

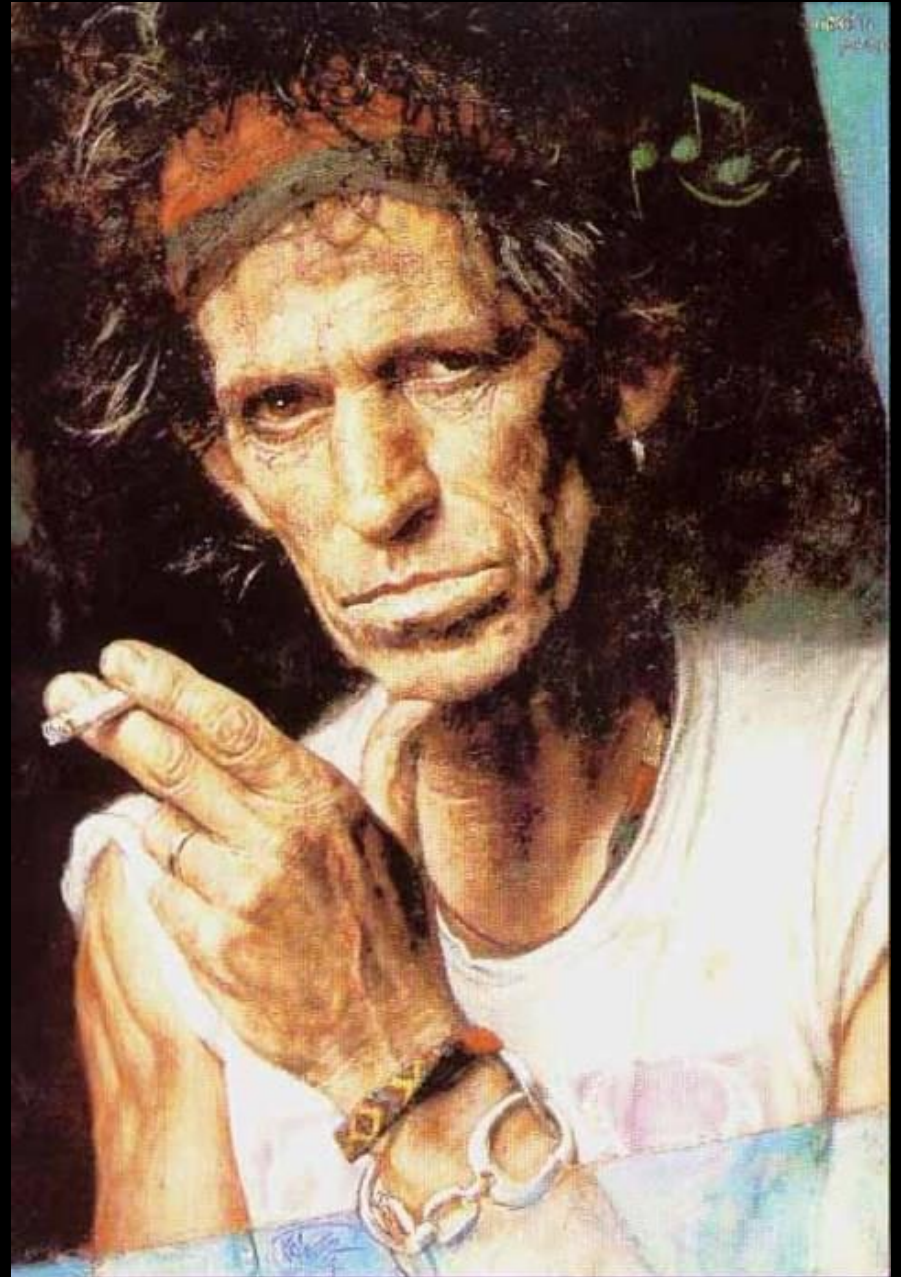
"Dealing with Substance-Abusing Patrons in the Library: From Meth to Marijuana, Opiates to Alcohol"



Presented by
Dr. Steve Albrecht, PHR, CPP, BCC, CTM
DrSteve@DrSteveAlbrecht.com
866-261-5150 @DrSteveAlbrecht

"I've never had a
problem with drugs.
I've had problems
with the police."

Keith Richards
The Rolling Stones



Our Purpose Today . . .

- To respect your life and work experiences; some of you may have a lot of knowledge already.
- To have a collective conversation about the issue of patrons and substance abuse as a library safety and security issue.
- To make you feel more comfortable about an uncomfortable subject.
- To give you the information, tools, and courage to confront this issue, if it ever appears.

Some Caveats . . .

- I'm *not* a physician, DRE, mental health clinician, pharmacologist, attorney, or recovering addict / alcoholic.
- My background is in HR, security, behavioral issues, and law enforcement.
- We cannot ignore this problem away.
- This issue will require help from your Police / Sheriff's Department and qualified medical support.
- You must weigh the real hazards connected to getting involved versus waiting for paramedics.

ONE NIGHT
TRADE MARK
COUGH SYRUP

EACH OUNCE CONTAINS

ALCOHOL, (less than 1%)	4¼m.
CANNABIS INDICA, F.E.,	4½m.
CHLOROFORM,	2½m.
MORPHIA, SULPH,	⅛gr.

SKILLFULLY COMBINED WITH A NUMBER
OF OTHER INGREDIENTS

DIRECTIONS

DOSE - One half teaspoonful three

Prepared by

25 C
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Defining Our Terms

- A *drug* is any substance, when taken into the body, can cause physical or mental impairment. It can be legal, illegal; abused, not abused; prescribed, over-the-counter; natural, synthetic.
- *Abuse* is when the substance is not taken for medical reasons, not as prescribed, or irresponsibly.
- *Tolerance* occurs when the same dose of the drug produces diminishing results. As such, larger and larger doses will be taken to get the original effects.

Drug Impacts

These substances affect the body's Central Nervous System (brain, brain stem, spinal cord); eyesight; heart (pulse and blood pressure); respiration; balance and coordination; motor skills; decision-making and thought processes.

Poly-drug users: Alcohol + marijuana and their drug of choice. (Odors and Eyes)

What would you do. . . ?

A patron appears before you with what smells like alcohol on his/her breath. This person slurs his/her words, stumbles, sweats heavily, appears incoherent, even a bit belligerent, and seems under the influence of . . .

HYPOGLYCEMIA (low blood sugar)

Substance Abuse Cycle

Stages from use to abuse:

- Experimentation
- Social use
- Regular use
- Daily preoccupation
- Dependency / addiction



What is the difference between a “physical addiction” and a “psychological addiction”?

S.H.O.C.A.D.I.Ds

Stimulants	cocaine, meth, Ritalin, Adderall
Hallucinogens	LSD, Ecstasy, mushrooms
Opiates	morphine, heroin, pain pills, fentanyl, carfentanil
Cannabis	marijuana, hashish, hash oil
Alcohol	beer, wine, distilled spirits
Depressants	anti-anxiety, tranquilizers, Valium
Inhalants	solvents, aerosols, gases
Dissociative Anesthetics	PCP, Ketamine, DXM



Stimulants



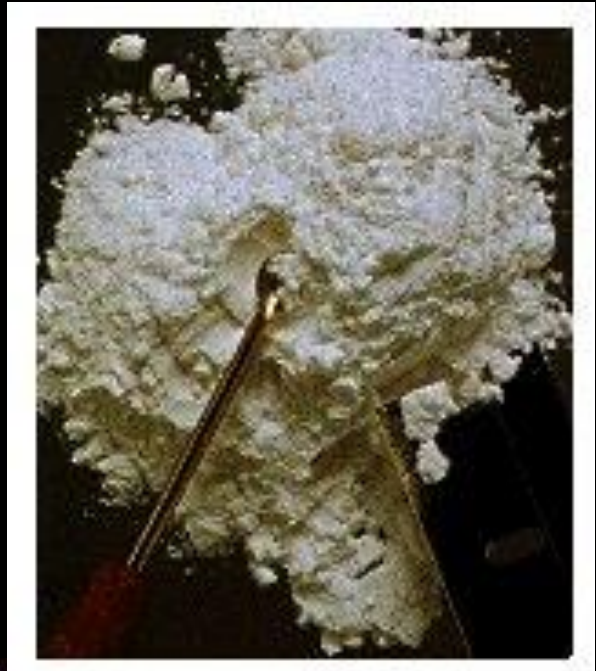
Examples: cocaine, rock / crack cocaine, methamphetamine, Ritalin, Adderall.

Ingestion: smoked, snorted, swallowed, injected.

Effects: CNS stimulation, energy, euphoria.

Symptoms: dilated pupils, rapid pulse rate, agitation, anxiety, mood swings, severe rebounds.

Chronic use: skin lesions, tooth loss, paranoia, depression, tremors, brain damage, pupil injury, violence, seizures, sudden heart attack.



METH



BEFORE



AFTER





2005 © "Faces of Meth"



2.5 years later



2005 © "Faces of Meth"



4 Years Later



2005 © "Faces of Meth"



5 Years Later



Hallucinogens



Examples: **LSD, Ecstasy, psilocybin, peyote, salvia.**

Ingestion: swallowed, smoked.

Effects: Changes in thoughts, senses, emotions; impacts balance and coordination.

Symptoms: raised body temperature, out of touch with reality, tremors, confusion.

Chronic use: panic attacks, depression, flashbacks, transposed senses, suicidal thoughts.



Opiates



Examples: **Heroin, pain pills, Methadone**

Ingestion: smoked, snorted, swallowed, injected.

Effects: CNS depressant, euphoria, "drifting down."

Symptoms: pinpoint pupils, muscle relaxation, "on the nod" (narcosis), slow pulse and reactions.

Chronic use: weight loss, easy to overdose, possibility of hepatitis, HIV / AIDS for needle users. Death, especially when mixed with alcohol or stimulants.







Fatal dose of fentanyl
(2 mg or 2000 mcg)



Fatal dose of carfentanil
(0.02 mg or 20 mcg)

Opiate Users Under the Influence

- Opiate narcosis – “on the nod.”
- Slacked, flushed face, dry mouth, slow movements and responses, slurred speech.
- Pinpoint pupils, droopy eyelids.
- Slow pulse.
- Itching, yawning, raspy voice.
- Fresh injection sites.
- Lack of awareness.





DRUG ABUSE RECOGNITION
"FROM CURBSIDE TO COURTROOM"
DAR 7-STEP PROCESS

HORIZONTAL GAZE NYSTAGMUS (HGN)

Lack of Smooth Pursuit
Distinct & Sustained at the Maximum
Angle of Onset

VERTICAL GAZE NYSTAGMUS (VGN)

LACK OF CONVERGENCE (LOC)

PULSE

(Take 3 Times During Exam)
Near Normal Range
60 to 90 BPM
30 seconds x 2 = BPM

ROMBERG STAND

Internal Clock Estimation
30 seconds \pm 10 seconds

PUPILLARY COMPARISON

Normal Range
3.0 mm to 6.5 mm
Room Light
Near Total Darkness
Direct

**PUPILLARY REACTION
TO DIRECT LIGHT**

Normal, Slow, or Minimal
Rebound Dilatation

[Do Not Reproduce This Card]



Opiate Users in Withdrawal

- Agitation, anger, depression, desperation.
- Sweats, chills, shaking, nausea, vomiting, diarrhea.
- Flu-like symptoms, runny nose, teary eyes.
- Abdominal pain, bone pain, muscle spasms, cramps.

* Opiate users may seem under the influence of meth when in withdrawal.

Opiate Users in Distress

- Bluish nails or lips.
- Breathing problems.
- Weak pulse.
- Pinpoint pupils.
- Disorientation or delirium.
- Extreme drowsiness.
- Repeated loss of consciousness.





Naloxone = Narcan Miracle Drug or Enabler?



Narcan.com

Takes effect in two to three minutes; lasts one to two hours.

Hard Narcan Questions

- What is the usual dosage for someone in an opiate overdose?
- How does it work? How soon?
- Can you overdose someone with Narcan?
- Will Narcan affect a non-opiate user?
- How long does it last? Additional doses?
- Can you kill someone with Narcan?
- Will I need to do CPR as well?

Giving Narcan

https://www.youtube.com/watch?v=xa7X00_QKWk

Harder Narcan Questions

- Giving Narcan to an opiate user in distress?
- Train staff to give Narcan?
- Store Narcan at the library?
- What are the legal issues if I do or don't give Narcan?
- How do we protect staff from opiate users post-Narcan?
- Do we encourage more opiate use by giving Narcan?
- Paramedics and police response? Arrests? Impounds?
- Cost recovery issues?
- Ethical issues?



Serious Safety Hazards

☠ Bloodborne pathogens (lots of vomit)!

☠ MRSA!

☠ HIV/AIDS!

☠ Hepatitis!

☠ Fentanyl exposure!

☠ Needle sticks!

☠ Gloves, mask
must be used!



Opiate Users: Library Security

- More restroom checks.
- Camera system with posted signs near restrooms. Blue lights?
- More sharps boxes.
- Talk to known opiate users.
- Ban known opiate users.
- Spread the word among street people.
- Get help from police, SAPs, social workers.



Cannabis



Examples: **marijuana, hashish, hash oil.**

Ingestion: smoked, swallowed.

Effects: CNS depressant and hallucinogen; euphoria, slow reactions. (THC is stronger.)

Symptoms: red eyes, strong odor; memory, movement, and reaction time issues.

Chronic use: depression, panic attacks, cancer, emphysema, loss of motivation.

Alcohol

Examples: **beer, wine, spirits**

Ingestion: swallowed, inserted.

Effects: CNS depressant; euphoria, slow reactions.

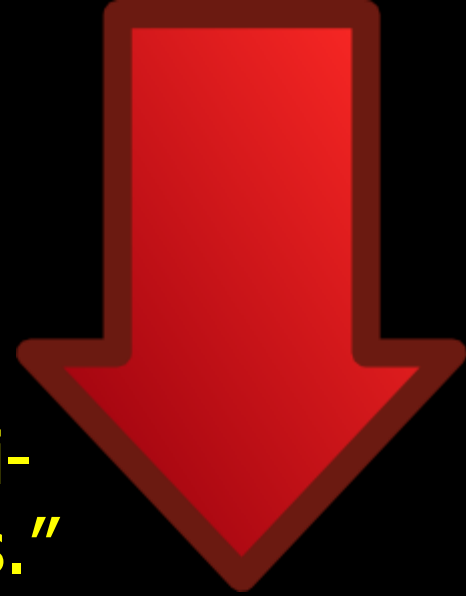
Symptoms: memory, balance, movement, motor skills, and reaction time issues.

Chronic use: highly-addictive over time; whole-body damage; depression, seizures during withdrawal; social, and behavioral impacts.





Depressants



Examples: **barbiturates, anti-anxiety, anti-depression, tranquilizers, GHB, "roofies."**

Ingestion: swallowed.

Effects: CNS depressant; euphoria, slow reactions.

Symptoms: drowsy, very slow respiration, slow speech, reactions, coordination, drunk-like.

Chronic use: depression, panic attacks, suicidal thoughts, withdrawal symptoms. ***Can be fatal when mixed with alcohol.***



Inhalants



Examples: **paint, Freon, aerosols, nitrous oxide.**

Ingestion: inhaled

Effects: hallucinogenic; euphoria, slow reactions.

Symptoms: drunk-like behaviors, confusion, coughing, breathing problems.

Chronic use: suffocation, heart attack, brain and lung damage.



Dissociative Anesthetics

Examples: **PCP, Ketamine, DXM**

Ingestion: smoked, swallowed.

Effects: CNS hallucinogen; mood alteration, pain cessation, no sense of time, psychoses.

Symptoms: muscle rigidity, elevated body temperature, agitation, sensory overload.

Chronic use: flashbacks, violence, seizures, brain damage, schizophrenia symptoms.



Your Homework . . .

- Review your library's emergency responses to substance abuse: when to call paramedics and police; safety around biological and blood borne pathogens, safe cleanup.
- Develop a list of city and county resources (AA.org, NA.org).
- Run an all-hands staff meeting on this issue, covering your policy, the response process, Narcan training discussion.

Post-Test

1. A patron has pinpoint pupils and appears “asleep on his feet.” We suspect what drug type?
2. A patron has huge pupils and appears very agitated. We suspect what drug type?
3. Patrons in withdrawal from opiates seem like they’re under the influence of meth.
4. A patron appears dazed and confused. She talks about odd colors and strange shapes. We suspect what drug type?
5. A patron appears dazed and confused and smells like cleaning solvents. We suspect what drug type?

Post-Test

6. What drug type has the highest risk of death when mixed with alcohol?
7. What drug type is most likely to cause skin lesions and tooth loss?
8. What drug types cause memory loss?
9. After alcohol, what is the most commonly abused drug type?
10. Which drug types are most likely to cause users to steal?