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**OFFENDER EDUCATION PROGRAM  
PARTICIPANT WORKBOOK**

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# COURSE PURPOSE

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*To educate participants on the dangers of drug use, abuse and the process of behavior changes.*

# COURSE OBJECTIVES

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**To gain information on the effects of use, abuse and on personal, family, social, economic, and community life.**



**To identify patterns of drug use/abuse.**



**To develop a plan for positive lifestyle changes.**

# ***COURSE TOPICS***

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- A. Overview and Introduction**
- B. Drugs and the Body**
- C. Abuse and Addiction**
- D. Society and Drugs**
- E. Change**

# CONTROLLED SUBSTANCES ACT SUMMARIES

SCHEDULE	DRUG NAME	PENALTY GROUP	STREET NAME
II	Amphetamine	2	Bennies, uppers
I	3,4-methylenedioxy amphetamine	2	MDA
I	5-methoxy-3,4-methylenedioxy amphetamine	2	MMDA
I	3,4,5-Trimethoxy amphetamine	2	TMA
III	Barbituric Acid Derivative	3	Barbs, yellowjackets,
IV	Chloral hydrate	3	Mickey Finn, Knockout drops
IV	Clostebol	3	Steroid
II	Cocaine	1	Crack, snow, coke
II	Codeine	1	Schoolboy
I	Delta-1 cis or trans tetrahydrocannabinol	2	THC
I	Delta-6 cis or trans tetrahydrocannabinol	2	THC
I	Delta-3,4 cis or trans tetrahydrocannabinol	2	THC
I	Diethyltryptamine	2	DET
IV	Dihydrochlormethytestosterone	3	Steroid
I	4-methyl-2,5-dimethoxyamphetamine	2	STP, DOM
I	Dimethyltryptamine	2	DMT
I	Ethylamine Analog of Phencyclidine	2	PCE
IV	Ethylestrenol	3	Steroid
IV	Fencamfamin	3	Euvitol
II	Fentanyl	1	China White
IV	Fluoxymesterone	3	Steroid
I	Gamma-hydroxybutyric acid	1	GHB
I	Heroin	1	Horse, stuff, H, smack
III	Ketamine	1	Cat tranquilizer
III	Lysergic acid amide	3	Lysergide
I	Lysergic acid diethylamide	1	LSD, acid,
I	Marijuana	2	Grass, weed, pot
IV	Mesterolone	3	Steroid
II	Methadone	1	Dollies, dolls
II	Methamphetamine	1	Speed, ice, crystal
IV	Methandienone	3	Steroid
I	Methaqualone	2	Ludes
IV	Methenolone	3	Steroid
I	4-Methoxyamphetamine	2	PMA
I	5-methoxy-3,4-methylenedioxy amphetamine	2	MMDA
I	4-methyl-2,5-dimethoxy amphetamine	2	STP, DDM
I	3,4-methylenedioxy amphetamine	2	MDA
I	3,4-methylenedioxy methamphetamine	2	MDMA, MDM, ecstasy
I	3,4-methylenedioxy N-ethylamphetamine	2	N-ethyl MDA
I	1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine	2	MPTP
I	1-methyl-4-phenyl-4-propionoxy-piperidine	2	MPPP, PPMP
IV	Methyltestosterone	3	Steroid
II	Morphine	1	Hard stuff, monkey
I	N-ethyl-3-piperidyl benzilate	2	JB-318
I	N-hydroxy-3,4-methylenedioxy-amphetamine	2	N-hydroxy, MDA
I	N-methyl-3-piperidyl benilate	2	JB-3366, LBJ, DMZ
IV	Nandrolone	3	Steroid

SCHEDULE	DRUG NAME	PENALTY GROUP	STREET NAME
IV	Norethandrolone	3	Steroid
IV	Oxandrolone	3	Steroid
IV	Oxymesterone	3	Steroid
IV	Oxymetholone	3	Steroid
I	Peyote	3	Mescal button
I	Phencyclidine	1	PCP, Peace pill
II	Phenylacetone	2	P-2-P
II	1-piperidinocyclohexanecarbonitrile	2	PCC
I	Psilocybin	2	Mushrooms
I	Pyrrolidine Analog of Phencyclidine	2	PCPy,PHP
IV	Stanozolol	3	Steroid
I	Synthetic Cannabinoids	2-A	Spice, K-2
IV	Testosterone	3	Steroid
I	Thiophene Analog of Phencyclidine	2	TPCP,TCP
I	3,4,5-trimethoxy amphetamine	2	TMA

**TEXAS SCHEDULE OF PENALTIES  
APPLICABLE TO CONTROLLED SUBSTANCES VIOLATIONS**

<b>PENALTY AND PUNISHMENT RANGES</b>	
<b>FELONY 1</b>	5-99 yrs. or life in TDCJ & \$10,000 max.
<b>FELONY 2</b>	2-20 yrs. in TDCJ & \$10,000 max.
<b>FELONY 3</b>	2-10 yrs. in TDCJ & \$10,000 max.
<b>STATE JAIL FELONY</b>	180 days-2 yrs. in State Jail & \$10,000 max.
<b>CLASS A MISDEMEANOR</b>	up to one year in County Jail; up to \$4,000 or both
<b>CLASS B MISDEMEANOR</b>	up to 180 days in County Jail; up to \$2,000 or both
<b>CLASS C MISDEMEANOR</b>	fine up to \$500

**PENALTY GROUPS FOR PARTICULAR OFFENSES**

<i>PENALTY GROUP</i>	<b>DELIVERY OR MANUFACTURE</b>	POSSESSION
<b>PENALTY GROUP 1</b> <i>(Cocaine, Methamphetamine)</i>		
Less than 1 g.	State Jail Felony	State Jail Felony
1 g. but less than 4 g.	Felony 2	Felony 3
4 g. but less than 200 g.	Felony 1	Felony 2
200 g. but less than 400 g.	10-99 yrs. or life & \$100,000 max	Felony 1
400 g. or more.	15-99 yrs. or life & \$250,000 max.	10-99 yrs. or life & \$100,000 max.
<b>PENALTY GROUP 1-A</b> <i>(LSD)</i>		
Less than 20 "abuse units"	State Jail Felony	State Jail Felony
At least 20 but less than 80 units	Felony 2	Felony 3
At least 80 but less than 4,000 units	Felony 1	Felony 2
More than 4,000 units but less than 8,000 units	15-99 yrs. Or life & \$250,000 max	Felony 1
More than 8,000 units	15-99 yrs. Or life & \$250,000 max.	Felony 1

<i>PENALTY GROUP</i>	<b>DELIVERY OR MANUFACTURE</b>	POSSESSION
<b><i>PENALTY GROUP 2 (Amphetamine)</i></b>		
Less than 1 g.	State Jail Felony	State Jail Felony
1 g. but less than 4 g.	Felony 2	Felony 3
4 g. but less than 400 g.	Felony 1	Felony 2
400 g. or more	10-99 yrs. or life & \$100,000 max.	5-99 years or life & \$50,000 max.
<b><i>PENALTY GROUP 3 (Diazepam)</i></b>		
Less than 28 g.	State Jail Felony	Class A Misdemeanor
28 g. but less than 200 g.	Felony 2	Felony 3
200 g. but less than 400 g	Felony 1	Felony 2
400 g. or more	10-99 yrs. or life & \$100,000 max.	5-99 yrs. or life & \$50,000 max.
<b><i>PENALTY GROUP 4 (Codeine)</i></b>		
Less than 28 g.	State Jail Felony	Class B Misdemeanor
28 g. but less than 200 g.	Felony 2	Felony 3
200 g. but less than 400 g	Felony 1	Felony 2
400 g. or more	10-99 yrs. or life & \$100,000 max.	5-99 yrs. or life & \$50,000 max.
<b><i>MARIJUANA or SYNTHETIC CANNABINOIDS as of 9/2011</i></b>		
1/4 oz. or less (no remuneration)	Class B Misdemeanor	
1/4 oz. or less (with remuneration)	Class A Misdemeanor	
5 lbs. or less but more than 1/4 oz.	State Jail Felony	
50 lbs. or less but more than 5 lbs.	Felony 2	
2,000 lbs. or less but more than 50 lbs.	Felony 1	
More than 2,000 lbs.	10-99 yrs. or life & \$100,000 max.	
2 oz. or less		Class B Misdemeanor
4 oz. or less but more than 2 oz.		Class A Misdemeanor
5 lbs. or less but more than 4 oz.		State Jail Felony
50 lbs. or less but more than 5		Felony 3

<i>PENALTY GROUP</i>	<b>DELIVERY OR MANUFACTURE</b>	POSSESSION
lbs		
2,000 lbs. Or less but more than 50 lbs.		Felony 2
More than 2,000 lbs.		5-99 yrs. or life & \$50,000 max.
<b>MARIJUANA</b> <i>or</i> <b>CONTROLLED SUBSTANCE</b>		
Any amount delivered to a minor (17 years or under)	Felony 2	

# BRIEF HISTORY OF DRUG USE/ABUSE

**Instructions:** Place the correct word from the list below in the blank beside each question. Some words may be used more than once.

ANCIENT TIMES  
COCAINE  
LSD  
DESIGNER DRUGS  
AMPHETAMINES  
METHAMPHETAMINE

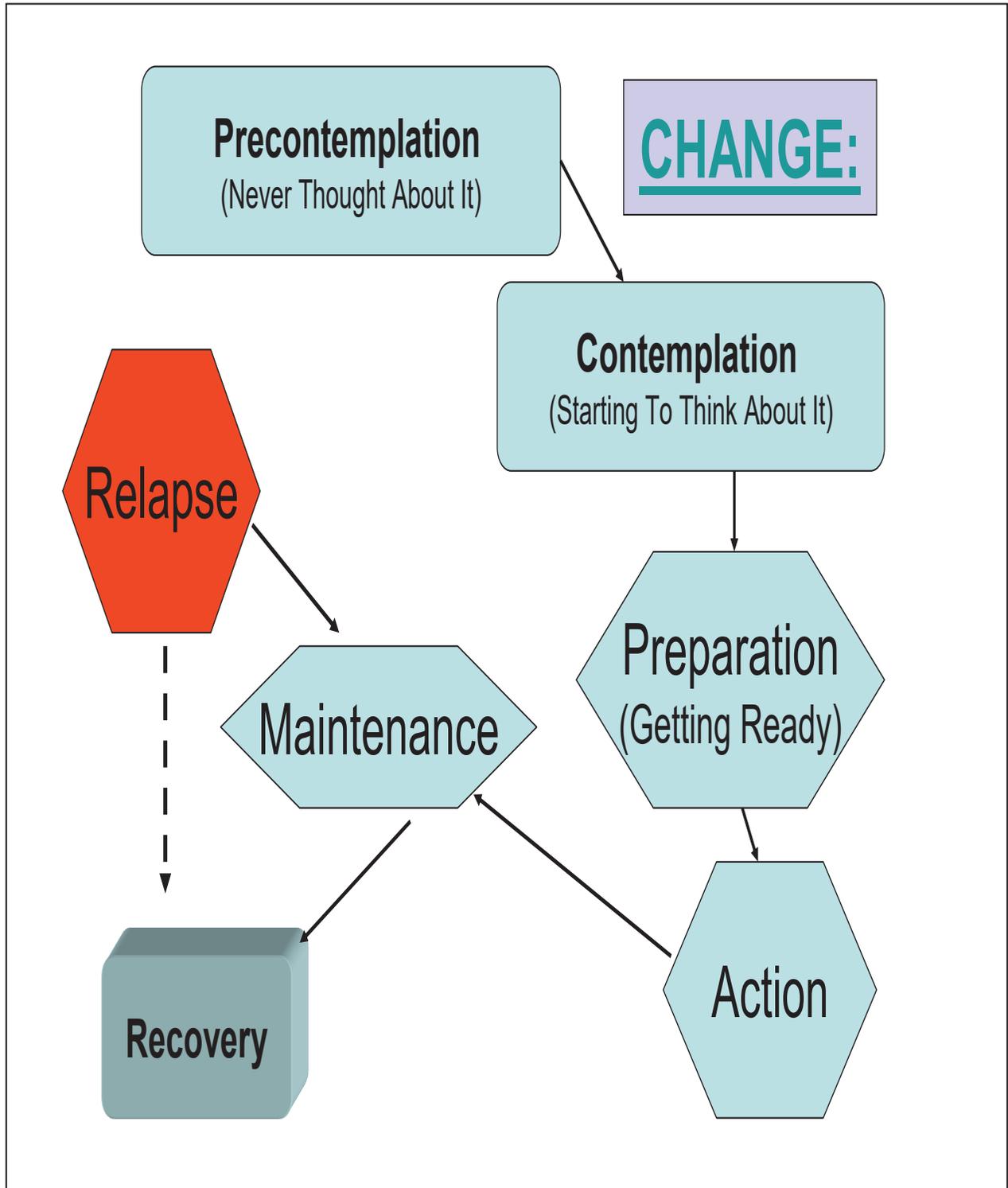
MARIJUANA  
CRANK  
VALIUM  
MORPHINE  
NARCOTICS  
OXYCONTIN

ALCOHOL  
CRACK  
ICE  
OPIUM  
HEROIN

1. Drug use has been around since \_\_\_\_\_.
2. In 1750, King George of England encouraged the planting of hemp, used to make rope, in America. Hemp was grown by George Washington. Our forefathers knew that hemp, which is \_\_\_\_\_, could also be smoked.
3. \_\_\_\_\_ could be ordered from mail order catalogs and was thought to be non-addicting. It was marketed by Bayer and Company as a sedative for coughs and as a chest and lung medicine.
4. \_\_\_\_\_ was used as a medicine and prescribed by doctors for nearly everything, including colds, arthritis, headaches and sinus problems. It was thought to increase intelligence and imagination. It was sold in pharmacies, grocery and general stores, and at traveling medicine shows.
5. \_\_\_\_\_ addiction was called the "soldier's disease" during the Civil War.
6. \_\_\_\_\_ were used by women to soothe their babies and to treat illnesses and diseases for which there were no known cures.
7. \_\_\_\_\_ was used in many products, including Coca-Cola.
8. \_\_\_\_\_ became popular with musicians, artists and actors in the 1920s and 30s.

9. \_\_\_\_\_ were used in World War II to keep pilots alert on long flights.
10. \_\_\_\_\_ and \_\_\_\_\_ became popular with young people in the 1960s.
11. \_\_\_\_\_ again gained popularity during the mid-1970s. Because of its high cost, it became a status symbol.
12. There was a rise in use of tranquilizers during the 1970s, with \_\_\_\_\_ becoming the most often prescribed of all prescription drugs.
13. \_\_\_\_\_ became popular in the mid-1980s. This form of cocaine meant that the popular drug of the moment was available regardless of one's financial status.
14. \_\_\_\_\_ like Ecstasy (MDMA, MDA) began to appear in the 1980s. They were more powerful than natural drugs and could be produced in high volume at a relatively low cost.
15. \_\_\_\_\_ remains the number one choice of drug.
16. \_\_\_\_\_ labs pose environmental and health risks.
17. \_\_\_\_\_ is also known as "Hillbilly Heroin."

# STAGES OF CHANGE



# HOMework ASSIGNMENT

## Try Something Different!

During this class we will be focusing on the process of change. Sometimes change can be difficult. Sometimes it may be easy or perhaps it might be fun. Even small changes can be a challenge. To get an idea of the experience of change, please try the following experiment before the next class.

Try to do something differently than the way you usually do it before the next class session. We will discuss our experiment with change at the beginning of the next class. Take a simple, everyday behavior and simply try to do it in a different way. For example, if you always put your shoes on right shoe first and left shoe second, try reversing the process until the next day. Try putting on your left shoe first, right shoe second. Try putting your make-up on differently, or buttoning your shirt from the top down instead of bottom button up, or however you usually do it. Or if you always take the same route to work, try taking a different route. Choose any simple task you perform on a regular basis and just try doing it differently. We will discuss this at the next class.

Here are some questions to help you reflect on this experiment.

How did it feel to do something familiar in a different way?

Was it fun? Was it uncomfortable?

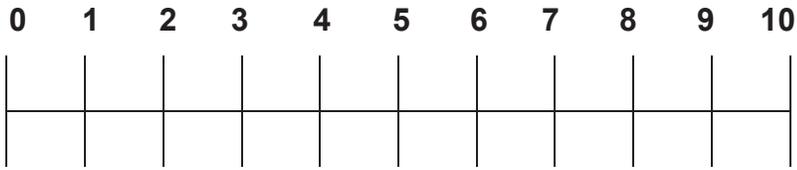
Did you feel silly?

Was it hard to do? Was it easy?

Did you forget and do it the old way even though you wanted to try a new way?

# THE CHANGE RULER

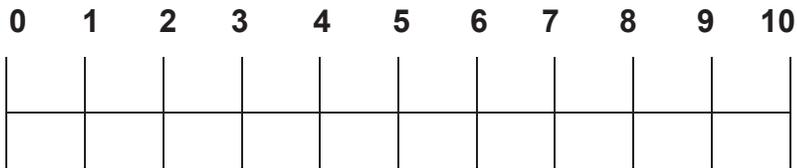
## IMPORTANCE RULER



**Not at all  
Important**

**Extremely Important**

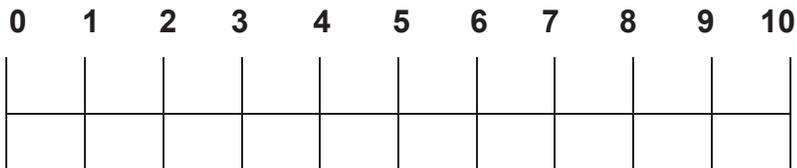
## CONFIDENCE RULER



**Not at all  
Confident**

**Extremely Confident**

## READINESS RULER



**Not at all  
Ready**

**Planning  
and making a commitment**

**I have made the  
change and I'm  
working hard to  
maintain it.**

# WHAT IS YOUR RISK?

Read the following questions. Please answer each question silently in your mind with either **yes** or **no**. If you are not sure, answer **yes**.

1. Have you had oral, vaginal, or anal sex with anyone without using a condom?
2. Have you had more than one sexual partner?
3. Have you had or have a sexually transmitted disease, tuberculosis, or hepatitis?
4. Have you ever shared needles for tattoos, ear piercing or to inject steroids or illicit drugs?
5. Have you had sex with a male or female prostitute?
6. Have you shared needles for injecting drugs, or had sex with someone who does?
7. Have you ever had sex with a man who has had sex with other men?
8. Have you ever had sex with someone who injects illicit drugs?
9. Have you exchanged sex for money or drugs?
10. Have you ever had sex with someone who is infected with HIV or has been diagnosed with AIDS?
11. Have you ever had sex with someone who could answer **YES** to any of the above questions?

# PRE-CONTEMPLATION/CONTEMPLATION PREPARATION FOR PLAN

1. Identify a behavioral change you would like to make.
2. Have you thought about this change before? How many times or how often?
3. What is prompting you to make this change?
4. How many times have you thought about the change in the last six months?
5. Have you ever tried to make this change before? If so, what happened?
6. Have you made changes in this area already? If so, when?
7. What changes have you made? Are you comfortable with this change or are you still going back and forth in your mind?
8. How often in the past six months has the problem behavior occurred? How many times in the past month? In the past week?
9. What stage do you think you are at? Why?

## **ACTION ASSIGNMENT**

### **What type of action(s) will you need to achieve your goals?**

1. What are some specific action steps a person who is trying to get in a better physical condition could take?
2. What are some specific action steps a person who is trying to stop drinking or using drugs might take?
3. What are some specific actions you might take regarding your action plan for this course?



# BEHAVIOR INVENTORY

Place a check in the space by behaviors that you have done in the past:

## MY BEHAVIORS

- Using drugs
- Selling drugs
- Being arrested
- Being verbally abusive
- Being physically abusive
- Not looking for a job
- Losing a job
- Not spending time with family

***list any others:***

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Place a check in the space by the names of persons who may have been affected due to your past drug-related behaviors:

## PEOPLE AFFECTED

- Self
- Parent(s)
- Friends
- Brother(s)/Sister(s)
- Spouse/Significant Other
- Child/Children
- Employer(s)
- Co-worker(s)

# FIVE IMPORTANT VALUES EXERCISE

List 5 values that you choose today to direct your life.

1.

2.

3.

4.

5.

# WARNING SIGNS OF RELAPSE

- **EXHAUSTION:** Allowing ourselves to become overly tired or in poor health.
- **DISHONESTY:** This usually begins with little lies with fellow workers, friends, and family. Then come important lies to ourselves. We may begin making up excuses for missing meetings or counseling sessions, or for going into situations which threaten our sobriety. This is called rationalizing.
- **IMPATIENCE:** Things are not happening fast enough for us.
- **MORE FREQUENT NEGATIVE MOODS AND EMOTIONAL OVERREACTIONS:** Feeling overwhelmed by anger, depression, frustration, guilt, loneliness or boredom.
- **SELF PITY:** Asking ourselves, "Why do these things always happen to me?" "Why do I have to have the alcohol/drug problem?" or "No one appreciates me."
- **COMPLACENCY:** Letting up on routines of sobriety because everything is going well. More relapses occur when things are going well than otherwise.
- **ISOLATION:** We begin to isolate ourselves rather than deal with the challenges of being with others. This may come when we are doing well ("I don't need anybody now.") or when we are doing poorly ("If they only knew!"). The result is loneliness, which makes us ripe for relapse.
- **AVOIDING PROBLEMS:** Problems seem to get worse because we are avoiding them.
- **HOPELESSNESS:** We begin to feel incapable of changing our lives. We think about the "good old times" when alcohol and drugs provided quick relief from our problems.
- **OMNIPOTENCE: (UNLIMITED AUTHORITY OR POWER):** A feeling that we have all the answers. No one can tell us anything. We refuse to listen to other people, or we ignore their suggestions and advice.

# THE EIGHT STEPS OF ACTION PLANNING

**STEP #1: Identify the change** – This step involves deciding exactly what the problem is. The problem should be written in brief, yet specific, terms. The problem should be your own, not someone else's.

**STEP #2: Long-range goal** – This is just the reverse of the problem. It is a statement of how you would like things to be. It is always stated as a positive.

**STEP #3: Describe forces for and against reaching the goal** – In simple terms, this is a list of those things which will help you reach the goal and of those which will stand in the way.

**STEP #4: Identifying the first short-range goal** – (First Success) Short-range goals are the stepping stones towards the larger one written at Step #1. A useful question is to ask yourself, "What will I have to achieve by one month (any specified time frame will do) in order to meet my long-range goal?" The short-range goal needs to be specific, related to the long-range goal, and you must be able to see the results once it is achieved.

**STEP #5: Taking action** – This involves listing the activities and/or actions that you will take to reach the short-range goal.

**STEP #6: Getting help** – In this step you will describe who will help and how. Also, list any persons with whom you will share the plan.

**STEP #7: Back-up plan** – This is a plan which you can turn to if the first one fails. By having a back-up plan available, you will have fewer setbacks.

**STEP #8: The next step** – In this step you write the next short-range goal and list the actions that will be required to reach it.

# SALLY ROGERS

Sally Rogers is thirty years old. She has been using drugs for fourteen years, using crack cocaine for six years, and using heavily for five years. Recently, Sally began attending NA in an effort to stop using drugs.

Sally is a single mother of two boys, age 8 and 10.

Sally has tried to quit using cocaine before on four occasions. Each time she returned to use after a short time.

Sally feels that she must do something different this time. She is afraid that if she does not get clean, she may lose her children, or end up in jail.

With the help of the instructor and other class members complete an Action Plan for Sally.

# **SAMPLE ACTION PLAN – SALLY ROGERS**

**1. Describe change in one or two sentences:**

**2. Set a long-range goal:**

**3. a. Forces pushing towards the goal:**

**b. Forces which may stand in the way:**

**4. Short-range goal.**

**5. Action Steps:**

**6. Getting help:**

**7. Back-Up Plan:**

**8. Next Step:**

# MY PERSONAL ACTION PLAN

DIRECTIONS: Fill out this personal action plan following the instructions given in class. If you need help, raise your hand, and the instructor will help you.

- 1) Describe the change you want to make.
  
  
  
  
  
  
  
  
  
  
- 2) Set a long-range goal. How would you like it to be in six months? (Be sure to be as positive and be as specific as you can.)
  
  
  
  
  
  
  
  
  
  
- 3)
  - a) What will push you towards making the changes needed to meet this goal?
  
  
  
  
  
  
  
  
  
  
  - b) What will stand in your way?
  
  
  
  
  
  
  
  
  
  
- 4) What is the first step towards meeting this goal? (What would it have to be like in one month in order for you to meet your six-months goal?)
  
  
  
  
  
  
  
  
  
  
- 5) What will you do in the next month in order to achieve this first step? (This should include specific steps related to achieving your goal.)



[Redacted]

[Redacted]