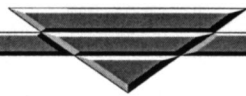


EMPLOYEE
ALCOHOL & DRUG
EDUCATION PACKET



S I N N E T T
C O N S U L T I N G
S E R V I C E S

CHEMICAL DEPENDENCY CHECKLIST

**How do you know whether you are chemically dependent? This checklist can help.
The more “yes” checks, the more likely there is a problem.**

YES	NO	
_____	_____	1. Do you use drugs or alcohol to handle stress or escape from life's problems?
_____	_____	2. Have you ever had more to drink or use than you intended to?
_____	_____	3. Have people commented on your alcohol or drug use to you?
_____	_____	4. Have you ever decided to stop drinking or using, but only lasted for a couple of days?
_____	_____	5. Do you hide your drinking or drug use from other people?
_____	_____	6. Has your drinking or drug use ever created problems between you and your spouse, family members or friends?
_____	_____	7. Do you do things under the influence that you would not normally do?
_____	_____	8. Do you neglect your responsibilities because of alcohol or drug use?
_____	_____	9. Has alcohol or drug use caused you financial problems?
_____	_____	10. Have you missed days at work because of drinking or drug use?
_____	_____	11. Have you ever been arrested or taken into custody because of alcohol or drug use?
_____	_____	12. Do you feel guilty or ashamed about your use?
_____	_____	13. Do you wish people would mind their own business about your drinking or drug use?
_____	_____	14. Have you ever felt your alcohol or drug use has interfered with getting what you want out of life?
_____	_____	15. Have you seriously thought you might have a chemical dependency problem?

SIGNS TOWARDS DRUG DEPENDENCE

Nine cardinal signs point toward drug dependence, and the diagnosis is made if three or more of these signs are present. Each sign essentially serves as a marker that loss of control has occurred.

1. The substance is taken in larger amounts or over longer periods of time than originally intended.
2. Attempts to reduce use of the substance are made, but they are unsuccessful.
3. Considerable time is spent in activities that are necessary to acquire the drug.
4. Intoxication or withdrawal symptoms occur during times when they are hazardous, or when they interfere with everyday responsibilities.
5. Important activities are given up in order to obtain and use drugs.
6. Drug use continues despite the development of psychological, social, or physical problems that are caused or aggravated by the drug use.
7. Tolerance occurs and greater amounts of the drug are taken to achieve the same effect.
8. Withdrawal symptoms occur upon abrupt discontinuation of the drug. Remember that this is not the case with all drugs of abuse, as described earlier.
9. The person resumes regular drug use, even after stopping the drug and having experienced serious adverse consequences as a result of its use.

For The Families And Friends Of The Chemically Dependent

DO'S AND DON'TS

- DO** Talk to someone who understands alcoholism and drug abuse.
- DO** Learn the facts about alcoholism/drug abuse.
- DO** Develop an attitude to match the facts.
- DO** Go to Al-Anon N/A, C/A or seek professional help.
- DO** Learn about yourself, your needs, desires, reaction and behavior patterns.
- DO** Maintain a healthy and consistent atmosphere in your home as much as possible.
- DO** Take care of your needs and let the alcoholic/drug abuser take care of his/her needs.
- DO** Share your knowledge with others.
- DO** Be committed to your own growth, health and life goals - be constructively selfish.
- DON'T** Preach and lecture to the alcoholic/drug abuser.
- DON'T** Make excuses for the alcoholic/drug abuser.
- DON'T** Rescue - let the alcoholic/drug abuser clear up his or her own mistakes and assume the responsibility for the consequences of his/her drinking/drug behavior.
- DON'T** Make threats you won't carry out.
- DON'T** Believe that you are the cause of the other person's alcoholism/drug abuse.
- DON'T** Suffer for the alcoholic or drug abuser.
- DON'T** Protect the alcoholic or drug abuser from alcohol/drug situations whether drinking/drug abuse or in a program of recovery.
- DON'T** Make an issue over the alcoholic/drug abusers choice of treatment. Like you, he/she has the right to choose what he/she wants.

KEY FACTORS

1. **CHANGE IN LIFESTYLE -**
crazy, erratic behavior
“that just isn’t George”
trusting your gut feelings
2. **TOLERANCE -**
what do they use now compared to what they were using then?
3. **TROUBLE -**
social drinkers do not get into trouble - if they do they are not likely to repeat it.
4. **CHANGE IN VALUE SYSTEM -**
the use costs them something they value - rules, ethics relationships, self-worth.
5. **DENIAL -**
defensiveness about use
rationalizations, aggression, anger

PROGRESSIVE STAGES

1. **EARLY -**
frequent relief use
increased tolerance
memory blackouts
feelings of guilt
2. **MIDDLE -**
gradual social withdrawal
grandiose & aggressive behavior
broken promises to stop using
unable to control use
persistent remorse
decrease tolerance
3. **LATE -**
work/school or money problems
moral deterioration
impaired thinking
obsession with drinking
neglect of physical needs
physical deterioration

IS YOUR LIFE BEING AFFECTED BY A CHEMICAL ABUSER?

Chemical abuse hurts the user and everyone around them. To see if your life is being controlled by a chemical abuser, take the following assessment.

YES	NO	
_____	_____	1. Do you often lie, cover-up or make excuses for the chemical abuser?
_____	_____	2. Do you feel responsible for getting the person to stop drinking or using drugs?
_____	_____	3. Do you find yourself giving advice or trying to counsel the chemical abuser?
_____	_____	4. Do you feel angry, tired, depressed, lonely and anxious most of the time?
_____	_____	5. Do you neglect your own needs to "take care" of the chemical abuser?
_____	_____	6. Have you taken additional financial, family and emotional responsibilities?
_____	_____	7. Do you find yourself constantly worrying about the chemical abuser?
_____	_____	8. Have you stopped seeing your own friends or pursuing your interests because of the chemical abuser?
_____	_____	9. Are you falling behind in your bills because of the chemical abuser?
_____	_____	10. Do you blame yourself for the chemical abuser's problem?
_____	_____	11. Are you constantly analyzing yourself to see how your behavior may be negatively affecting the chemical abuser?
_____	_____	12. Do you feel powerless and at the end of your rope about the abuser's problem?

Several positive answers would suggest there may be a problem. If you think someone you are close to has a problem with chemical dependency, take the first step and talk about it with a knowledgeable person. There are plenty of reassuring, confidential sources of help.

DRUG / ALCOHOL EDUCATION GUIDE

The following guidelines have been provided by Associated Pathologists as an aid in recognizing employees who are under the influence of alcohol or drugs:

DRUG	PHYSICAL SYMPTOMS	LOOK FOR	DANGERS
ALCOHOL (beer, wine, liquor)	Intoxication, slurred speech, unsteady walk, relaxation, relaxed inhibitions, impaired coordination, slowed reflexes.	Smell of alcohol on clothes or breath, intoxicated behavior, hangovers, glazed eyes.	Addiction, accidents as a result of impaired ability and judgment, overdose when mixed with other depressants, heart and liver damage.
COCAINE (coke, rock crack, base)	Brief intense euphoria, elevated blood pressure and heart rate, restlessness, excitement, feeling of well-being followed by depression.	Glass vials, glass pipe, white crystalline powder, razor blades, syringes, needle marks.	Addiction, heart attack, seizures, lung damage, severe depression, paranoia. (See Stimulants)
MARIJUANA (pot, dope, grass, weed, herb, hash, joint)	Altered perceptions, red eyes, dry mouth, reduced concentration and coordination, euphoria, laughing, hunger.	Rolling papers, pipes, dried plant material, odor of burnt hemp rope, roach clips.	Panic reaction, impaired short term memory, addiction.
HALLUCINOGENS (acid, LSD, PCP, MDMA, Ecstasy, psilocybin, mushrooms, peyote)	Altered mood and perceptions, focus on detail, anxiety, panic, nausea, synaesthesia (ex: smell, colors, see sounds).	Capsules, tables, micro-dots, blotter squares.	Unpredictable behavior, emotional instability, violent behavior (with PCP).
INHALANTS (gas, aerosols, glue, nitrites, Rush, White out)	Nausea, dizziness, headaches, lack of coordination and control.	Odor of substance on clothing and breath, intoxication, drowsiness, poor muscular control.	Unconsciousness, suffocation, nausea and vomiting, damage to brain and central nervous system, sudden death.

DRUG / ALCOHOL EDUCATION GUIDE (cont.)

DRUG	PHYSICAL SYMPTOMS	LOOK FOR	DANGERS
NARCOTICS Heroin (junk, dope, Black tar, China white) Demerol, Dilaudid (D's), Morphine, Codeine	Euphoria, drowsiness, insensitivity to pain, nausea, vomiting, watery eyes, runny nose. (see Depressants)	Needle marks on arms, needles, syringes, spoons, pinpoint pupils, cold moist skin.	Addiction, lethargy, weight loss, contamination from un-sterile needles (hepatitis, AIDS), accidental overdose.
STIMULANTS (speed, uppers, crank, Bam, black beauties, crystal, dexies)	Alertness, talkativeness, wakefulness, increased blood pressure, loss of appetite, mood elevation.	Pills and capsules, loss of sleep and appetite, irritability or anxiety, weight loss, hyperactivity.	Fatigue leading to exhaustion, addiction, paranoia, depression, confusion, possibly hallucinations.
DEPRESSANTS Barbiturates, Sedatives, Tranquilizers, (downers, ludes, reds, Valium, yellow jackets, alcohol)	Depressed breathing and heartbeat, intoxication, drowsiness, uncoordinated movements.	Capsules and pills, confused behavior, longer periods of sleep, slurred speech.	Possible overdose, especially with alcohol; muscle rigidity; withdrawal and overdose requires treatment.
SEVEN POSSIBLE SYMPTOMS OF DRUG INVOLVEMENT:			
<ol style="list-style-type: none"> 1. Change in school or work attendance or performance. 2. Alteration of personal appearance. 3. Mood swings or attitude changes. 4. Withdrawal from responsibility/family contacts. 5. Associating with drug using persons. 6. Unusual patterns of behavior. 7. Defensive attitude concerning drugs. 			

ALCOHOLISM

PROGRESSIVE: It is a disease which is not going to magically disappear. It is a disease which has a known and predictable course. The disease will continue to worsen unless the addicted person is intervened with the given professional help.

CHRONIC: It cannot be cured. It can be successfully treated and arrested. This person can live a very happy, healthy life as long as he does not return to alcohol use.

POTENTIALLY FATAL: An alcoholic will die 12 to 15 years sooner than a non-alcoholic person. The suicide and accident rates of those addicted to alcohol are very high. The medical and mental deterioration also reduces the life span and quality of life for the alcoholic.

IDENTIFIABLE SYMPTOMS: Alcoholics exhibit symptoms which are part of the disease. These symptoms include blackouts (chemically-induced memory losses), changes in alcohol/drug tolerance, loss of control (inability to stop and/or limit chemical consumption), denial (refusal to admit that alcohol use is a problem), preoccupation with alcohol (alcohol becomes the most important part of life), withdrawal symptoms (tremors, hallucinations, sweating), mood swings, behavior changes and poor eating and sleeping habits.

LIFE DETERIORATION: Alcohol injures the person economically, socially, physically, psychologically and spiritually. His relationships break down, work performance is impaired, depression occurs often and his behavior goes against his values.

UNKNOWN CAUSE: Alcoholism has no known cause, but is probably a combination of a number of factors. Some people seem to be physically allergic to alcohol or genetically endowed with a tendency to become chemically addicted. Some people seem to learn to become addicted by using alcohol to reduce stress, handle emotions or to simply escape from reality. The cause is not important. What is important, is that the disease can be successfully treated.

Alcohol And BAC

Things You Need To Know

WHAT IS ALCOHOL?

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits. Although there are many kinds of alcohol, the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, a shot of distilled spirits or a 5-ounce glass of wine, the amount of pure alcohol is the same as one half ounce. Ethyl alcohol can produce feelings of well-being, seduction, intoxication, or unconsciousness, depending on the amount consumed. Alcohol is a 'psychoactive' or mind-altering drug, the one most commonly abused. It can alter moods, cause changes in the body and become habit forming. Alcohol is called a 'downer' because it depresses the central nervous system.

WHAT ARE THE PHYSICAL EFFECTS?

Alcohol works first on the part of the brain that controls inhibitions. As people lose their inhibitions, they may talk more, get rowdy, and do foolish things. After several drinks they may feel 'high', but their nervous systems actually are slowing them down. A person doesn't have to be an alcoholic to have problems with alcohol. Every year many young people lose their lives in alcohol-related automobile accidents, suicides, and drowning. Abuse of alcohol can lead to serious physical problems such as:

- High Blood Pressure, Heart Attacks, and Strokes;
- Stomach Ulcers, Irritable Colon, and Cirrhosis of the Liver;
- Damage to the Brain, Pancreas, and Kidneys;
- Impotence and Infertility;
- Birth defects and Fetal Alcohol Syndrome, which causes mental retardation, small head size, low birth weight, and limb abnormalities.

HOW MUCH IS TOO MUCH?

Alcohol affects the mind and body depending on how much is consumed over a certain amount of time. It takes the body one hour to burn off an ounce of alcohol after it is absorbed into the blood. Once absorbed, nothing (drinking coffee, cold showers, etc.) will hurry away its effects. Only time will lessen the effects of alcohol. Less concentrated alcoholic beverages, like beer and wine, can take longer to absorb than spirits. Drinks mixed with soda or carbon dioxide have increased absorption rate. Even one or two drinks can significantly impair a driver's judgment and reaction time.

WHAT IS BAC?

BAC stands for Blood Alcohol Concentration. BAC is expressed in percentage of alcohol to blood. The higher the BAC number, the more impaired a person is. BAC changes with body weight, time spent drinking, and the amount of alcohol that is consumed.

BAC EFFECTS ON FEELING AND BEHAVIOR

- .01 - .03** There is a mild lift in feeling. You have some loss of judgment. (1 drink within 15 minutes... BAC .03%)
- .04 - .06** Most People feel high and must decide whether to continue drinking. You may get louder and have some loss of small muscle control, like focusing your eyes. (2 drinks within ½ hour... BAC .06%)
- .08 - .09** Your sight and hearing are worse. It's harder to detect danger. You have less sense of balance. (3 drinks within 1 hour... BAC .09%)
- .10 - .12** Many people claim they're not affected anymore, as if they could drink themselves sober. You are definitely not thinking straight. (4 drinks within 2 hours... BAC .12%)
- .13 - .15** You have far less muscle control than normal. People feel happy even though they're stumbling and acting foolishly. Risk of an automobile crash increases to 25 times the normal rate (5-7 drinks within 3 hours... BAC .15%)
- .20** You're confused. You usually need help doing things, even standing up. Those who drive are 50 to 100 times more likely to crash. The average alcohol-related highway death occurs at this level. (8-12 drinks within 4 hours... BAC .20%)
- .30** Almost nothing gets through the senses. An extremely life threatening BAC level.
- .40** Your condition ranges from conscious to comatose. There is a chance of death from a 'shut down' of breathing.

Blood Alcohol Level Chart (MAN)

Below are the approximate maximum blood alcohol concentrations men and women might reach, based on the weight of the drinker and number of drinks consumed in one hour. The number may be adjusted by subtracting from the value a 0.017 for each hour that passes after drinking. **This chart is an estimate and for information only.**

WEIGHT	NUMBER OF DRINKS											
	1	2	3	4	5	6	7	8	9	10	11	12
100 lb.	.038	.076	.114	.152	.190	.228	.266	.304	.342	.380	.418	.456
110 lb.	.034	.068	.102	.136	.170	.204	.238	.272	.306	.340	.374	.408
120 lb.	.031	.063	.094	.125	.155	.186	.217	.248	.279	.310	.341	.372
130 lb.	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290	.320	.348
140 lb.	.027	.054	.081	.108	.135	.162	.189	.216	.243	.270	.297	.324
150 lb.	.025	.050	.075	.100	.125	.150	.175	.200	.225	.250	.275	.300
160 lb.	.023	.046	.069	.092	.115	.138	.161	.184	.207	.230	.253	.276
170 lb.	.022	.044	.066	.088	.110	.132	.154	.176	.198	.220	.242	.264
180 lb.	.021	.042	.063	.084	.105	.126	.147	.168	.189	.210	.231	.252
190 lb.	.020	.040	.060	.080	.100	.120	.140	.160	.180	.200	.220	.240
200 lb.	.019	.038	.057	.076	.095	.114	.133	.152	.171	.190	.209	.228
210 lb.	.018	.036	.054	.072	.090	.108	.126	.144	.162	.180	.198	.216
220 lb.	.017	.034	.051	.068	.085	.102	.119	.136	.153	.170	.187	.204
230 lb.	.016	.032	.048	.064	.080	.096	.112	.128	.144	.160	.176	.192
240 lb.	.015	.030	.045	.060	.075	.090	.105	.120	.135	.150	.172	.188
250 lb.	.015	.030	.045	.060	.075	.090	.105	.120	.135	.150	.172	.188

Blood Alcohol Level Chart (WOMAN)

Below are the approximate maximum blood alcohol concentrations men and women might reach, based on the weight of the drinker and number of drinks consumed in one hour. The number may be adjusted by subtracting from the value a 0.017 for each hour that passes after drinking. **This chart is an estimate and for information only.**

WEIGHT	NUMBER OF DRINKS											
	1	2	3	4	5	6	7	8	9	10	11	12
100 lb.	.047	.094	.141	.188	.235	.282	.329	.376	.423	.470	.517	.564
110 lb.	.042	.084	.126	.168	.210	.252	.294	.336	.378	.420	.462	.504
120 lb.	.039	.078	.117	.156	.195	.234	.273	.312	.351	.390	.429	.468
130 lb.	.036	.072	.108	.144	.180	.216	.252	.288	.324	.360	.396	.432
140 lb.	.033	.066	.099	.132	.165	.198	.231	.264	.297	.330	.363	.394
150 lb.	.031	.062	.093	.124	.155	.186	.217	.248	.279	.310	.341	.372
160 lb.	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290	.319	.348
170 lb.	.027	.054	.081	.108	.135	.162	.189	.216	.243	.270	.297	.324
180 lb.	.026	.052	.078	.104	.130	.156	.182	.208	.234	.260	.286	.312
190 lb.	.024	.048	.072	.096	.120	.144	.168	.192	.216	.240	.264	.288
200 lb.	.023	.046	.069	.092	.115	.138	.161	.184	.207	.230	.253	.276
210 lb.	.022	.044	.066	.088	.110	.132	.154	.176	.198	.220	.242	.264
220 lb.	.021	.042	.063	.084	.105	.126	.147	.168	.189	.210	.231	.252
230 lb.	.020	.040	.060	.080	.100	.120	.140	.160	.180	.200	.220	.240
240 lb.	.019	.038	.057	.076	.095	.114	.133	.152	.171	.190	.209	.228
250 lb.	.018	.036	.054	.072	.090	.108	.126	.144	.162	.180	.198	.216

Methamphetamine

Things You Need To Know

What is Methamphetamine?

Methamphetamine is a central nervous system stimulant with a high potential for abuse and dependence. A synthetic drug, methamphetamine is closely related chemically to amphetamine, but produces greater effects on the central nervous system. The drug's euphoric effects are similar to, but longer lasting than those of cocaine. Methamphetamine is a white, odorless, and bitter-tasting crystalline powder, readily soluble in water or alcohol. Users also smoke chunks of a very pure form of crystalline methamphetamine called "Ice".

Methods and effects of Methamphetamine use:

Methamphetamine can be smoked, injected intravenously, snorted, or ingested orally. The drug alters mood in different ways, depending on how it is taken. Immediately after smoking or intravenous injection, the user experiences an intense "rush" or "flash" that lasts only a few minutes and is described as extremely pleasurable. Smoking or injecting produces effects fastest - within 5 to 10 seconds. Snorting or ingesting orally produces euphoria - a high but not an intense rush. Snorting produces effects within 3 to 5 minutes, and ingesting orally produces effects within 15 to 20 minutes.

Short-term effects of Methamphetamine:

Like other amphetamines, methamphetamine induces a temporary state of alertness, increased energy, suppressed appetite, and feelings of well being. Continued use may result in severe anxiety, sleeplessness, and a paranoid state of psychosis. Methamphetamine causes a wave of physical and psychological exhilaration, which may last 4 to 30 hours.

What is "Crystal Meth"?

Crystal Meth is the slang name of a different form of methamphetamine. It is one of the most popular forms of amphetamine. Its main ingredient is ephedrine. Ephedrine is a chemical found in many legal drugs, including bronchial inhalers, diet pills like Mini Thins, and decongestants, because ephedrine it is a legal narcotic, it can be purchased over the counter.

"Crystal Meth" is usually smoked in glass pipes. It is odorless, making it difficult to detect. After smoking "Crystal Meth" users experience a rush, with bursts of energy, and alertness. After the high, they feel extremely fatigued and usually go into a prolonged state of deep sleep that can last up to three days.

What Is Ice?

Ice is an extremely pure (98-100%) smokeable form of methamphetamine. Also called crystal, glass or batu. It looks like chunks of clear to yellowish rock candy. Ice first appeared in the United States in Hawaii in 1985, smuggled in from Asia. Clear or translucent Ice is water-based and burns quickly. It leaves a milky white residue in the bowl of the pipe (sometimes called a "bong") The smoke from Ice is colorless and odorless. It can be used virtually unnoticed. Yellowish Ice is oil-based and burns more slowly, leaving a brownish to black residue. Users re-smoke the residue.

What are the short and long-term effects of Ice?

Ice produces intense effects with an almost instant onset. The short and long-term effects of Ice are similar to those of other forms of methamphetamine but are much more intense. Physical damage from chronic use can occur more quickly. Because of its purity, an overdose is more likely to result in seizures, cardiac arrest and maybe even death.

Cocaine

Things You Need To Know

What is Cocaine?

Cocaine is a powerfully addictive stimulant that directly affects the brain. It is one of the oldest known drugs. The pure chemical, cocaine hydrochloride, has been abused for more than 100 years. And the coca leaves, the source of cocaine, have been ingested for thousands of years. Cocaine is a Schedule II drug, meaning that it has high potential for abuse, but can be administered by a doctor for legitimate medical uses, such as local anesthetic for some eye, ear, and throat surgeries. There are basically two chemical forms of cocaine: the hydrochloride salt – powder cocaine and the ‘freebase’ – smokable cocaine. Powder Cocaine is generally sold on the street as a fine, white crystalline powder, known as ‘coke’, ‘c’, ‘snow’, ‘candy’, or ‘blow’. Typically the cocaine sold on the street is diluted with substances such as cornstarch, talcum powder, and/or sugar.

How is Cocaine Used?

It can be taken orally – ‘chewing’, snorted through the nose, smoked, or injected – ‘mainlining’. Injecting cocaine released the drug directly into the bloodstream and heightens the intensity of its effects. Injecting any drug also carries the added risk of contracting HIV/AIDS if the person shares a needle with a person already infected with HIV/AIDS. Cocaine is absorbed into the bloodstream through nasal tissues when it is snorted. Nasal problems, including congestion and a runny nose occur with cocaine use. Prolonged use can cause the mucous membrane of the nose to disintegrate. Heavy cocaine use can sufficiently damage the nasal septum and cause it to collapse. Smoking cocaine allows smoke that is inhaled through the lungs to be absorbed into the bloodstream more quickly than if it were injected. Some users combine cocaine powder or crack with heroin in a ‘speedball’.

What are the effects of Cocaine use?

There is no safe way to use cocaine. As cocaine use continues, a tolerance often develops. This means that a higher dose and more frequent use of cocaine are required for the brain to register the same level of pleasure that was experienced during the initial use. Some recent studies have shown that even during periods of abstinence from cocaine use, there still remains the memory of the initial euphoria associated with cocaine use. Triggers can set off a tremendous craving, causing users to relapse even after long periods of abstinence.

Effects appear almost immediately after a single dose, and disappear within a few minutes or hours. The duration of the high depends on how the cocaine was administered. The high from snorting cocaine can last for 15 to 30 minutes. The high from smoking cocaine, usually only lasts 5 to 10 minutes. Large amounts may lead to bizarre, erratic, and violent behavior. Users often experience tremors, muscle twitches, and paranoia. Some users report restlessness, irritability, anxiety, and grinding of teeth.

Some short-term effects of cocaine use can include: Increased energy, decreased appetite, increased heart rate and blood pressure, constricted blood vessels, increased temperature, dilated pupils, nosebleeds, loss of smell, problems swallowing, hoarseness, runny nose or inflamed nose.

Some of the most frequent medical complications associated with cocaine use include: Heart problems including irregular heart rhythms and heart attacks, chest pains and respiratory failure, strokes, seizures, abdominal pain, nausea, or bowel gangrene due to reduced blood flow.

Marijuana

Things You Need To Know

What is Marijuana?

Marijuana is the most commonly used and controversial illicit drug in America today. The term marijuana, as commonly used, refers to the leaves and flowering tops of the cannabis plant.

A tobacco-like substance produced by drying the leaves and flowering tops of the cannabis plant. Marijuana varies significantly in its potency, depending on the source and selection of plant materials used. The form of marijuana known as sinsemilla (Spanish, sin semilla: without seed), derived from the unpollinated female cannabis plant, is preferred for its high THC content. Cannabis sativa L., the hemp plant, or marijuana, grows wild throughout most of the tropic and temperate regions of the world, including here in Tennessee. Prior to the advent of synthetic fibers, the cannabis plant was cultivated for the tough fiber of its stem. In the United States, cannabis is legitimately grown only for scientific research. Cannabis contains chemicals called cannabinoids that are unique to the cannabis plant. One of these, delta-9-tetrahydrocannabinol (THC), is believed to be responsible for most of the characteristic psychoactive ingredient. Marijuana contains more than 400 compounds, more than 60 cannabinoids, and many other ingredients. Its potency is due to the concentration of THC, which varies among different batches and different forms of marijuana.

How Is Marijuana Used?

Marijuana is usually smoked in the form of loosely rolled cigarettes called joints or blunts. Blunts are marijuana cigarettes rolled from cigar paper. (The tobacco is removed first.) Joints and blunts may be laced with a number of adulterants including PCP, cocaine, substantially altering the effects and toxicity of these products.

Marijuana is sometimes cooked in foods such as brownies, but in such cases the drug's effects are felt less rapidly, and are less under the control of the experienced user, than when it is smoked.

What Are Marijuana's Effects?

Marijuana intoxication may include an altered state of consciousness, mild euphoria, relaxation, time distortion, perceptual alterations, intensification of ordinary sensory experiences, and/or increased sociality. Unpleasant psychological reactions can be anxiety, depression, panic, delusions, and/or hallucinations. Cognitive functions such as impaired short-term memory, disruption of mental activity, and motor functions like altered reaction time and disruption of coordination can result from marijuana intoxication. Recent research indicates that marijuana may play an important role in respiratory tract cancer. The tar phase of marijuana smoke contains 50 percent more of some carcinogenic agents than tobacco smoke. One marijuana cigarette deposits four times as much tar in the lungs as one tobacco cigarette, which amplifies the exposure of the lungs to carcinogens. Long after the "high" has gone, the drug remains in the brain and affects memory and learning. You will be less able to speak, read, compute, or reason. It also slows down your reaction time, making it dangerous to perform complex tasks such as driving a car.

Marijuana causes hormonal changes that could alter normal patterns of growth and sexual development. When marijuana is used by women during pregnancy, babies may be born prematurely, with low birth weights, or with other abnormalities. If you have high blood pressure or heart problems, smoking marijuana is risky because it increases your heart rate by as much as 50 percent. Your heart has to work harder and your blood pressure goes up.

For people with a history of emotional problems or mental illness, regular marijuana use can bring on their symptoms or make them worse.

Can You Become Dependent on Marijuana?

With regular use, people can become psychologically dependent on marijuana. They crave the "high" and become edgy and anxious if they cannot get the drug. People who use large doses on a daily basis can become physically dependent and suffer withdrawal symptoms when they stop using the drugs. For a week or so they may have trouble sleeping, feel anxious and irritable, and lose their appetite.

What is "Hash"?

Hashish, known as "hash", is the dried caked resin from the flowers and leaves of the female plant. It usually contains a higher THC concentration than marijuana, and is therefore more potent. It is sold in either soft or hard chunks and ranges in color from light or medium brown to nearly black.

Phencyclidine (PCP)

Things You Need To Know

WHAT IS PCP?

PCP was developed in the 1950's as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965, because it was found that patients often became agitated, delusional and irrational while recovering from its anesthetic effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as "angel dust", "ozone", "wack", and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules and colored powders. It is normally used in one of three ways: snorted, smoked or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano or marijuana.

WHAT ARE THE PHYSICAL EFFECTS?

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and muscular uncoordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process.

At high doses of PCP, there is a drop in blood pressure, pulse rate and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance and dizziness. High doses of PCP can also cause seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication). Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusion, paranoia, disordered thinking, a sensation of distance from one's environment and catatonia. Speech is often sparse and garbled.

People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

HOW MUCH IS TOO MUCH?

PCP is addicting; that is its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. It was first introduced as a street drug in the 1960's and quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. Many people, after using the drug once, will not knowingly use it again. Yet others use it consistently and regularly. Some persist in using PCP because of its addicting properties. Others cite feelings of strength, power, invulnerability and a numbing effect on the mind as reasons for their continued PCP use.

Heroin

Things You Need To Know

Heroin – The Opioid Family:

Heroin is an illegal opioid. It's both the most abused and the most rapidly acting of the opioids. Heroin is processed from morphine, a naturally occurring substance extracted from the seedpod of certain varieties of poppy plants. It is typically sold as white or brownish powder or as the black sticky substance known on the streets as "black tar heroin". It is highly addictive as users find that they have a need for persistent, repeated use of the drug (known as craving) and that their attempts to stop using the drug lead to significant and painful physical withdrawal symptoms.

Why is Heroin So Highly Addictive?

Heroin is so addictive because it activates many regions of the brain particularly the regions that are responsible for producing both the sensation of "reward" and physical dependence. Together, these actions account for the user's loss of control and the drug's habit-forming action.

How is Heroin Used?

Heroin is usually injected, sniffed/snorted, or smoked. Typically a heroin user may inject up to four times a day. Intravenous injection provides the greatest intensity and most rapid onset of euphoria (7 to 8 seconds), while intramuscular injection produces a relatively slow onset of euphoria (5 to 8 minutes). When heroin is snorted or smoked, peak effects are usually felt within 10 to 25 minutes.

What are the Short-Term Effects of Heroin Use?

Soon after injection (or inhalation), heroin crosses the blood-brain barrier. In the brain, heroin is converted to morphine and binds rapidly to opioid receptors. Abusers typically report feeling a surge of pleasurable sensation, a "rush". The intensity of the rush is a function of how much drug is taken and how rapidly the drug enters the brain and binds to the natural opioid receptors. With heroin, the rush is usually accompanied with a warm flushing of the skin, dry mouth, and a heavy feeling in the extremities, which may be accompanied by nausea, vomiting, and severe itching. After the initial effects abusers usually will be drowsy for several hours. Mental function is clouded by heroin's effect on the central nervous system. Cardiac functions slow, breathing is also severely slowed, sometimes to the point of death.

What are the Long-Term Effects of Heroin Use?

One of the most detrimental long-term effects of heroin is addiction itself. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use, and neurochemical and molecular changes in the brain. Heroin also produces profound degrees of tolerance and physical dependence, which are also powerful motivating factors for compulsive use and abuse. As with abusers of any addictive drug, heroin abusers gradually spend more and more time and energy obtaining and using the drug. Once they are addicted, the heroin abusers' primary purpose in life becomes seeking and using drugs. Physical dependence develops with higher doses of the drug. With physical dependence, the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Withdrawal may occur within a few hours after the last time the drug is taken. Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, and leg cramps. Medical consequences of chronic heroin abuse include scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses (boils) and other soft-tissue infections and liver or kidney disease. Lung complications (including various types of pneumonia and tuberculosis) may result from the poor health condition of the abuser as well as from heroin's depressing effects of respiration. Many of the addictives in street heroin may include substances that do not readily dissolve and result in clotting the blood vessels that lead to the lung, liver, kidneys, or brain. Sharing of injection equipment or fluids can lead to some of the most severe consequences of heroin abuse-infections with hepatitis B and C, HIV, and a host of other blood-borne viruses, which drug abusers can then pass to their sexual partner.

Drug Slang Associated with Heroin:

Atom Bomb – heroin mixed with marijuana

China White – synthetic heroin

Chasing the Dragon – heroin and crack

Junk, Smack, Black Tar, White Girl, White Stuff, Girl, Dope, Mexican Brown Speedball – heroin mixed with cocaine

Alcohol



Common names are booze and juice:

- **Mental slowdown, inability to grasp the meaning of facts**
- **Chronic fatigue, weight loss, odor on the breath, use of breath sweeteners**
- **Facial changes, skin slack and unhealthy looking**
- **Difficulty in getting to sleep at night**
- **Difficulty focusing, glazed appearance of the eyes**
- **Impairment in social functioning, low frustration tolerance, impulsiveness, anxiety, over-sensitivity, isolation, defiance, violent mood swings and manipulation of others, uncharacteristic passive behavior, loss of memory (black outs)**
- **Unexplained bruises and accidents**
- **Consumption of alcohol becomes the focus of social or professional activities**

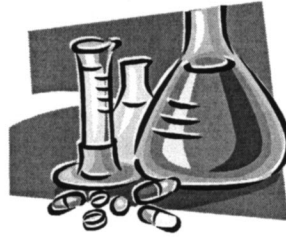
EFFECTS ON DRIVING

- **False sense of security, driver may take more risks**
- **Euphoric high followed by a period of stuporous inactivity in which driver may spend time daydreaming**
- **Difficulty in focusing. Blurred and/or double vision is also experienced with alcohol use just as it would be with any other depressant drug.**
- **Extreme fatigue and drowsiness – leading to falling asleep at the wheel**
- **Thinking and reflexes slow, making it hard to respond to sudden, unexpected events**
Difficulty with complex decisions.
- **Performance impeded when task is complex, inability to display continuous attention or to digest information**

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Amphetamines/Stimulants



Stimulants used to increase alertness and physical activity. In pure form they are yellowish crystals that are manufactured into tablets or capsules. Amphetamines include three closely related drugs – amphetamines, dextroamphetamine, and methamphetamine. Common names are speed, meth, hearts, pep pills, bennies, uppers, peaches, cartwheels, and skyrockets.

- Unusual energy, accelerated movements and activities
- Lack of sleep, insomnia
- Dryness of mucous membranes (e.g. dry mouth and lips)
- Possible loss of appetite
- Dilated pupils
- Irritability, anxiety, aggressiveness, panic and nervousness
- Talkative but conversation often lacks continuity; changes subjects rapidly

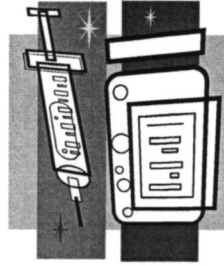
EFFECTS ON DRIVING

- Studies reveal that small doses of methamphetamines given to subjects for a limited time, generally improve performance of several driving skills. However, these subjects tend to overestimate their performance and take more risks.
- Actual driving records indicate that people who take amphetamines are more accident-prone.
- Stimulants combat fatigue and keep drivers awake, but also make the driver edgy, less coordinated and more likely to be involved in traffic collisions. Drivers who use stimulants may be four times as likely to be involved in collisions than non-users.
- Extreme fatigue experienced by drivers both physically and mentally during the down period. Inability to concentrate and make sound judgements.
- Drivers experience severe mental depression, fatigue and irritability. Drivers tend to be more aggressive on the road.
- Use of amphetamines causes food and sleep deprivation which can lead to speed or amphetamine psychosis in which the driver is out of touch with reality and doesn't know where he is going.

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Opioids



Sometimes referred to as narcotics. Opioids are a group of drugs which are used medically to relieve pain. Some opioids come from a resin taken from the seedpod of the Asian Poppy, E.G., opium, morphine, heroin, and codeine. Other opioids are synthesized or manufactured. Common names are hose, smack, junk, H, morpho, dollies, heroin, opium, morphine and codeine.

- Mental dullness, loss of appetite, slurred speech
- Short lived euphoria or feeling hood effects
- Pinpoint pupils that fail to respond to light
- Scars (tracks) on inner arms or parts of body from needle injections.
- Drowsiness and lethargy, nausea and vomiting
- Apathy and decreased physical activity
- Respiratory depression, overdose can result in coma and death
- Use or possession of paraphernalia including syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles

EFFECTS ON DRIVING

- False sense of security, driver may take more risks
- Euphoric high followed by a period of stuporous inactivity in which driver may spend time daydreaming
- Difficulty in focusing. Because pupils are constricted to pinpoint size, vision is impaired. Blurred and/or double vision is also experienced with opiate use just as it would be with any other depressant drug.
- Extreme fatigue and drowsiness – leading to falling asleep at the wheel

Cocaine



A drug extracted from the leaves of the coca plant. Cocaine is a central nervous stimulant and highly addictive. Common names are coke, snow and china white.

- Runny nose; reddened and sore nose, cold or chronic sinus/nasal problems; nosebleeds
- White powder in container and/or around nose
- Unexplained bursts of energy
- Free basing instruments such as ether, small torch, mixing plates or containers
- Use or possession of paraphernalia including small spoons, razor blades, mirror, little bottles of white powder and straws
- Restlessness or nervousness
- Irritability and anxiety
- Repetitive and nonpurposeful behavior
- Long periods without eating or sleeping; likely to be emaciated
- Dilated pupils
- Respiratory problems

EFFECTS ON DRIVING

- Too quick to compensate in acceleration, braking and shifting
- Feeling overly confident in driving judgment and skills
- Lapses in attention and concentration, unable to display continuous attention to driving
- Within an hour of use, the person feels less alert and is extremely fatigued and sleepy. Frequently drivers fall asleep at the wheel.
- After euphoria, driver exhibits restlessness, irritability and anxiety. Demonstrates anger and hostility toward other drivers as well as being impatient and taking more risks.
- Over-confident in driving judgement and skills, inability to see impending danger.
- Extreme danger of convulsions, seizures, cardiac arrest and/or stroke. Involuntary muscles don't work. Possible collision. Usually no warning of impending danger.
- Distorted vision – difficulty in seeing. The pupils are so dilated that sunlight or bright headlights may cause much pain and discomfort
- Erratic muscle movement producing muscle spasms
- Over-stimulated reflexes
- Drivers may suffer from auditory and visual hallucinations as well as cocaine psychosis in which they lose sight of where they are going – lose touch with reality.

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Marijuana



A crude drug made from the plant cannabis sativa. Marijuana is addictive, although many believe it is not. Common names are grass, weed, pot, reefer, lid, joint, loco weed, mary jane and roach

- Rapid, loud talking
- Forgetfulness in conversation (i.e., “What was I saying?”) or may simply trail off
- Appears intoxicated but has no smell of alcohol
- Appears sleepy or stuporous in the latter stages
- Inflammation in whites of eyes; pupils unlikely to be dilated
- Increase in appetite especially after smoking
- Odor similar to burnt rope on clothing and breath
- Excessive laughter or inappropriate happiness
- Distorted sense to time passage, tendency to over-estimate time intervals
- Tendency to drive slowly, below speed limit
- Presence of roach clips (paper clips, bobby pins, hemostats or tweezers)
- Bongs or water pipes
- Use of eye drops to hide bloodshot eyes

EFFECTS ON DRIVING

- Thinking and reflexes slow, making it hard to respond to sudden, unexpected events
- Ability to “track” through curves, brake quickly, maintain speed and proper following distance is affected. Tracking may be affected up to ten hours after use
- Driving skills are impaired for at least 4-6 hours after use.
- Visual and depth perception are distorted. Can create confusion about traffic movement and appropriate driving response.
- Over-estimates time intervals
- Difficulty with complex decisions. Performance impeded when task is complex, inability to display continuous attention or to digest information
- Less likely to control vehicle speed and proper positioning in response to wind gusts and driving through curves
- Over-concentration and shortened memory span prevents detection of warning signals
- Lengthened glare recovery after driving into bright headlights

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Phencyclidine (PCP)



This drug was first developed as an anesthetic in the 1950's and taken off the market because it sometimes caused hallucinations. It is available in various forms: a white crystal-like powder, a tablet or capsule. Common names are PCP or angel dust.

- Hallucinations
- Irrational speech or unpredictable behavior; mood may swing from passive to violent for no apparent reason
- Symptoms of intoxication
- Disorientation; agitation and violence if exposed to excessive sensory stimulation
- Fear and terror
- Rigid muscles, strange gait
- Deadened sensory perception (may experience severe injuries while appearing not to notice)
- Pupils may appear dilated or floating (appear to follow a moving object)
- Mask-like facial appearance
- Subject to flashbacks
- Comatose (unresponsive) if large amount consumed; eyes may be open or closed

EFFECTS ON DRIVING

- The driver using this drug is extremely dangerous on the road. PCP's effects are so varied and so bizarre that one cannot predict the dangers involved.
- User feels they are the superior beings on the road. Sense of invulnerability and power causing driver to take more risks on the road
- Drug would contribute to a very aggressive, hostile and violent driver with very little patience and no fear of death
- Tendency to anger very quickly
- Subject to auditory and visual hallucinations
- Visual distortion – blurred and/or double vision
- Possibility of convulsions, coma, and/or death causing collisions
- Loss of perception of time. Time appears to slow
- Driver's impulses are dulled and coordination fails

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REFERRAL SOURCES

SELF HELP GROUPS

AL-ANON ADULT CHILDREN	348-7103
AIDS HOTLINE	329-2437
AIDS NATIONAL HOTLINE	800-842-2437
AL-ANON / ALATEEN	348-7103
ALCOHOLICS ANONYMOUS	355-1151
DOMESTIC VIOLENCE HOTLINE	883-7654
EMOTIONS ANONYMOUS	847-5222
GAMANON	
GAMBLERS ANONYMOUS	356-8070
NARCOTICS ANONYMOUS	322-4811
RATIONAL RECOVERY	786-8801

TREATMENT PROGRAMS

BRISTLECONE OUTPATIENT / DETOX	954-1400
CARSON TAHOE HOSPITAL	885-8866
COMMUNITY COUNSELING CENTER	
CARSON CITY	882-3945
JOHN GLENN & ASSO.	
CARSON CITY	882-4340
METHADONE CLINIC	
*RENO TREATMENT CENTER	333-5233
NEW FRONTIER - FALLON	775-423-1412
NEVADA MENTAL HEALTH	688-2001
VA HOSPITAL TREATMENT PROG	328-1490
VITALITY CENTER -ELKO	738-8004
RENOWN MEDICAL CENTER	982-4100
RENOWN BEHAVIORAL HEALTH	982-5318
WEST HILLS HOSPITAL	323-0478
WILLOW SPRINGS (ADOLESCENTS)	858-3303

DUI SCHOOLS

LYNN DAUS, M.A.	348-7550
NEVADA COURT COUNSELING	358-1011
ALLIANCE COUNSELING	324-0661

GAMBLING TREATMENT PROGRAM

RED HAWK COUNSELING	284-7275
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HALFWAY HOUSES

GRACE HOUSE (MEN)	329-0439
STEP TWO (WOMEN)	787-9411

SPANISH SPEAKING PROGRAMS

AMERICAN COMPREHENSIVE	356-0371
COUNSELING SERVICES	
GREAT BASIN COUNSELING	827-4454
THE BRIDGE CENTER	857-2999

CHILD ABUSE PREVENTION SERVICES

CHILD PROTECTIVE SERVICES	785-8600
COMMITTEE TO AID ABUSED	
WOMEN	329-4150
CRISIS CALL CENTER	784-8090
FAMILY COUNSELING SERVICES	329-0623
RENO POLICE DEPARTMENT	334-2121
REPORT CHILD ABUSE	800-4-A-CHILD
SALVATION ARMY	688-4563

TRUCKEE

DEBRA BRIOZA, M.A.	530-582-4977
(LICENSED MARRIAGE & FAMILY THERAPIST)	
(CERTIFIED ALCOHOL & DRUG ABUSE	
COUNSELOR)	
NEVADA COUNTY SUBSTANCE ABUSE	
TREATMENT & RECOVERY(NCSA)	530-587-8194
TGIF COUNSELING CENTER	530-582-4616

SOUTH LAKE TAHOE

VITALITY CENTER - SOUTH LAKE	530-541-5190
TAHOE TURNING POINT	530-542-1200

EMPLOYEE ASSISTANCE PROGRAMS

MOUNTAIN EAP	775-322-6066
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WHO TO CALL FOR HELP

Help is sometimes just a phone call away. You may want to contact one of the organizations listed below for advice on how to address substance abuse in your life.

Adult Children of Alcoholics 213/534-1815	Mothers Against Drunk Driving 214/744-6233
Al-Anon Family Group Headquarters 212/683-1771	Narcotics Anonymous 213/347-5800
Alateen 212/683-1771	Narcotics Anonymous 818/780-3951
Alcoholics Anonymous 212/686-1100 212/683-3900	National Clearinghouse for Alcohol and Drug Information 800/729-6686
American Council on Alcoholism Helpline 800/527-5344	National Council on Alcoholism and Drug Dependence 800/NCA-CALL
American Council for Drug Education 800/488-3784	National Families in Action 404/934-6364
Center for Substance Abuse Prevention 800/354-8824	National Institute on Drug Abuse 800/622-HELP
Cocaine Anonymous 800/347-8998	National Parents Resource Institute for Drug Education (PRIDE) 800/241-7946
Cocaine Hotline 800/COCAINE	