

## **A drug is:**

Any chemical that produces physical, mental, emotional, or behavioral change in the user. Many substances such as alcohol, depressants, and inhalants are legal and enjoy wide public acceptance.



A B Cs FOR SUCCESSFUL  
COMPLETION OF THE REACT  
PROGRAM

A \_\_\_\_\_

B \_\_\_\_\_

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P \_\_\_\_\_

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# **Alcohol and Drug Addiction Test Scoring Sheet**

## **Early Stage Addiction:**

Count the number of “yes” answers you checked in questions 1-12 and write the number below.

Number of checks for questions 1-12: \_\_\_\_\_

If you have one or more checks in this section, there is a possibility that you abuse or are addicted to alcohol or drugs. This means that you use alcohol/drugs to solve problems and make you feel better. While alcohol/drugs will not really make things better, it will feel like it does. If you have any checks in this section, you have a possibility of becoming addicted if you keep using. The closer your score is to 12, the higher your chance of addiction.

## **Middle Stage Addiction:**

Count the number of “yes” answers you checked in questions 13-24 and write the number below.

Number of checks for questions 13-24: \_\_\_\_\_

Any number of checks in this section means that you are addicted and have started to have negative things happen to you because of your addiction. During this stage of addiction, you may try to do things to control your addiction. Some of these may work for a while, but not for long. The closer your score is to 12, the more addicted you are the worse things will get if you don't get help.

## **Late Stage Addiction:**

Count the number of “yes” answers you checked in questions 25-37 and write the number below.

Number of checks for questions 25-37: \_\_\_\_\_

Any number of checks in this section means that you are in the late stage of addiction. During this stage of addiction, you may have given up and thought that you could not do anything to change. Serious life problems, such as being sick, or going to jail or a mental ward, have happened or will happen to you if you do not try to get help. The closer your score is to 12, the more addicted your are. Your chances of dying are high if you continue to use.

**Reactions:** Answer the questions below and think about what they mean for your recovery.

1) How I feel about the results of the test I just took is \_\_\_\_\_

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2) What I think about the results of the test I just took is \_\_\_\_\_

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3) What I want to do about the results of the test I just took is \_\_\_\_\_

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It is normal to feel angry or upset about the results of this test. Some people think, “This doesn’t mean anything”, and try to ignore the results. This is called denial. Alcoholics and addicts usually deny they are dependent on alcohol/drugs because they can’t think about how to live without it. You can give up here and repeat the past, or you can decide to change the future.

If I don’t stop using, I will probably \_\_\_\_\_

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If I do stop using, I might be able to \_\_\_\_\_

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## Alcohol and Drug Addiction Test

This test describes things that happen to people who are addicted to alcohol or drugs. By taking this test, you will be able to determine if you are addicted and, if so, how bad your addiction is. The following problems do not happen to people who are not addicted. To be addicted means that you cannot stop using alcohol or drugs without help. This test was adopted from the Jellinek Chart for Addiction.

Instructions: Read each question, think back over your life, and if this has ever happened to you, make a check mark in the left column. If this has never happened to you, make a check mark in the right column. When you are finished, see the scoring sheet at the end of the test.

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) <b>Using to Feel Better:</b> Sometimes I use alcohol and drugs to feel better by getting away from things that bother me or are hard to face.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) <b>Using to Deal with Problems:</b> I use alcohol and drugs to deal with many of my problems and to cope with things that bother me.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) <b>It Takes More:</b> It takes more or stronger kinds of alcohol or drugs to get the same feelings than it used to.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) <b>Blackouts:</b> Sometimes after I've been using, I don't remember what happened.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) <b>Sneaking Drinks or Drugs:</b> Sometimes I hide how much I'm using or drinking. This might be because I don't want people to know or because I don't want to share. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) <b>Dependence:</b> I rarely do anything for fun unless I use alcohol/drugs.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) <b>Fast Start:</b> I use stronger alcohol or drugs or use a lot quickly at first to get a good start.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) <b>Feeling Guilty:</b> I feel guilty about using alcohol/drugs or about the things that I do when I use.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9) <b>Don't Talk about It:</b> Other people complain or try to talk to me about my using but I don't listen.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) <b>Regular Blackouts:</b> I don't remember what happened and get into trouble when I use alcohol or drugs.   |

- 11) **Excuses:** I use problems in my life to tell me it is okay to use alcohol/drugs. I have to use to deal with these problems.
- 12) **Using More than Others:** I use more than most people. I start to hang around people who use as much or more so that I feel that I fit in.
- 13) **Feeling Bad:** I feel bad about how my using hurts other people, but I don't know what to do about it.
- 14) **Showing Off:** I show off or get pushy with other people to feel better and prove that I am okay.
- 15) **Promises:** I promise to get my life in order and do better. I mean it, but it doesn't work out that way.
- 16) **Trying to Control:** I try to control my use or quit, but it doesn't work.
- 17) **Giving Up Other Things:** I stopped doing things that I used to do that didn't involve using alcohol/drugs.
- 18) **Making Changes:** I change jobs, move, or leave a relationship to try to make my life better, but it doesn't work.
- 19) **Work and Money Trouble:** I have problems on the job, owe money, or can't work at all because of my using.
- 20) **Avoiding Friends and Family:** I avoid old friends and family who don't use unless I need something from them.
- 21) **Neglect of Food:** I don't eat the proper foods or eat at a regular time, especially when I'm using.
- 22) **Resentment:** I feel like other people are out to get me, and I feel angry a lot.
- 23) **Withdrawal:** I need a drink or a drug in the morning or else I get the shakes or sweats because I feel terrible.
- 24) **Can't Make Decisions:** I can't make decisions about even small things. I just wait until things happen.
- 25) **Health Problems:** I am sick, have lost a lot of weight, or feel physically bad most of the time.
- 26) **It Takes Less to Get High:** It takes less for me to get high or doesn't matter how much I use because I can't get the effect I want.
- 27) **Over the Line:** I do things I said I would never do or things that do not reflect the way I was raised.
- 28) **Using All the Time:** I use all the time when I can and don't try to have a normal life.

- 29) **Finding Someone Worse:** I try to use with people who are worse off than I am in order to feel better.
- 30) **Can't Function:** Even when I can't use, I have a difficult time thinking, remembering, and doing things that used to be easy.
- 31) **Feeling Afraid:** I feel like something terrible might happen to me, people are out to get me, and I have to be on guard at all times.
- 32) **Giving Up:** I don't try to change anything. I just wait to see what happens.
- 33) **Nothing Else Matters:** Getting something to use, using, and getting over using are my whole life.
- 34) **Turning to God:** I want God or religion to save me from my life.
- 35) **Feeling Lost and Alone:** I don't try to pretend my life is normal. I know I am an addict or alcoholic and I think that it won't change.
- 36) **Totally Defeated:** I am willing to do anything to get better.
- 37) **Confinement:** I have been in jails and mental wards because of my using.

See the next page to understand your score.

# Amphetamines and the Effects on Driving

Amphetamines are drugs and central nervous system stimulants used to increase alertness and physical activity. In pure form, they are yellowish crystals that are manufactured into tablets or capsules. The three amphetamines are Amphetamine, Dextroamphetamine, and Methamphetamine (free-based methamphetamine is called ICE).

A person operating a motor vehicle while using amphetamines is likely to experience effects very similar to the effects of Cocaine/Crack, except intensity decreases and duration increases. Other effects of amphetamine use on driving include:

- **Over-estimation of performance capabilities** –Driver takes more risks as the result of this attitude.
- **A likelihood of being more accident-prone** –Actual driving records indicate that drivers who take amphetamines are more accident-prone.
- **Anxiety, irritability and frequent over-reaction** –Minor irritations effect inappropriate driver reactions.
- **Extreme mental and physical fatigue** –This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.
- **Food and sleep deprivation** –Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where he/she is going.
- **Auditory and visual hallucinations** –Seeing and hearing things that are not actually present.
- **Impaired motor coordination** –Responses necessary for hand/eye coordination are impaired.

**Stimulant Drugs** (including cocaine) used to combat fatigue and keep the driver awake, make the driver edgy, less coordinated and more likely to be involved in traffic collisions. **A driver who uses stimulants is four times more likely to be involved in a collision than is a non-user.**



## Cocaine and Its Effects on Driving

Cocaine is a powerful stimulant drug extracted from the leaves of the Erythroxion Cocoa plant. It is the most powerful central nervous system stimulant known to mankind. Crack is a form of cocaine.

A person operating a motor vehicle while using cocaine is likely to experience:

- **Lapses in attention and concentration** – Driving awareness is adversely affected regardless of the amount used.
- **Aggressive behavior** –The results are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overreacts to minor traffic irritations.
- **Tendency to overreact and overcompensate** –Acceleration, braking, shifting, etc. are affected by over stimulated reflexes.
- **Impaired motor coordination** –A decrease in hand-steadiness and eye/hand coordination affects appropriate driving response.
- **Impaired judgment** –Reduced decision-making skills.
- **False sense of alertness and security** –Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.
- **Convulsions, seizures, cardiac arrest and/or stroke** –These effects can obviously result in collision. Several well known professional athletes have died of seizure and cardiac arrest due to cocaine use.
- **Distorted vision and difficulty in seeing** –The pupils are so dilated that sunlight or bright headlights cause pain and discomfort. Glare recovery is also affected.
- **Auditory and visual hallucinations as well as cocaine psychosis** –Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.
- **Profound depression, anxiety, irritability, and restlessness** –Cocaine is a fast-acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. **The higher the “high”—the lower the “low”.**

## COCAINE

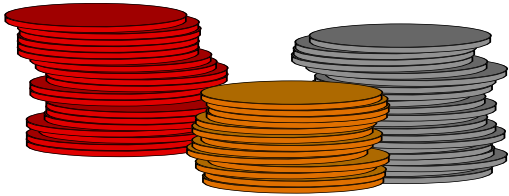
The coca plant has been known for 5,000 years to natives in South America, who have chewed the leaves to obtain low doses of the psychoactive drug. Cocaine is a processed extract of the cocoa plant. Cocaine is up to 100 times as potent as the level of cocaine obtained through ancient Indian custom of chewing the leaves of the plant. Until recently, cocaine was viewed as a “glamour drug” in this country because of its high price and, as a result, its use by the well-to-do. Processed cocaine in white powder form continues to remain fairly expensive. It is estimated that one-fourth to one-eighth of purchased cocaine actually consists of adulterants, such as sugar or quinine.

In the last 1970s, “freebasing” (smoking rock like chunks of cocaine called “crack”) lowered the unit price of cocaine and increased its availability. Freebasing produces a much quicker, more dramatic altered state than does the more traditional snorting. Smoking crack produces effects within seconds but they last only five minutes or so. Then the user has a “down” or “crashes.” Crack requires ever more frequent doses and increased amounts to avoid the post-use let down. Using crack shortens the time between first use and problematic use. Cocaine is addictive and can cause extreme physical and psychological problems.

All forms of cocaine use pose potential harm to the user. The problems presented by the use of crack are even more harmful. Because the effects of crack are so short-lived, the user is forced into a frequent use pattern which becomes financially draining and emotionally destructive. The abuser can experience profound depression and malaise when deprived of the drug.

The cocaine high involves a sense of well-being and energy. The immediate physical effects are to constrict blood vessels, increase heart rate and blood pressure, increase body temperature, and enlarge the pupils. Physical consequences of continued cocaine use can include insomnia, chronic fatigue, malnourishment, dehydration, severe headaches, nasal problems (if inhaled), respiratory problems (if smoked), poor or decreased sexual performance, seizures, and loss of consciousness. Cocaine use can also cause angina and irregular heartbeat. It can worsen pre-existing heart disease and can bring on a heart attack. The most common causes of death from cocaine abuse are heart rhythm disturbances, heart failure, respiratory paralysis, and repeated convulsions. Death comes swiftly with few or no preceding symptoms. A user will typically collapse into grand mal convulsions followed by a brief period of respiratory collapse and death.

Drug reactions can be as diverse as the people taking them. The drug which some take with seeming impunity can cause severe reactions and even death to another. Len Bias, a healthy and promising young basketball star from Maryland, chose to celebrate signing a lucrative professional contract by taking cocaine, reportedly for the first time in his life, and died as a result. Len Bias was famous and consequently what happened to him was publicized in all the news media. However, 14,000 cocaine users in the United States were rushed to the hospital emergency room during 1985. Of those, nearly 700 died. The number of cocaine deaths doubled in the period 1982-1985. The number of emergency room visits due to cocaine nearly doubled between 1985 and 1986 from 14,000 to 25,000.



## THE COST OF YOUR ARREST

Please write an estimate of the amount of money in dollars that you have spent on the following items related to this arrest:

- Money for fine(s)
- Money for court costs and victims compensation fund
- Other offenses involved and any fines
- Lawyer
- Loss of time from work (appointments with lawyer, court hearings, hospitalization, other meetings, lost wages)
- Doctor and/or hospital bills
- Property damage not covered by insurance
- Bond
- Cost of victim impact panel attendance
- REACT (supplemental fee, screening fee, and education fee)
- Money spent on alcohol/drugs related to this offense
- Other costs

**Total cost to me for this offense:** \_\_\_\_\_

# DECISION MAKING



**List three decisions you have made within the past six months.**

1. \_\_\_\_\_

Positive Consequence \_\_\_\_\_

Negative Consequence \_\_\_\_\_

What type of decision making did you use? \_\_\_\_\_

2. \_\_\_\_\_

Positive Consequence \_\_\_\_\_

Negative Consequence \_\_\_\_\_

What type of decision making did you use? \_\_\_\_\_

3. \_\_\_\_\_

Positive Consequence \_\_\_\_\_

Negative Consequence \_\_\_\_\_

What type of decision making did you use? \_\_\_\_\_

When it comes to alcohol, what type of decision making do you use most often?

\_\_\_\_\_

Are the consequences usually negative or positive? \_\_\_\_\_

What could you change in your decision making for more positive consequences?

\_\_\_\_\_

What effect does alcohol or other drug use have on your decision making skills?

\_\_\_\_\_

## ABUSED DRUG INDEX

Drug Category	Constituents
Amphetamines	Amphetamine (Dexedrine), Methamphetamine (Desoxyn), Methylenedioxyamphetamine (MDA), Methylenedioxymethamphetamine (Ecstasy, MDMA)
Barbiturates	Amobarbital, Aprobarbital, Barbital, Butobarbital (Fiorinal), Butalbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital, Thiopental
Benzodiazepines	Alprazolam (Xanax), Chlorazepate (Tranxene), Chlordiazepoxide (Librium), Clonazepam (Klonopin), Diazepam (Valium), Flurazepam (Dalmane), Lorazepam (Ativan), Medazepam (Norbrium), Midazolam (Versed)
Cannabinoids (marijuana)	Delta-9-Tetrahydrocannabinol (THC), 11-Nor-Delta-9-THC-9-Carboxylic Acid (THCA)--- The major metabolite
Cocaine and/or its metabolites	Benzolecogonine (the primary cocaine metabolite), Cocaine (parent compound), Ecgonine Methylester (another major metabolite)
Ethanol (alcohol, ethyl alcohol)	Ethanol
Methadone	Methadone (Dolophine), Methadone metabolite. Methadone is used to treat opiate addiction.
Opiates (morphine derivatives)	Codeine (Tylenol #3), Dihydrocodone (Paracodin), Morphine, Oxycodone (Percodan), Hydromorphone (Dilaudid), Hydrocodone (Vicodin), Heroin
Phencyclidine (angel dust, hog, wack, PCP)	Phencyclidine
Propoxyphene	Propoxyphene (Darvon), Norpropoxyphene (Propoxyphene Metabolite)

## HALLUCINOGENS

To hallucinate means to have imaginary visions—to see, hear, taste or smell things that are not really there. The hallucinogens are drugs which can produce great changes in perception. Vivid changes in color and form occur. What any one person experiences when taking a hallucinogen is almost always different from what anyone else experiences taking the same drug at the same time. The effects of a hallucinogenic drug are strongly influenced by the thoughts, environment, and people who are with the user when the drug is taken.

Sometimes the user becomes disoriented, losing the sense of time, place, and identity. Sometimes the user has sensations of knowing and feeling what life is all about but is unable to express or remember clearly this supposed awareness. Emotions flood the user's mind and can be overpowering. For some, these experiences seem to be revealing or enlightening. But the altered perceptions can be confusing and frightening, and such experiences are referred to as "bad trips."

LSD is the most frequently used hallucinogen. Small amounts can produce dramatic changes in perception and emotion. While marijuana is measured in grams and most sedatives are measured in milligrams, LSD is measured in micrograms. LSD effects last for six to ten hours. Because of this length of time and the user's altered perception of time, the user can panic that the LSD effects will be permanent. Interestingly enough, antipsychotic drugs can be used to bring down a user who is having a "bad trip." In a small number of users, LSD has in fact triggered psychotic or schizophrenic breakdowns. More often, LSD users report flashbacks, i.e., spontaneously reexperiencing LSD effects to some degree.

Phencyclidine (PCP) is a drug used legally in veterinary medicine as an animal tranquilizer and general anesthetic. It is manufactured for illegal street use in both powder and tablet form. It can be swallowed or snorted, but it is usually sprinkled on either parsley or marijuana and smoked like a cigarette. Street names for PCP include Angel Dust, Hog, and Peace Pill.

PCP is a powerful and harmful drug, even in small amounts. Users report that it makes them feel distant and separate from their surroundings. Time seems to pass slowly; body movements slow down, muscle coordination becomes poor. The user may stagger as if drunk on alcohol. The sensations of touch and pain are dulled. Some users say they feel strong and powerful—like nothing can harm them—after taking PCP. This sometimes leads to serious accidents or acts of violence resulting in tragedy.

People who use PCP over and over again have trouble remembering things and may stutter when they talk. Many users of PCP have ended up under psychiatric care or institutionalized. These problems may last from six months to a year or longer after a person stops taking PCP.

# EASTERN MISSOURI Alternative Sentencing Services, Inc.

Florissant - O'Fallon - Overland - St. Charles - St. Louis City - Troy - Warrenton

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future services, the provision of services to you, or payment for services is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

### **We are required to follow the privacy practices described in this Notice**

#### **How we may use and disclose Your Protected Health Information**

We use and disclose Personal Health Information (PHI) for limited reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity, in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of PHI.

#### **Uses and Disclosures Relating to Treatment, Payment, or Operations**

Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to certified qualified professionals, certified qualified instructors, and any other staff members who are involved in providing your SATOP services. For example, your PHI will be shared among the agency employees involved in your education program that you must complete.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your SATOP program. For example, we may release portions of your PHI to the Department of Mental Health if you are taking the Weekend Intervention Program and are applying for state assistance with the fee.

**For operations:** We may use/disclose your PHI in the course of operating our agency. For example, we are certified by the Department of Mental Health / Division of Alcohol and Drug Abuse; they will have access to your PHI for re-certification and quality assurance purposes.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send and/or call appointment reminders and other materials to your home.

#### **Uses and Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already taken an action in reliance upon your authorization.

#### **Uses and Disclosures of PHI from Alcohol and other Drug records not requiring Consent or Authorization**

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We must disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, child abuse and neglect, relating to suspected criminal activity, when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit, or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit, or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. This request must be in writing to the agency's Privacy Officer or designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information. You must submit your request in writing to this agency's Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We will respond to your request within 30 days. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI because of a threat or harm issue, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**To request amendment of your PHI:** If you feel that PHI we have is incorrect or incomplete, you may request an amendment. Requests must be in writing to the Privacy Officer or designee. You must provide a reason to support your request. We will respond within 60 days of receiving your request. We may deny the request if you ask us to amend information that (1) is accurate and complete; (2) not created by us and/or not part of our records, or; (3) is not part of the information which you would be permitted to inspect or copy.

**To request an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" made by the agency of your PHI. Requests must be in writing to the Privacy Officer or designee. Your list must state the time period, which may not go back more than six years and cannot include dates prior to April 14, 2003. We will respond within 60 days of receiving your request. Your first list request within a twelve-month period is at no charge. For additional lists in a twelve-month period we may charge you the cost of providing the list. This list will not include instances of disclosure for treatment, payment, and operations; to you; disclosures pursuant to your written authorization or disclosures made prior to April 14, 2003.

You Have the Right to receive this Notice

You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request. Please contact

Eastern Missouri Alternative Sentencing Services, Inc.  
Attn: Privacy Officer  
#8 Westbury Drive  
St. Charles, MO 63301  
Email: [sroper@dwi-emass.com](mailto:sroper@dwi-emass.com)

**Changes to this notice:** We reserve the right to change this notice. We may make the revised notice effective for PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our agency locations.

**Effective Date of Notice: April 14, 2003**

#### **Contact Person for Information or Grievance Procedure:**

If you have any questions about this Notice, or any disagreement with a decision we made regarding your access to your PHI, or feel we may have violated your privacy rights you may file a complaint with the Privacy Officer or designee at:

Eastern Missouri Alternative Sentencing Services, Inc.  
Privacy Officer  
#8 Westbury Drive  
St. Charles, MO 63301  
636-946-2815

You also may file a grievance if you feel your privacy rights have been violated with the Department of Health and Human Services at 200 Independence Ave. South West, Washington, DC, 20201 or call 877-696-6775 or with the Office of Civil Rights by calling 866-627-7748.

All grievances must be submitted in writing. You will not be penalized for filing a grievance.



# DRUGS

	<b>Drug</b>	<b>Possible effects on the driver</b>
<b>Depressants</b>	* Alcohol	* Slower reaction time
	* Barbiturates	* Reduced alertness
	* Tranquilizers	* Impaired coordination
		* Depressed motor skills
<b>Stimulants</b>	* Caffeine	* Overreacting
	* Nicotine	* High risk behaviors
	* Amphetamines	* Aggressive & hostile behaviors
	* Cocaine	* Impatient and impulsive behaviors
		* Impaired coordination
<b>Narcotics</b>	* Heroin/opium	* Visual impairment
	* Morphine	* Loss of concentration
	* Methadone	* Slowed reaction time
		* Impaired motor skills
		* High risk behavior
<b>Hallucinogens</b>	* LSD	* Visual distortion
	* Mescaline	* Aggressive, violent behavior
	* PCP	* Time/distance distortion
		* Impaired short term memory
		* Slower reaction time
<b>Cannabis</b>	* Marijuana	* Slower reaction time
	* Hashish	* Reduced concentration
		* Visual impairment
		* Distorted visual & depth perception

## INHALANTS

Inhalants constitute a broad category of common substances that can be used as psychoactive drugs. Glues (especially airplane glue), spray paints, aerosols, paint thinners, and gasoline are common household products that have been used as inhalants. Other substances which have the potential for abuse are substitutes for cooking oil (PAM), correction fluid (white-out), lighter fluid, and charcoal starter. If the fumes of these products are sniffed or inhaled, they can produce a mind change similar to a mild hallucinogenic high. An inhalant high usually lasts for a much shorter amount of time—only about an hour.

Because inhalants are cheap and easy to come by, they tend to be abused by young people more than adults. Luckily, most young people who try an inhalant do not go on to use it regularly. Inhalants are often unpleasant to use and can be deadly.

A person who is sniffing an inhalant typically has trouble keeping his or her balance, has a glassy stare, and finds it hard to talk. The user feels drunk and dream-like. Good judgement becomes clouded. Occasionally a user breathes too deeply and inhales enough chemical fumes to pass out. If the user inhales a substance out of a plastic bag, there is danger of suffocation.

Even moderate use of inhalants over short periods of time can cause severe physical problems. Weight loss, liver and kidney damage, bone marrow changes, and even permanent brain damage have been found in users.

**COMMON LICIT AND ILLICIT DRUGS,  
THEIR EFFECTS ALONE  
AND IN  
COMBINATION WITH ALCOHOL**

<b>DRUG</b>	<b>SOLO EFFECT</b>	<b>EFFECT WITH ALCOHOL</b>
Antihistamines  (cold remedies, cough medicine, allergy preparations, hay fever medication and decongestants)	Drowsiness	<b>Effects sharply increase</b>
Aspirin and other Non-Narcotic Analgesics	Drowsiness	Increased chance of stomach bleeding. Existing ulcers get much worse.
Pain Relievers	Drowsiness or even greater sedation.	Possible death from respiratory arrest.
Tranquilizers	Cloud judgement, slow reflexes, hamper eye-hand coordination, slow brain activity.	Effects of tranquilizers intensified and can result in coma or death.
Stimulants (from caffeine to cocaine)	After the initial alertness come nervousness, dizziness, loss of concentration and visual problems.	Alertness leads to false sense of security and does not restore the loss of coordination caused by alcohol.
Marijuana	Interferes with coordination, false sense of control, double vision, reduced night vision, reduced tracking ability.	More hazardous than either alone.

## Marijuana and Its Effects on Driving Skills

Marijuana is the common name for a crude drug made from chopped leaves, stems and flowering tops of a plant called Cannabis Sativa. The active ingredient in marijuana (THC) is stored in body fat and is retained for days to weeks after use.

A person operating a motor vehicle while using marijuana is likely to experience:

- **Impaired reaction time**—Reaction time is increased and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.
- **Impaired short term memory**—The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.
- **Reduced concentration**—Inability to display continuous attention or process complex decisions.
- **Impaired tracking**—The act of following a moving object is significantly and consistently diminished. Tracking can be effected up to ten hours after use.
- **Distorted time and distance sense**—The ability to perceive accurately the passage of time is adversely affected. The user typically overestimates the time that has elapsed.
- **Lack of control of vehicle velocity and proper positioning**—Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.
- **Distorted visual and depth perception**—Confusion is created about traffic movement and appropriate driver response.
- **Lengthened glare recovery and blurred/double vision.**

## MARIJUANA

After alcohol and tobacco, marijuana is the most widely used psychoactive substance in our country and state. The scientific name for marijuana is *cannabis sativa*, and it grows wild throughout most of the tropic and temperate regions of the world. This plant has long been cultivated for the tough fiber of the stem (used in making rope), the seed (used in feed mixtures), and the oil (used as an ingredient of paint), as well as for its psychoactive properties. The psychoactive ingredient in marijuana is THC, or more accurately delta 9 tetrahydrocannabinol.

Marijuana was a major cash crop in the early history of the United States. It was grown for use in making rope from the tough fiber (hemp) in the stalk of the plant. There are large amounts of wild marijuana growing in the United States but most wild strands contain little of the psychoactive ingredient.

Marijuana is usually smoked in the form of loosely rolled cigarettes. It may be taken orally (eaten), but is approximately three times more potent when smoked. The effects from smoking are felt within minutes, reach their peak in 10 to 30 minutes, and may noticeably linger for two or three hours. A condensed description of these effects is apt to be inadequate or even misleading, because the effects depend so much upon the experience and expectations of the individual as well as the potency of the drug itself.

Low doses tend to produce a sense of well-being a dreamy state of relaxation, and frequent hunger, especially a craving for sweets. There are slight changes in sensory perception. The user may experience a more vivid sense of sight, smell, touch, or hearing. No scientific evidence indicates that marijuana improves eyesight, smell, touch, or hearing. Although the user may consider himself more insightful or knowledgeable, memory and concentration are actually impaired. It is difficult to keep a train of thought. Thoughts tend to be dreamy, unrelated, and fragmented. Time seems to pass more slowly. This state of intoxication may not be noticeable to an observer.

Some users become talkative and giddy, others become anxious and uncomfortable. Increased anxiety or even panic is the most commonly reported unpleasant effect of marijuana. Immediate physical effects of marijuana include a faster heartbeat and pulse rate, bloodshot eyes, and a dry mouth and throat. Heart rate increases as much as 50 percent. Studies of marijuana's mental effects show that the drug can impair short-term memory, alter sense of time, and reduce ability to do things which require concentration, swift reactions, and coordination, such as driving a car or operating machinery. High doses of marijuana may cause image distortions and mild hallucinations. Surroundings and people may seem strange or unreal.

When marijuana is smoked, THC, its active ingredient, is absorbed by most tissues and organs in the body; however, it is primarily found in fat tissues. THC is a fat soluble chemical (unlike alcohol which is water soluble) and thus tends to accumulate in the fatty linings in the cells of the

Attachment H

body and the brain. Because the brain has a high level of fat, the brain is one of the major sites where THC accumulates. THC attaches to the fatty cell lining and is eliminated from the body at a much slower rate than alcohol. The body, in its attempt to rid itself of the foreign chemical THC, chemically transforms it into metabolites which can remain in the body for a month to a month and a half after

smoking marijuana. Someone who smokes one or two marijuana cigarettes a week is never free of the drug. For heavy users, the chemicals build up. Someone who smokes every day probably has ten times as much THC in his body as someone who rarely smokes.

A decade ago marijuana use was thought to be relatively harmless in both its short-term and long-term effects. However, with more scientific study, marijuana is known to pose some threat to physical health and psychological well being, particularly with regular, long-term use. The risks associated with marijuana have also increased because the potency of marijuana on the streets is two or three times greater than a decade ago.

Broad scientific research on marijuana began only within the past 10 to 15 years, and it will probably take many more years to find the answers to all questions about the effects of marijuana on health. Those who insist on using marijuana are making themselves human guinea pigs in determining the long-term consequences of the drug. Findings from completed studies who that:

- Smoking marijuana does not mix with schoolwork. Marijuana makes learning more difficult because it interferes with concentration and thinking. It affects both verbal and math abilities. Memory is impaired and the sense of time is altered. Research shows that students do not remember as well what they have learned when they are “high”. In addition, when young people start using marijuana regularly, they often lose interest and are not motivated to do their schoolwork, learn, and study.
- Marijuana harms the lungs in ways similar to tobacco. Marijuana can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible. Therefore, the smoke is in contact with lung tissues for long periods of time, which irritates the lungs and causes maximum damage.

A 1987 study determined that smoking a joint results in four times more tar deposited in the lungs than does smoking a cigarette. In addition, many marijuana users also smoke cigarettes; the combined effects of smoking these two substances create an increased health risk.

The marijuana plant contains over 400 chemicals in addition to the psychoactive ingredient THC. When marijuana is burned and smoked, over 2,000 chemicals result. Marijuana smoke has been found to contain more cancer-causing agents than tobacco smoke. Compared to tobacco, marijuana smoke has 50 percent more of the cancer causing chemicals benzpyrene and benzanthracene. Examination of human lung tissue that had been exposed to marijuana smoke over a long period of time in a laboratory showed cellular changes called metaplasia that are considered precancerous. In laboratory tests, the tars from marijuana smoke have produced tumors when applied to animal skin. These studies suggest that it is likely that marijuana may cause cancer if used for a number of years.

- Smoking marijuana can retard emotional development. Marijuana affects thinking and decision-making and alters feelings. Young people become emotionally mature by learning how to make decisions, how to handle success, how to cope with failure, and how to form their own opinions and values. Young people who continually escape these “growing pains” by smoking marijuana are losing their opportunities to learn to be responsible, mature adults.
- Smoking marijuana seems to bring out mental problems or even worsen them. Long-term regular users of marijuana may become psychologically dependent. They may have a hard time limiting their use; they may need more of the drug to get the same effect; and they may

develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

- Smoking marijuana can result in a loss of energy and motivation.

“Burnout” is a term first used by marijuana smokers themselves to describe the effect of prolonged use. Young people who smoke marijuana heavily over long periods of time can become dull, slow moving, and inattentive. This phenomenon is sometimes called the “marijuana syndrome” or “amotivational syndrome”.

- Many of marijuana’s effects on a growing body are still unknown, but studies indicate a reduction in certain body chemicals (hormones) that can affect physical and sexual development.

Studies of men and women who use marijuana have shown that marijuana can influence levels of some hormones relating to sexuality. These findings suggest that marijuana may be especially harmful during adolescence, a period of rapid physical and sexual development.

Marijuana reduces the level of testosterone in males. Testosterone is the hormone which physically transforms young boys into men. It solidifies muscles, enlarges bone structure, produces rapid weight and height gains and causes genital enlargement. Anything which interferes with the production or level of testosterone has an adverse effect on all of these processes. After smoking one joint, the testosterone level drops 30 percent within three hours. Within 12 hours, the hormone returns to its normal level. If more than one joint is smoked, the hormone level stays down for a longer time than 12 hours. Heavy marijuana smoking for one month results in a testosterone level that is lowered at all times. However, this effect is not permanent; the body can recover.

LH is another hormone that affects physical and sexual development in both males and females. When a boy smokes marijuana, his LH supply takes a temporary nosedive similar to testosterone. However, the LH drop is even greater. Again it takes approximately 12 hours for the body to recover from a single dose.

Research also indicates that heavy marijuana use can result in reduced sperm count and sperm motility and in an increase of abnormal sperm. In one study, sperm count dropped 50 percent in men who used pot heavily for one month. In a few cases, adolescent males who regularly use marijuana develop an unusual hormone balance that results in enlarged breasts.

One study conducted on the influence of marijuana on male sexual functioning involved 40 participants between the ages of 18 and 28. Half used no marijuana during the study. The other half smoked one joint per day for at least six weeks. The male hormone, testosterone, was reduced 45 percent among the users. One-third of the marijuana users had a highly reduced sperm count.

Women can also suffer significant problems with their sexual and physical functioning due to marijuana. Menstrual cycles can become irregular, and ovulation (release of eggs) is disrupted. Changes in hormones sometimes causes or aggravates acne in adolescent girls. They may also develop more hair on their face, chest, and arms. The adolescent may have reduced fat deposits on hips, buttocks, breasts, or upper arms, thus making her appear less feminine.

There are fewer scientific studies on women than men. The United States government forbids the long-term testing of marijuana's effects on women because such tests potentially might harm a women's child-producing egg cells. A female is born with less than a half-million egg cells, and she never makes another. Starting at puberty, one egg is released each month. If a damaged egg cell is released and fertilized, a damaged baby can result. The fact that women do not make new egg cells is the reason that pot tests on women are severely restricted by the United States government. Men, on the other hand, produce millions of sperm cells each day. Although scientists are not 100 percent certain, it is believed that any damage to sperm cells is halted when smoking is stopped. There has been less research on women, but there still is clear scientific information, some of it from studies with monkeys.

Experiments with female rhesus monkeys, which have a hormonal and menstrual cycle similar to humans, indicate interference with normal ovulation. Monkeys skip one or more menstrual cycles when they are given the equivalent of four marijuana joints per week.

The two hormones LH and FSH play an important role in regulating a female's menstrual cycle. Remember that the LH hormone level in males drops 50 percent after smoking one joint and takes 12 hours to return to normal. The LH pattern in studies of female rhesus monkeys shows exactly the same pattern.

A study has been conducted comparing women between the ages of 18 and 30, half of whom had never used marijuana and half who used marijuana an average of four days a week. The marijuana users had three times as many menstrual irregularities. The women using has a lower level of female hormone (progesterone) and a higher level of male hormone (testosterone).

Research studies suggest that the use of marijuana during pregnancy can result in premature babies and low birth weight. Marijuana seems to interfere with the passage of nutrients from the mother across the placenta to the fetus. Infant mortality rates increase with marijuana use. A breast feeding mother may have reduced milk production and may transfer THC to her baby through the milk that is available. These findings have been confirmed in studies of monkeys. When rhesus monkeys are given the human equivalent of one to two joints per day, they have five times as many miscarriages, still births and infant death soon after birth. The infants that survived were lower in weight, had more illnesses, and were often hyperactive.

Tolerance does occur to marijuana's effects. Tolerance is a physical process in which more and more the drug is needed to get the same effect. Tolerance to marijuana was first discovered in studies of hashish users in Europe and Asia who could use the equivalent of 50 potent reefers a day. A group of hashish smokers who had used for over 20 years had their brain waves compared to a group of occasional marijuana users. The long-term users required four to ten times as much THC as the occasional users to make their brain waves look stoned. Heavy, long-term users show striking tolerance to THC, and their bodies need far greater doses to get high. However, it does not take 20 years to develop tolerance.

Tolerance can develop within a few months, or a few years, depending on the frequency and quantity of THC used. Tolerance is more common among those who smoke several joints a day or those who use the



more potent forms of THC, such as hashish. When marijuana is discontinued for a period of time, the body recovers and tolerance subsides.

Of course, most regular users would prefer to say that they can “handle more” rather than to say that they have developed tolerance and “need more” to get high. It means the same thing. The user’s insistence that he is actually in better control is one form of denying the problem.

With many types of substances, tolerance is a major step toward physical addiction, with withdrawal symptoms occurring when the substance is not available. The answer to whether or not marijuana is physically addictive cannot be definitely answered at this time. At least one study has reported withdrawal symptoms lasting three to four days. The group of users had used marijuana for several years and, during the one-month period of study, had smoked ten joints a day. Their withdrawal symptoms included sweating, irritability, insomnia, weight loss, and brain wave changes.

Any withdrawal symptoms from THC may be disguised or minimized by the fact that THC stays in the body for such a long time. Small amounts of THC can be found in the blood for several weeks after smoking a joint. So even though a person may no longer be using, THC is still present in the body and is only gradually eliminated.

Whether or not there is a physical basis for coming to “crave” marijuana, it is quite clear that once someone becomes accustomed to marijuana, they are very reluctant to do without it. Some go to great lengths to acquire a continuing supply. Such drug-seeking behavior often goes along with dependence on a substance.

# MOTIVATIONS WORKSHEET

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

This questionnaire is designed to help you 1) reconstruct the events and feeling surrounding your alcohol/drug offense, and 2) review your general feelings and motivations about using.

1. How would you describe the 12 hours preceding your arrest?

\_\_\_\_\_ A usual day

\_\_\_\_\_ An unusual Day

If unusual, what was unusual? \_\_\_\_\_  
\_\_\_\_\_

2. What was your arrest/charge? \_\_\_\_\_  
\_\_\_\_\_

3. During what part of the day did you start using?

\_\_\_\_\_ Morning (8:00am to Noon)

\_\_\_\_\_ Afternoon (Noon to 4:00pm)

\_\_\_\_\_ Evening (4:00pm to 8:00pm)

\_\_\_\_\_ Night (8:00pm to Midnight)

\_\_\_\_\_ Early Morn (Midnight to 8:00am)

4. What was the occasion for using?

\_\_\_\_\_ Celebration/Party

\_\_\_\_\_ After School/Work

\_\_\_\_\_ Disappointment

\_\_\_\_\_ No Special Occasion

\_\_\_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

5. Did you have any of the following strong feelings when you started using?

\_\_\_\_\_ Angry

\_\_\_\_\_ Depressed

\_\_\_\_\_ Lonely

\_\_\_\_\_ Bored

\_\_\_\_\_ Other

6. Where were you when you started using?

\_\_\_\_\_ Home

\_\_\_\_\_ School/Work

\_\_\_\_\_ Friend's Home

\_\_\_\_\_ Car

\_\_\_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

7. Were you alone when you started using?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

8. During the course of this episode, with whom did you associate?

\_\_\_\_\_ Girlfriend/Boyfriend/Spouse

\_\_\_\_\_ Friends

\_\_\_\_\_ Acquaintances

\_\_\_\_\_ Stranger

\_\_\_\_\_ Other Relative (Specify) \_\_\_\_\_

9. During this episode, did you intentionally avoid any people?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

10. During this episode did you intentionally avoid any places?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

11. When were you arrested?

- Morning (8:00am to Noon)
- Afternoon (Noon to 4:00pm)
- Evening (4:00pm to 8:00pm)
- Night (8:00pm to Midnight)
- Early Morn (Midnight to 8:00am)

12. What was your destination when arrested?

\_\_\_\_\_

13. Why did the police stop you?

- Traffic Violation
- Automobile Defect
- Accident
- Other (Specify) \_\_\_\_\_

14. How many hours had passed since you started using? \_\_\_\_\_

15. What was your BAC, if applicable? \_\_\_\_\_

16. How much had you drunk? \_\_\_\_\_

17. Did you use other drugs also?

- Yes
- No

If yes, what substances were used and how much?

Substance	Amount
_____	_____
_____	_____
_____	_____
_____	_____

18. What is the most painful part of this episode?

- Financial Costs
- Loss of Driving Privileges
- Telling Family/Friends
- Name in Paper
- REACT Attendance
- Feeling of Self-Disappointment
- Other

19. Name two activities that the use of alcohol or other substances makes more enjoyable for you:

a. \_\_\_\_\_

b. \_\_\_\_\_

20. Name two activities that the use of alcohol or other substances makes more uncomfortable for you.

a. \_\_\_\_\_

b. \_\_\_\_\_

21. What do you like most about yourself while using? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. What do you like least about yourself while Using?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. What, if anything, would make you want to stop using? \_\_\_\_\_

## WHAT INFLUENCES MY DECISIONS?

**Directions:** The people and things around you influence the decisions you make. For example, your parents affect your actions, but so does the music you listen to.

Below, make two lists of the people and things that influence you the most. If possible, rank them in order of importance (most important at the top).

People That Influence Me	Things That Influence Me
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
	8.

**Answer and discuss:**

1. Do you feel comfortable with the top influences on each side? Why or why not?
2. Which influences do you wish to change?
3. Which influences will change as you get older?
4. What influences your decisions about whether to use alcohol/drugs? Explain.

Source: Freeman, Shelley McKay. (1989). *From Peer Pressure to Peer Support*. Minneapolis: Johnson Institute, Inc.

# NARCOTICS

Narcotics relieve pain anywhere in the body. Most of the narcotics are processed from the opium poppy. Synthetic narcotics have been developed in the laboratory in more recent years. Narcotics are valuable prescription drugs for the physician. Morphine is a painkiller. Codeine is used in cough medicines because it helps stop severe coughing. Paregoric (opium dissolved in alcohol) is used to stop diarrhea and teething pain.

One narcotic—heroin—is illegal even for doctors to prescribe or use. Heroin can be obtained on the street in the form of a white or brown powder that can be sniffed, injected, or swallowed. It is often mixed (cut) with other substances that look like it—starch, white or brown sugar, powdered mil, cocoa, quinine, or even strychnine (a poison). Users can rarely be sure of exactly what they are buying.

As useful as narcotics are in controlling pain, there are problems and dangers associated with their use. Users first become psychologically dependent on the feelings of pleasure that narcotics produce. After a relatively short period of use, the user will develop tolerance and will need more of the drug in order to get the same high. This can develop into physical dependence wherein withdrawal symptoms begin, if the user does not get the drug.

Depending on the extent of physical dependence, the symptoms can be minor or severe. The person shakes, sweats, and vomits. Eyes and nose run; muscles ache. Chills, abdominal pains, and diarrhea develop. The desire to avoid these uncomfortable withdrawal symptoms can become part of the reason for not “kicking the habit.”

To prevent withdrawal, the heroin user must have a steady supply of the narcotic. Heroin addicts find that they must have two or more injections daily if they want to avoid withdrawal. As the dependency advances, the amount needed to produce euphoria continues to increase. This makes the size of the dose needed to produce the desired effect greater and greater. Heroin is illegal, so it is expensive. A dependent user needs at least \$100 to \$400 a day to maintain a habit. After some time, and without medical treatment, the addict begins to live only for the drug. He or she will do almost anything to get money for the habit.

There are other dangers for users. If the narcotic is taken in too large a dose, the user may die. The purity of heroin purchased on the street varies significantly. Five percent purity is common. However, a danger for the user is that he is never sure what the purity is. Unknown dose is the reason for deaths due to heroin overdose. Infections from using unsterilized equipment are common. Sharing needles is a primary means by which AIDS is spread. Babies born to mothers who are heroin addicts are born physically dependent on heroin and must be weaned slowly from the drug.

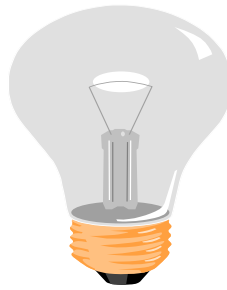
# Opiates and the Effects on Driving

Sometimes referred to as narcotics, opiates are a group of drugs used medically to relieve pain. Some opiates come from a resin taken from the seed pod of the Asian Poppy, i.e., opium, morphine, heroin and codeine. Other opiates are synthesized or manufactured, such as methadone. The term “opioids” includes naturally occurring opiate drugs, as well as the synthetic narcotics.

A person operating a motor vehicle while using Opiates/Opioids is likely to experience:

- **Effects of intoxication** –These effects are similar to those produced by alcohol abuse.
- **False sense of security** –This state of mind will cause the driver to take more chances and risks.
- **Euphoric high followed by a period of stuporous inactivity** –The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.
- **Difficulty in focusing** –the pupils are so constricted (pinpoint size) that vision is impaired.
- **Visual distortion** – Blurred and/or double vision occurs as it does with any depressant drug.
- **Loss of consciousness** –This is due to extreme fatigue and drowsiness.
- **Coma** –This creates an obvious safety risk.

We have discussed five main drug groups: alcohol, marijuana, cocaine, amphetamines, and opiates; and the effects these substances have on driving. There are other drugs which have equally tragic consequences when combined with driving which we have not discussed. Among these drugs are hallucinogens, PCP, designer drugs, barbiturates (effects are similar to alcohol), and look-alike drugs. Look-alike drugs generally contain over-the-counter substances such as caffeine, ephedrine and antihistamine. If you have any questions during the course regarding these or any other substances and their effects on your driving, ask your instructor for additional information.



## RANK THE DRUG USE

\_\_\_\_\_ A 14-year old who drinks before school most mornings.

\_\_\_\_\_ A “crack” user.

\_\_\_\_\_ A woman who, on occasion, drinks and drives.

\_\_\_\_\_ Someone who smokes marijuana at a party.

\_\_\_\_\_ A person who takes Valium daily for an illness.

\_\_\_\_\_ A movie star who uses sleeping pills and “uppers”.

\_\_\_\_\_ A business man who uses cocaine on weekends.

\_\_\_\_\_ A construction worker who drinks a six-pack in the hour after work.

\_\_\_\_\_ A housewife who drinks three glasses of wine each evening.

# REACT PROGRAM PARTICIPANT ASSESSMENT

Client: \_\_\_\_\_

Date: \_\_\_\_\_

## FAMILY

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Family history of use/abuse | <input type="checkbox"/> Divorce                       | <input type="checkbox"/> Neglect responsibilities |
| <input type="checkbox"/> Family concerned            | <input type="checkbox"/> Separation                    | <input type="checkbox"/> Loss of family time      |
| <input type="checkbox"/> Family affected by use      | <input type="checkbox"/> Threats of divorce/separation | <input type="checkbox"/> Broken promises          |
| <input type="checkbox"/> Arguments                   | <input type="checkbox"/> Family enables/protects       | <input type="checkbox"/> Lies about/hides use     |
| <input type="checkbox"/> Physical fights             | <input type="checkbox"/> Non-support                   | <input type="checkbox"/> Loss of possessions      |
| <input type="checkbox"/> Verbal/emotional abuse      | <input type="checkbox"/> Estrangement                  | <input type="checkbox"/> Substandard Living       |

Additional comments: \_\_\_\_\_

## PEERS/SOCIAL

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> _____% Peers/friends using | <input type="checkbox"/> Lost friends                | <input type="checkbox"/> Arguments       |
| <input type="checkbox"/> _____% Activities using    | <input type="checkbox"/> Changed friends             | <input type="checkbox"/> Physical fights |
| <input type="checkbox"/> Use expected/encouraged    | <input type="checkbox"/> Using buddies vs friends    | <input type="checkbox"/> Broken promises |
| <input type="checkbox"/> Peers/friends concerned    | <input type="checkbox"/> Isolated from peers/friends |  |

Additional comments: \_\_\_\_\_

## WORK/SCHOOL

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Use at work/school   | <input type="checkbox"/> Hangovers                         | <input type="checkbox"/> Reputation affected    |
| <input type="checkbox"/> Use with boss/peers  | <input type="checkbox"/> Lower performance/grades          | <input type="checkbox"/> Missed opportunities   |
| <input type="checkbox"/> Disciplinary action  | <input type="checkbox"/> Work related injuries             | <input type="checkbox"/> This/next DWI a felony |
| <input type="checkbox"/> Missed work/school   | <input type="checkbox"/> Drivers license needed for job    | <input type="checkbox"/> Coworkers aware – DWI  |
| <input type="checkbox"/> Late for work/school | <input type="checkbox"/> Commercial license needed for job | <input type="checkbox"/> Dirty Urinalysis       |

Additional comments: \_\_\_\_\_



**FINANCIAL**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This DWI: \$_____        | <input type="checkbox"/> Behind on bills         | <input type="checkbox"/> Bad checks     |
| <input type="checkbox"/> Other offenses: \$_____  | <input type="checkbox"/> Use credit cards        | <input type="checkbox"/> Bankruptcy     |
| <input type="checkbox"/> Cost of all use: \$_____ | <input type="checkbox"/> Postpone necessities    | <input type="checkbox"/> Borrow money   |
| <input type="checkbox"/> Missed work: \$_____     | <input type="checkbox"/> Pawned/sold possessions | <input type="checkbox"/> Divorce        |
| <input type="checkbox"/> _____% Income for use    | <input type="checkbox"/> Lost possessions        | <input type="checkbox"/> Gambling debts |

Additional comments: \_\_\_\_\_

**LEGAL**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> # DWIs: _____     | <input type="checkbox"/> #DURs/DUSs: _____          | <input type="checkbox"/> Injury related accident |
| <input type="checkbox"/> # BACs: _____     | <input type="checkbox"/> #DWI/not caught: _____     | <input type="checkbox"/> Property Damage         |
| <input type="checkbox"/> # Refusals: _____ | <input type="checkbox"/> #DUR/DUS not caught: _____ | <input type="checkbox"/> Assaults                |
| <input type="checkbox"/> # C&Is: _____     | <input type="checkbox"/> #Stopped/let go: _____     | <input type="checkbox"/> Possession charges      |

Other charges/Additional comments: \_\_\_\_\_

**HEALTH/SEXUAL**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unprotected sex/HIV/STD  | <input type="checkbox"/> Doctor concerned              | <input type="checkbox"/> Blackouts             |
| <input type="checkbox"/> Poor choices in partners | <input type="checkbox"/> Prescription medication       | <input type="checkbox"/> Pass-outs             |
| <input type="checkbox"/> Unplanned pregnancy      | <input type="checkbox"/> Physical complications of use | <input type="checkbox"/> Increased tolerance   |
| <input type="checkbox"/> Performance difficulties | <input type="checkbox"/> Use related injuries          | <input type="checkbox"/> Decreased tolerance   |
| <input type="checkbox"/> Child with FAS/FAE       | <input type="checkbox"/> Sleep/appetite disturbances   | <input type="checkbox"/> High blood pressure   |
| <input type="checkbox"/> Use while pregnant       | <input type="checkbox"/> Uses to function              | <input type="checkbox"/> Risk taking behaviors |

Additional comments: \_\_\_\_\_

**PSYCHOLOGICAL**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Relieve stress/relax           | <input type="checkbox"/> Compromised value/belief system | <input type="checkbox"/> Shame/Guilt           |
| <input type="checkbox"/> Overcome shyness/fit in        | <input type="checkbox"/> Anxiety                         | <input type="checkbox"/> Embarrassment         |
| <input type="checkbox"/> Feel "need" to use             | <input type="checkbox"/> Depression                      | <input type="checkbox"/> Risk taking behaviors |
| <input type="checkbox"/> Loss of control                | <input type="checkbox"/> Suicidal ideation               | <input type="checkbox"/> Personality change    |
| <input type="checkbox"/> Poor choices (sexual behavior) |  |  |

Additional comments: \_\_\_\_\_

## SEDATIVES

Sedatives relax the body's muscles, relieve feelings of tension and worry, and bring on sleep. There are two main groups of sedatives: barbiturates and tranquilizers.

Since the turn of the century, doctors have been prescribing barbiturates to patients so they can fall asleep and stay asleep. It was soon found that taking small doses of barbiturates brought about feelings of drowsy relaxation while still awake. These feelings are similar to those produced by alcohol.

Because barbiturates produce pleasant feelings, they are often used by people who do not need them, and barbiturates are often overused by people who are prescribed them. Overdose with barbiturates is quite possible. If it takes one pill to produce sleep, it might take five pills to produce a coma and only ten pills to cause death. This is a narrow range of safe use. Safety is complicated by the fact that alcohol can multiply the effects of barbiturates.

An intoxicated "down head" acts like a drunk. He or she slurs words and has trouble with simple physical movements, like walking. This person may suddenly become sleepy and "nod off."

Many abusers of narcotics turn to barbiturates or alcohol when they cannot get enough narcotics to support their habit. Abusers of stimulants and hallucinogens sometimes take barbiturates to help calm drug-related anxiety.

Regularly using more barbiturates than a doctor prescribes can lead to psychological and then physical dependence. Physical dependence on "down" is just as severe as heroin dependence, and withdrawal is even more physically dangerous. Barbiturate withdrawal requires medical supervision.

Methaqualone is a sedative that is also referred to as quaaludes, ludes, and sopors. Methaqualone can be used as a party drug with many people taking it to help them feel freer and not as uptight. This causes another problem—as a party drug, it can be combined thoughtlessly with alcohol. The two interact to create a multiplied effect.

Tranquilizers are sedatives used to quiet or calm a patient's emotions without changing his or her ability to think clearly or stay alert. They do not have as strong a sedative effect as barbiturates, but they reduce anxiety.

There are two basic types of tranquilizers—major and minor. Contrary to what their names might imply, those which produce the "best" feelings are the minor tranquilizers. Minor tranquilizers are used to treat the symptoms of disorders such as nervousness or anxiety. Major tranquilizers are used to treat more severe mental disorders, such as manic depression or psychotic disorders. As a rule, major tranquilizers do not provide the feelings of emotional relaxation that the minor tranquilizers do. Almost all minor tranquilizers have the capacity to be abused, some more so than others. Tranquilizers which are abused include Ativan, Azene, Diazepam, Librium, and Valium.

Over the past 20 years, minor tranquilizers have been prescribed freely by doctors to help patients handle nervous feelings. However, it has been learned that these are not drugs to be taken lightly and their medical use has become more careful. Overdoses can happen—a result of taking too many tranquilizers at one time. It is possible to develop both a physical and psychological dependence on them.

One of the most deadly combinations of psychoactive drugs is the mixture of alcohol with any of the sedatives. Each potentiates the effects of the other. Sometimes the effects are stronger than the body can handle. The results of this mixture can slow down breathing so much that the brain becomes oxygen starved. Coma, permanent physical damage or death may result.

# STIMULANTS

Stimulants are drugs that increase activity and energy level by speeding up the body's processes. In addition to cocaine, amphetamines are the most common stimulant. Street names for amphetamines include bennies, dexies, speed and uppers. Amphetamines once were commonly used for dieting because they reduce appetite. They are used illicitly for a variety of reasons, usually to heighten physical energy or to stay awake and be able to function in school or on the job. Amphetamine use can lead to psychological dependence, with the user feeling unable to function without the drug.

Amphetamines tend to make users feel that they can achieve more than usual or go for extended periods without rest. The body, however, is not prepared for these expectations, so as the "up" feeling fades, the body may react with extreme fatigue. To prevent "crashing" (coming down from the drug) or to "maintain", the user will take more amphetamines. This coupled with tolerance (need for increased dosage to achieve the desired effect) can lead to physical dependence. Extreme discomfort can result when the drug is not available, and continued use is hard on the body, especially to the heart and vascular systems. The stress placed on the system caused by an ever increasing need for more frequent, larger doses can be dangerous. To intensify the effects of the amphetamines, some "speed freaks" liquify and inject the drug. Shooting amphetamines is one of the most dangerous forms of drug abuse. It can cause paranoia in the user and often leads to unprovoked violence. IV amphetamine use may cause paranoid schizophrenia, a very severe form of mental illness.

## SUBSTANCES IN COMBINATION

All substances taken internally, whether swallowed, injected, or inhaled, combine and react with other. The only safe rules to follow are those laid down by the individual's physician or pharmacist. One of the responsibilities of those who prescribe and dispense prescription drugs is to avoid combining drugs which have known toxic reactions. If the opportunity is present for adverse reaction caused by the combination of prescribed drugs of known doses, the opportunity for adverse reaction with the combination of illicit drugs or drugs taken without a physician's direction is multiplied.

Not only do all substances interact with each other (sometimes with moderate, sometimes with pronounced consequences) but also people vary in their responses to substances or the combination of them. This makes combining substances especially risky and hard to predict. A substance or combination of substances which one person may take with little apparent effect can be life threatening or fatal to others.

When combined, some substances have especially toxic effects. Alcohol is one substance which tends to pose a significantly increased danger when used in combination with other drugs, either licit or illicit. Alcohol and many other substances, particularly sedatives, potentiate each other. The cumulative effect of combining alcohol and other sedatives is not like that which would be expressed by a simple arithmetic progression, i.e., one drink plus one pill equals two doses. Instead the effect can become quite unpredictable, i.e., one drink plus one pill does not equal two, but equals some unknown, greater factor than what would normally be expected.

Another danger inherent in combining alcohol and other substances is the tendency for toxic build-up of those substances which are more difficult to eliminate. Some drugs stay in the system for long periods, making accurate estimates of the amount remaining in the system difficult or impossible.

The half-life of valium, a common tranquilizer, is approximately 24 hours (one day). The half-life of marijuana is three to four days. Half-life refers to the time it takes for one-half of the chemical present at any one time to be eliminated from the system. If a person takes 40 milligrams of a drug with a half-life of 24 hours, tomorrow he will have 20 milligrams still in his system. The next day 10 milligrams, and so on.

The half-life of other substances of abuse is: Heroin, 12 minutes; cocaine, approximately 1 hour (from 45 minutes to 90 minutes); LSD, 1 hour and 45 minutes; Morphine, approximately 2 hours (from 1 ¼ hours to 3 ½ hours); Amphetamines, approximately 1 day (from 10 to 34 hours); Methaqualone, approximately 1 day (from 10 to 43 hours).

The body cleans itself of substances in the order of their chemical complexity, with the simpler ones being eliminated first. Alcohol is a relatively simple solution and is oxidized by the liver ahead of the more complex substances. Thus, more complex substances tend to remain in the system longer when combined with alcohol.

There is no known "safe" high. For each, there is a physiological and psychological price which must be paid. Sometimes the price is immediate, as was the case for Len Bias, the promising young basketball star who died of a drug overdose the first time he experimented with cocaine. Sometimes the cost is more difficult to determine, as is the case for those who reach less than their full potential because of substance abuse. The younger an individual is when they begin substance use, the more profound the long-term effects tend to be.

Growing up physically, mentally, and emotionally is seldom easy. When someone chooses to add the complications of mind-altering chemicals to the process of growing up, it typically becomes more difficult. There is also the chance that the damage done by substance use may be irreversible, such as a serious or tragic automobile accident. We cannot retrieve that which we have squandered. We cannot return to “go” and start over. Each person pays some price for substance use.

## **Types of Decision Making**

Decisions not under your control – those made by others

Automatic decisions – the ones you do not have to think about before deciding

Decisions you occasionally think about beforehand

Decisions you think about but do not study or investigate beforehand

Decisions you study, think about little and ask others about before deciding

Decisions you study, and think a lot about before deciding; you ask others questions and read about them before deciding