



August 13, 2019

**Received**  
AUG 15 2019  
General Committee Of  
Adjustment GO-769

Dear Union Leader,

As you know, changes to Amtrak's Drug and Alcohol Policy are planned to take place on October 1, 2019. As part of these changes, we want to enhance the educational tools that are available to employees to help them be more proactive in assessing and getting help for problems that may lead to drug or alcohol abuse. We are taking proactive steps to help prepare employees for these changes.

We have developed a GET HELP NOW toolkit designed to encourage employees to assess their need for intervention and seek immediate help, if necessary. This toolkit is being provided to Amtrak managers for distribution to all employees. It is designed to make employees aware of Amtrak resources that educate, prevent and treat drug or alcohol use, misuse or abuse problems. The materials in this packet include flyers, wallet cards and drug and alcohol screening tools. Managers are asked to ensure that each of their employees receive this information and that the flyers be posted in high-traffic areas.

Employees are encouraged to use this information for themselves, their families, friends or coworkers, it has the potential to save lives and jobs.

If you have questions about the Get Help Now Campaign, please contact [HRCompliance@Amtrak.com](mailto:HRCompliance@Amtrak.com).







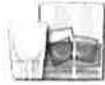
Sincerely,

A handwritten signature in black ink that reads "Andrea Gansen". The signature is fluid and cursive.

Andrea Gansen  
VP Labor Relations

# Audit Alcohol Screening Tool

**A Standard Drink**

12 fl oz of <b>regular beer</b>	=	8-9 fl oz of <b>malt liquor</b> (shown in a 12-oz glass)	=	5 fl oz of <b>table wine</b>	=	3-4 oz of <b>fortified wine</b> (such as sherry or port; 3.5 oz shown)	=	2-3 oz of <b>cordial, liqueur, or aperitif</b> (2.5 oz shown)	=	1.5 oz of <b>brandy</b> (a single jigger or shot)	=	1.5 fl oz shot of <b>80-proof spirits</b> ("hard liquor")
												
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 17% alcohol		about 24% alcohol		about 40% alcohol		about 40% alcohol

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:** 0-7=Low risk use, 8-15 =At risk use,  
16-19 = High risk use, 20+ = Very high risk, possible dependence



1-800-447-2526

We encourage you to contact the P.I.E.R. Program or EAP to discuss any score over 1.



1-844-268-7251



## Drug Abuse Screening Test, DAST-10

The following questions relate to your possible use or involvement with drugs (excluding alcoholic beverages) during the past 12 months.

Drug abuse refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

Drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

**Remember that the questions do not apply to alcoholic beverages.**

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.

In the past 12 months...	Circle YES or NO	
	YES	NO
Have you used drugs other than those required for medical reasons?	YES	NO
Do you use more than one drug at a time?	YES	NO
Are you always able to stop using drugs when you want to? (if you never use drugs, answer "Yes")	YES	NO
Have you ever had blackouts or flashbacks as a result of drug use?	YES	NO
Do you ever feel bad or guilty about your drug use?	YES	NO
Does your spouse, partner, or parents ever complain about your involvement with drugs?	YES	NO
Have you neglected your family because of your use of drugs?	YES	NO
Have you engaged in illegal activities in order to obtain drugs?	YES	NO
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	YES	NO
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	YES	NO

**Scoring:** 0= No risk; 1-2 =At risk use; 3-5 = Intermediate risk use;  
6-10 = Very high risk, probable substance use disorder.



1-800-447-2526

**We encourage you to contact  
the P.I.E.R. Program or EAP to  
discuss any score over 1.**



1-844-268-7251

# Help today for a better tomorrow

# DON'T WAIT... GET HELP NOW!



The PIER (Prevention, Intervention, Education, Resources) Program focuses on the prevention of substance use and abuse. It uses evidence-based practices including education and resources to make drug and alcohol prevention accessible to all Amtrak employees. Call the PIER Program 24/7 for confidential help at **800-447-2562** or **PIERProgram@Amtrak.com**.



The Employee Assistance Program (EAP) helps all Amtrak employees and their family members break free from addiction as well as helps with problems that could lead to abuse of alcohol or drugs. Call for confidential counseling, support or information 24/7 at **844-AMTRAK1 (844-268-7251)** or go to **www.achievesolutions.net/AmtrakEAP**.