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Mood Altering Drugs

Cannabis
Cocaine
Ecstasy
GHB
Hashish
Heroin
Ketamine
LSD
Marijuana
MDMA
Mescaline
Opium
PCP (Phencyclidine)
Psilocybin (Magic Mushrooms)
Quaaludes
Speed (methamphetamine)
Synthetic Marijuana (Spice or K2)
TCP (Tenocyclidine)

Stimulants

Caffeine
Nicotine
Cocaine
"Crack"
Methamphetamine
"Crank"
"Speed"
"Ecstacy" or MDMA
"Bath Salts"
Prescription Psycho- stimulants:
Amphetamine
Methylphenadate
Cylert
Dexadrine
Diet pills

Stimulants

Dilated (widening) pupils
Increased attention
Increased reflexes
Increased blood pressure and heart rate
Increased alertness
Decreased need for sleep
Decreased appetite.

Opiods

Opium
Heroin
Prescription opioids
Codeine
Morphine
Hydromorphone
Oxycodone
Methadone
Buprenorphine

Opiods

Constriction (narrowing) of the pupils
Dry eyes
Dry mouth
Constipation
Sedation or sleepiness
Slowing of the heart rate and breathing rate
Decreased blood pressure
pain relief.

Sedatives Hypnotics

Alcohol
Benzodiazepines:
Diazepam
Lorazepam
Clonazepam
Aprazolam
Rohypnol
etc.,
Barbiturates
- Soma
- Fiorinal
- Fioricet

Sedatives Hypnotics

Relief of anxiety
Sleepiness
Impairment of judgment
Bizarre behavior
When used at too high a dose, coma or even death.

Homer on Alcohol

Hallucinogens

Phencyclidine

LSD

Marijuanna

"Spice"

Khat

Mescaline

Mushrooms

Jimson weed

Hallucinogens

Alter perception as part of their central nervous system or brain effect.

A low degree of judgment impairment when users become intoxicated.

The altering of perception seems to include many different effects such as visual distortions, spatial distortions, and loss of time perception.

Paradoxical Reactions

Many drug will have a reverse effect on certain people. There is no way to tell what before the drug is used. This is mostly true with Opiods and Stimulants.

Retention Time

Alcohol/Ethanol (Blood/Breath) metabolized at the rate of 2/3 drink per hour

Amphetamines 2-3 Days

Benzodiazepines (Valium, Librium, etc.) 1-2 Weeks

Barbiturates
Long Acting (e.g. phenobarbital) 1-3 Weeks
Short Acting (e.g. secobarbital) 2-3 Days

Cocaine (Crack) 2-3 days

Marijuana (THC) (times are only approximations)
Infrequent smoker 4 5 days
moderate smoker days-weeks
chronic smoker weeks

Opiates (Codeine, Morphine, Heroin Dilaudid, Percocet, Demerol) 2-3 days

Phencyclidine 1-7 days

(PCP, Angel Dust) chronic use may be up to 30 days

These are only approximations for detection periods on a urine drug test.
Drug detection depends on amount of drug ingested, time since use, rate of an individual's metabolism, and amount of fluid intake. Because of these variables, times presented are only a general guideline.

Signs of Substance Dependence

A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (APA, 2013).

1. Taking the substance in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the substance
4, Craving or a strong desire to use the substance
5. Repeatedly unable to carry out major obligations at work, school, or home due to substance use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use
7. Stopping or reducing important social, occupational, or recreational activities due to substanc use
8. Recurrent use of the substance in physically hazardous situations
9. Consistent use of the substance despite acknowledgment of persistent or recurrent physical or psychological difficulties from using the substance

***Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)**
***Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)**

How To Talk About Substance Use

Use nonjudgemental language

Stay away from absolutes, always never

Avoid labels

Don't make the conversation a confrontation

Give specific examples of events that concern you
Don't be afraid to speak your truth

12 Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol–that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character. Humbly asked Him to remove our shortcomings.

7. Made a list of persons we had harmed, and became willing to make amends to them all.

8. Made direct amends to such people wherever possible, except when to do so would injure them or others.

9. Continued to take personal inventory and when we were wrong promptly admitted it.

10. Sought through prayer and meditation to improve our conscious contact with 11. God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

A FRESH LOOK AT THE 12 STEPS

2. WE BELIEVE IN A GREATER POWER, WHICH WE CALL OUR INNER SELF.

3. WE MAKE A CONSCIOUS DECISION TO TURN OUR WILL AND OUR LIVES OVER TO OUR INNER SELF

4. WE MAKE A SEARCHING AND FEARLESS INVENTORY OF OURSELVES.

5. WE ADMIT TO OUR INNER SELF AND OTHERS THE EXACT NATURE OF OUR STRENGTHS AND WEAKNESSES.

6. WE STRIVE TO STAY IN TOUCH WITH THIS INNER SELF AND IMPROVE OUR POTENTIAL FOR AUTHENTICITY.

7. WE ASK OUR INNER SELF FOR THE STRENGTH, COURAGE AND WISDOM NECESSARY FOR HEALING AND RECOVERY.

8. WE MAKE A LIST OF PEOPLE TO CONTACT WHO CAN HELP US DO THE WORK WE NEED TO DO AND CONTINUOUSLY WORK AT NOT HIDING FROM COMMITMENTS NOR ISOLATING OURSELVES IN RELATIONSHIPS OR FROM THE COMMUNITY.

9. WE MAKE DIRECT CONTACT WITH OTHERS INTERESTED IN CONTINUED GROWTH EXCEPT WHEN TO DO SO WOULD NOT ALLOW US ENOUGH TIME TO BE WITH OUR INNER SELF.

10. WE OBSERVE OURSELVES IN ALL SITUATIONS, GIVE OURSELF CREDIT WHEN WE HAVE DONE A GOOD JOB AND PROMPTLY ADMIT WHEN WE HAVE BEEN WRONG.

11. WE CONTINUE THROUGH CONSCIOUS REFLECTION TO IMPROVE CONTACT WITH OUR INNER SELF AND THE ABILITY TO SERVE OTHERS APPROPRIATELY, NOT WISHING FOR THE FUTURE NOR LOOKING TO THE PAST BUT REMAINING IN PRESENT TIME.

12. WE CARRY THIS AWARENESS IN ALL OUR AFFAIRS AND SHARE IT WITH OTHERS.

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Leading from Behind

Components

Use of paradox: have you thought of
Reflection:
Interpretation
Giving the individual power
Being non-judgmental
Avoid value laden words: should, ought
Avoid absolutes
4 aspects of empathic listening:

- desire to be other directed
- desire to be non-defensive
- desire to imagine the roles, perspectives and /or experiences of the other
- desire to listen as a receiver, not as a critic, and the desire to understand the other rather than to gain either agreement from or change in that person.

What was I asked to do?

Who was the person who asked me to do this task?

What is their significance in my life?

Why do I think I agreed?

What was my fear about saying no?

Who did I feel I would let down if I did say no?

By saying yes, how have I let myself down?

What was the catastrophic fantasy I had of what would happen if I said no?

What might have been a compromise that might have been worked out around this event?

In the future what would have been a different way I could have handled this situation?

Resources

1. Self Study MCLE: self study package approved for I hour of MCLE credits in the prevention of substance abuse
LAP@calbar.ca.gov

2. The Other Bar: www.otherbar.org

3. Lawyuer's LifeRing: www.unhooked.com/lawyers
peer support group