



Substance Use Disorders (SUDs) & Trends in Addictions

National Association of Social Workers-Kansas (NASW-KS)
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NASW Code of Ethics

Addictions Terminology & Fun Facts

Addictions & Adolescents

Risk & Protective Factors

DSM-5 in Addictions

Drug Information

- Prescription Drug Use
- Opioids
- Depressants
- Stimulants
- Cannabis
- Games, Fads, and Trends
- “On the Market” Drugs
- Drug Testing

The ADA & Addictions

Presentation Overview



**CODE
OF ETHICS**

**CODE
OF ETHICS**

NASW Code of Ethics

**CODE
OF ETHICS**

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OF ETHICS**

**CODE
OF ETHICS**



NASW Code of Ethics: *Social Work Values*

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence



NASW Code of Ethics: *Ethical Principles*

- **Value:** *Competence*
- **Ethical Principle:** *Social workers refine their practice within their areas of expertise while continually developing and enriching their professional competence.*

Social workers consistently aim to expand their professional knowledge and skills, applying them effectively in their practice.



NASW Code of Ethics

Section 1: Social Workers' Ethical Responsibilities to Clients

1.04 Competence

1.04.a. Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

1.04.b. Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.



NASW Code of Ethics

Section 3: Social Workers' Ethical Responsibilities in Practice Settings

3.02 Education and Training

3.02.a. Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

3.08 Continuing Education and Staff Development Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.



NASW Code of Ethics

Section 4: Social Workers' Ethical Responsibilities as Professionals

4.01 Competence

4.01.a. Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

4.01.b. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

4.01.c. Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.



Addictions Terminology & Fun Facts



Addictions: Terminology & Fun Facts

Opioids and the D.E.A.

- The Serenity Prayer
- “90 in 90”
- “Friends of Bill W.”
- Harm Reduction vs. Zero Tolerance
- Syringe Services Programs (SSP) “Needle Exchange Programs”
- “Hair of the Dog”



Addictions Terminology & Fun Facts

42 CFR Part 2

- Addictions are governed by a federal statute known as Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2.
- This law mandates that federally assisted substance use programs must obtain a patient's consent before disclosing information to others, safeguarding patient privacy and promoting treatment-seeking behavior.
- Patients have the right to revoke consent to specific parties named in a multi-party consent form, while leaving the rest of the consent intact.
- A subpoena alone is insufficient for obtaining patient records from a treatment center; a court order authorizing disclosure is required in conjunction with the subpoena.
- ***--Treatment providers have the authority to reject law enforcement requests without the necessary court order.***



Addictions Terminology & Fun Facts

Opioids and the D.E.A.

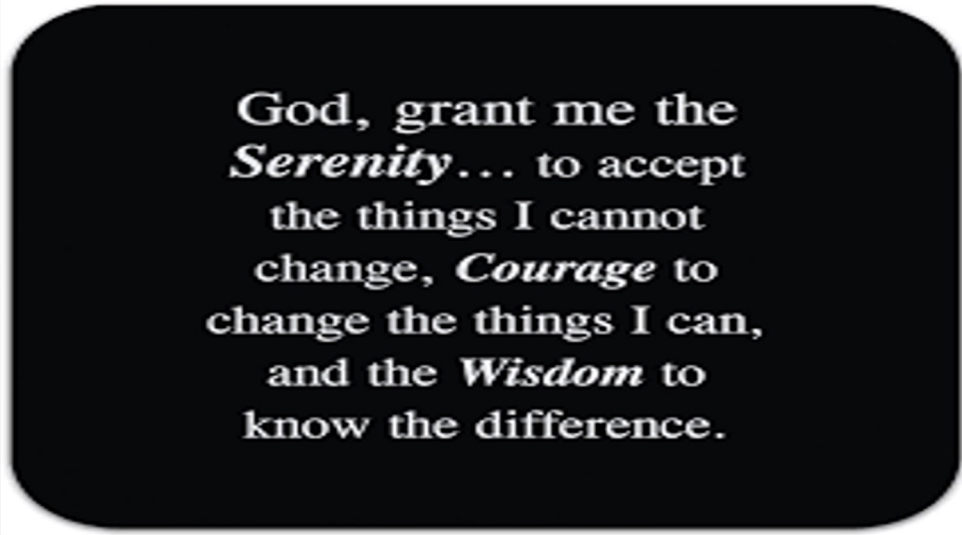
- Federal law regulations do not impose restrictions on the prescription, dispensation, or administration of Methadone or Suboxone for pain when deemed necessary by a registered practitioner in their regular professional practice.
- Due to regulatory constraints on Methadone's use for opioid addiction maintenance or detoxification, practitioners must be DEA-registered as a Narcotic Treatment Program (NTP).



Addictions Terminology & Fun Facts

The Serenity Prayer

- When preparing to leave an addictions group, depending upon where you are working, the group and group leader (you) will huddle in a circle holding hands as you recite the Serenity Prayer.



God, grant me the
Serenity... to accept
the things I cannot
change, *Courage* to
change the things I can,
and the *Wisdom* to
know the difference.



Addictions Terminology & Fun Facts

The Serenity Prayer

- The Serenity Prayer is integral to addiction treatment as it underscores the value of navigating life one day at a time.
- It prompts reflection on accepting the aspects of our past that are beyond our control, like challenging childhoods or past traumas, while empowering us to summon the courage to change those within our grasp, such as breaking the cycle of addiction.

Certain organizations may prohibit clinicians from recommending AA meetings due to the prominent reference to God in the 12 steps, yet they might permit the Serenity Prayer. This prayer holds significant importance within the addictions community.



Addictions Terminology & Fun Facts

“90 in 90”


- In agencies permitting clinicians to recommend Alcoholics Anonymous (AA) attendance, another common suggestion is often made: "90 in 90".
- When individuals mention this, they are essentially encouraging clients to participate in 90 AA meetings within a span of 90 days, equivalent to attending at least one meeting daily.
- Based on the belief that "idle hands are the devil's playground," this idea implies that boredom can lead to substance use. Attending one AA meeting daily for 90 days reduces idle time and helps forge connections with fellow individuals committed to sobriety.

Addictions Terminology & Fun Facts

“Friends of Bill W.”




- "In recovery circles, individuals discreetly signal their sobriety by referring to themselves or asking others if they are 'a friend of Bill W.' This phrase, seemingly harmless, actually serves as a coded acknowledgment of one's affiliation with Alcoholics Anonymous founder Bill Wilson."
- So, who is Bill W? Bill W is William Wilson, renowned as the co-founder of Alcoholics Anonymous (AA), along with Dr. Bob Smith, often referred to as Dr. Bob. The inaugural AA meetings took place at Dr. Bob's residence in Akron, Ohio, a location of considerable significance within the addictions community. If you ever find yourself in Akron, Ohio, visiting Dr. Bob's home is a must for those connected with addiction recovery.



Addictions Terminology & Fun Facts

Harm Reduction vs. Zero Tolerance

- When teaching my addictions course, I ask students to give something up for the entire semester. I have noticed many of them have trouble with a zero-tolerance policy and giving something up 100% because it is difficult. The idea behind harm reduction versus zero tolerance is controversial in the addiction's community--even if the same city or state. --Dr. Sejuitt
- Zero tolerance is just that---you give it up 100%. While in Syracuse, NY I worked for one agency that had a zero-tolerance policy. This meant that if you relapsed and you were on probation/ parole, your relapse could cost you your freedom. A relapse meant you were going back to jail, or you violated the terms of your parole. In the agency setting, it also meant we could recycle you through the program and you could start back at square one. --Dr. Sejuitt



Addictions Terminology & Fun Facts

Harm Reduction vs. Zero Tolerance

- Later, when I worked for another agency in Syracuse, NY (not far away from my previous agency), they had a harm reduction model for treatment. This meant that even if you relapsed and were on probation or parole, that did not necessarily warrant getting locked back up. This also means you had to have a good working relationship with the client's probation or parole officer as you had to explain the reasoning behind the agency decision. There had to be buy in. For example, I had one young woman who would shoot heroin daily. A zero-tolerance policy would say she needs to abstain from every single drug there is. In this agency with me, we were able to get her to stop shooting heroin and, instead, she chose to smoke marijuana 3-4 days a week versus shoot heroin into her veins daily. This young woman moving from a more harmful drug to what was viewed as less harmful was considered a "win" in the eyes of the agency. At a zero-tolerance agency, this would be a "fail". --Dr. Sejuir

"Do you agree with zero tolerance policy or are you more apt to consider a harm reduction model?"

Syringe Services Program (SSP)

- SSP, also known as “syringe exchange” started in the 1980’s, during the HIV/AIDS epidemic.
 - Harm Reduction- “Meeting people where they are at.”
- Providing sterile using supplies (cookers, cotton filters, tourniquets, syringes).
 - Returning used syringes to dispose of properly, therefore reducing “needle litter.”
- Evidence-Based Practice, similar to safer sex practices, ie. condoms, STD testing, sex education...

--Marc Burrows, MSW, BSW, CAC-P, CPSS

Syringe Services Program (SSP)

- Overdose prevention with naloxone distribution.
- Wrap around services with HIV and HCV testing, referral, and treatment, and recovery support services including addiction treatment.
- Harm reduction as a movement- working to end racism, discrimination, marginalization, and criminalization of people who use drugs.
- Historic harm reduction legislation: “**Good Samaritan Law**”, SC “**Overdose Prevention Act**”, and Oregon’s “**Measure 110**” to decriminalize ALL drugs.

--Marc Burrows, MSW, BSW, CAC-P, CPSS

Syringe Services Program (SSP)

- Injection drug use accounts for about one in 10 HIV diagnoses in the United States and over 53% of new cases of Hepatitis C.
- People who inject drugs are the highest-risk group for acquiring HCV, and each individual with HCV who injects drugs is likely to infect 20 other people.
- SSPs are associated with an approximately 50% reduction in HIV and HCV incidence, and when combined with medications that treat opioid use disorder (known as medication-assisted treatment), HIV and HCV transmission is reduced by more than two-thirds.

--Marc Burrows, MSW, BSW, CAC-P, CPSS

Syringe Services Program (SSP)

- Participants of SSPs are three times more likely to stop injecting drugs and five times more likely to enter into treatment.
- SSP's reduce police officer "needle sticks" by up to 66%.
- The CDC recognizes comprehensive SSP's as a key component to combating the nations opioid crisis and reducing transmission of infections disease, therefore saving lives and money.
- There are over 200 SSP's In the United States; however, South Carolina has one.

--Marc Burrows, MSW, BSW, CAC-P, CPSS



Addictions Terminology & Fun Facts

“Hair of the Dog”

- "Hair of the Dog" is a term derived from "hair of the dog that bit you," commonly used in addiction contexts. Originally, it referred to a folk remedy for a rabid dog bite, where hair from the dog was applied to the wound, believed to prevent adverse effects, as per Scottish folklore.
- For instance, after a night of heavy drinking, some individuals opt for the "hair of the dog" method to alleviate hangover symptoms. Instead of hydrating with water or electrolyte-rich beverages like Pedialyte or Gatorade, they choose to consume the same type of alcohol they had the night before, such as tequila shots, in an attempt to mitigate the hangover.



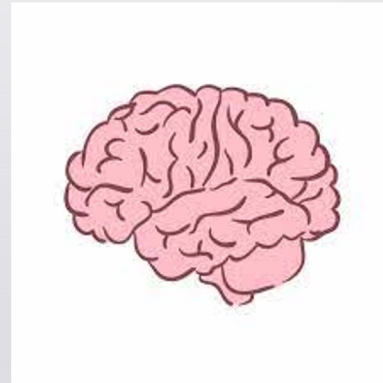
Addictions & Adolescents

Brain Development—Impulsivity



Brain Development

- Despite weighing only 3 pounds, the brain is regarded as the body's command center.
- Drug use can disrupt normal brain function.
- Brain maturation extends beyond previous estimations.
- Key areas:
 - **Prefrontal Cortex**
 - **Limbic System**





Brain Development

Limbic System

- **Limbic System:**
 - Regulates emotions
 - Links emotions with memories
 - Processes social cues
 - Experience of reward and punishment
- The Limbic System connects brain regions involved in emotional responses, reinforcing behaviors associated with pleasure.
 - Good feelings motivate us to repeat behavior.
- The cerebral cortex, comprising four lobes, constitutes $\frac{3}{4}$ of the brain's volume, and serves as its outer layer.



Brain Development

Prefrontal Cortex

- **Prefrontal Cortex:**
 - Organizes thoughts
 - Evaluates consequences
 - Assuming responsibility
 - Interprets emotions
- Referred to as the "area of sober second thought," it governs rational, executive brain functions.



Poor Judgment and Impulsivity

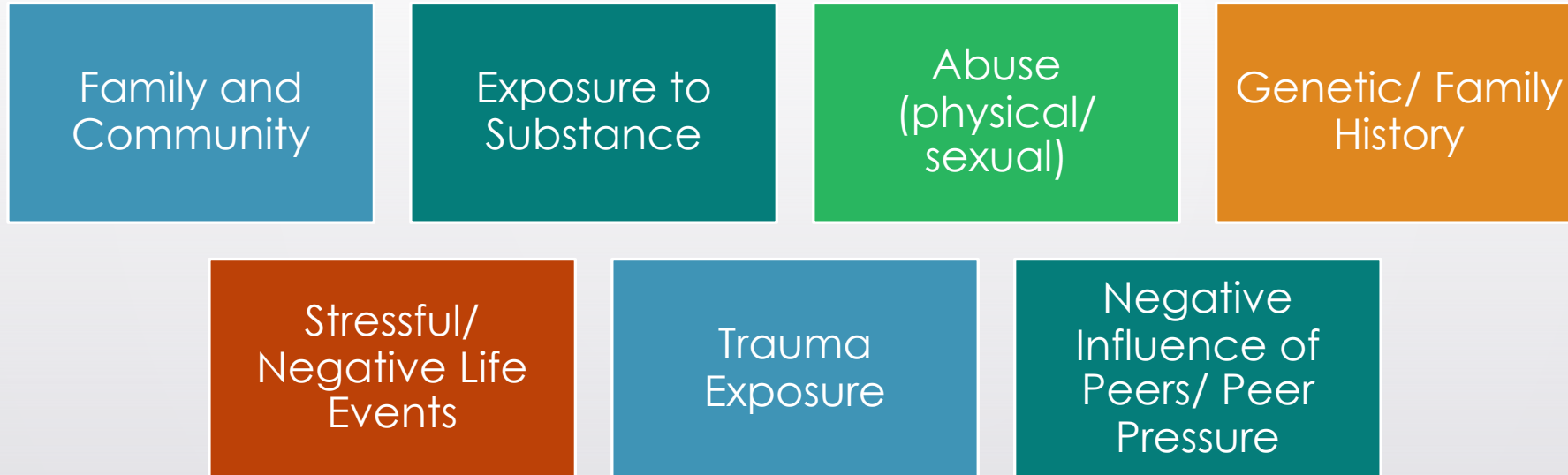
- Adolescents exhibit poor judgment and impulsivity due to the prefrontal cortex maturing later, as the teen brain undergoes ongoing development.
- This delay in maturation results in:
 - Increased susceptibility to risky behaviors
 - Reduced consideration of consequences
- Dopamine, a neurotransmitter, is linked with:
 - Risky behaviors
 - Novelty seeking
- Individuals with fewer dopamine "auto-receptors," which regulate dopamine release, may display heightened risk-taking tendencies, as suggested by research.

In Drug abuse prevention

Risk and Protective Factors



Risk Factors for Substance Use



Risk Factors

Depressed Mood

Low Self-Esteem

Delinquent Behavior

Disrupted Family Environments

Lack of Coping Resources



Manifestation of Risky Behaviors

- Developmental arrest and/ or regression
- Behavioral difficulties, acting out, delinquency, substance use, unsafe sex, etc.
- School difficulties, academic failure and/ or behavioral problems
- Emotional difficulties

**Research shows us that
TRAUMA
has a major impact on
substance use...**



Trauma and Gender

Studies consistently find that among those who are exposed to trauma, females are more likely than males to develop mental health problems.

Substance use/ abuse

- Involvement in violent activity
- Relational impairments and Development Lags
- Aggressive behavior
- Poor academic performance
- Delinquency and adult offending

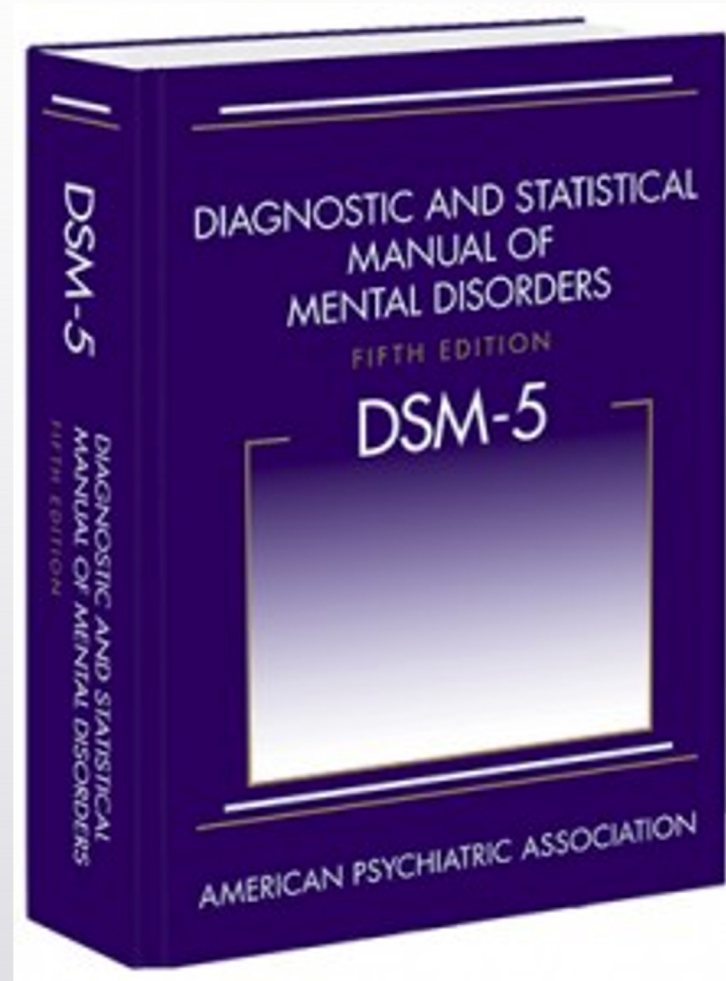


Protective Factors

- Positive Self-Esteem
- Family Connectedness
- Internal Locus of Control
- Positive Mood
- Religious Involvement
- Academic Achievement
- Future Orientation
- Extracurricular Activities/ Athletics (participation)



DSM-5 in Addictions



Understanding the DSM-5 in Addictions

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, often called the DSM-V or DSM 5, is the latest version of the American Psychiatric Association's gold-standard text on the names, symptoms, and diagnostic features of every recognized mental illness—including addictions. Clinicians use this to diagnose mental illnesses.
- The DSM 5 recognizes substance-related disorders resulting from the use of 10 separate classes of drugs.
- Unlike the DSM-IV where a patient was either considered to suffer from “abuse” or “dependence” of various drugs, the DSM-5 categorizes it as either Substance Use Disorder (SUD) or Substance-Induced Disorder (intoxication). The DSM 5 allows clinicians to specify how severe or how much of a problem the substance use disorder (SUD) is, depending on how many symptoms are identified based on **11 different criteria**.
 - **Mild SUD** = 2-3 symptoms
 - **Moderate SUD** = 4 or 5 symptoms
 - **Severe SUD** = 6 or more symptoms
 - *Clinicians can also add “in early remission,” “in sustained remission,” “on maintenance therapy,” and “in a controlled environment.”*



DSM-5: Substance Use Disorder (SUD) Criteria

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.



Drugs and alcohol

Which is the
faster method
of ingestion?

Injecting

Snorting

Smoking

Ingesting (swallowing, eating, drinking)

Contact (skin, mucous membranes)



Methods of Ingestion

1. Smoking: 7-10 sec
2. Injecting: 15-30 sec (vein); 3-5 min (skin/muscle)
3. Snorting: 3-5 min
4. Contact: 3-5 min (mucous membranes-eyes, mouth, anus); 15-30 min (skin)
5. Ingesting: 20-30 min (drinking, eating, swallowing)

Top 5 Most Addictive Substances

1. Nicotine
2. Caffeine*
3. Heroin
4. Cocaine
5. Alcohol



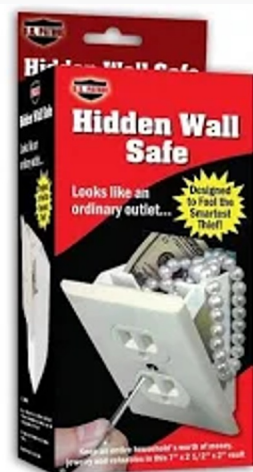
*The most prevalent substance in Western society, with over 80% of individuals consuming it in quantities sufficient to impact the brain.

**At first glance,
what do these
look like to
you???**





Stash Cans





PRESCRIPTION DRUG USE



Commonly Abused Prescriptions: **Anti-Depressants**

- Seroquel (Quetiapine) Misuse

(indicated for treatment of schizophrenia, bi-polar disorder, and depression)

Street Names:

- Q-Ball
- Quell
- Snoozeberries
- Susie-Q



Commonly Abused Prescriptions: **Opioids**

- **Opioids** (indicated for pain):
 - Hydrocodone (Vicodin)
 - Oxycodone (OxyContin)
 - Propoxyphene (Darvon)
 - Hydromorphone (Dilaudid)
 - Meperidine (Demerol)
 - Diphenoxylate (Lomotil)



Commonly Abused Prescriptions: **Depressants**

- Central Nervous System Depressants

(sedative-hypnotics indicated for anxiety and sleep disorders):

- **Barbituates**

- Pentobarbital Sodium (Nembutal)

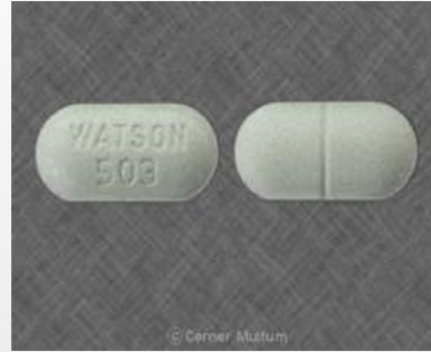
- **Benzodiazepenes**

- Diazepam (Valium)
- Alprazolam (Xanax)



Commonly Abused Prescriptions: **Stimulants**

- Stimulants (indicated for ADHD and Narcolepsy):
 - Dextroamphetamine (Dexedrine)
 - Methylphenidate (Ritalin and Concerta)
 - Amphetamines (Adderall)



Narcotics

Learning more about...



Narcotics

- Heroin
- Morphine
- Opium
- Hydrocodone
- Oxycodone HLC
- Codeine
- Other Narcotics

**While all illegal drugs that are sleep-inducing could be called Narcotics, the term is most often associated with opiates.*

Narcotics: *Heroin*

Street Names:

- Horse
- White Horse
- Smack
- Black Tar
- Chiva
- Negra (Black Tar Heroin)
- Brown Sugar
- **Dope**
- "H"
- Junk
- Skag
- Skunk



Lasts 2-5 days in your system

"Hi. My name is _____ and my drug of choice is opiates or pills." = less judgment in group

Narcotics: *Morphine*

Street Names:

- “M”
- Miss Emma
- Monkey
- White Stuff



**Can also come in tablet form.*

Lasts 2-4 Days in your system

Narcotics: *Opium*

Street Names:

- Big O
- Black Stuff
- Block
- Gum
- Hop



**Poppy seed bagel*

Lasts 2-4 Days in your system

Narcotics: *Hydrocodone*

Street Names:

- Vike
- Watson-387 (or # variations)



Lasts 1-6 Days in your system

Narcotics: Codeine

Street Names:

- Captain Cody
- Cody
- Schoolboy
- Doors & Fours
- Loads
- Pancakes



Lasts 2-4 Days in your system

Opioids: *Fentanyl*

Street Names:

- China Girl
- Dragon's Breath
- Murder 8
- Dance Fever



Lasts 24-72 Hours in your system

**The use of opioids can be
minimized
through Methadone
Maintenance
and Suboxone
Programs...Supported by many!**

Ingredients

- **Skittles** (or other candy): Jolly Ranchers, Starburst, etc.
- **Iced Tea** (or other soft drink)
- **Codeine**



“Lean”-----“Sizzurp”-----“Purple Drank”



Narcotics: Signs and Symptoms of Use

- Decrease in blood pressure.
- Decrease in breathing rate.
- Decrease in heart rate.
- Euphoria.
- Pinpoint pupils.
- May look like “dozing” or “nodding off”



Depressants

Learning more about...



Depressants

Gamma-Hydroxybutyric Acid (GHB) ***“Date Rape” Drug***

Benzodiazepines
(Klonopin, Xanax, Valium, Ativan)

Flunitrazepam-
one of 1st “Date Rape” Drugs

Barbiturates

Other
Depressants

Alcohol

Depressants: *Gamma-Hydroxybutyric Acid (GHB)*

Street Names:

- GHB
- Liquid Ecstasy / Liquid X
- Sodium Oxybate
- "G"
- Georgia Homeboy
- Grievous Bodily Harm



Lasts 1-2 Days in your system



Depressants: *Benzodiazepines (Klonopin, Valium, Xanax, Ativan)*

Street Names:

- Candy
- Downers
- Sleeping Pills
- Tranks
- School bus
- Green monsters



Lasts up to 30 Days or more in your system

Depressants: *Flunitrazepam*

Street Names:

- Forget-Me Pill
- Mexican Valium
- R2
- Roche
- **Roofies** (a.k.a. the “Date Rape” Drug)
- Roofinol
- Rohypnol
- Rope
- Rophies



Lasts 7-10 Days in your system

Depressants: *Other Depressants*

Street Names:

- Quaalude
- Ludes
- Quad
- Quay
- Mandrex



Lasts 2-7 Days in your system

Depressants: *Alcohol*



Medical Consequences of Use

- **Nervous System:** Insomnia, Fatigue, Strokes, Memory loss, etc.
- **Lungs:** Suppresses cough reflex—
aspirating of stomach contents into
lungs.
- **Heart:** Arrhythmia.

Depressants: Alcohol

Medical Consequences of Use

- **Liver:** “Fatty Liver”/ Liver Disease, Cirrhosis
- **Stomach:** Increase in acid production can make esophagus rupture—allowing stomach contents to go into chest cavity.
- **Skeleton:** Can cause osteoporosis.
- **Skin:** Premature aging, severe itching, “red palms,” and dilated blood vessels on chest.



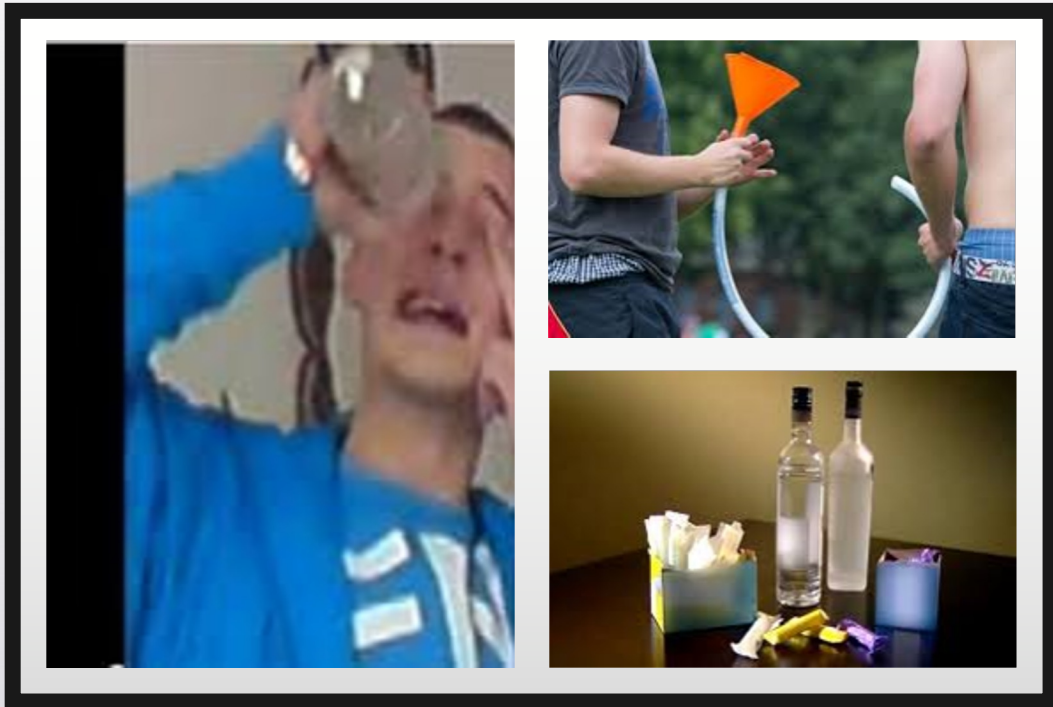
Definition of a Drink

U.S. Standard drink contains about 14 grams (0.6 Fluid OZ.) Pure Alcohol:

- 12 OZ of beer or Wine Cooler
- 8-9 OZ of Malt Liquor
- 5 OZ of Table Wine
- 3-4 OZ of Fortified or Dessert Wine
- 1.5 OZ of Spirits (i.e. Vodka, Gin, or Whiskey)



Depressants: *Alcohol*



- Vodka Eye-Balling
- “Butt Chugging”
- Non-Alcoholic Beer



Depressants: Signs and Symptoms of Use

- Decrease in anxiety.
- Sedation.
- Occasional elation, secondary to Depression.
- Pupils not dilated or constricted.
- Hiccups seen in long-term Benzo users.

**Medical detox for severe, long-time drinkers



Stimulants



Stimulants

- Cocaine
- Amphetamine
- Meth-amphetamine
- Methylphenidate
- Nicotine
- Other Stimulants
- Caffeine?

Stimulants: Cocaine

Street Names:

- Coke
- Flake/ Snow
- Blow
- Bump
- "C"
- Candy/ Rock
- Charlie
- Toot
- Crack
- Coca, Blanca, Perico, or Nieve
- White Girl



**Long pinky finger nail*

Lasts 1-3 Days in your system

Stimulants: *Amphetamine*

Street Names:

- Bennies
- Black Beauties
- White Crosses
- Hearts
- LA Turnaround
- Speed
- Truck Drivers
- Uppers



Lasts 2-5 Days in your system

Stimulants: *Meth-Amphetamine*

Street Names:

- Crank
- Ice
- Cristal
- Crystal
- Glass
- Krystal Meth.
- Speed



“Glass Cleaner” Synthetic Meth...producing hallucinogen-like symptoms of PCP use.

Lasts 2-4 Days in your system

Stimulants: *Nicotine*

- One cigarette has 10mg of Nicotine.
- On a Mg per Mg basis, it is 10x more potent than heroin.
- Viewed by medical professionals as the **REAL** “Gateway Drug.”



Vaping

1. Vaping is less harmful than traditional smoking.

- E-cigs heat nicotine, flavorings, and other chemicals to create water vapor.
- Regular tobacco cigarettes contain 7,000 chemicals.

2. Vaping is still bad for your health.

- Nicotine is primary agent in both regular and e-cigs.

3. Electronic cigarettes are just as addictive as traditional ones.

4. Electronic cigarettes are not the best smoking cessation tools.

- Marketed to aid cessation, the FDA has not approved them as such devices.

5. A new generation is getting hooked on nicotine.

- In 2015, e-cig use among h.s. students increased by 900 %, and 40% of young e-cig users had never smoked regular tobacco.





Stimulants: *Other Stimulants*

Adipex/ Phentermine (a.k.a. "Robin's Eggs")

Ionamin

Prelu-2

Didrex

Provigil



Stimulants: Signs and Symptoms of Use

- Dilated pupils.
- Increased heart rate (30-50%).
- Increased blood pressure (15-20%).
- Nausea and vomiting.
- Confusion.
- Tremors.
- Weight loss.
- Chest pain and irregular heart rate.
- Abnormal EKG's.
- Headache (most common neurological complaint).



Stimulants: Signs and Symptoms of Use

- Seizures.
- Kidney failure.

In Chronic Stimulant Users:

- Constipation/ Inability to Urinate.
- Jerky movements during sleep.
- Jaw clenching and teeth grinding.
- Psychosis.
- Cerebral Hemorrhage.



Hallucinogens



HALLUCINOGENS

- Hallucinogens are a diverse group of drugs that alter a person's awareness of their surroundings as well as their own thoughts and feelings.
- They are commonly split into two categories: classic hallucinogens (such as LSD) Peyote, Mushrooms, etc.
- dissociative drugs (such as PCP).
- Both types of hallucinogens can cause hallucinations, or sensations and images that seem real though they are not..



Hallucinogens

- MDMA and Analogs
- LSD
- Dissociative Anesthetics
- Dextro-methorphan (DXM)

Hallucinogens: *MDMA and Analogs*

Street Names:

- Ecstasy, XTC, X
- STP
- Adam
- Eve
- Love Drug
- Clarity
- Lover's Speed
- Peace
- Molly



Lasts 2-5 Days in your system

Hallucinogens: *LSD*

Street Names:

- Acid
- Blotter
- Boomers
- Cubes
- Microdot
- Yellow Sunshine



Lasts 8-24 Hours in your system

Hallucinogens: *Phencyclidine and Analogs*

Street Names:

- PCP
- Angel Dust
- Hog
- Love Boat
- Peace Pill
- PCE
- TCP



***Bath Salts (Synthetic PCP)**

Lasts 7-14 Days in your system

Hallucinogens: *Dissociative Anesthetics*

Street Names:

- Special K/ "K"
- Cat Valium
- OK
- Vitamin K
- Kid Rock
- Ket Kat
- Make-Her-Mine



Lasts 2-5 Days in your system

Hallucinogens: *Dextro-Methorphan (DXM)*

Street Names:

- Orange Crush
- Triple C's/ Triple C/ C-C-C/ CCC
- Red Devils
- Skittles / Candy
- DXM/ Dex
- Rojo Vitamin
- Robo/ Robo-Trippin' / Robo-dosing
- Velvet



Lasts in your system for a few hours



Cannabis

Cannabis

- Marijuana
- Tetrahydro-cannabinol
- Hashish
- Hashish Oil

****Marijuana Candy***

****K2/ Spice***



Cannabis: *Marijuana*

Street Names:

- Pot
- Grass
- Blunts
- Dope
- Ganja/ Herb or Gerb
- Mary Jane
- Reefer
- Skunk
- Weed



Lasts 1-3 Days in your system (*occasional use*)

Lasts up to 30 Days in your system (*chronic use*)

Cannabis: Marijuana

- Classified as a Schedule I Drug.
- Affects functioning:
 - Distorted perceptions
 - Impairing coordination
 - Difficulty thinking/ problem-solving
 - Problems with learning and memory
- May increase risk of schizophrenia (chronic use).
- Acute Psychotic Reactions (in high doses).
- Lower IQ (as much as 8 points lower)-adolescents.



(U.S. Department of Interior)



Decriminalization of Cannabis

- Alaska
- California
- Colorado
- D.C.
- Idaho
- Illinois
- Kansas
- Maine
- Massachusetts
- Michigan
- Nevada
- Oregon
- Vermont
- Washington



Decriminalization of Cannabis

States that decriminalized Cannabis during the 2020 election include:

- Arizona
- New Jersey
- South Dakota
- Mississippi
- Montana



Cannabis: Signs and Symptoms of Use

- Decreased Vigilance.
- Decreased Motor Coordination.
- Decreased Strength.
- Increased Pulse Rate.
- Decreased Testosterone.
- Decreased Sperm Count.
- Decreased Helper T Cells.
- Inability to Learn.
- Acute Panic.
- Delirium.
- Paranoia.
- Hallucinations.
- Flashbacks.



Games, Fads, and Trends



Games, Fads, and Trends

- Most Recent Trends
- Alcohol
- Prescription Drugs
- Opiates
- Teens and Drugged Driving



Most RECENT TRENDS

- **Hand Sanitizer**

- Has 60% alcohol content and is being used to get drunk.

- **Spices**

- Drinking and ingesting large quantities of spices (Nutmeg)
 - Nutmeg contains myristicin, a natural compound known to cause hallucinations and euphoria when taken in large doses.
 - The Cinnamon Challenge is causing throat damage and choking.

- **Digital Drugs**

- Digital audio files that are proven to alter the brainwaves and disrupt the mental state of listeners, essentially producing the same effects as narcotics.
 - Can buy online or get for FREE from YouTube
 - Tracks sound similar to white noise with special effects.
 - Teens have gone to the hospital after experiencing strange physiological effects due to I-dosing or “Internet Overdosing.”



Most RECENT TRENDS

- **Potpourri**

- Teens are smoking potpourri.
- Can cause paranoia and hallucinations.
- Can also cause dangerous heart palpitations.

- **Air Conditioners**

- Prying open of air conditioners with screwdrivers and smoking the Freon that gives air conditioners cooling ability.
- Results are slurred speech, frostbite, and brain damage.

- **The “Good Kids High”**

- Kids choke one another or themselves to pass out for a high.

- **“Hash Brown”**

- When brownies are infused with cannabis (cannabutter or cannabis sugar)
- If marijuana is consumed in foods or beverages, the effects of THC appear later—usually in 30 minutes to 1 hour—and may last for many hours.



Games, Fads, and Trends

- **“Pharming”** is the slang term for grabbing a handful of prescription drugs and ingesting some or all of them.
- Teens bring prescription drugs from their home medicine cabinets and mix them all together in a **“grab bag.”** This can be an activity at adolescent parties and the medications are commonly mixed with alcohol.



Games, Fads, and Trends

“Cheese”

- **Cheese** is a combination of heroin with cough and cold preparations containing ingredients such as diphenhydramine, an antihistamine that can cause euphoria and hallucinations in overdose.
 - Cheese gained national attention when it was linked to the deaths of several teenagers in Dallas, Texas.



Games, Fads, and Trends “Cheese”

- The heroin concentration in **Cheese** is typically 2% to 8%, compared to 30% found in black tar heroin (produced in Mexico and prevalent in the western United States).
- **Cheese** is called “*starter heroin*” and is thought to be targeted at young adolescents. It is snorted, not injected, and is packaged in small, inexpensive quantities usually costing \$2.00 to \$10.00 per bag.



Games, Fads, and Trends

“Designer Drugs”

Many “designer drugs” hit the market in an attempt to bypass laws for the sales or possession of illicit drugs:

- Synthetic Cannabinoids (“Spice”)
- Misleading packages say they are from plants
- Material is smoked, drank as “tea” or orally

Street names include:

Spice, Aroma, Chill Out, Chill Zone, Fusion, K2, or Zen.



“On the Market” Drugs



“On the Market” Drugs

- Bath Salts or Window/ Glass Cleaner
- Spice/ K2
- Krokodil
- Kratom





“On the Market” Drugs: *Bath Salts or Window/ Glass Cleaner*

“Bath salts” are on the market and can be one or two drugs:

- **Methylenedioxypropylvalerone (MDPV)** or
- **Mephedrone**



Bath Salts or Window/ Glass Cleaner *Methylenedioxypropylamphetamine (MDPV)*

- MDPV is a psychoactive drug with stimulant properties.
- It is reported that it has 4x the potency of Ritalin.
- It is not FDA approved and is only a controlled, scheduled drug in some states.

Street Names:

MDPV, Magic, Super Coke and PV.



Bath Salts or Window/ Glass Cleaner *Mephedrone*

Mephedrone has been identified in 'ecstasy'-like tablets, but it is also sold as a “legal high” - a legal alternative to amphetamine and cocaine.

Street Names:

MMC, 4-MMC, M-CAT, or MMCAT

Bath Salts or Window/ Glass Cleaner
Methylenedioxypropylvalerone (MDPV)

Other Street Names:

- Cloud 9
- Ivory Wave
- Ocean
- Charge Plus
- White Lightning
- Scarface
- Hurricane Charlie
- Red Dove or White Dove



“On the Market” Drugs: *Bath Salts or Window/ Glass Cleaner*

- White or Brown powder.
- Physically similar to Amphetamines and MDMA (ecstasy).

Reactions Include:

Rapid Heartbeat, High Blood Pressure, Chest Pain
Agitation, Hallucinations, Paranoia (extreme)
Aggressive Behaviors
Delusions



Bath Salts or Window/ Glass Cleaner ***Further Reactions***

There are reports, particularly after intravenous use, of more severe psychological and behavioral effects. These include:

- Delusional paracitosis leading to scratching and gauging of the skin particularly of the face, neck and arms
- Parkinson-like twitching of limbs
- Paranoia
- Suicidal ideation
- Severe insomnia



Bath Salts or Window/ Glass Cleaner *Desired Effects*

- Euphoria
- General stimulation
- Enhanced music appreciation
- Elevated mood
- Decreased hostility
- Improved mental function
- Mild sexual stimulation (reported in 60 % of mephedrone users)

Overall, these effects are similar to those seen in other stimulant drug use (MDMA, amphetamines, cocaine).

“On the Market” Drugs

Spice/ K2

Known As:

- K2
- Fake Marijuana/ Weed
- Blaze
- Yucatan Fire
- Skunk
- Moon Rocks





CLOUD 9

Strawberry

“On the Market” Drugs Spice / K2

Ingredients:

Spice is a mildly hallucinogenic mix of dried plant material that is laced with synthetic cannabinoids (chemicals similar to THC, the active ingredient in marijuana).

**SCOOBY
SNAX
POTPOURRI**
SCOOBY SNAX 4G

MR. HAPPY

POTPOURRI

net weight - 12g

ORIGINAL

10g

INCENSE



“On the Market” Drugs *Spice/ K2*

Reactions Include:

Rapid Heart Beat, Vomiting, Agitation

Confusion and Hallucinations

✓ (also linked to) Acute Kidney Injuries---leading to shut down of kidneys.



“On the Market” Drugs ***Krokodil***

- An opiate analogue called Desomorphine
- A derivative of Morphine but more potent
- Made 1932 in the USA
- Used when Heroin hard to get/ too expensive

“On the Market” Drugs

Krokodil

In Russia (where popular) produced using:

Codeine

Iodine

Gasoline

Paint Thinner

Hydrochloric Acid

Lighter Fluid

Red Phosphorous



“On the Market” Drugs ***Kratom***

Kratom is a medicinal plant that is grown in Southeast Asia with Thailand and Malaysia being the main harvesting areas.

**Can be bought online legally as energy supplement.*

- Processed in similar fashion to Cannabis
 - Leaves are dried and made into powder or oily resin



“On the Market” Drugs

Kratom

Kratom powder or leaves can be made into a tea preparation, placed in capsules for oral ingestion or smoked.

Street Names:

- Kratom
- Ketum
- Kakuam
- Ithang
- Thom



“On the Market” Drugs ***Kratom***

Symptoms of Kratom intoxication include:

- Pupil reaction to light- slow at doses of five grams or higher
- Pulse- near normal
- Blood pressure- near normal
- Body temperature- near normal
- Pupil size- near normal (constriction in high doses)





Drug Testing





Drug Testing (Hair)

- Hair grows at an average of .5 inches a month.
 - If your hair is 18 inches long, and you test at the end of the hair strand, drugs could be detected in your hair for the **next 3 years**.
- GOOD NEWS!
 - There is only one standard for this test: **1.5 inches of hair, cut from the root**. This will be detect approximately the 2 previous months.

Drug Testing (Hair)

1.5 inches of hair is needed for the standard 90 day drug test. If head hair is too short, body hair can be used.

Although there is no released research or tests, it is suspected that the body hair test can be detected much further back, as far back as a year.

The results will not and can not detect the specific day of drug use.

While urine tests can detect only one recent use, hair follicle tests can detect use over time.

Urine Testing: Trying to “Game” the System



100% SATISFACTION GUARANTEED

BECAUSE IT WORKS!

WHIZZINATOR FIRST AID \$51⁹⁹

Contents of First Aid Kit:
Lab Grade Synthetic Urine, 2 Heat Pads, Medical Grade Temperature Strip, Sterile Refill Syringe, Elastic Strap, Clamp, and Detailed Instructions

CONTENTS:

- Instructions
- Tube Clamp
- Elastic Strap
- 2 Heat Pads
- Sterile Syringe
- Lab Grade Synthetic Urine
- Medical Grade Temperature Indicator

Urine Testing: Trying to “Game” the System

U
Pass





BEWARE: False Positives

Methamphetamines (False +)

- Adderall
- Vicks Nasal Sprays/ Inhalers

Methadone (False +)

- Quetiapine (Seroquel) can screen as Methadone.



BEWARE: False Positives

Opiates (False +)

- Poppy Seed Bagels can screen as Opiates.

Alcohol (False +)

- Diabetes + Yeast Infection + Urine = Brewery

Various Drugs (False +)

- Ibuprophen can screen as Methadone, Cannabinoids, or Barbituates



The ADA & Addictions



The ADA and Addictions

- Title I of the Americans with Disabilities Act (ADA) specifically permits employers to ensure that the workplace is free from the illegal use of drugs and the use of alcohol, and to comply with other federal laws and regulations regarding drug and alcohol use. At the same time, the ADA provides limited protection from discrimination for recovering drug abusers and for alcoholics.



Legal Obligations for Employers & Employees

- An individual who is currently engaging in the illegal use of drugs is not an individual with a disability when the employer acts on the basis of such use.
- An employer may not discriminate against a person who has a *history* of drug addiction but who is not currently using drugs and who has been rehabilitated.
- An employer may prohibit the illegal use of drugs and the use of alcohol at the workplace.
- It is not a violation of the ADA for an employer to give tests for the illegal use of drugs.



Legal Obligations for Employers & Employees

- An employer may discharge or deny employment to persons who currently engage in the illegal use of drugs.
- Employees who use drugs or alcohol may be required to meet the same standards of performance and conduct that are set for other employees.
- Employees may be required to follow the Drug-Free Workplace Act of 1988 and rules set by federal agencies pertaining to drug and alcohol use in the workplace.



The ADA and Drug Use

The ADA provides that any employee or job applicant who is currently engaging in the illegal use of drugs is not a qualified individual with a disability. Therefore, an employee who illegally uses drugs whether the employee is a casual user or an addict is not protected by the ADA if the employer acts on the basis of the illegal drug use. As a result, an employer does not violate the ADA by uniformly enforcing its rules prohibiting employees from illegally using drugs.



The ADA and Drug Use

Qualified individuals under the ADA include those individuals:

- who have been successfully rehabilitated and who are no longer engaged in the illegal use of drugs;
- who are currently participating in a rehabilitation program and are no longer engaging in the illegal use of drugs; and
- who are regarded, erroneously, as illegally using drugs.



Former Drug Addiction

- A former drug *addict* may be protected under the ADA because the addiction may be considered a substantially limiting impairment. However, according to the EEOC Technical Assistance Manual on the ADA, a former *casual* drug user is not protected:
- [A] person who casually used drugs illegally in the past, but did not become addicted is not an individual with a disability based on the past drug use. In order for a person to be substantially limited because of drug use, s/he must be addicted to the drug.



SAMHSA's View on Harm Reduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) takes a Harm Reduction approach to treatment that includes supporting evidence-based approaches including but, not limited to:

- Connecting individuals to overdose education, counseling, and referral to treatment;
- Distribution of opioid overdose reversal medications (e.g., naloxone);
- Reducing infectious disease transmission by equipping those who use needles with referral to resources.
 - This includes acknowledgement of needle exchange programs.



Biden-Harris Administration

The Biden-Harris Administration released a statement through the Executive Office of the President Office of National Drug Control Policy regarding Harm Reduction.

- Remove unnecessary barriers to prescribing buprenorphine and identify opportunities to expand low-barrier treatment services;
- Explore opportunities to lift barriers to federal funding for syringe service programs(SSPs);
- Examine naloxone availability in counties with high rates of overdose and identify opportunities to expand access in targeted areas;



Biden-Harris Administration

The Biden-Harris Administration released a statement through the Executive Office of the President Office of National Drug Control Policy regarding Harm Reduction.

- Support research on the clinical effectiveness of emerging harm reduction practices in real world settings and test strategies to best implement these evidence-based practices.
- Identify ways in which the federal government can remove barriers to employment and create employment programs for people in recovery from addiction.



A Social Worker's Take-Away

- In order to consider yourself a specialist in addictions, the NASW Code of Ethics requires you to be properly trained.
- Trauma exposure is linked to the use of illicit drug use—which can result in a substance use disorder (SUD).
- The ADA does NOT protect active drug use; however, it does protect individuals in treatment programs such as those on methadone maintenance.
- The Biden-Harris Administration supports access to more education and appropriate harm reduction activities. ***It is NOT handing out “FREE” Crack Pipes!***

It is important to learn about fads and trends in addictions as Social Workers and concerned citizens!

Further Exploration of Addiction

Social workers must continue to further knowledge on Addiction, as related legislation and information gradually changes over time, we must know how to work effectively with these changes. We can do this by:

- Attending workshops, seminars, and conferences. (Like this one!)
- Pursuing ongoing education and training opportunities.
- Collaborating with colleagues and peers.
- Staying informed about legislative changes and policy developments.



QUESTIONS?