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Introduction to Module 1

This training module corresponds with Chapter 1 in TIP 33, pages 1-12. It serves as an introduction to the TIP and the two stimulants discussed in the TIP: cocaine and methamphetamine (MA). In this module, the learners will explore the origin and historical milestone of cocaine and methamphetamine, the current status of these two stimulants, and the street names commonly associated with cocaine and MA.

By completing this module, learners will be able to:

- Describe the origins of cocaine and methamphetamine.
- Name the major milestones of the cocaine and methamphetamine epidemics.
- Describe the current state of cocaine and methamphetamine use.
- Identify the street names for cocaine and methamphetamine.

The following key points will be addressed:

- Cocaine comes from the coca plant in South America and methamphetamine is a synthetic drug.
- Cocaine was originally used for pharmaceutical purposes from the 1880s to the early 1900s, but became outlawed in 1914. Its use declined until the 1980s when its use rose to epidemic proportions.
- Methamphetamine and its precursor, amphetamine, were originally used for legitimate and pharmaceutical purposes, but their abuse became apparent by the 1960s. Although it was outlawed in the 1970s, many factors have led to methamphetamine's continued increase and spread across the US.
- Cocaine and methamphetamine are being used in epidemic proportions.
- The production of methamphetamine entails extreme environmental risks.
- Methamphetamine and cocaine have many street names

Materials for Module 1

The following materials will be used to facilitate this module:

- PowerPoint slides
- TIP 33: Treatment of Stimulant Abuse Disorders
- Handout 1-A (Brief History of Cocaine)
- Handout 1-B (Brief History of Methamphetamine)
- Handout 1-C (Street Names for Cocaine and Methamphetamine)
- Flipchart paper (alternatives: whiteboard, chalkboard, or overhead projector)
- Markers

Instructional Approach for Module 1

This module begins with a brief brainstorming activity in which the learners explore what they already know about stimulants and stimulant use. The module continues with a lecture on the history of cocaine and methamphetamine, supported by handouts for taking notes.

The learners then work in pairs to brainstorm common street names for cocaine and methamphetamine on flipchart paper.

If you will be distributing copies of the slides, delay their distribution until the end of the module because of the interactive nature of some of the slides.

What Do You Know about Stimulants? (:05)



Note: Delay distributing copies of the slides until the end of the module due to the interactive nature of some of the slides. During the training, learners can take notes on the handouts provided.

1. Display Slide #1.
2. Introduce purpose of this training program:

The purpose of this training program is to introduce you to TIP 33 and for you to learn about the treatment of stimulant use disorders.

Before I tell you the learning objectives and topics for this module, I have a question...

Begin Activity



3. Ask learners to describe what they know about stimulants:

What do you know about stimulants?

4. Write down learners' answers on flipchart paper (or on a whiteboard or overhead projector).

Note: Record learners' own words (word for word). The purpose is to determine what they currently know. Do not edit or correct their descriptions.

Sample Responses:

- Increased activity
- Depression
- Affect the Central Nervous System
- Impaired judgment
- Mood changes
- Paranoia
- Tweaking
- Relationship problems
- Financial problems
- Problems with sex

5. Set aside this list of responses to use in debrief at the end of the module.

End Activity

Purpose of Training Program/Module (:02)

1. Introduce TIP 33:

TIP 33 is one in a series of Treatment Improvement Protocols (TIPs) developed and published by SAMHSA (the Substance Abuse and Mental Health Services Administration) that addresses treatment protocols for issues related to substance abuse.

The six chapters and Appendices of TIP 33 explain the health and treatment issues related to stimulant use – primarily cocaine and methamphetamine.

Other commonly used stimulants – such as caffeine and nicotine – are not discussed in the TIP. Some drugs that are chemically similar to methamphetamine – such as “designer drugs” like Ecstasy, and MDA – are also not discussed, as they do not necessarily have similar effects as methamphetamine.

Information on these drugs is available at www.clubdrugs.org.

2. Explain the training calendar:

To help you become more familiar with TIP 33 and to explore the health and treatment issues related to stimulant use, you will be attending a series of 45-minute training sessions.

Note: If needed, re-word the previous statement to fit your situation.

Each training session will address the different content areas found in the TIP.

Note: Show and describe your training calendar.

3. Explain the purpose of this module:

This first module provides an introduction to stimulants and stimulant use. By the end of it, you will be able to...

PowerPoint
Slide #2

4. Display the “Learning Objectives” slide and say.
 - **Describe the origins of cocaine and methamphetamine.**
 - **Name the major milestones of the cocaine and methamphetamine epidemics.**
 - **Describe the current state of cocaine and methamphetamine use.**
 - **Identify the street names for cocaine and methamphetamine.**

Brief History of Cocaine and Methamphetamine (:15)

H/O
1-A

PowerPoint
Slide #3

PowerPoint
Slide #4

1. Transition by saying:

We'll begin by looking at the origin and history of the stimulants included in the TIP: cocaine and methamphetamine.

2. Distribute Handout 1-A and invite learners to take notes on the handout.

3. Display "Origin of Cocaine" slide:

Let's start with cocaine and its origin...

Cocaine hydrochloride is extracted from the leaves of the coca plant, which is indigenous to the Andean highlands of South America.

In its extracted and purified form, it is one of the most potent stimulants of natural origin.

4. Display the sequence of slides presenting the historical milestones of cocaine and lecture on the following historical events:

Let's talk about the historical milestones of cocaine...

Thousands of years ago

For thousands of years, the Native Americans in the Andean region have chewed coca leaves to relieve fatigue.

They also brewed coca leaves into a tea and have historically burned or smoked various parts of the coca plant as part of their religious and medicinal practices.

However, none of these uses has had the same impact as purified cocaine hydrochloride, which is extracted from the leaves of the coca plant. In its extracted and purified form, it is one of the most potent stimulants of natural origin.

PowerPoint
Slide #5

Mid 1800s

In the mid 1800s, German chemist Albert Niemann recognized the stimulant properties of the cocaine plant and extracted the pure chemical, cocaine hydrochloride.

PowerPoint
Slide #6

1880s

In the early 1880s, the drug's anesthetic properties were discovered, and it was soon used in eye, nose, and throat surgery.

As physicians became aware of cocaine's psychoactive properties, it was widely dispensed for anxiety, depression, and addiction treatment (primarily for morphine use).

PowerPoint
Slide #7

1886

In 1886, it is believed that the pharmacist who developed the original formula of Coca-Cola® used small amounts of cocaine in the recipe.

PowerPoint
Slide #8

1914

By the early 1900s, public health officials were becoming alarmed by the medical, psychiatric, and social problems associated with excessive cocaine use.

These concerns from health officials and legal authorities played a major role in initiating and supporting the effort to pass the Harrison Narcotic Act of 1914.

This Federal legislation severely restricted the legal uses for cocaine and, for all practical purposes, ended the extensive use and abuse of cocaine in the early part of the 20th century.

PowerPoint
Slide #9

1930s

Cocaine hit a low during the 1930s when the advent of amphetamine almost completely eliminated demand.

PowerPoint
Slide #10

1960s

For decades following the Harrison Narcotic Act of 1914, legal prohibitions and severely restricted supplies generally kept cocaine use limited to groups on the periphery of society.

Then, in the 1960s, as cultural norms began to loosen, the use of drugs for recreational purposes began to increase.

PowerPoint
Slide #11

1980s

During the early to mid-1980s, the estimated amounts of cocaine entering the United States doubled and tripled year after year.

These supplies of cocaine made the drug available in purer form and at a more affordable cost to consumers.

As cocaine became plentiful and less expensive in the early 1980s, its users began to experiment with its various forms and with different routes of administration. Some users began to smoke the powder form by mixing it with tobacco or marijuana. However, those who smoked the powder reported little if any intoxication.

At the same time, users in South America began to smoke base (coca paste), which is one of the products from which cocaine powder is derived.

Drug traffickers in the United States learned of the effects of smoking base, but they confused its preparation with that of cocaine freebase, in which the cocaine alkaloid in cocaine hydrochloride is “freed” from the other components. So it was quite by accident that this new process of “freebase” cocaine was discovered. Today it’s most commonly referred to as “crack” or “rock.”

By late 1985 and early 1986, the retailing of freebase cocaine (crack) had swept through most urban centers of the United States.

This form was introduced into new markets by highly organized and sophisticated distribution networks.

In an effort to make the product distinctive, it was marketed under the new name “crack.”

The crack epidemic was at its worst from 1985 through the end of the decade, although it still remains a serious health and social problem.

At the peak of the cocaine epidemic as many as 8 million Americans used cocaine regularly and that 5 to 8 percent of them had developed a serious cocaine dependence.

PowerPoint
Slide #12



PowerPoint
Slide #13

PowerPoint
Slide #14

PowerPoint
Slide #15

PowerPoint
Slide #16

1990s

Recently, researchers have been able to demonstrate a clear decline or stabilization in the use of crack cocaine in U.S. cities.

5. Distribute Handout 1-B and invite learners to take notes on the handout.

6. Display “Origin of MA” slide and give following lecture:

Methamphetamine is synthetically produced – which means it is made in a laboratory. Its precursor, amphetamine, was first synthesized in 1887, nearly 50 years before methamphetamine was first produced.

1887

Let’s look at the timeline now.

Amphetamine was discovered in 1887.

1932

In 1932, amphetamine was made available commercially in a nasal spray to treat asthma.

1937

By 1937, amphetamine was available by prescription to treat the sleep disorder narcolepsy and the syndrome that is now called attention deficit/hyperactivity disorder (AD/HD).

After the introduction of amphetamine, other more potent forms were developed and made readily available to the public.

These new forms included dextroamphetamine sulfate (commonly known as Dexedrine) and methamphetamine.

PowerPoint
Slide #17

WW II

Because of their stimulant properties, these new forms were also used to enhance performance.

During World War II, Methamphetamine was widely used by soldiers to fight fatigue and enhance performance. Pilots used methamphetamine to stay awake for long periods of time. After World War II, intravenous methamphetamine abuse reached epidemic proportions in Japan, when supplies stored for military use became available to the public.

1950s

During the 1950s, truckers often used legally manufactured tablets of methamphetamine to stay awake on long hauls, athletes used them to enhance performance, and students used them to study long hours and maintain busy schedules.

The use of these stimulants during this period was typically not associated with the concept of substance abuse.

Although the drugs required a medical prescription, their non-medical use was generally considered to be simply a method of enhancing performance and usually did not lead to severe addiction.

PowerPoint
Slide #18

PowerPoint
Slide #19

1960s

This pattern changed drastically in the 1960s with the increased availability of injectable Methamphetamine.

Intravenous abuse spread among a subculture known as “speed freaks.”

Evidence soon began to mount that the dangers from the abuse of methamphetamine and amphetamine outweighed most of their therapeutic uses.

Eventually, many pharmaceutical amphetamine products were removed from the market, and doctors prescribed the remaining products less freely.

As the supply of amphetamine and methamphetamine decreased, demand in the black market soon increased, which led to increased illicit production of the drugs.

In 1965, greater control measures to curb the trafficking in amphetamine began with amendments to Federal food and drug laws, and the 1970 Controlled Substances Act severely restricted the legal production of these stimulants.

PowerPoint
Slide #20

1970s

Throughout the 1970s, the production and distribution of methamphetamine declined nationwide. It was, however, still concentrated in a few cities or regions.

The 1970 Controlled Substances Act did not succeed in eliminating methamphetamine use.

First, the materials and equipment required to produce methamphetamine are inexpensive.

Second, methamphetamine is relatively easy to manufacture.

Third, the active ingredients needed to prepare the drug are relatively easy to obtain.

Finally, compared with other stimulants such as cocaine, methamphetamine is cheaper and its effects longer lasting.

1980s

By the mid-1980s, the number of illegal, makeshift methamphetamine laboratories in rural communities in western States had mushroomed, especially in California.

In an attempt to curb methamphetamine production, the Chemical Trafficking and Diversion Act of 1988 amended the 1970 legislation to require wholesalers to record imports and exports of some of methamphetamine's chemical precursors, including ephedrine, pseudoephedrine, phenylacetic acid, benzyl cyanide, and benzyl chloride.

However, these chemicals could still be easily obtained outside the United States, especially in Mexico.

By the late 1980s, methamphetamine had spread to other areas of the United States.

PowerPoint
Slide #21

7. Conclude the history of cocaine and methamphetamine by saying:

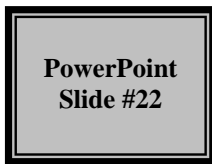
You can read more about the history of these two stimulants in Chapter 1 of TIP 33.

Current Situation: Fact or Fiction (:10)

1. Transition by saying:

Now that we've briefly covered the history of cocaine and methamphetamine, let's see what the current situation is with these substances.

Begin Activity



2. Explain activity to learners:

I'll be showing you some slides that contain statements that are based on either common perceptions or research, and I'll ask you to guess if each statement is fact or fiction.

3. Display "Current Situation #1" slide.

4. Read slide and ask:

Is this fact or fiction? [Encourage learners to guess the answer.]

PowerPoint
Slide #23

5. Display next “Current Situation #1” slide.

This statement is fiction.

Limited research shows that the crack epidemic was in decline by 1996 in some cities.

For example, the Drug Use Forecasting Program showed a substantial decline of at least 10 percent in the overall rate of detected crack/cocaine use was observed in Cleveland, Dallas, Detroit, Houston, Los Angeles, New Orleans, Philadelphia, San Diego, San Jose, and Washington, D.C.

In contrast, other data indicate that the notion of a declining cocaine epidemic is a misperception. The Drug Use Forecasting Program shows that the crack epidemic rages on in Atlanta, Denver, Indianapolis, Phoenix, and St. Louis.

In 1997, the NHSDA (the National Household Survey on Drug Abuse) estimated that approximately 1.5 million Americans used cocaine during the previous year.

You will find the results of additional studies supporting what research shows: the “war on cocaine” is not over.

6. Display “Current Situation #2” slide.

PowerPoint
Slide #24

7. Read slide and ask:

Is this fact or fiction? [Encourage learners to guess the answer.]

8. Display next “Current Situation #2” slide and say:

This statement is fact. Research has shown that methamphetamine has taken a strong hold in some regions of the country – primarily in the west – but it has not reached other areas extensively.

PowerPoint
Slide #25

PowerPoint
Slide #26

9. Display “Current Situation #3” slide.

10. Read slide and ask:

Is this fact or fiction? [Encourage learners to guess the answer.]

11. Display next “Current Situation #3” slide and say.

This is fact.

At a 1997 conference, the Office of National Drug Control Policy noted the environment problems that could stem from the manufacturing of methamphetamine.

They said that methamphetamine production entails extreme environmental risks and that clandestine laboratories produce large amounts of toxic waste, much of which is dumped into the ground or in waterways.

12. Conclude this topic:

This discussion served as an introduction to methamphetamine and cocaine.

TIP 33 contains additional information about the current situation of cocaine and methamphetamine use.

PowerPoint
Slide #27

End Activity

Street Names for Methamphetamine and Cocaine (:08)

1. Transition by saying:

Since TIP 33 is focused solely on cocaine and MA we should be aware of the common street names by which these drugs are known.

Let's do an activity that will help you with this.

Begin Activity



2. Explain activity:

In this activity, you'll work in pairs. I'll give you a list of words and you'll select which ones are commonly used for MA and which ones are commonly used for cocaine.

3. Create pairs of participants.

4. Distribute Handout 1-C to each learner.

5. Instruct learners how to complete the activity:

Place the letter "C" next to each street name for Cocaine, an "M" next to each street name for Methamphetamine, and an "N" if the word is not a street name for either substance.

6. Answer the first item together as a group:

For example, on number 1...is "crank" the street name for cocaine, methamphetamine, or neither?

[Wait for a response. The correct answer is "M" for methamphetamine.]

7. Allow :02 minutes for pairs to complete the activity.

8. Review the learners' answers by either:
 - Providing the correct answers (takes less time)
 - Or, asking participants to disclose how they answered each item (takes a little more time)

Note: The answers appear on the next page.

9. Ask learners this additional question:

Which of the street names on your list are for the smokable form of methamphetamine? [See answers on next page.]

End Activity

Handout 1-C: Street Names for Cocaine and Methamphetamine (Answer Key)

Determine which of the following street names are for cocaine and which are for methamphetamine. Indicate the substance for each street name by using these codes:

- “C” for cocaine
- “M” for methamphetamine next to each name
- “N” for none or neither

1. M Crank
2. C Crack
3. M Crypto
4. M Ice (*Smokable form*)
5. M Crystal
6. M Cristy (*Smokable form*)
7. M Quill
8. C Rock
9. M Speed
10. M White cross
11. M Yellow bam
12. N White corn [*A vegetable!*]
13. M Quartz (*Smokable form*)
14. C Freebase
15. N Dusty [*How you describe a room that needs to be cleaned*]
16. M Hanyak (*Smokable form*)

Closing Activity (:05)

Trainer Tasks & Script

1. Transition by saying:

Before we end our session, let's review what you said at the beginning of the session regarding what you know about stimulants.

Begin Activity



2. Refer to the flipchart from the first activity (What do you know about stimulants?).
3. Ask learners to modify the flipchart they brainstormed at the beginning of the session:

Based on what you learned today, which items would you like to delete or modify on the flipchart? [Elicit suggestions, if any, from the group and discuss the changes or deletions they'd like to make. It is possible that no items will need to be deleted or modified.]

End Activity

4. Close the session by saying:

**Thank you for participating in this training.
Our next session is scheduled for _____ (date/time).**

Definition of Terms

None