine/ Self help-17 minutes
- S. Compliance with lifestyle change-16 minutes

Mara's Breathtaking Story-22 minutes

Marijuana: What can parents do?-4 minutes

Marijuana and the mind :Intoxication and Addiction (Workplace)

Marketing booze to blacks-17 minutes

Masquerade-30 minutes

Methadone-33 minutes

Misadventures of wags & freckles-8 minutes

Mood and Anxiety Disorders-31 minutes

Multiple Choice: Film on juvenile justice-35 minutes

Murals Reflecting Division-10 minutes

Nassau Boces: Project Support-35 minutes

Natural born leaders-35 minutes

Nine to Five- Substance Abuse in Workplace-28 minutes

Olympic Spirit: Building Resiliency in Youth-16 minutes

Opening Doors-60 minutes

Personal Disorders-31 minutes

Portrait of Addiction-45 minutes **Spanish and English**

Positive Voices-35 minutes

Prevention Works: Workplace Version

The Prevention Story :Programs that make a difference Part 1&2-16 minutes

Project Alert-11 minutes

Raise Drug Free Kids-n/a

Rage, Recidivism, & Recovery-n/a

Reflections from the heart of a child-30minutes
Relapse Prevention-24 minutes
Respect & Project-28 minutes
Right Turns Only-15 minutes
Risk & Reality-20 minutes

Safe Spaces: Drug & Alcohol Prevention Education for Special Needs Drug Exposed Children-30 minutes

Saying NO: You can choose-28 minutes
Secret Addictions: Women, Drugs, and Alcohol-35 minutes
Secret Addictions: Women in Treatment-32 minutes
Selling Lies: Kids, Ads and Smoking-16 minutes
Sentenced to Life:The Tonya Tozer Story - 30 Minutes
Sons & Daughters-35 minutes
Sooper Puppy: Drink, Drank, Drunk-16 minutes
Sooper Puppy: Puff of Smoke -15 minutes
Sooper Puppy: Self-Esteem-20 minutes
Step back to reality: Technology Addiction-n/a
Stolen Lives: Children of Addicts-n/a
Stop the Sale: Prevent the Addiction-26 minutes
Straight At Ya-44 minutes

Substance Abuse Treatment for Women: Success of the Little Rock Fighting Back - 11 minutes

Supervising the Drugfree Workplace

Taking Action II – What you should know about drugs-32 minutes

Teens: Through the eyes of tobacco -
The Epidemic continues: Kids, Drugs and Alcohol
The High jacked Brain: **45 minutes Spanish and English**
The Next Generation: Prevention Programs that works with addicted parents to repair damage with in families and another
The Politics of Addiction **Spanish and English**
Thin Line
Tobacco: Behind the smoke and mirrors-18 minutes
Tobacco & Health – You Decide-25 minutes
Tobacco X -Files-30 minutes
Town Hall Meeting: MADD National Summit to prevent underage drinking-8 minutes
Trap: Selling Drugs in the inner city-27 minutes
Treatment Solutions-19 minutes
Treatment Issues for Women-22 minutes
Truth about drugs- 30 minutes
Truth about sex-30 minutes
Trying to find normal-20 minutes
Twelve Steps-35 minutes

Ultimate Choice-30 minutes
Understanding A Need -15 minutes
Under the Influence: Alcoholism & Other Drug Abuse Prevention for People with Disabilities-n/a
Understanding A Need: Kids, Ads, & Alcohol-15 minutes
Using the Asi to access client needs and treatment planning part 1 -65 minutes
part 11-64 minutes

Walls that speak-29 minutes
What should I tell my child about drinking-46 minutes
What's wrong with my child?-33 minutes

Why are you so angry?-14 minutes

Why is it always me?20 minutes

Word from the joint 27-minutes

The wounded healer-20 minutes

Workplace Drug Abuse: Training for supervisors and Managers -56 minutes

***** Highly Recommended*****

Voices of experience-26 minutes

Voices on the road back: a program about drugs-n/a

We can help 2000-37 minutes

Please Contact Leanne Mulherin @ 770-239-7442

Drug Free Workplace Coordinator

The Council on Alcohol and Drugs

6045 Atlantic Blvd.

Norcross, Georgia 30071

Shortcut Tip:

**Monthly newsletters are all you
need to qualify.**

Any questions? Call Chuck Wade at
404-223-2277 or E-mail at
cwade@gachamber.org

**DRUGS
DON'T
WORK**

Drugs Don't Work in Georgia

Trainers

The Atlanta Field Office of the Drug Enforcement Administration has free trainers available on a limited basis. For information call: Chualo Truesdell at..... **(404) 893-7124**

Check with your local chamber of commerce and local law enforcement agencies to find out if they offer drug-free workplace training seminars.