

How To Get Your  
SUBSTANCE USE PROGRAM,  
POLICIES & TRAINING  
For  
**FREE!**



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1

Speak Up & Win A Pin!



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2

Scott Warrick  
Approved Substance Abuse Trainer  
& Policy Development for Ohio BWC




 [scottwarrick.com](http://scottwarrick.com) 

3

Scott Warrick  
Certified Brain Health Professional

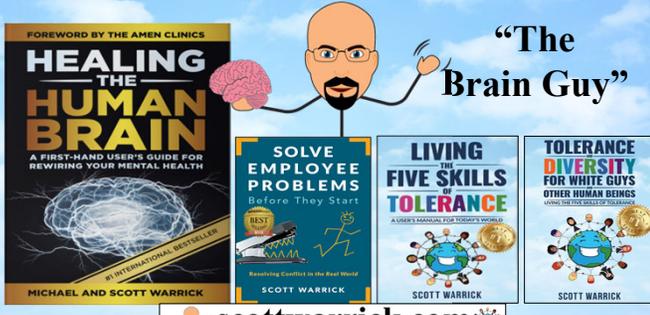



Medical Education Certification

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“The Brain Guy”



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5

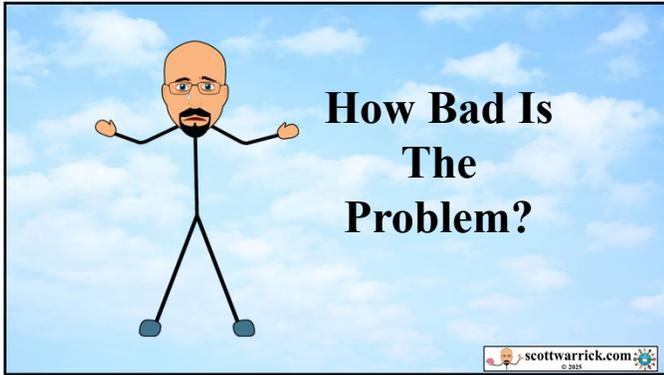


**“You Dropped This.”**

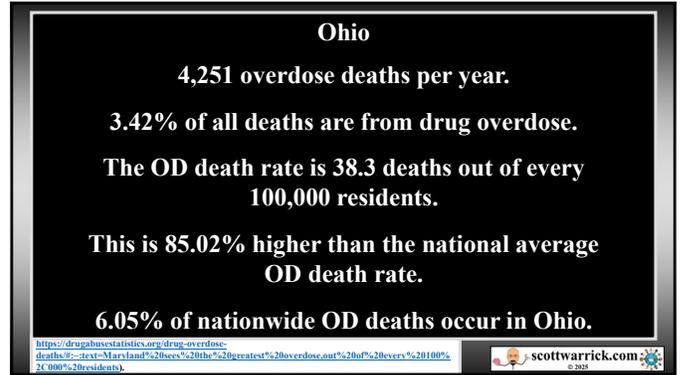
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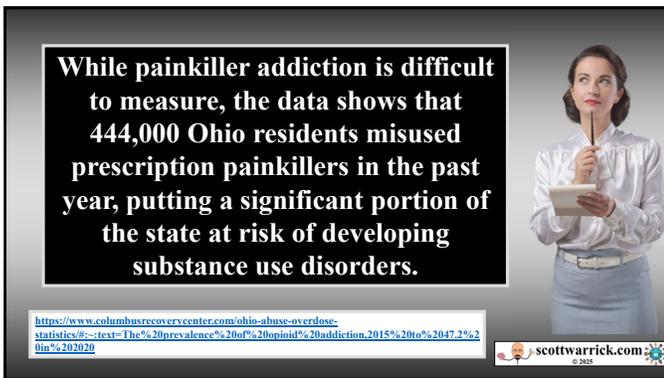
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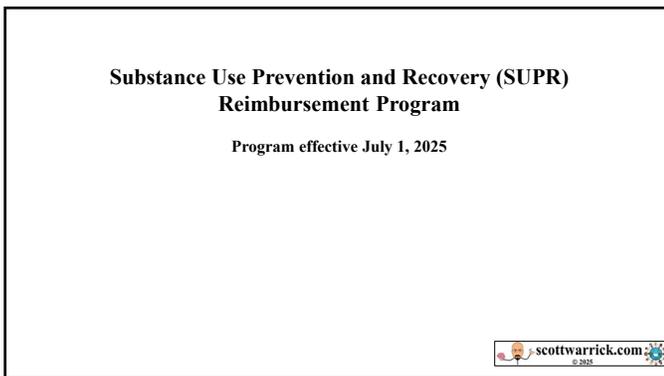
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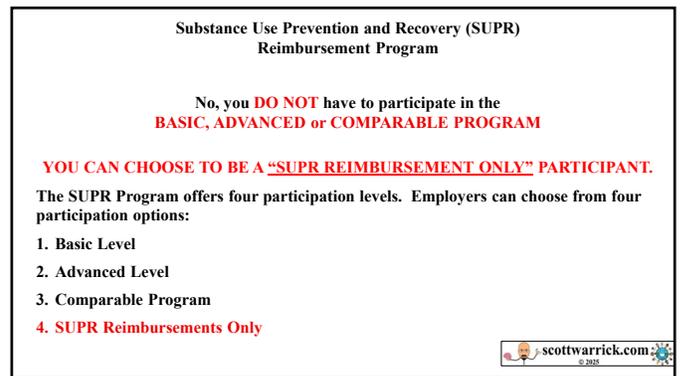
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### Eligibility requirements for the SUPR Reimbursement Program?

To qualify for the program, you must:

- Be a private, state-fund employer or a public employer taxing district.
- Be current on all payments due BWC.
- Not have cumulative lapses in workers' compensation coverage in excess of 40 days within the preceding 12 months (not applicable for Comparable and reimbursement only levels).
- Be in an active policy status.



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### SUPR Program Reimbursement

Eligible employers can receive up to **\$5,000 each year** for the following:

- Development and legal review of employer policies and procedures about substance use issues.
- Training for employees to understand substance use and their employer's related policies.
- Training to equip supervisors and managers to better manage employees in recovery.
- Drug testing for prospective and current employees for those employers with recovery-friendly "second chance" testing policies.



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### SUPR Reimbursement Program Annual Plan Years

Employers can get \$5,000 of reimbursement each year.

The program year for Private Employers run from **7/1 to 6/30** each year.

For Public Employers, the program year runs from **1/1 to 12/31** each year.

Employers can apply throughout the year.



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### OHIO'S MEDICAL & RECREATIONAL MARIJUANA

Employers are not required to permit or accommodate an employee's use, possession, or distribution of marijuana;

Employers are permitted to terminate or discipline an employee or refuse to hire an applicant based on the use, possession, or distribution of marijuana;



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### OHIO'S MEDICAL & RECREATIONAL MARIJUANA

Employers have "just cause," for purposes of unemployment compensation; and

An employee is not entitled to receive Workers' Compensation benefits if the employee was under the influence of marijuana at the time of injury and the use of marijuana was the proximate cause of that injury.



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Testing For **ACTIVE** Use Marijuana



**SALIVA TESTS**  
**Express and Confirmation**



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## TYPES OF TESTING

### *Reasonable Suspicion* *Post-Accident*



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### Reasonable Suspicion

1. Observable phenomena, such as direct observation of use, possession, or distribution of alcohol or a controlled substance, or of the physical symptoms of being under the influence of alcohol or a controlled substance, such as but not limited to slurred speech, dilated pupils, odor of alcohol or a controlled substance, changes in affect, or dynamic mood swings,
2. A pattern of abnormal conduct, erratic or aberrant behavior, or deteriorating work performance such as frequent absenteeism or a pattern of absenteeism, excessive tardiness, or recurrent accidents, that appears to be related to the use of alcohol or a controlled substance, any acts of violence, as defined by the Company's policy,
3. Arrest or conviction for an alcohol or drug-related offense, or the employee identified the focus of a criminal investigation into illegal drug possession or use or alcohol use, or trafficking of a controlled substance, (The employee is also responsible for notifying the Company the next business day of any alcohol or drug-related arrest or conviction.)



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### Reasonable Suspicion

4. A report of use of alcohol or a controlled substance provided by a reliable and credible source,
5. Repeated or flagrant violations of the safety or work rules of the employee's employer that the employee's supervisor believes to pose a substantial risk of physical injury or property damage and that appear to be related to the use of alcohol or a controlled substance,
6. Direct involvement potentially causing an accident or near-accident,
7. Investigation into an incident of theft or suspected theft,
8. Newly discovered evidence that the employee has tampered with a previous drug or alcohol test,
9. Sudden change in work performance,



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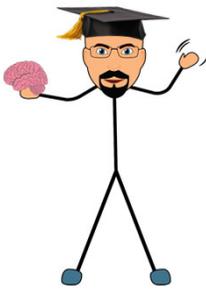
### Reasonable Suspicion

10. Repeated failure to follow instructions or operating procedures,
11. Discovery or presence of substances in an employee's possession or near the employee's work area,
12. Odor of alcohol and/or residual odor which may indicate the abuse of some drug and/or alcohol,
13. Unexplained, frequent and/or a pattern of absenteeism and/or tardiness, or
14. Personality changes or disorientation.



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## TRAIN & DOCUMENT



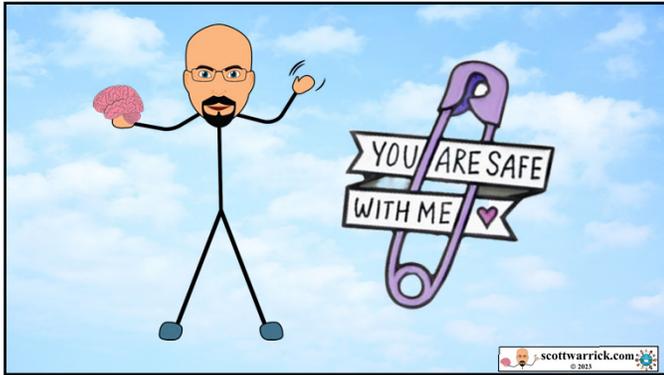
23

### RECOGNIZING SUBSTANCE ABUSE & PROTECTING YOUR BRAIN *Video Series*

1. WHAT SUBSTANCE ABUSE DOES TO YOUR BRAIN: 18 minutes
2. HOW BAD IS THE PROBLEM? 10 minutes
3. DENIAL AND STUMBLING BLOCKS: 7 minutes
4. SPOTTING SUBSTANCE ABUSE: 15 minutes
5. WHAT DO YOU DO? 11 minutes
6. WORKPLACE VIOLENCE: 11 minutes
7. POLICY CONSIDERATIONS: 12 minutes
8. SPECIAL SECTION: OHIO MEDICAL AND RECREATIONAL MARIJUANA LAW: 8 minutes
9. SPECIAL SECTION: CONDUCTING AN INTERVENTION WITH EPR: 30 minutes



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**REASONABLE SUSPICION CHECKLIST (OFFICIAL CONTROL POLICY)**

Name of employee with file # \_\_\_\_\_ Date \_\_\_\_\_

Division \_\_\_\_\_ Time \_\_\_\_\_

When there is reasonable suspicion that an employee is at work under for duty, the supervisor is always most complete all of the signs outlined below.

**OBSERVATION CHECKLIST (Check all pertinent items below)**

Walking	<input type="checkbox"/> Holding on	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unable to walk	<input type="checkbox"/> Falling
Standing	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Staggering	<input type="checkbox"/> Unable to stand	<input type="checkbox"/> Other:
Speech	<input type="checkbox"/> Whispering	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Rambling
Demeanor	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Polite	<input type="checkbox"/> Calm	<input type="checkbox"/> Crying
Actions	<input type="checkbox"/> Hostile	<input type="checkbox"/> Threatening	<input type="checkbox"/> Fighting	<input type="checkbox"/> Profanity
Eyes	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Dilated	<input type="checkbox"/> Watery	<input type="checkbox"/> Droopy
Face	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Messy	<input type="checkbox"/> Stains on clothes
Appearance and Clothing	<input type="checkbox"/> No Alcoholic Odor	<input type="checkbox"/> Faint Alcoholic Odor	<input type="checkbox"/> Heavy usage of breath spray	<input type="checkbox"/> Sweet/pungent tobacco odor
Movements	<input type="checkbox"/> Fumbling	<input type="checkbox"/> Slow	<input type="checkbox"/> Nervous	<input type="checkbox"/> Hyperactive
Chewing	<input type="checkbox"/> Normal	<input type="checkbox"/> Candy	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Other:
Miscellaneous	<input type="checkbox"/> On the job misconduct <input type="checkbox"/> If there are witnesses to employee's conduct list below:			
Other Observations:	<input type="checkbox"/> Employee admissions concerning use of alcohol and/or drug use possession <input type="checkbox"/> Presence of alcohol and/or drugs in employee's possession or vicinity			

**COPIES DIRECTOR OF HUMAN RESOURCE/ENFORCEMENT**

Once this portion of the form has been completed you are now ready to follow the procedure for testing.

Signature of supervisor in charge \_\_\_\_\_ Date \_\_\_\_\_

# REASONABLE SUSPICION CHECKLIST



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Walking	<input type="checkbox"/> Holding on	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unable to walk	<input type="checkbox"/> Falling
Standing	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Staggering	<input type="checkbox"/> Unable to stand	<input type="checkbox"/> Other:
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Miscellaneous	<input type="checkbox"/> On the job misconduct <input type="checkbox"/> If there are witnesses to employee's conduct list below:			
Other Observations:	<input type="checkbox"/> Employee admissions concerning use of alcohol and/or drug use possession <input type="checkbox"/> Presence of alcohol and/or drugs in employee's possession or vicinity			

28

Walking	<input type="checkbox"/> Holding on	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unable to walk	<input type="checkbox"/> Falling
Standing	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Staggering	<input type="checkbox"/> Unable to stand	<input type="checkbox"/> Other:
Speech	<input type="checkbox"/> Whispering	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Rambling
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**Threw up on himself.**

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## TYPES OF TESTING

Threw up on himself

**Reasonable Suspicion**

**Post-Accident**

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**USE OF  
LEGAL DRUGS**

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**TAMPERING WITH A  
SPECIMEN OR FAILURE  
TO PROVIDE A SAMPLE**

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**ODOR OF  
ALCOHOL  
&  
MARIJUANA**

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**NOTICE TO EMPLOYER  
OF  
ILLEGAL ACTIVITY**

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**SEARCHES**

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**DISCIPLINARY  
PROVISIONS**

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### SCOTT WARRICK SUPR PROGRAM SERVICES

- Customizing Client's Substance Use Program/Policy,
- Health Insurance Portability and Accountability Act (HIPAA) Release Form: (or Employee's Authorization for Health Care Provider to Release Medical Information),
- Reasonable Suspicion Checklist,
- Conditional Return to Work Agreement (or Last Chance Agreement) and
- Scott's "Recognizing Substance Abuse and Protecting Your Brain" Video Series.



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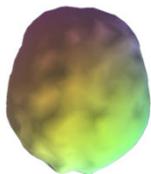


*Will Drugs & Alcohol Damage Your Brain?*



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### What Does A "Normal" Brain Look Like? SURFACE BLOOD FLOW SCANS



(FOREHEAD)  
TOP SURFACE VIEW

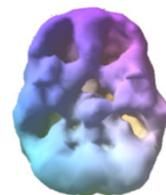


(BASE OF HEAD)  
UNDER VIEW

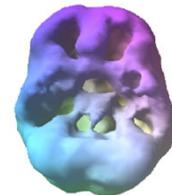


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### Smoking Marijuana



18 yr. old:  
3 year history of  
4 x week use



16 yr. old:  
2 year history of  
daily abuse



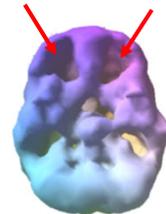
40

### How Does Substance Abuse Affect Workplace Violence?

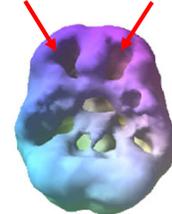


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### Smoking Marijuana



18 yr. old:  
3 year history of  
4 x week use



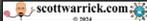
16 yr. old:  
2 year history of  
daily abuse



42

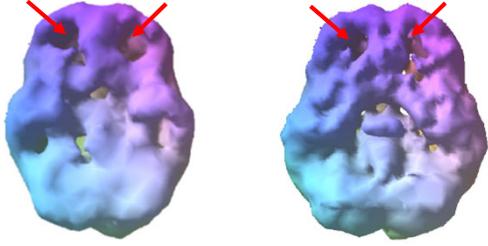
**Opioids are the primary source of 162 fatalities and a contributor in an additional 144 fatalities where multiple drugs were the source.**

<https://www.bls.gov/news.release/cfoi.nr0.htm>



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**How much self-control do these people have?**

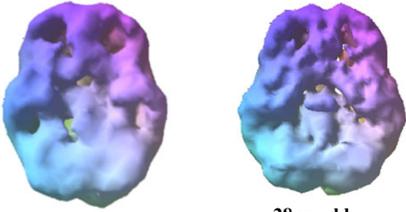


**38 year old**                      **28 year old**



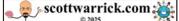
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**Smoking Marijuana**



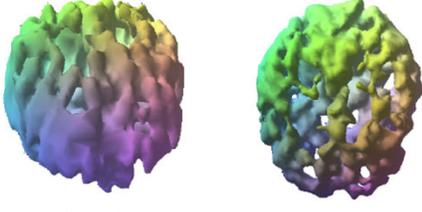
**38 yr. old:**  
12 years of daily use

**28 yr. old:**  
10 years of  
mostly weekend use



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**Heroin & Methadone**



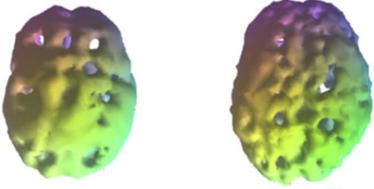
**39 yr. old:**  
25 year history of  
frequent heroin use

**40 yr. old:**  
7 years on methodone



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**Methamphetamine & Cocaine**



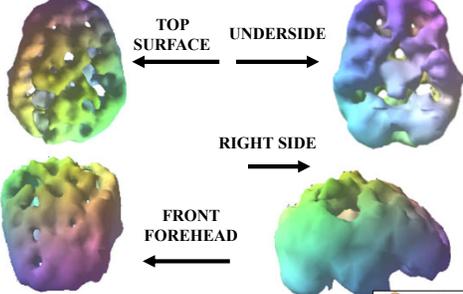
**52 yr. old:**  
28 yr. history of  
frequent Methamphetamine use

**24 yr. old:**  
2 years of  
frequent cocaine use



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**ALCOHOL: 38 yr. old 17 yrs. of heavy weekend use**



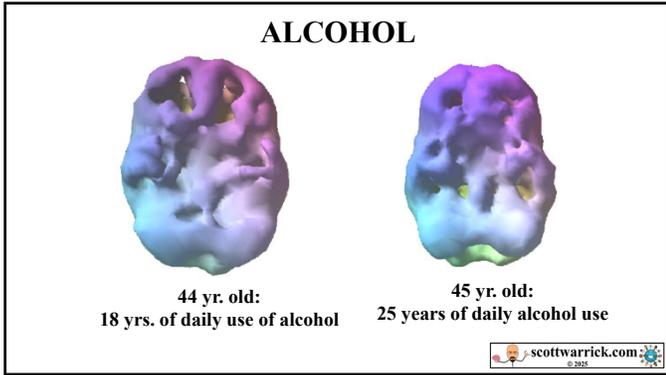
**TOP SURFACE**      **UNDERSIDE**

**RIGHT SIDE**

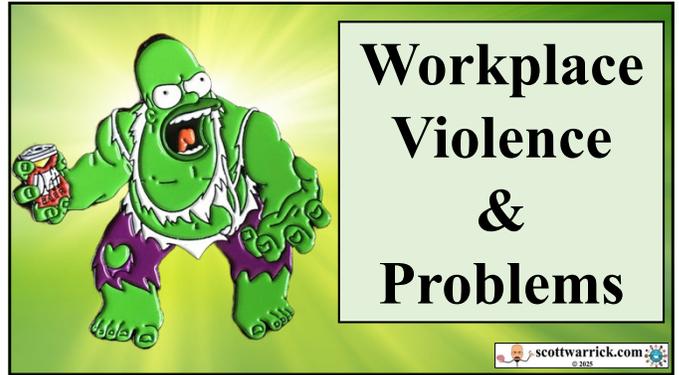
**FRONT FOREHEAD**



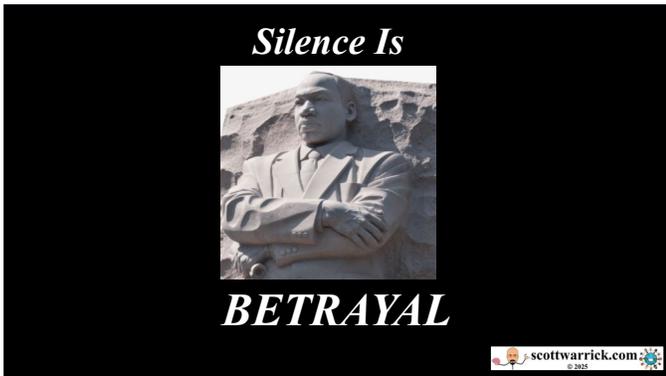
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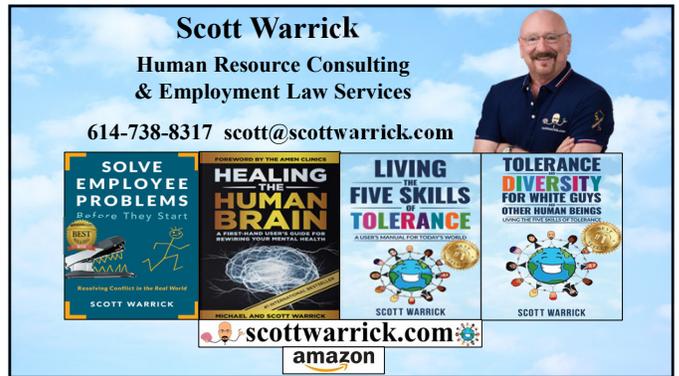
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51



52