



MISSOURI DEPARTMENT OF CORRECTIONS
TRAINING ACADEMY
LESSON PLAN

COURSE TITLE:	Divisional Training
CLASS TITLE:	The New High: Drug Identification and awareness
MODULE TITLE:	

PROGRAM OVERVIEW

This program will educate staff members on the appearance and effects of various common drugs.

PARAMETERS

Date: 11/19/12

Credit Hours: 4 hours

Target Audience:

All Staff members

Number of Participants: 30

Required Training Space:

Large Classroom

PERFORMANCE OBJECTIVES

EVALUATION TECHNIQUE

At the conclusion of this lesson, participants will:

1. Using the information provided identify illicit substances according to the effects and appearance of each substance.
2. Given offender behaviors, identify the illicit substance which causes the behavior, according to the information in the manual.

Evaluation techniques utilized by the trainer(s) to determine if the performance objectives have been met.

Processing Questions

Participant feedback

Participant Quiz

REQUIRED MATERIALS/EQUIPMENT/SUPPLIES/NEEDED			
	Overheads	X	Projector Screen
	Overhead Projector	X	Computer & LCD
X	Slide Show		Television(s)
	VCR/DVD Player		Video Camera
x	Posters		Masking Tape
x	Markers	x	Easel Pads & Stands
Videotapes:			
Other:			
Drug Identification handbook			
Crossword Puzzle poster (1 per group)			
STUDENT HANDOUTS			
Title:			
Participant Manual			

INSTRUCTIONAL STRATEGIES

Lecture, Guided Practice

REFERENCE(S)

The following books and / or materials were used as a basis for this lesson plan. The instructor should be familiar with the material in these reference documents to effectively present this module.

TITLE	TITLE
1. www.drugabuse.gov	4.
2. National Survey on Drug Use and Health	5.
3. www.wikihow.com	6.

*Prerequisite
Training/Certification:*

Curriculum Prepared by: Kevin Ownby

Curriculum Content Approved by:	Date Approved
Curriculum Design Approved by:	Date Approved

Original/Revision Date	Design Notes:
Original Date: 11/19/2012	
Revision Date: November 2016	Revised statistics throughout, added guided practice, added 12 steps to identify, additional content added throughout relating to specific symptoms and behaviors for each illicit substance
Revision Date:	

LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

ANTICIPATORY SET

In our environment within the Institutions we are aware how critical security must be. It is our responsibility to maintain that security and I am certain each of you is diligent with that task. However there is an area of Institutional security that many of us are ignorant of and it is solely due to our lack of knowledge with the subject. In today's world the prevalence and availability of mind altering substances is staggering. There are so many substances being utilized today that it is nearly impossible to maintain an accurate knowledge base of them. We are going to find our way through this myriad of chemical substances today and focus on the ones we primarily face within our institutions and the effects these substances could have on our offenders and how we could be placed in jeopardy due to their presence. According to the National Survey on Drug Use and Health in 2013, an estimated 24.6 million Americans aged 12 or older (9.4 percent of the population) used an illicit drug in the past month

There were 19.8 million current marijuana users (about 7.5 percent of people aged 12 or older).

6.5 million Americans aged 12 or older (or 2.5 percent) had used prescription drugs non-medically in the past month. Prescription drugs include pain relievers, tranquilizers, stimulants, and sedatives.

1.3 million Americans (0.5 percent) had used hallucinogens (a category that includes ecstasy and LSD) in the past month.

The number of current cocaine users aged 12 or older was 1.5 million.

There were 595,000 current methamphetamine users, An increase over past years.

Drug use is highest among people in their late teens and twenties with 22.6 percent of 18- to 20-year-olds reported using an illicit drug in the past month.

According to the NSDUH there is a direct correlation to the criminal justice system and drug abuse. The survey found that in

In 2013, an estimated 1.7 million adults aged 18 or older were on parole or other supervised release from prison at some time during the past year.

About one quarter (27.4 percent) were current illicit drug users, with 20.4 percent reporting current use of marijuana and 12.1 percent reporting current nonmedical use of psychotherapeutic drugs.

These rates were higher than those reported by adults aged 18 or older who were not on parole or other supervised release during the past year (9.3 percent for current illicit drug use, 7.5 percent for current marijuana use, and 2.4 percent for current nonmedical use of psychotherapeutic drugs).



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

An estimated 4.5 million adults aged 18 or older were on probation at some time during the past year. More than one quarter (31.4 percent) were current illicit drug users, with 23.5 percent reporting current use of marijuana and 12.3 percent reporting current nonmedical use of psychotherapeutic drugs. These rates were higher than those reported by adults who were not on probation during the past year (9.0 percent for current illicit drug use, 7.3 percent for current marijuana use, and 2.3 percent for current nonmedical use of psychotherapeutic drugs).

These numbers would tend to indicate that there is a strong possibility that offenders will enter our system with an existing drug problem that will continue to create a challenge for us in the Institutions. We will take a look at this challenge and how we can recognize the symptoms of substance abuse and recognition is the first step to prevention. Before we get into the specifics of our program today let's take a look at our performance objective for today.

PERFORMANCE OBJECTIVES

1. Using the information provided identify illicit substances according to the effects and appearance of each substance.
2. Given offender behaviors, identify the illicit substance which causes the behavior, according to the information in the manual.

GUIDED PRACTICE

Before we start examining the different types of substances and their effects would like to see why you think it is important for correctional staff members to be knowledgeable of drugs and their effects. In your groups identify concerns that can occur as a result of drug use within the Institution. Record your answers on the easel pad and select a spokesperson to share your answers with the class.

Facilitator should process each group's answers and supplement any missing concerns to insure the groups identify:

Offenders high on drugs may become aggressive which leads to staff assault
Offender on offender violence due to debts and territorial disputes associated with drug trafficking

Expanded medical costs due to declining health issues associated with drug addiction

As you can agree drug use within the Institution can lead to highly dangerous situations for staff members that can jeopardize everyone's safety as well as



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

increased costs to an already extremely strained budget. Staff members can help stem some of these concerns simply by being knowledgeable of the different types of drugs, their appearance and the effects they have on a user. We will explore the most prominent type of substances found within our system.

INSTRUCTIONAL INPUT

While our primary concern is the drugs that exist within our system we need to start by taking a look at some of the most commonly abused substances in the general populous since this is where our offenders originate. Prescription pills are rapidly becoming one of the most commonly abused substances across the United States especially in young adults. According to results from the 2014 National Survey on Drug Use and Health, an estimated 2.1 million Americans used prescription drugs non-medically for the first time within the past year, which averages to approximately 5,750 initiates per day. Nonmedical use of prescription drugs is highest among young adults aged 18 to 25, with 4.4 percent reporting nonmedical use in the past month. Among youth aged 12 to 17, 2.6 percent reported past-month nonmedical use of prescription medications.¹ The Drug Abuse Warning Network (DAWN) monitored emergency department (ED) visits in selected areas across the Nation through 2011. DAWN reported that more than 1.2 million ED visits in 2011 could be attributed to nonmedical use of prescription drugs; this represents about half (50.5 percent) of all ED visits related to drug misuse. Roughly 488,000, or 39.2 percent, of these ED visits involved prescription opioid pain relievers, a rate nearly triple that of 6 years prior. ED visits also more than quadrupled for central nervous system (CNS) stimulants to nearly 41,000 visits in 2011 and increased 138 percent for CNS depressants to 422,000 visits. Of the latter, 85 percent involved benzodiazepines (e.g., Xanax®). ED visits related to use of zolpidem (Ambien®), a popular prescribed non-benzodiazepine sleep aid, rose from roughly 13,000 in 2004 to 30,000 in 2011. More than half of ED visits for nonmedical use of prescription drugs involved multiple drugs. As you can see given the young age that many people are experimenting with prescription drugs for recreational use and the ready availability of these drugs, it is highly possible that we might encounter offenders in our populations that enter our system with a prescription drug abuse problem. We will take a look at some of the prescription drugs and their effects but before we do we need to define what exactly is prescription drug abuse.

Ask Participants: What do you think constitutes prescription drug abuse?

Possible Response: Taking other people's prescriptions, Taking expired prescriptions, continuing to take a prescription after you no longer need it.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Prescription Drug Abuse: Taking a prescription drug that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Some of the most commonly abused classes of prescription drugs include:

Opioids (for pain) Opioids include: Hydrocodone (Vicodin) Oxycodone (OxyContin) Oxymorphone (Opana) Propoxyphene (Darvon) Hydromorphone (Dilaudid) Meperidine (Demerol) Diphenoxylate (Lomotil)

Central Nervous System (CNS) Depressants (for anxiety and sleep disorders) Central nervous system depressants include: Nembutal, Valium, Xanax

Stimulants (for ADHD and narcolepsy). Stimulants include: Dexedrine, Ritalin, Concerta, Adderall (*Amphetamines*)

These prescription drugs have generated a widely popular street market. Some of the street names for these drugs include:

Oxy,	Phennies
Cotton,	Reds
Blue,	Red Birds
40,	Sleeping pills
80	Tooies
OxyContin	Tranks
Barbs	Yellows
Candy	Yellow Jackets
Downers	

While many people believe these drugs are less dangerous or addictive than other street drugs that misnomer is far from the truth. Long-term use of Opioids or central nervous system depressants can lead to physical dependence and addiction. Opiates are among the most abused drugs in the United States.

Opioids can produce:

Feelings of euphoria.	Confusion.
Pain relief.	Constipation
Drowsiness.	Shifting or dramatically changing moods.
Sedation.	Social withdrawal/isolation
Lethargy.	Depressed breathing
Paranoia.	
Nausea.	



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Opiates cause your irises to relax, creating pinprick or pinpoint pupils. This is one of the big giveaways of opiate abuse, and it's hard to disguise.

Long term effects of opiate use include:

Abdominal distension and bloating.

Liver damage (especially prevalent in abuse of drugs that combine opiates with acetaminophen).

Brain damage due to hypoxia, resulting from respiratory depression.

Development of tolerance.

Dependence.

Withdrawal symptoms can mimic flu symptoms and include:

Headache.

Nausea and vomiting.

Diarrhea.

Sweating.

Fatigue.

Anxiety.

Inability to sleep

Central nervous system depressants

Sometimes called “downers,” these drugs come in multicolored tablets and capsules or in liquid form. Some drugs in this category, such as Zyprexa, Seroquel and Haldol, are known as “major tranquilizers” or “antipsychotics,” as they are supposed to reduce the symptoms of mental illness. Depressants such as Xanax, Klonopin, Halcion and Librium are often referred to as “benzos” (short for benzodiazepines). Other depressants, such as Amytal, Numbatal and Seconal, are classed as barbiturates—drugs that are used as sedatives and sleeping pills.

Short Term Effects

Slow brain function

Slowed pulse and breathing

Lowered blood pressure

Poor concentration

Confusion

Fatigue

Dizziness

Slurred speech

Fever

Sluggishness

Visual disturbances

Dilated pupils

Disorientation, lack of coordination

Depression

Difficulty or inability to urinate

Addiction



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

The most common signs of depressant abuse include:

Evidence of withdrawal symptoms when not using depressants
A loss of interest in activities they previously enjoyed
Secretive behavior
Even though drugs are causing obvious harm individual continues to use them
Time off work and reduced productivity
Periods of depression
Less interest in personal hygiene and grooming
Mood swings
Memory loss due to blackouts
Denial when confronted with abuse
Unable to cope without their drug
Poor behavior possibly followed by period of remorse
Inability to keep up with their family and social commitments

The withdrawal symptoms from depressants can be quite severe. This is why medical supervision of the withdrawal period will sometimes be advised if there is not going to be any tapering off period. Doctors are able to assess whether an individual is likely to have the more serious effects of withdrawal and plan for this as appropriate.

Withdrawal symptoms may include:

Delirium Tremens (with Alcohol)	Nausea and vomiting
Seizures	Agitation
Mental confusion	Digestive problems
Hallucinations	Tremors and body spasms
Changes in pulse, respiration, blood pressure	Body aches and pains
Insomnia	Heart palpitations

STIMULANTS

Stimulant medications including amphetamines (e.g., Adderall) and methylphenidate (e.g., Ritalin and Concerta) are often prescribed to treat children, adolescents, or adults diagnosed with attention-deficit hyperactivity disorder (ADHD). Prescription stimulants have a calming and “focusing” effect on individuals with ADHD. They are prescribed to patients for daily use, and come in the form of tablets or capsules of varying dosages. Prescription stimulants are sometimes abused however—that is, taken in higher quantities or in a different manner than prescribed, or taken by those without a prescription. Because they suppress appetite, increase wakefulness, and increase focus and attention, they are frequently abused for purposes of weight loss or performance enhancement (e.g., to help study or boost grades in school; see box). Because they may produce euphoria,



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

these drugs are also frequently abused for recreational purposes (i.e., to get high). Euphoria from stimulants is generally produced when pills are crushed and then snorted or mixed with water and injected.

Stimulants can cause:

- ✓ Anxiety
- ✓ Paranoia
- ✓ dangerously high body temperatures
- ✓ irregular heartbeat
- ✓ Seizures.
- ✓ Hostility
- ✓ exhaustion,
- ✓ apathy
- ✓ Depression—the “down” that follows the “up.”

While the use of prescription drugs is abused in the general populous these types of drugs are very strictly regulated, controlled and administered within the correctional institutions so it becomes more difficult for abusers to have access to these. Statistics show that abusers who do not have access to one substance will many times cross over to substances that are more easily available to seek the same "high". Since prescription pills are strictly controlled within our systems and become increasingly more difficult and expensive to access and smuggle into the Institutions from the outside, offenders entering the institutions with addiction issues will seek other more readily available substances.

Marijuana

Ask Participants: What do you think is the most common illegal substance found within our Institutions?

Correct Answer: Marijuana

You are absolutely correct. Marijuana is the most common illegal substance found within our Institutions. It is also the most common substance abused in the world. In 2010, marijuana was noted by the United Nations as being the most widely used illicit substance in the world. Globally, between 129 and 191 million people aged 15 to 64 used marijuana at least one time in 2008, or 2.9 to 3.4 percent of the world's population. In North America, 29.5 million people used marijuana at least once in 2008. Data indicates that in 2008 marijuana was responsible for about 17 percent (322,000) of all admissions to treatment facilities in the United States. Only opiates have a higher admission rate among abused substances. Starting marijuana by age 14 was a common factor among 56 percent of those admitted for treatment. In 2013, an estimated 2.8 million persons aged 12 or older used an illicit drug for the first time within the past 12 months. This averages to about 7,800



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

initiates per day. A majority of these past year illicit drug initiates reported that their first drug was marijuana (70.3 percent). Daily or almost daily use of marijuana (used on 20 or more days in the past month) increased from 5.1 million persons in 2007 to 8.1 million persons in 2013. In 2013, 4.2 million Americans met clinical criteria for dependence or abuse of marijuana in the past year—more than twice the number for dependence/abuse of prescription pain relievers (1.9 million) and nearly five times the number for dependence/abuse of cocaine (855,000).

The 2010 Monitoring the Future survey indicates that marijuana use among 8th-, 10th-, and 12th-graders has shown a consistent rise over the past two years. Heightening the concern over this rise is the finding that the proportion of 8th-graders who perceived smoking marijuana as harmful and the proportion who disapprove of the drug's use have decreased. The statistics compute to roughly one out of every 16 high school seniors who smoke marijuana daily. Given these numbers it is very likely a large number of offenders will enter our Institutions with a marijuana abuse problem, so let's spend a little time discussing the specifics of marijuana use.

Most everyone knows the distinctive odor of marijuana but for those who don't once you smell it you won't forget it. Marijuana has a distinctive odor similar to a musty, sweet smell that is quite potent and is hard to miss. Marijuana is a green, brown or gray mixture of dried, shredded leaves, stems, seeds and flowers. Marijuana is used as a psychoactive or mind altering recreational drug, for certain medical ailments and for religious and spiritual purposes. The main active chemical in marijuana is THC, which is a psychoactive ingredient. THC from the marijuana acts on specific receptors in the brain, called cannabinoid receptors, starting off a chain of cellular reactions that finally lead to the euphoria, or "high" that users experience. Certain areas in the brain have a higher concentration of cannabinoid receptors. These areas influence memory, concentration, pleasure, coordination as well as sensory and time perception. Therefore these functions are most adversely affected by marijuana use. People smoke marijuana in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). They also smoke it in blunts—emptied cigars that have been partly or completely refilled with marijuana. To avoid inhaling smoke, more people are using vaporizers. These devices pull the active ingredients (including THC) from the marijuana and collect their vapor in a storage unit. A person then inhales the vapor, not the smoke.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

GUIDED PRACTICE

In your group come up with as many names for marijuana as possible. Record your answers on the easel pad and select a spokesperson for your group. You have five minutes.

Facilitator should process the list that each group compiles and compare them with the list below filling in any street names that the groups did not identify.

The botanical name of marijuana is Cannabis Sativa, but it is more commonly known by its street names. There are over 200 street names for marijuana but some of the most common are:

Weed,
Pot,
Herb,
Bud,
Dope,
Spliff,
Reefer,
Grass,
Ganja,
420,
Chronic,
Mary Jane,
Gangster,
Boom,
Skunk.

Users can mix marijuana in food (*edibles*), such as brownies, cookies, or candy, or brew it as a tea. A newly popular method of use is smoking or eating different forms of THC-rich resins. Smoking THC-rich resins extracted from the marijuana plant is on the rise. Users call this practice *dabbing*. People are using various forms of these extracts, such as:

Hash oil or *honey oil*—a gooey liquid

Wax or *budder*—a soft solid with a texture like lip balm

Shatter—a hard, amber-colored solid

These extracts can deliver extremely large amounts of THC to users, and their use has sent some people to the emergency room. Another danger is in preparing these extracts, which usually involves butane (lighter fluid). A number of people who have used butane to make extracts at home have caused fires and explosions and have been seriously burned.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Side effects of marijuana use will vary from person to person, depending upon the strength and amount of marijuana used and if the user is occasionally or chronically exposed to THC.

Short-term effects of marijuana use include:

Problems with memory and learning;
Distorted perception (sights, sounds, time, touch);
Difficulty in thinking and problem solving;
Loss of coordination and motor skills;
Increased heart rate,
Anxiety,
Bloodshot eyes,
Dry mouth.
Reaction time may be impaired while driving.
Panic attacks,
Paranoia and psychosis may occur acutely and be more common in psychiatric patients.
Not being able to tell imagination from reality (psychosis)
Panic
Hallucinations
Loss of sense of personal identity
Lowered reaction time
Sexual problems (for males)
More likely to contract sexually transmitted infections (for females)

LONG-TERM EFFECTS

Decline in IQ (up to 8 points if prolonged use started in adolescent age)
Poor school performance and higher chance of dropping out
Impaired thinking and ability to learn and perform complex tasks
Lower life satisfaction
Addiction (9% of adults, 17% of people who started as teens)
Potential development of opiate abuse
Relationship problems, intimate partner violence
Antisocial behavior including stealing money or lying
Financial difficulties
Increased welfare dependence
Greater chances of being unemployed or not getting good jobs.

For chronic users, the impact on memory and learning can last for days or weeks after its acute effects wear off. Marijuana may be cut on the street with more dangerous substances that may lead to more serious side effects.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Ask Participants: What kind of security or safety concerns could be associated with these side effects?

Correct Answer: Assaults on staff, accidents from falls, medical emergencies, etc.

THC in marijuana is strongly absorbed by fatty tissues in various organs. Generally, traces of THC can be detected by standard urine testing methods several days after a smoking session. In heavy chronic users, traces can sometimes be detected for weeks after they have stopped using marijuana. Our department routinely utilizes urinalysis to identify offender drug use. By policy five percent of the offender population at each institution must receive random urinalysis testing as well as an additional five percent must receive targeted testing. In addition, our Department currently conducts random urinalysis on three percent of staff members monthly. The Institutional drug tests can detect far more than marijuana though. Offender urinalysis testing screens for THC, Cocaine, Opiates, Benzodiazepines, PCP, barbiturates and amphetamines. Target testing may also include Fentanyl, ketamine and suboxone if requested.

HASHISH

While marijuana is the most popular drug due to its relatively easy access and low costs on the street it certainly isn't the only type of drug we encounter within our Institutions. Hashish is another drug similar to marijuana and produced from the same plant. Hashish is a sticky, thick, dark-colored resin (like sap) which is made from the flower of the same plant as marijuana (*Cannabis Sativa*). Hashish may be solid or resinous depending on the preparation. Pressed hashish is usually solid, whereas water-purified hashish often called "bubble melt hash" is often a paste-like substance with varying hardness and pliability. Hashish is most commonly light to dark brown but sometimes varies toward green, yellow, black or red. The name hashish comes from an Arabic word meaning dry weed. Hashish has much more of the chemical THC than marijuana and therefore is a much stronger drug than marijuana. When a person wants to use hashish, they usually:

Smoke it by putting a small piece of hashish in a joint with tobacco or marijuana.

Putting a small piece of hashish in a pipe or bong (water pipe)

Eat hashish, usually by mixing it into food or baked goods.

When people smoke hashish (in a cigarette, a tin or glass pipe, or other forms of smoking apparatus like a bong) or eat hashish, certain sensations come about. Effects of taking hashish can vary widely depending on the strain of the drug and how it is taken. Some of the effects include:

Happy,

Relaxed,

Feeling silly,



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Hallucinations which may include strange colors or patterns

Paranoia

Problems with memory and learning;

Distorted perception (sights, sounds, time, touch);

Difficulty in thinking and problem solving;

Loss of coordination and motor skills;

Increased heart rate,

Anxiety,

Bloodshot eyes,

Dry mouth

Reaction time may be impaired while driving.

Panic attacks

Cocaine

While marijuana and hashish are the most widely used illicit substances there are other illicit substances that have wide popularity as well. Cocaine has been abused for many years and has its use has been publicized in movies, television shows, and in 1976 J.J. Cale even wrote and recorded a song about the use of cocaine which became widely popular and was later re-released by Eric Clapton. Cocaine is a powerfully addictive central nervous system stimulant that is snorted, injected, or smoked. In 2013, there were 1.5 million current cocaine users aged 12 or older, or 0.6 percent of the population. Cocaine which appears as a white crystalline powder is more commonly referred to by its street names:

Coke

Snow

Flake

Blow

Cocaine effects include:

Euphoria

Extremely energetic

Increased body temperature

High blood pressure

Increased heart rate

Grinding of teeth

Excessive movement

Agitation

Nose Bleed

Users can risk extreme life threatening emergencies such as: heart attacks, respiratory failure, strokes, seizures, abdominal pain, and nausea. In rare cases, sudden death can occur on the first use of cocaine or unexpectedly afterwards. Cocaine has been highly publicized as the drug of choice of movie stars and musicians but it has always been considered a "high end



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

drug" which means while it was popular it was also very expensive and remains so today.

CRACK COCAINE

Due to the costs of powdered cocaine very few people could support a continued cocaine habit without deep financial pockets to draw from. This led to the creation of "Crack Cocaine" more commonly referred to as "Crack". "Crack" is the name given to cocaine that has been processed with baking soda or ammonia, and transformed into a more potent "rock" form which can be smoked. The name of the drug refers to the crackling sound heard when the rock is heated and smoked. Cocaine is a stimulant that has been abused for ages; however, crack cocaine is the most potent form in which the drug has ever appeared. There is great risk when using any form of cocaine, but crack cocaine is the riskiest form of the substance. Smoking a substance allows it to reach the brain more quickly than other routes of administration and compulsive cocaine use will develop even more rapidly if the substance is smoked rather than snorted. Smoking crack cocaine brings an intense and immediate, but very short-lived high that lasts about fifteen minutes. A person can become addicted after his or her first time trying crack cocaine. Crack cocaine was first developed during the cocaine boom of the 1970's, and its use became enormously popular in the mid-1980s, particularly in urban areas. Today it remains a very problematic and popular drug, as it is inexpensive to produce, and is much cheaper to purchase than powder cocaine. Crack cocaine, once processed from cocaine powder, appears as a yellowish-white rock. It is cut or broken into smaller rocks weighing a few tenths of a gram.

Crack is also referred to by many street names including:

- Rock
- Hard Rock
- Base
- Kryptonite
- Sugar Block
- Apple Jacks

Crack cocaine is generally smoked through a glass hand pipe or water pipe. Also, there have been reports of the drug being injected intravenously or even snorted, but these methods are less common. In many areas of the country, users report combining crack cocaine with heroin, marijuana, and other types of drugs in order to create different, more intense effects. After having tried crack cocaine, the user will rapidly develop an intense craving for the drug. The high from crack cocaine begins almost immediately after the vapors are inhaled and lasts about 5 to 15 minutes. After the initial rush subsides, the user experiences an intense desire for more of the drug. This is how users can become addicted after just their first hit.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Other short-term effects include:

Increased blood pressure and heart rate
Constricted peripheral blood vessels
Increased rate of breathing
Dilated pupils
Hyper-stimulation
Intense euphoria
Decreased appetite
Anxiety and paranoia
Aggressive behavior
Depression
Intense drug craving
Sudden death - even one use can cause overdose or death

Prolonged crack cocaine abuse causes a number of problems, including:

Severe depression
Irritability and mood disturbances
Aggressive behavior
Delirium or psychosis
Tolerance and addiction, even after just one use
Auditory and tactile hallucinations
Heart attack and heart disease
Stroke
Respiratory failure
Brain seizures
Sexual dysfunction (for both men and women)
Reproductive damage and infertility (for both men and women)
Increased frequency of risky behavior
Death

Cocaine is a highly addictive substance, and crack cocaine is substantially more addicting, as the drug is far more potent since it is smoked. Users quickly develop a tolerance to crack cocaine, needing more of the substance to achieve the desired effects. Because the high from crack cocaine is so short-lived, users commonly smoke it repeatedly in order to sustain the high. This can lead to an even faster onset of addiction. Also, because crack cocaine works on the brain's system of reward and punishment, withdrawal symptoms occur when the drug's effects wear off. Users will often keep using crack cocaine simply to avoid the negative effects of withdrawal. Cocaine or "Crack" is often combined with other drugs.

You may hear slang terms which refer to this combined use such as:

Chronic - marijuana laced with cocaine or crack

Dusting - sprinkling cocaine powder on other smokable drugs or on cigarettes

Speedballing - using cocaine and heroin together



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Snowcapping - Cocaine sprinkled over marijuana

Heroin

Heroin is an opiate drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder. Heroin can be injected, snorted/sniffed, or smoked. All three methods of administering heroin can lead to addiction and other severe health problems. Street names for heroin tend to be regional, but some of the street names for heroin include:

Gear

Number 8 (for the eighth letter of the alphabet, 'h')

Chiva

Brownstone

Murder 1

Smack

China white - a very pure form of heroin

Dr. Feelgood (also refers to a doctor who is willing to over prescribe drugs)

Dope (although can also refer to other drugs like cannabis)

Junk (common to all "hard" drugs)

Caballo (Spanish slang)

Users experience a variety of effects which can include:

Surge of euphoria ("rush")

Dry mouth

Warm flushing of the skin

Heaviness of the extremities

Clouded mental functioning

Following the initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Users who do not inject the drug may not experience the initial rush, but other effects are the same. Users display symptoms which can be observed to indicate their addiction. Some of these signs include:

Cold Skin

Pinpoint pupils

Track marks

Brown colored area around the nose (sign of snorting)

With regular heroin use, tolerance develops and more heroin is needed to achieve the same intensity of effect. Users will begin to use more and more attempting to achieve the impossible task of experiencing the same "high" as the last time. This constant search for the "high" has led to the development of a slang phrase associated with heroin use. "Chasing the dragon" is a slang phrase of Cantonese origin commonly used to describe the way a heroin addict seeks to re-experience the same high as the first time they



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

used heroin. It is referred to as such because it is a high they will never again experience. "Chasing the dragon" should not be confused with "chasing the white dragon" as the latter refers to smoking methamphetamine. The phrase has also been used to describe the way in which a heroin user keeps the heated, liquid drug moving so it does not form into a single mass. Heroin users are at high risk for addiction. It is estimated that about twenty three percent of individuals who use heroin become dependent on it.



Black Tar Heroin

Black tar heroin is actually not heroin. Black tar heroin is synthesized from morphine, like heroin, but black tar heroin is created in a simpler way resulting in an unrefined and crude opium product. Black tar heroin gets its name from its distinct color which is actually a mixture of dark orange and dark brown tones. It is less powdery in form than other types of heroin and maintains more of a "hashish-like" look and feel in its appearance.

Black tar heroin puts users at greater risk for life-threatening infections and vein collapse than heroin. Black tar heroin mostly comes from Mexico. The effects and symptoms of black tar heroin are the same as regular heroin and it is impossible to distinguish between the two in effects or symptoms. Black tar heroin is also known as:

Black
Brown
The letter "b" or "h"
Tar
Goma
Mexican mud
Muck
Pigment

K2 or SPICE

K2 or Spice is a mixture of herbs, spices or shredded plant material that is typically sprayed with a synthetic compound chemically similar to THC, the psychoactive ingredient in marijuana. K2 is typically sold in small, silvery plastic bags of dried leaves and marketed as incense that can be smoked. It is said to resemble potpourri. Although K2 is sometimes marketed as synthetic marijuana, the effects can be ten times more intense than those from marijuana. K2 products are usually smoked in joints or pipes, but some users make it into a tea. The dried herbs come in 3-gram packages of various flavors, including "Blonde," "Pink," "Citron" and "Summit." This drug is highly dangerous but is popular due to the fact that the effects are similar to marijuana but it does not have the distinct odor of marijuana and its use will not be detected in a standard urinalysis. The attractive packaging of the substance is misleading to many young adults and teenagers who tend to be the primary age group for use. The packaging makes the drug appear to be

LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

innocent and harmless yet the truth is quite the contrary. Teenagers have been hospitalized, suffered severe hallucinations, increased heart rate, seizures, and even death with the use of this drug. The DEA added K2 to its schedule 1 drug list in 2010 which is the most restrictive classification making it illegal to sell or possess the drug.

The first initial effects of the drug will be experienced by the user in three to five minutes after use, and the duration of the high is one to eight hours.

Users may experience:

Dysphoria (state of unpleasant mood alternation)

Severe paranoia

Delusions

Hallucinations

Increased agitation

Dizziness

Difficulty walking

Red, bloodshot eyes

Smelly hair and clothes

Short term memory loss

Acting silly for no apparent reason

Loss of control

Lack of pain response

Pale skin

Seizures

Vomiting

Profuse sweating

Uncontrolled / spastic body movements

Elevated blood pressure

Heart rate and palpitations.



BATH SALTS

Though the name may sound harmless, bath salts are a dangerous synthetic stimulant that carries the risk of easy overdose, hallucinations and even death.

Bath Salts have recently gained notoriety as the "Zombie" drug due to incidents where users have bitten people including one assault where there was extensive damage to a victim's face from biting. Bath Salts are a synthetic, stimulant powder product that contains amphetamine-like chemicals, including mephedrone, which may have a high risk for overdose. Because the drug is new and some of the contents unknown, using it in any way is highly dangerous. Between January and February 2011, there were

LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

over 250 calls to U.S. poison centers related to bath salts. This is well over the 236 calls received for all of 2010. Bath salts are a dangerous drug whose full risks and effects are still unknown.

Bath salts can cause:

Rapid heartbeat
High blood pressure
Chest pains, agitation
Hallucinations
Extreme paranoia
Delusions.

Right now, bath salts are illegal in a growing number of U.S. states, as well as foreign countries like Canada, Australia and Great Britain. Since it contains amphetamine-like chemicals, users run an extremely high risk of stroke, heart attack and sudden death. Bath salts are a relatively new drug, so it's hard to know the full long-term effects, but they seem to have many similarities to methamphetamine (meth). Taking a lot of it for a long time can lead to emotional and physical "crash-like" feelings of depression, anxiety and intense cravings for more of the drug. It may be legal in some states, but so is rat poison, and you probably wouldn't want to ingest that either.

There are many different brand names for bath salts and it is impossible to list or discuss them all but some of the most popular include:

Blizzard
Blue Silk
Charge+
Ivory Snow
Ivory Wave
Ocean Burst
Pure Ivory
Purple Wave
Snow Leopard
Stardust
Vanilla Sky
White Dove
White Knight
White Lightning

KETAMINE

Ketamine is considered a dissociative anesthetic (other examples of this drug are PCP and DXM). This means that the drug distorts the user's perception of sight and sound and produces feelings of detachment from the environment and one's self. The drug also has anesthetic properties that



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

have been used in both human and veterinary medicine. For humans it has been used in radiation and burn therapy, treatment of battlefield injuries, and for children who have adverse reactions to other anesthetics. Along with anesthetic benefits, there are certain reactions to ketamine that make it appealing to illicit users. In some circumstances, ketamine has been known to produce illusions or hallucinations that are enhanced by environmental stimuli - this may be one reason that the drug has become increasingly popular in the past few years. The most frequent and sometimes only way, to obtain ketamine is through the diversion or theft of legal pharmaceuticals. There have also been reports of veterinary clinics being robbed for their ketamine supplies. Ketamine has over the past few years been thought of as a "club drug". This term is used for a number of illicit drugs, primarily synthetics, that are most commonly encountered at nightclubs and "raves". Research has indicated that nationally in 2002, almost 3% of 12th grade students used ketamine in the past year. Illicit use today is also of great concern to many. Despite difficulty in determining its prevalence, use is higher today than it was when first introduced. Consequently, and perhaps in response to increases in recreational use, the federal government classified ketamine as a Schedule III controlled substance in August 1999, creating more stringent controls of the drug.

Ketamine is used in three different ways.

- Intranasally
- Orally
- Injected

In social situations, ketamine is often used intranasally and orally. And though it can be injected, the rapid onset of effects from oral or nasal use makes it more convenient and marketable than the injectable forms. It is primarily manufactured as an injectable liquid, however, so illicit producers must evaporate the liquid to form a powder that can be snorted or compressed into pills.

Each method of ingestion varies in the amount of time it takes to produce effects in the user:

- ◆ injection generally takes between 1 and 5 minutes;
- ◆ snorted ketamine between 5 and 15 minutes;
- ◆ Oral ingestion between 5 and 30 minutes.

The hallucinatory effects of ketamine last approximately one hour or less, but the user's senses, judgment, and coordination may be affected for up to 24 hours following initial use. According to several research studies, there is some evidence that with repeated use ketamine users can develop a tolerance and/or dependence to the drug. Tolerance in many instances can



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

be very high and develop rapidly to the point where after a period of time users will no longer experience the dissociative effects they first began using. Ketamine has a great deal in common with other drugs linked with dependence including stimulants, opiates, alcohol, and cannabis. A common feature of ketamine dependence is that of repeated binges where the user indulges in the drug in excessive amounts over a short period of time. To date, identifying physical withdrawal symptoms has been limited to only personal accounts, but research is ongoing. The effects of ketamine are considered dose dependent. That is, lower doses of the drug produce varying results when compared to higher doses. A dose of 1.0 to 2.0 mg per kilogram of body weight produces an intense experience lasting about one hour.

The effects include:

Sense of floating and dissociation,
Stimulation,
Hallucinations.
“K-hole.”

A K-hole is generally reached when the user is on the brink of being fully sedated and is likened to an out-of-body or near-death experience. High doses of ketamine may result:

Severe respiratory depression
Muscle twitches
Dizziness
Slurred speech
Nausea,
Vomiting
Helpless and/or confused state

The helpless or confused state causes the user to have difficulty with balance, combined with numbness, muscle weakness, and impairment

Other physical side effects for all users can include:

Flashbacks
Amnesia
Impaired motor functioning
Delirium (hallucinations or disorientation)
Dramatic increase in heart rate (tachycardia)
Loss of touch with reality (derealisation)
Loss of coordination
Sense of invulnerability
Muscle rigidity
Aggressive/Violent behavior
Death from overdose - in severe instances

As with other drugs ketamine is often referred to by its slang terms which include:

Special K
Vitamin K



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

K
Super K
Ketaset
Jet
Super Acid
Green
Purple
Mauve
Special LA Coke

AMPHETAMINES

Amphetamines is the name given to a group of synthetic stimulants which are chemically similar to adrenaline, the hormone used for fight or flight emergencies. This class of drug works on the body's central nervous system and increases its activity. There are three main types:

Amphetamine sulphate (Speed or Benzedrine)

Dextroamphetamine (Dexedrine or "Dexy's Midnight Runners")

Methamphetamine (Methedrine or "Meth"), the most potent

Speed was first developed in the 1920s and was used as an antidepressant. Amphetamines were used to treat depression, as well as a decongestant. It was also given to soldiers during World War II, the Korean War and Vietnam to help them stay awake for longer periods of time. Of all street drugs, speed is the most variable in appearance, mainly because the pure product is so rare. They can be in the form of a white, pale yellow or pale pink powder or a paste. When the drug is a distinct color (brown, orange, reddish), this is due to impurities in the drug and "backroom" methods of synthesis. The drug can be snorted or dabbed on the gums. It is available in a liquid form or as a tablet. Amphetamines have a bitter taste when swallowed. Larger and purer crystals are sometimes available but these are usually primarily for cooking up and injecting. And then there's the 'base,' an off white / brown / pink gritty paste, usually much purer than powder. Illegally manufactured speed pills do exist but are usually sold as (fake) Ecstasy rather than as speed.

Amphetamines are more commonly referred to by their street names which include:

Bennies
Black beauties
Bumble bees
Co-pilots
Crank
Cross tops
Crystal meth
Dexies
Footballs
Hearts
Hot Ice



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Ice
L.A. glass
Meth
MDMA (ecstasy)
Pep pills
Speed
Uppers

Crystal Meth

Methamphetamine is actually available with a prescription for obesity, attention deficit hyperactivity disorder, and narcolepsy. The shortened name is simply "meth". Crystal meth is a street drug, made in illegal labs by chemically altering over-the-counter drugs commonly known as ephedrine or pseudoephedrine, found in cold and allergy medicine. When it is in its crystalline form it resembles a piece of ice, which is where it gets the name crystal meth. Crystal meth is a smokable freebase form of methamphetamine which originated from Hawaii and is now very common in America. Like crack-cocaine, it comes in larger crystals or rocks. Meth is usually smoked in glass pipes, similar to how crack cocaine is used. When smoked, its effects are comparable to crack in intensity but are much longer lasting. It may be injected, snorted, swallowed, or inserted into the anus or urethra. People often take crystal meth because it can cause extremely rapid weight loss. However, the effects are short term. The body builds up a tolerance to the drug so weight loss tapers off and stops around six weeks after taking the drug. Also, weight that is lost is regained once a person stops taking methamphetamine. Some people take meth because of the long-lasting high that it gives. Methamphetamine causes numerous neurotransmitters to be released in the brain, producing a sense of euphoria that may last as long as twelve hours, depending on how the drug was taken. Methamphetamine is popular as a stimulant. As a stimulant, methamphetamine improves concentration, energy, and alertness while decreasing appetite and fatigue. Methamphetamines are also taken by people who are feeling depressed. They may be taken for their side effect of increasing libido and sexual pleasure. There are many side effects to taking crystal meth but because of how it's made, crystal meth is never pure, so the dangers associated with taking the street could far extend the common side effects.

Effects include:

Euphoria
Increased energy and alertness
Diarrhea
Nausea
Excessive sweating
Loss of appetite
Insomnia



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Tremors
Jaw-clenching
Agitation
Irritability
Talkativeness
Panic
Compulsive fascination with repetitive tasks
Violence
Confusion
Increased libido
Increased blood pressure
Increased body temperature
Increased heart rate
Increased blood sugar levels
Constriction of the walls of the arteries
In pregnant and nursing women, methamphetamine is secreted in breast milk
Long term use of meth can result in long term effects which can include
Tolerance (addiction)
Withdrawal symptoms including depression and anhedonia
"Meth Mouth" where teeth rapidly decay and fall out
Drug-related psychosis (may last for months or years after use is stopped)
Brain damage
Sensation of flesh crawling (formication)
Paranoia
Hallucinations
Delusions
Tension headache
Muscle breakdown (rhabdomyolysis)
Kidney damage or failure
Death

There are many street names for Crystal Meth such as:

Batu	Biker's Coffee
Black Beauties	Blade
Chalk	Chicken Feed
Crank	Cristy
Crystal	Crystal Glass
Glass	Go-Fast
Hanyak	Hot Ice
Ice	L.A. Glass
L.A. Ice	Meth
Methlies Quick	Poor Man's Cocaine
Quartz	Shards
Speed	Stove Top
Super Ice	Tina



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Trash
Uppers
Yellow Bam

Tweak
Yaba

PRUNO

Pruno, or prison wine, is an alcoholic liquid variously made from apples, oranges, fruit cocktail, ketchup, sugar, and possibly other ingredients, including crumbled bread. Its name came to be known since the original recipe used fermented prunes to create the drink. Bread provides the yeast for the pruno to ferment. The concoction can be made using only a plastic bag, hot running water, and a towel or sock to conceal the pulp during fermentation. The end result has been colorfully described as a "vomit-flavored wine-cooler", although flavor is often not the primary objective. Depending on the time spent fermenting, the sugar content, and the quality of the ingredients and preparation, pruno's alcohol content by volume can range from as low as 2% (equivalent to a very weak beer) to as high as 14% (equivalent to a strong wine). The more sugar that is added, the greater the potential for a higher alcohol content. Staff members may discover Pruno or Hooch in any of the stages of preparation from the raw fruit to the finished project. If you discover an offender stealing fruit, bread or sugar from the dining room it is most likely that he either already has or is planning on making hooch. Hooch is often made in empty chemical jugs as plastic bags could rupture due to expanding gases. Whatever container is utilized it will generally be stored somewhere near a heat source such as steam radiators, direct sunlight, etc. The heat is necessary for the fermenting process. Pruno takes days to cure so offenders producing it will need to monitor its progress over time and release the gases from the container during the fermentation process. An offender making frequent trips to an area with a heat source might or an offender spending thirty minutes at the bathroom sink running hot water might be a good indicator that he has hooch in process.

An offender that is intoxicated will show obvious signs that many of us are far too familiar with including:

Smelling of alcohol,
Involuntary eye movements,
Bloodshot eyes,
Difficulty standing,
Swaying and staggering,
Vomiting,
Making inappropriate sexual advances,
Bumping into things,
Falling down,
Inability to sit straight,
Violent behavior, carelessness,
Clumsiness and sleepiness.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Overly happy
Showing bravado,
Crude and rude behavior
Argumentative without warning
Talking loudly
Slurred speech
Rambling conversations
Foul language,
Complaining
Overly aggressive
Obnoxious.

Pruno or Prison Hooch is always a security concern and correctional staff members should always be alert for any strange smell of fruit or alcohol. Trash bags or buckets with liquid in them that remain in an area for several days should raise suspicion as well. The popularity of Pruno tends to spike in conjunction with holidays. Correctional staff members should become increasingly aware around holidays, such as Thanksgiving and Christmas.

12 steps to tell if someone is high

We have discussed all of the different types of drugs, their appearances, and the symptoms associated with taking each type of drug. Let's take a moment and summarize how to tell if someone is high on drugs. We use 12 steps to accomplish this.

Look into the person's eyes. Smoking a drug can cause red or watery eyes. Pupils that are constricted or dilated can be a sign of narcotics, stimulants, or club drugs. Check for rapid or unnecessary eye movements. Involuntary eye movements are symptomatic of many kinds of drug use. If someone is wearing sunglasses inside or in the shade, he might be trying to hide red or otherwise affected eyes

Smell the person. Someone who has smoked marijuana might smell sweet, smoky, or skunky. A chemical or metallic smell might mean she has inhaled a toxic household product, such as glue or paint thinner. A smell of incense, air freshener, or powerful perfume or cologne might be intended to cover up the smell of a drug that has been smoked.

Observe the person's mouth. Listen to his swallowing and observe the way it moves. Salivation and lip smacking can be signs of dry mouth, a sign of drug use. Licking of the lips, frequent clenching of the teeth or twisting of the jaw might mean that someone is high on club drugs.

Observe the person's nose. A bloody nose with no other apparent cause can mean that someone has snorted a drug, such as cocaine, meth, or a narcotic. A runny or congested nose can have many causes but combined



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

with other symptoms it could signify that someone is high. Frequent rubbing of the nose can also be a sign. Someone who has snorted a drug might have powder on her nostrils or upper lip

Observe the person's hands. Shaking hands can be a sign of club drugs, inhalants, or hallucinogens. Palm sweat can be a sign of intoxication. Burned fingertips can be a sign that crack cocaine was smoked.

Check the person's vital signs. Pulse, rate of respiration, temperature, and blood pressure can all be affected by drug use. If you feel safe touching the person in question, take his pulse and check his temperature. Cold, sweaty skin is one sign of drug use. An increase or decrease in blood pressure, an increased heart rate, or slowed breathing can all be signs of drug use. Some drugs can cause chest pain, and even heart attacks. Seek medical help for someone who seems to be experiencing pain in his chest.

Check for signs of habitual drug use. People who use drugs such as methamphetamine, bath salts, or heroin often inject their drug, which leaves track marks. Check for darkened veins, lesions, and bruising around the veins. Lesions that are open and in the process of healing can be signs of recent drug use. Sores or a rash on the mouth or nose can also be a sign of habitual drug use.

Check for drug paraphernalia. While pipes, rolling papers, syringes and rubber tubing might be easily recognised as drug paraphernalia, the unwarranted presence of household objects can also indicate recent drug use. Bent spoons, eye droppers, and cotton balls may be indicative of narcotic use. Razors, handheld mirrors, and tiny spoons might indicate the use of stimulants. Pacifiers, candy necklaces, and lollipops may be used by people on club drugs, such as Ecstasy, that cause the jaw to clench.

Listen to the person's speech. Someone who is high may speak too much or too quickly, or may have problems speaking. Someone who slurs words but does not smell like alcohol might be high.[10] •If the person you are speaking with appears to have difficulty concentrating or following the conversation, or if her thinking is unusually paranoid, deluded, or panicked, she might be high.

Observe the person's movements. A high person might react slowly, or might be nonreactive to surrounding people and things. If someone appears not to experience pain, he might be high. Physical coordination that seems to be rapidly deteriorating is a sign of drug use. Someone moving as if he is drunk, but without the smell of alcohol, is possibly high. A drunken person who seems to be unusually impaired might also have taken drugs or have been drugged.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Note unusual or shifting energy. Depending on the drug, a high person might be euphoric, relaxed, anxious and agitated, exhilarated, overconfident, or aggressive. Look for an unusual intensity of mood, or a quickly changing mood. If you know someone well, and she is behaving in an uncharacteristic way, that could be a sign of drug use. Sleeplessness and restlessness can be signs that someone is high, as can drowsiness. If you cannot rouse a "sleepy" person, she might have passed out and need medical attention.

Keep an eye out for unusual actions. If you know someone well, you can tell if he is exhibiting unusually high sociability, lack of inhibition, poor judgment, or an increased or decreased appetite or sex drive. Inappropriate laughter and intense snacking are common signs of marijuana use. Someone high on a harder drug might hallucinate, seeing or sensing things that are not there. Delirious, psychotic, or violent behavior all might be caused by drug use. Some drugged people appear to have undergone a total personality change.

Remember: *No one symptom on its own is proof that someone is high. Look for combinations of symptoms to confirm that someone is high. Some mental and physical impairments can mimic the effects of drugs. Slurred speech, unusual movement, and shifting moods can all be caused by things other than drugs. Asking a person what he/she took might be the most direct route to finding out if he is high.*



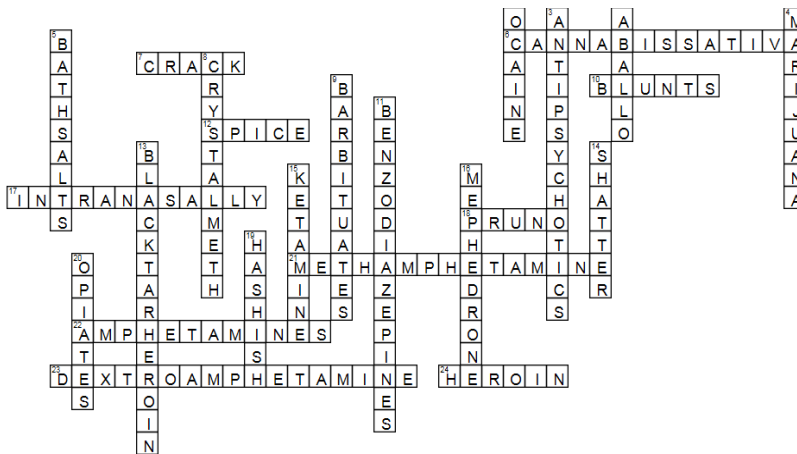
LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

GUIDED PRACTICE

Now that we have had a chance to explore the different drugs, their appearance and effects, let's have some fun. In your manuals you will find a crossword puzzle with the clues on the following page. You have also been provided a poster size of the same puzzle. In your group complete the puzzle on the poster size paper. Hang your poster on your easel pad when complete. You have 15 minutes.



ACROSS

- 6 botanical names for marijuana
- 7 cocaine processed with baking soda or ammonia, transformed into potent "rock" form
- 10 emptied cigars refilled with marijuana
- 12 another name for K2
- 17 method of using Ketamine
- 18 Prison drink made from fruit, sugar, and bread name originates from the first use of prunes
- 21 available with prescription for obesity, ADHD, narcolepsy, shortened name is "meth"
- 22 synthetic stimulants chemically similar to adrenaline, commonly referred to as "speed"
- 23 Dexedrine or "Dexy's Midnight Runners"
- 24 opiate drug synthesized from morphine appears as a white or brown powder

DOWN

- 1 addictive stimulant appears as white crystalline powder
- 2 Spanish slang for heroin

- 3 drugs such as Zyprexa, Seroquel Haldol, known as:
- 4 most common illegal substance found in institutions
- 5 gained notoriety as the "Zombie" drug
- 8 street drug, made by altering over-the-counter ephedrine found in cold and allergy medicine
- 9 drugs that are used as sedatives and sleeping pills
- 11 Depressants such as Xanax, Klonopin, Halcion
- 13 unrefined and crude opium product gets its name from its distinct color
- 14 a hard, amber-colored solid THC extract
- 15 users experience "K-hole" effect
- 16 chemical contained in "Bath Salts"
- 19 sticky, thick, dark-colored resin made from the flower of the same plant as marijuana
- 20 prescription pain pills among most abused drugs in U.S.

LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

INDEPENDENT PRACTICE

Now that we had a little fun with our group exercise crossword puzzle let's give you an opportunity to see how much of a counter-drug expert you have become. Individually process the information in your participant manual to find the answers to the quiz.

In your groups review the information below and identify the substance associated with it. Record your answer in the space provided. Be prepared to share your answers with the class. You will have 10 minutes.

Offender is staggering. His speech is slurred and he is talking very loudly. This offender is most likely under the influence of PRUNO.

You observe an offender who is wondering around in the housing unit as if he is confused. When you ask the offender for his Identification card he had difficulty grasping it and removing it from his shirt where it is clipped. The offender cannot remember what his name is and keeps talking about the funny colors floating around your head. You search the offender and discover a baggie which contains a dark brown sticky substance and several rolled up cigarettes. This offender is most likely experiencing the effects of the substance you found which you believe to be HASHISH.

While making rounds within a housing unit you notice a strange odor that smells like a musty, skunky smell. You progress toward the odor and find an offender sitting on his bunk with the edge of a small bag sticking out under his leg. Upon retrieving the bag from the offender you discover a green leafy substance and some rolling papers. The substance you have discovered is most likely MARIJUANA.

You observe an offender that is acting suspicious. As you approach the offender he leans forward and touches his finger to his nose. When you get in front of the offender you notice the remains of a light brown powder on the offender's locker and what appears to be a brown circle under his nose. This offender may have been using what substance? HEROIN

What other physical conditions of the offender would help to confirm your suspicion? COLD SKIN, PINPOINT PUPILS, TRACK MARKS

What is the most common illicit substance found/used within the Institutions? MARIJUANA

You hear an offender on the phone talking to someone about the apple jacks he has in his locker and goes on in the conversation to mention the term "Chasing the dragon". The offender may be referring to an illegal substance called CRACK COCAINE.

What substance does K2 emulate and what makes it difficult to detect?
MARIJUANA. There is no THC content so urinalysis will not identify its use

This substance causes delusions and extreme paranoia. It has become known as the "Zombie" drug. This substance is BATH SALTS.

This substance resembles Hashish in appearance but has identical symptoms to Heroin and its street name is Mexican Mud. This substance is BLACK TAR HEROIN

This substance is strictly controlled and can cause a user to enter a confused state and results in loss of coordination and balance. The substance is popular for its "K hole" effect where the user is on the verge of unconsciousness. This substance is KETAMINE.

Ephedrine is used to manufacture this substance and the substance resembles ice in its appearance. The substance is CRYSTAL METH.



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES



EVALUATION AND CLOSURE

Ask Participants: How can an addiction to prescription pills affect the Institutions where these substances are so strictly controlled?

LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

Possible Response: Offenders who come into the system with an addiction to pills will seek other substances that are more readily available.

Ask Participants: What kind of concerns can an addiction to illicit substances cause within an Institutional setting?

Possible Response: Offenders under the influence of illicit substances can become violent to staff members, drugs can cause offender on offender violence due to debts territorial disputes associated with drug trafficking within the Institutions

Ask Participants: What substance is distinguished by its unique odor?

Possible Response: Marijuana

Ask Participants: What substance is becoming popular due to its ability to fool a urinalysis test?

Possible Response: K2 or Spice

Ask Participants: What substance can cause a user to become violent and has led to victims being bitten in the public?

Possible Response: Bath Salts

Ask Participants: Which substance was created as an inexpensive alternative to cocaine?

Possible Response: Crack

Ask Participants: What substance is the most popular substance within the Institutions?

Possible Response: Marijuana

Ask Participants: What substance was originally prescribed as a tranquilizer for animals and humans?

Possible Response: Ketamine

You have now gained the knowledge necessary to identify substances that cause concern within our Institutions let's see if we met our goal for this training session.

PERFORMANCE OBJECTIVES



LESSON PLAN

TITLE: The New High: Drug Identification and awareness

TRAINER NOTES

1. Using the information provided identify illicit substances according to the effects and appearance of each substance.
2. Given offender behaviors, identify the illicit substance which causes the behavior, according to the information in the manual.

