and YOUTH...

An Information Guide for Parents & Educators

California Attorney General's Office

DRUGS AND YOUTH

An Information Guide for Parents & Educators

Produced by the
Crime Prevention Center
California Attorney General's Office
in cooperation with the
Bureau of Narcotic Enforcement
California Department of Justice

To order copies of the video
"Drugs and Youth...The Challenge"
hosted by Michael Gross
call 1-800-451-0303

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Introduction

Being a parent today is a difficult job, but so is being a kid. Children today are faced with tough decisions at increasingly younger and more vulnerable ages. According to one study, 24 percent of 4th graders felt pressure to try cocaine or crack and 36 percent felt pressure to try beer, wine, or liquor. And 4th graders are about nine years old!

Unfortunately, the pressure on our kids to use drugs progressively increases throughout junior high and high school. A statewide student survey conducted by the California Attorney General's Office in 1986 reported that 85 percent of 11th graders had experimented with drinking, and 51 percent of students had tried illegal drugs. The follow-up survey conducted in 1988 showed that 83 percent of 11th graders had experimented with drinking, and 42 percent had tried illegal drugs. Clearly, we do need to help our children develop the skills and knowledge to make these difficult decisions and to learn how to tactfully resist pressure from their peers to use drugs.

If the information in this booklet seems overwhelming to you, don't feel alone. You don't need to become an expert on drugs and their effects—but you can develop a basic understanding of the major drug groups and their effects as well as become familiar with some of the drug prevention strategies that you can put into practice in your home and at school.

This booklet begins with a discussion of the most commonly used drugs called "Gateway Drugs," alcohol, tobacco, and marijuana. Afterward is a description of the other major drug groups and examples of the most popular drugs in those categories. At the conclusion of this booklet are sections on the stages of addiction, the risk factors associated with adolescent drug abuse, "What You Can Do," the signs of drug abuse, and resources for more information.

The Crime Prevention Center has also produced an educational video, "Drugs and Youth...The Challenge," designed to assist parents and teachers to recognize and understand the problem and what they can do about it.

The video and this publication are companions. Each can stand alone, but parents, teachers, and communities will benefit most by reading this publication, viewing the video and then discussing how they will meet the challenge to help our children resist the pressure to use alcohol and other drugs.

Table of Contents

Introduction i

Gateway Drugs 1
- Alcohol 1
- Tobacco 3
- Marijuana 4

Other Drugs 6
- Cannabis 6
- Stimulants 8
- Depressants 12
- Narcotics 14
- Hallucinogens 16
- Inhalants 18

Stages of Addiction 19

Prevention Information 23

What You Can Do 27

Drug Identification Chart 28

Signs of Drug Abuse 30

Resources 31

Resource Centers 34

Bibliography 35

Acknowledgments 36

Gateway Drugs (Alcohol, Tobacco & Marijuana)

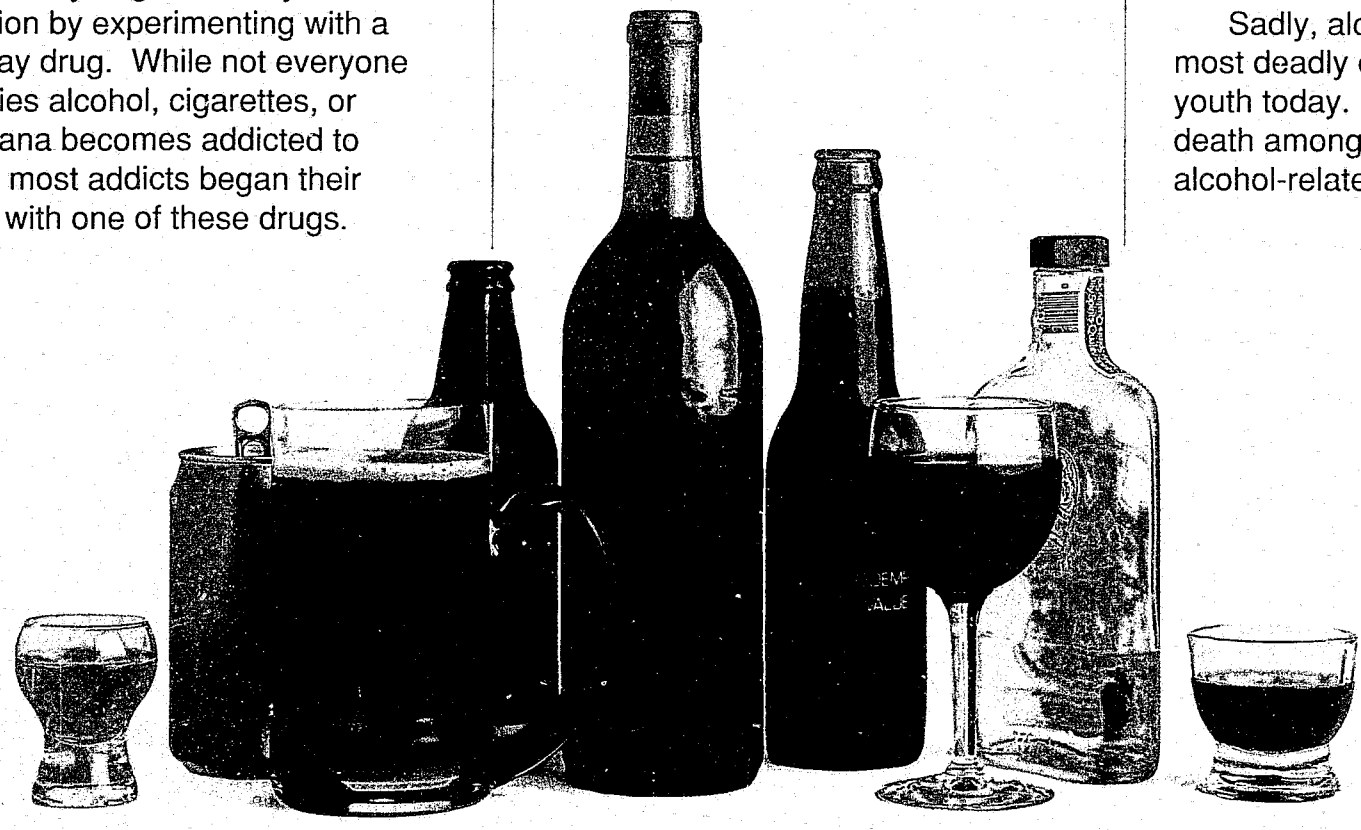
Gateway drugs are those drugs people are first exposed to and experiment with. Traditional gateway drugs are alcohol, cigarettes, and marijuana.

The significance of gateway drugs is that most people with a drug dependency began their cycle of addiction by experimenting with a gateway drug. While not everyone who tries alcohol, cigarettes, or marijuana becomes addicted to drugs, most addicts began their habits with one of these drugs.

ALCOHOL

Most of you know what alcohol looks like, how it is packaged, and how it makes you feel. Perhaps something you didn't know is that alcohol is a drug. Its scientific name is ethyl alcohol and it is classified as a depressant, the same drug class as a barbiturate or tranquilizer. Alcohol is unique because it is legal for adults to buy and drink and is widely accepted in our culture. In fact, alcohol is the most popular drug among youth and adults in our country.

Sadly, alcohol is also one of the most deadly drugs available to our youth today. The leading cause of death among teens in this country is alcohol-related traffic accidents.



Alcohol also causes heart disease, high blood pressure, liver damage, brain damage, and many other health problems.

Once alcohol is absorbed into the blood stream, it acts upon the central nervous system like a depressant, affecting speech, vision, and coordination. The physical effects of alcohol depend on many factors, including the amount of alcohol consumed over time, the emotional state and body weight of the drinker, the concentration of the drink, and the amount of food in the stomach at the time of consumption.

Smaller doses of alcohol may cause euphoria and a mild relaxed feeling. Intoxication occurs when higher doses are taken. Responses to higher doses of alcohol are varied: it may make some people feel more outgoing and giddy, while others will feel depressed, aggressive, or hostile. Physical responses to increased doses of alcohol include altered perception, impaired judgment, loss of coordination, staggered walk, blurred vision, bloodshot eyes, slurred speech, dizziness, nausea, and vomiting. An overdose of alcohol can cause unconsciousness, respiratory failure, and death.

Alcohol is an addictive drug. The medical term for this addiction is called alcoholism. Research suggests that alcoholism may be a genetic predisposition, and that a child of an alcoholic parent runs many times the risk of becoming an alcoholic. Alcoholism strikes all age groups; about ten percent of the population will develop the disease.

TOBACCO

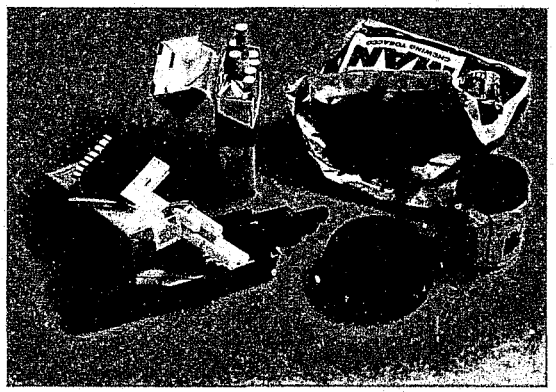
Tobacco is used in many forms, including cigarettes, cigars, pipe tobacco, chewing tobacco, and snuff. Cigarettes are the most common type of tobacco used by teens, followed by chewing tobacco and snuff. Studies of school age children indicate that initiation of daily smoking (not occasional use) is highest among junior high school students (about ages 12-14).

Many harmful ingredients in tobacco, such as nicotine, carbon monoxide, and hydrogen cyanide are absorbed into the body through the lungs. Nicotine, the addictive substance in tobacco, is so toxic that it has been used as an insecticide.

Tobacco acts both as a stimulant and a depressant. A beginning smoker will experience euphoria, lightheadedness, giddyness, dizziness, elevated heartbeat and respiration rates, and a tingling sensation in the hands and feet. A chronic smoker will suffer from a diminished sense of smell and taste.

Not everyone who begins smoking will become addicted; however, when users give up smoking, withdrawal symptoms such as restlessness, nervousness, sleeplessness, sweating, reduced heart rate and blood pressure, inability to concentrate, compulsive eating, headaches, and irritability can occur. These physical withdrawal symptoms last for about one to three weeks.

Medical problems associated with smoking tobacco are normally the result of long-term use. Some of the many health hazards of tobacco are heart disease, cancer, lung disease, obstructive pulmonary and bronchial disease, gum and jawbone deterioration, gastrointestinal disease, eating disorders, and allergic reactions. The use of smokeless tobacco, such as chewing tobacco and snuff, can be as dangerous as smoking, causing mouth lesions and cancer.



Common uses of tobacco are cigarettes, chewing tobacco and snuff.

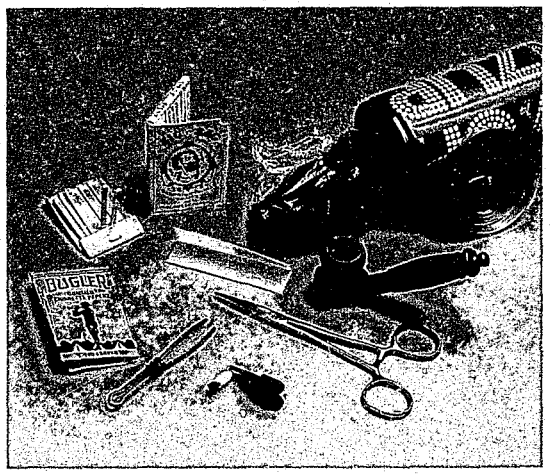
MARIJUANA

Following alcohol, marijuana is the second most popular drug with youth. It consists of the leaves, flowers, stems, and seeds of the cannabis plant, which are dried and chopped into small amounts. Marijuana can also be found as Sinsemilla, the potent flowering tops of the female marijuana plant.

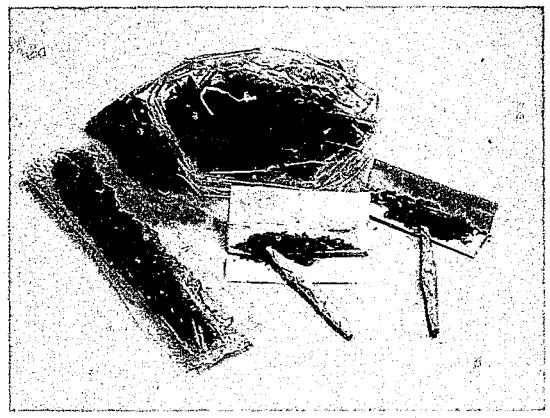
Commonly referred to as *grass, pot, weed, Acapulco Gold, ganja,* and *smoke*, marijuana is usually sold and stored in small plastic bags, aluminum foil, or small rolled cigarettes. Marijuana is usually smoked in hand-rolled cigarettes called "joints," and has a strong, pungent odor when smoked. Once the marijuana cigarette is partially smoked, it is often held by a small clip called a "roach clip." (Roach clips are made from many items, such as tweezers or electrical clips.) The leaves can also be smoked in small wooden pipes or water-filled pipes called "bongs." And finally, marijuana can also be blended into food, then cooked and eaten, most often in brownies.

Paraphernalia associated with marijuana includes pipes, bongs, rolling papers, plastic bags, roach clips, "stash boxes" (decorative boxes designed to conceal and store marijuana), and eye drops and breath fresheners used to cover up signs of use of the drug.

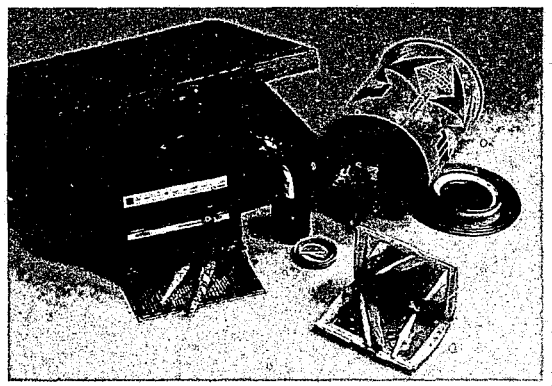
In low doses, marijuana can induce restlessness, a dreamy state of relaxation, red or bloodshot eyes, and increased appetite. Stronger doses can cause shifting sensory images, rapidly fluctuating emotions, a loss of self-identity, fantasies, and hallucinations or image distortions.



Marijuana is smoked in small pipes or rolled into cigarettes which are sometimes held by "roach clips."



Marijuana is sold in plastic bags or in hand rolled cigarettes called "joints."



Common ways to store and conceal marijuana.

MORE ON GATEWAY DRUGS...

Depending on an individual's ethnicity and/or income level, other drugs may be considered gateway drugs. For example, glue or other inhalants are widely abused by young children in low income communities because of their low cost and availability. Crack cocaine is also becoming a gateway drug in some communities because of its availability and low cost.

Children learn about the use of gateway drugs from depictions in advertising, television, movies, music and even from parents themselves. According to research from the University of Washington in Seattle, parents who involve their children in the use of one of these drugs increase the child's risk of becoming an abuser of alcohol or other drugs. For example, parents may involve their children in their smoking by saying, "Jimmy, please light my cigarette." Or, parents may involve their children in their drinking by asking, "Linda, would you please get Daddy a beer from the refrigerator?"

Parents who involve their children in their own use of drugs in this manner are setting an example that says, "It's okay to smoke or drink because I do it."

Do not underestimate the impact of gateway drugs. Examine your own use of these drugs to see if you are modeling drug use by involving your child.

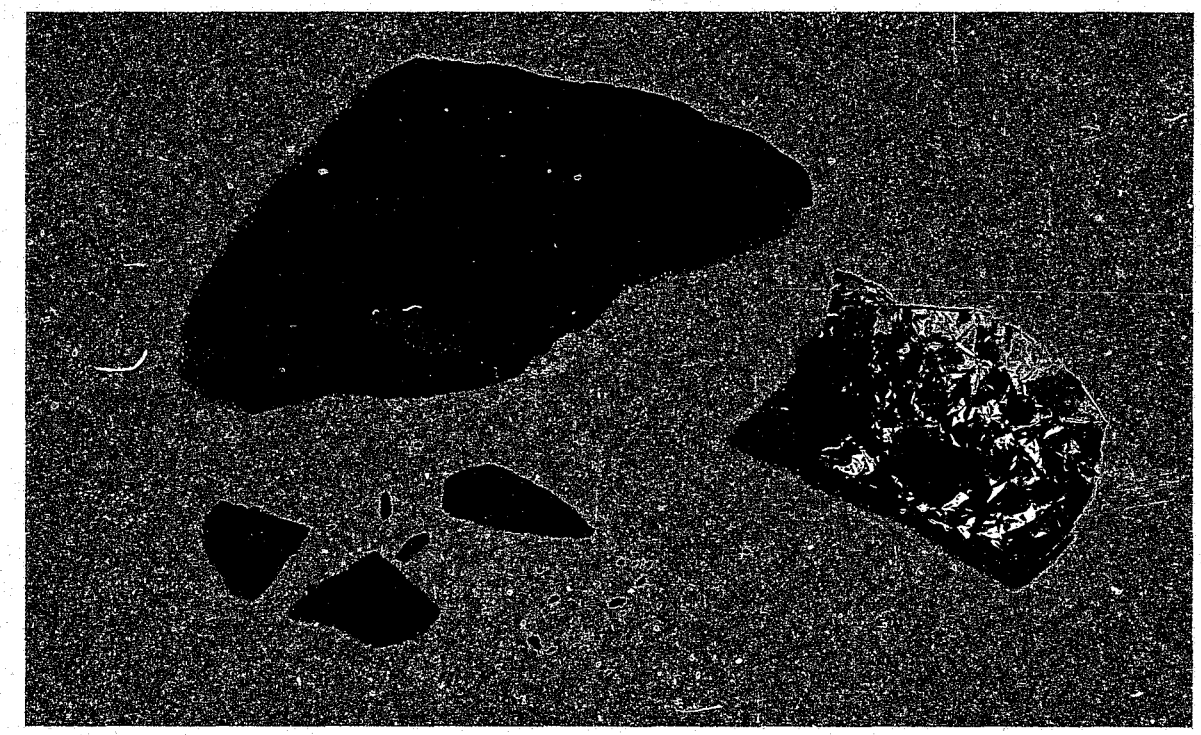
Gateway drugs are most often alcohol, tobacco and marijuana.

Other Drugs

CANNABIS

Marijuana, discussed in the "Gateway Drugs" section, along with hashish and hashish oil are forms of cannabis, a tall, green, leafy plant.

The ingredient responsible for the psychoactive effect (the "high") in cannabis is tetrahydrocannabinol (THC). The amount of THC found in marijuana, hash, or hash oil determines the potency of the drug.



Hashish, a dark, brittle or gummy substance, often sold in aluminum foil packets.

HASHISH

Hashish (or hash) is an extract of marijuana formed into a gummy substance ranging in color from gold to brown to black, or it is formed into a thick, dark oil called hash oil. Because hashish contains a higher concentration of THC than marijuana, hash and hash oil are more potent and are sold and used in smaller quantities. Hash is most often packaged in aluminum foil, and hash oil is stored in small vials.

As with marijuana, both hash and hash oil are smoked in pipes, but they may also be mixed with tobacco in cigarettes or pipes; thus, the paraphernalia associated with hash and hash oil is the same as for marijuana: pipes, bongs, rolling papers, roach clips, and stash boxes. Hash and hash oil also have a very strong, pungent odor when smoked.

The effects of hash and hash oil are similar to marijuana, but can be more intense because of its higher concentration of THC.

Hashish is smoked in bongs and in small, unusual shaped pipes.

STIMULANTS

Young people use stimulants to feel stronger, more energetic, and more decisive. As with other drugs, some stimulants are legally prescribed by doctors for various reasons, such as for weight loss, hyperactive children, or a rare disease called narcolepsy. Examples of stimulants are amphetamines, methamphetamines, Ritalin® and Preludin®. Also included in this category are cocaine and rock cocaine or crack, a deadly and highly addictive form of cocaine.

If your teenager is using stimulants, at first he or she may seem exhilarated and hyperactive, will have dilated pupils and have little or no appetite. Other symptoms may include irritability, anxiety, apprehension, and insomnia. Cocaine and crack produce a high for a shorter period of time than other stimulants; however, as with all drugs, the highs vary according to the strength of the drug and the rate of administration.

Large doses of stimulants can cause repetitive grinding of the teeth, weight loss, touching and picking of the face, and paranoia. An overdose can result in dizziness, tremors, agitation, panic, hostility, abdominal cramps, chest pains and palpitations. Extreme overdoses can result in cardiac arrest, strokes or death.

After extended use, withdrawal symptoms may occur if that use is discontinued. The signs of withdrawal are profound depression, apathy, fatigue, long periods of sleep, a lingering impairment of perception, disorientation, and anxiety.

The most commonly abused stimulants are cocaine, crack or rock cocaine, and methamphetamines.

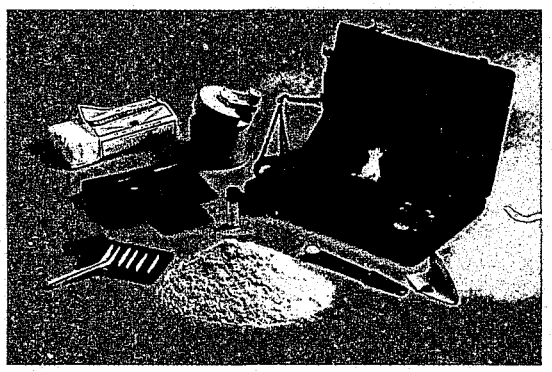
Powdered cocaine and its derivatives, rock and crack.

COCAINE

Cocaine is produced as a white chunky powder and is often called *coke, blow, white, snow, snort, flake, nose candy, hubba, or cane*. It is sold most often in aluminum foil, plastic or paper packets, or small vials. Cocaine is usually chopped into a fine powder with a razor blade on a small mirror or some other hard surface, arranged into small rows called "lines," then quickly inhaled (or "snorted") through the nose with a short straw or rolled up paper money. It can also be injected into the blood stream.

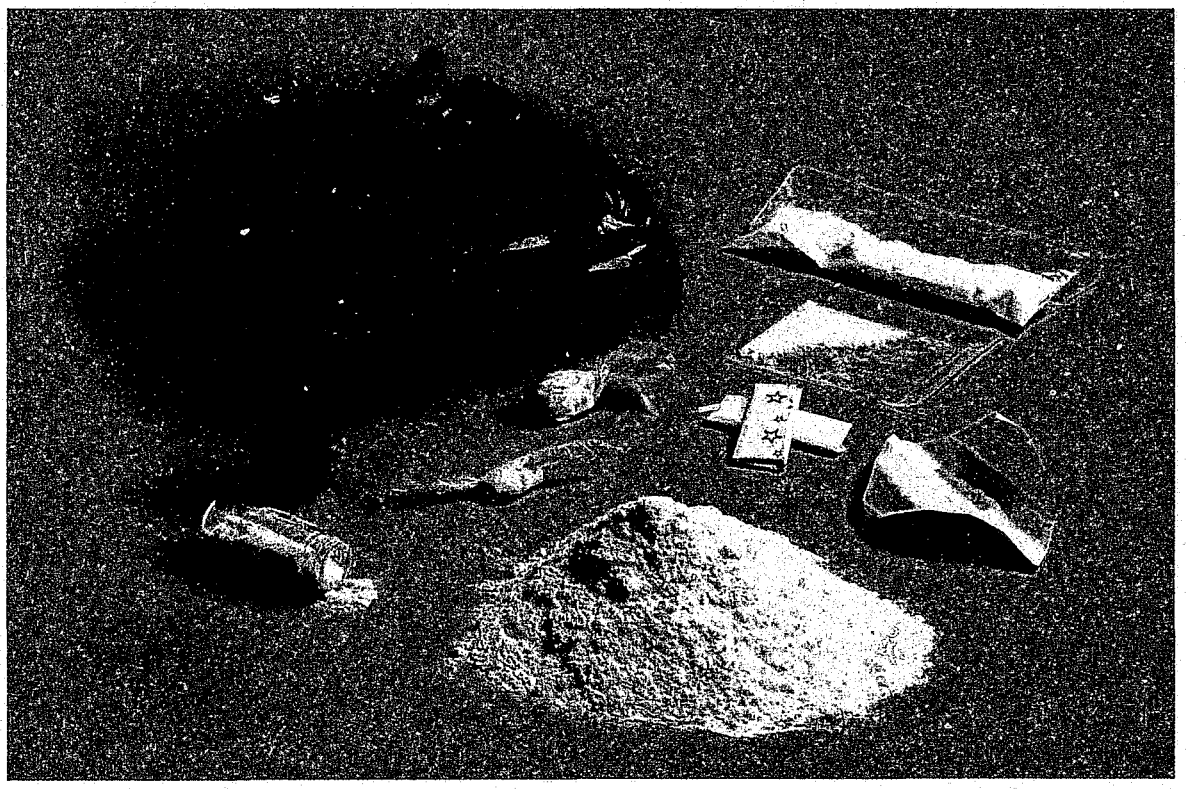
Paraphernalia associated with inhaling cocaine include mirrors, razor blades, straws, and rolled paper money, while paraphernalia associated with injecting the drug include syringes, needles, spoons, and belts, bandanas or surgical tubing used to constrict the veins. Scales are used by dealers to weigh the drug. Sometimes substances such as baking soda or mannitol are used to "cut" cocaine in order to dilute the drug and increase the quantity of the drug for sale.

The high from a typical inhaled dose of cocaine lasts for about 20 minutes. During this time your teenager may appear very alert, confident, energetic, and stimulated; physical signs include dilated eyes and a runny nose, and little or no appetite. The high from cocaine is followed by profound depression, an intense desire for another dose of the drug, mental fatigue, restlessness, and irritability. An overdose of cocaine can cause extreme agitation, respiratory failure, heart failure, or death.



Cocaine paraphernalia, including scales dealers use to weigh the drug, and mirrors and razor blades used for preparing the drug before inhaling.

Cocaine powder is sold in plastic bags, glass vials, or in small cellophane or paper packets.



CRACK

Crack and rock cocaine are forms of cocaine that are extremely addictive and very dangerous. (Crack and rock cocaine are nearly identical drugs, hence they will be referred to as crack only.) Crack has quickly become a major problem in this country because it is inexpensive, readily available, and highly addictive. Crack comes in white to tan pellets and is sold in small vials. It is smoked in glass pipes and makes a crackling sound when it is smoked. Paraphernalia associated with crack includes glass pipes called "base" pipes, homemade pipes, and small vials used to store the drug.

Examples of two homemade rock or crack pipes.

Crack is absorbed into the blood stream through the lungs in just a few seconds. If your teenager is using crack, he or she will temporarily appear euphoric, extremely alert, and highly energetic. Other symptoms include dilated pupils, loss of appetite, elevated heart rate, elevated respiration rate, and higher body temperature. The high lasts only a few minutes, leaving an intense depression called a "crash" and an immediate desire for more of the drug. The severe addiction associated with crack stems not only from a desire for the euphoria of the high but a desire to escape from the "crash" following the high. Prolonged use of crack can cause extreme irritability, depression, paranoia, convulsions or death.

METHAMPHETAMINES AND AMPHETAMINES

Methamphetamines and amphetamines are also highly addictive and dangerous stimulants. Commonly referred to as *uppers* and *speed*, these drugs are sold in powder, pill, and capsule forms that can be inhaled through the nose, swallowed, or injected.

Methamphetamine is sold in pill or powder form, and can be swallowed, inhaled, or injected.

Like cocaine and crack, the physical effects of methamphetamines and amphetamines are increased alertness, euphoria, appetite loss, dilated pupils, elevated heart rate, increased respiration, and elevated body temperature. Prolonged use of these drugs can cause blurred vision, dizziness, loss of coordination, and collapse. An overdose can result in high blood pressure, fever, stroke, and heart failure.

The most popular of the two drugs are methamphetamines, commonly called *speed, meth, crank, crystal, or crystal meth.* Methamphetamines are usually found in powder form in colors ranging from white to tan, and can be swallowed, inhaled through the nose, or injected. It is sold in small plastic or paper packets or plastic bags. The paraphernalia associated with inhaling the drug are razor blades, mirrors, straws, and rolled dollar bills; the paraphernalia associated with injecting the drug include syringes, spoons, and surgical tubing, bandanas, or a belt used to constrict the vein.

DEPRESSANTS

Depressants are often medically prescribed by doctors to treat anxiety, tension, insomnia, muscle spasms, and irritability. However, depressants are also abused for their intoxicating effects. They are obtained by theft, through illegal prescriptions, or they are purchased on the illicit market.

Drugs included in this classification are chloral hydrate, barbiturates, glutethimide, methaqualone (Quaaludes®), benzodiazepines, and antianxiety or sedative drugs such as Valium®, Miltown®, and Equanil®. Depressants are produced in pill or capsule form.

If your teenager is abusing depressants, he or she may appear to be in a state of intoxication much like that of alcohol, with impaired judgment, inebriation, slurred speech, and loss of motor coordination. Other symptoms include a weak and rapid pulse, slow or rapid but shallow breathing, and cold and clammy skin.

As with narcotics, the body acquires a need for increased doses of depressants in order to achieve the same high. If your teenager is unaware of an increased dependency

on depressants, he or she may increase their intake to dangerous, toxic levels in order to achieve the same intoxicating effects. Mixing depressants with alcohol is a particularly dangerous combination that can cause an overdose and death.

Withdrawal from depressants can be extreme. After 24 hours without the drug, symptoms such as anxiety and agitation may develop. Depending on the potency of the drug, withdrawal will peak between two to eight days, causing appetite loss, nausea, vomiting, abdominal cramps, increased heart rate, and excessive sweating. Some severe symptoms of withdrawal may be delirium, convulsions, and in some cases death.

Be aware that you may have prescription depressants in your medicine cabinet, such as Librium®, Xanax®, Valium®, Dalmane®, and Doriden®, that have the potential to be abused by your child.

BARBITURATES

Barbiturates were once among the most widely used depressants, prescribed by doctors to induce relaxation and sleep. Like other depressants, barbiturates are sold on the illicit market or are legally prescribed to addicts by physicians.

The three most abused barbiturates are Nembutal®, Seconal®, and Amytal®, which are capsules or pills that may be red, blue, yellow, or white. Their street names include *downers, barbs, red devils, blue devils,* and *yellows*. They are usually sold in plastic bags or pill bottles. Barbiturates are taken orally and their effects may last up to six hours.

The physical effects of barbiturates include intoxication much like that of alcohol, slurred speech, and disorientation. An overdose can cause dilated pupils, shallow breathing, clammy skin, weak and rapid pulse, coma, and death.

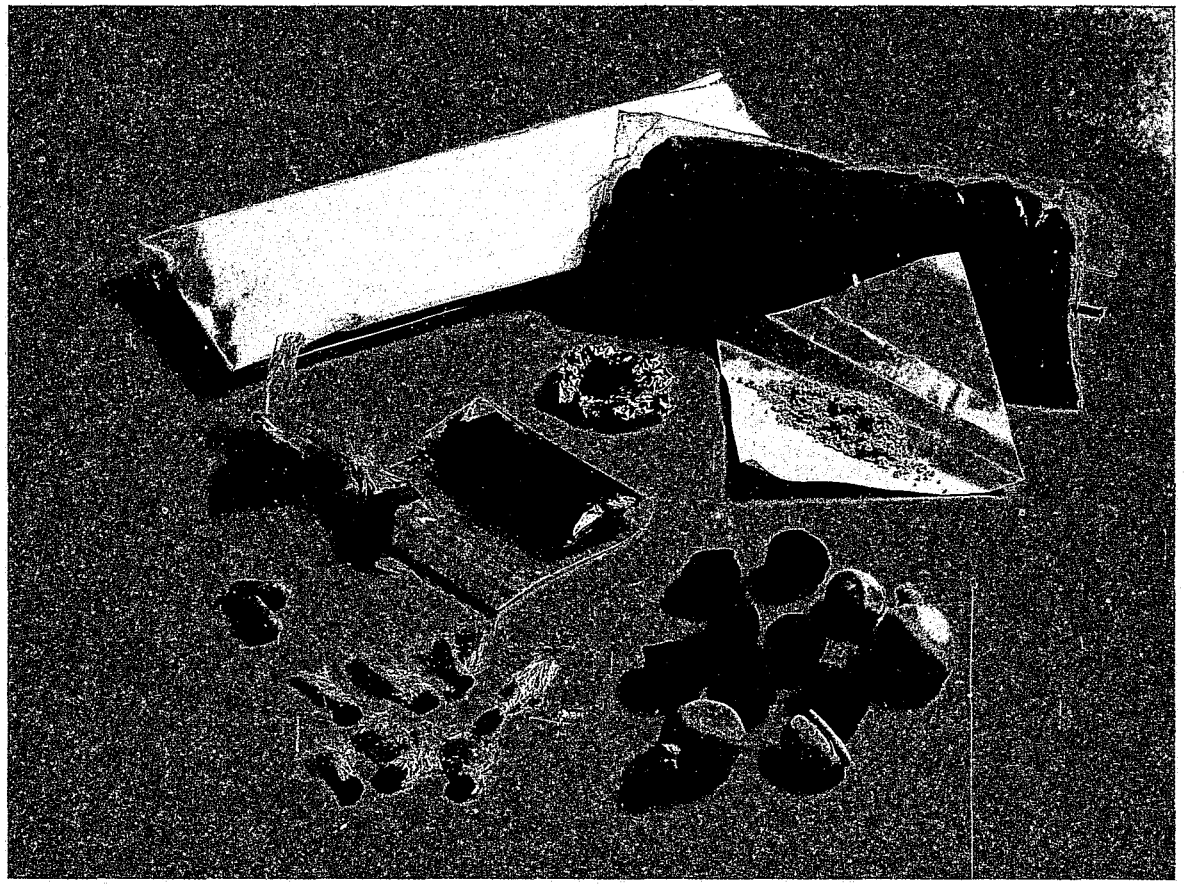
NARCOTICS

Well known for their medical use of relieving severe pain, narcotics are commonly abused drugs because of their euphoric effect and highly addictive quality. Most of the drugs in this category are administered orally or through intramuscular injection, and can be legally obtained under medical supervision. But narcotics such as heroin, opium, morphine, and codeine are frequently sold on the illicit market to addicts. (Not as well known are the narcotics hydromorphone, meperidine, and methadone.)

When narcotics are regularly used, the body eventually demands more of the drug in order to achieve the same high, which is known as developing a drug tolerance. Withdrawal symptoms such as watery eyes, runny nose, yawning and perspiration will develop only six to eight hours following the last use of the drug. Within 48 to 72 hours, more severe withdrawal symptoms may develop, including restlessness, irritability, appetite loss, tremors, stomach cramps, diarrhea, and chills alternating with excessive sweating. It may take one to two weeks for the body to return to "normal."

HEROIN

The most dangerous and addictive narcotic is heroin. While receiving less publicity today than newer, more popular drugs, it continues to be a major problem in this country. Not only is heroin extremely addictive and dangerous, but as with



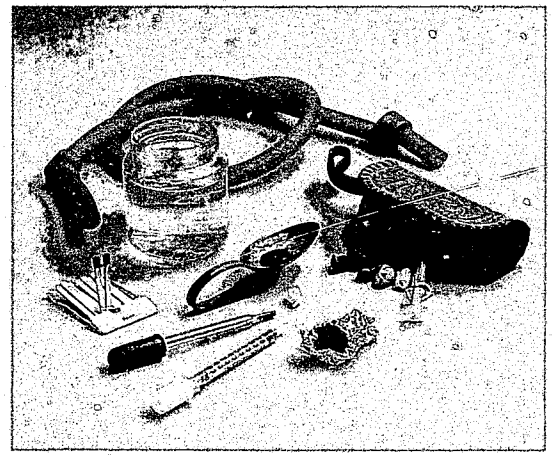
Heroin comes in a white to brown powder or a dark tar-like substance, and is sold in a variety of packaging.

cocaine and methamphetamines, addicts often resort to crimes such as burglary, grand theft, robbery, or prostitution to support their habits.

Sometimes called *black tar, mud, smack, China white*, or *Mexican brown*, heroin is derived from opium poppies. In its powder form, it may range in color from white to a very dark brown. The most popular form of heroin is a dark tar-like substance called *black tar*, which is sold in small foil or cellophane packets or small toy balloons.

The most common use of heroin is by injection (called "mainlining" or "shooting"), but in its powder form it can be inhaled through the nose or smoked. Paraphernalia for injecting heroin include hypodermic needles, small cotton balls used to strain the drug, and water and spoons or bottle caps used for "cooking" or liquefying the heroin. Paraphernalia for inhaling or smoking heroin includes razor blades, straws, rolled dollar bills, and pipes. The high from the drug usually lasts from four to six hours.

If your child is under the influence of heroin, he or she may have constricted pupils, droopy eyelids, depression, apathy, decreased physical activity, and nausea. A frequent user may nod or appear sleepy, and repeatedly scratch or touch their face and nose. Larger doses of heroin may induce sleep, vomiting, and shallow breathing. An overdose can cause slow and shallow breathing, clammy skin, convulsions, coma, or death.



Black tar heroin and the paraphernalia for injecting and storing the drug.

In addition, there is a family of chemically manufactured drugs often referred to as "designer drugs. These drugs have been falsely represented as "synthetic heroin." The most prevalent of these "designer drugs" is fentanyl citrate, also called *China white*, which is many times more powerful than heroin and has caused a number of deaths among addicts. Fentanyl citrate is used in the same manner as heroin.

HALLUCINOGENS

Hallucinogens cause distortions of reality, particularly with sight, smell, and touch. Included in this category are LSD, mescaline, peyote, psilocybin mushrooms, and phencyclidine (PCP). Hallucinogens are normally swallowed, but PCP is usually smoked.

There is no evidence that hallucinogens cause a physical dependence; however, extended use may result in permanent brain damage. The most commonly abused hallucinogens are LSD and PCP.

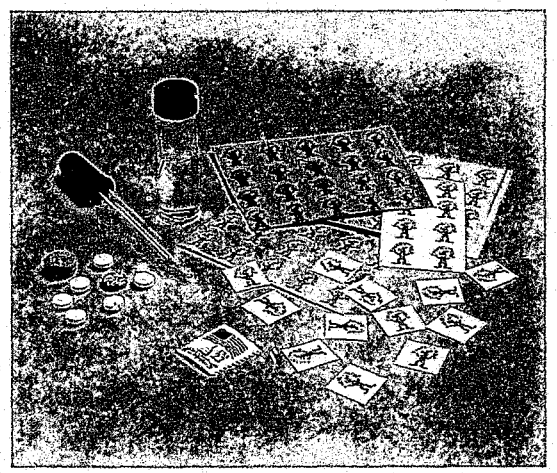
LSD

LSD is an extremely powerful hallucinogen that was popular in the 60's and is becoming popular once again. It is an odorless and colorless chemically manufactured drug. Street names for the drug include *acid, blotter acid, microdot*, and *white lightning*, and the street name for the duration of the hallucinogenic effect or high is called a "trip."

Because LSD is so potent, the dosage needed for a trip is incredibly small. A microscopic drop of the drug can be put on paper, small gelatin squares, or any other absorbant material and ingested. Anything that can be swallowed can be used as a carrier for LSD.

The hallucinogenic effect of LSD can last from two to twelve hours. During this time, judgment may be impaired, visual perception may seem distorted, and hallucinations may occur (the sense of reality may become highly distorted).

Physical effects of LSD include dilated pupils, elevated body temperature, high blood pressure, hallucinations, and a disoriented sense of direction, distance, and time. Bad trips can result in panic, paranoia, anxiety, loss of control, confusion, and psychosis. If your child is under the influence of LSD, he or she should be closely supervised so they do not harm themselves or others.



LSD comes in liquid form and is applied to paper or pills and swallowed.

One possible side effect of LSD is called a "flashback." For several years after taking the drug, the hallucinogenic effect of the drug may reappear temporarily and without warning.

PCP

Phencyclidine, commonly known as PCP, is the most dangerous of the hallucinogens. It is sold on the streets under at least fifty other names that reflect its range of bizarre and volatile effects. Included in those names are *angel dust, super-grass, killer weed, KJ, embalming fluid, rocket fuel* and *sherms*. In some areas of the country, it is called crystal (not to be confused with methamphetamines). PCP is sometimes passed off as other drugs such as mescaline, LSD, THC, or cocaine.

In its pure form, PCP is a white, crystalline powder that readily dissolves in water. Most PCP is manufactured in makeshift laboratories containing contaminants that cause the drug's color to range from tan to brown and the consistency from powder to a gummy mass. It is seen most often in powder or liquid form, and is commonly applied to dark brown cigarettes or leafy materials such as parsley, mint, oregano, marijuana, or tobacco, and then smoked. When in its liquid form, PCP is packaged in small vials or other small glass containers.

If your child is under the influence of PCP, he or she may show many of the signs of LSD use, such as appearing detached from reality or estranged from his or her surroundings. Other symptoms include rapid and involuntary eye movement, an exaggerated walk, numbness, slurred speech, blocked speech, and a loss of coordination.

PCP is applied to cigarettes or marijuana and smoked.

PCP is unique because of its power to produce psychosis indistinguishable from schizophrenia. It can cause extraordinary strength, a sense of invulnerability, and extreme image distortion. The user may become violent, causing injury to himself or others. Although such extreme psychotic reactions are usually associated with repeated use of the drug, they have been known to occur in some cases after only one dose. As with LSD, if your child is under the influence of PCP, he or she should be closely supervised so they do not harm themselves or others.

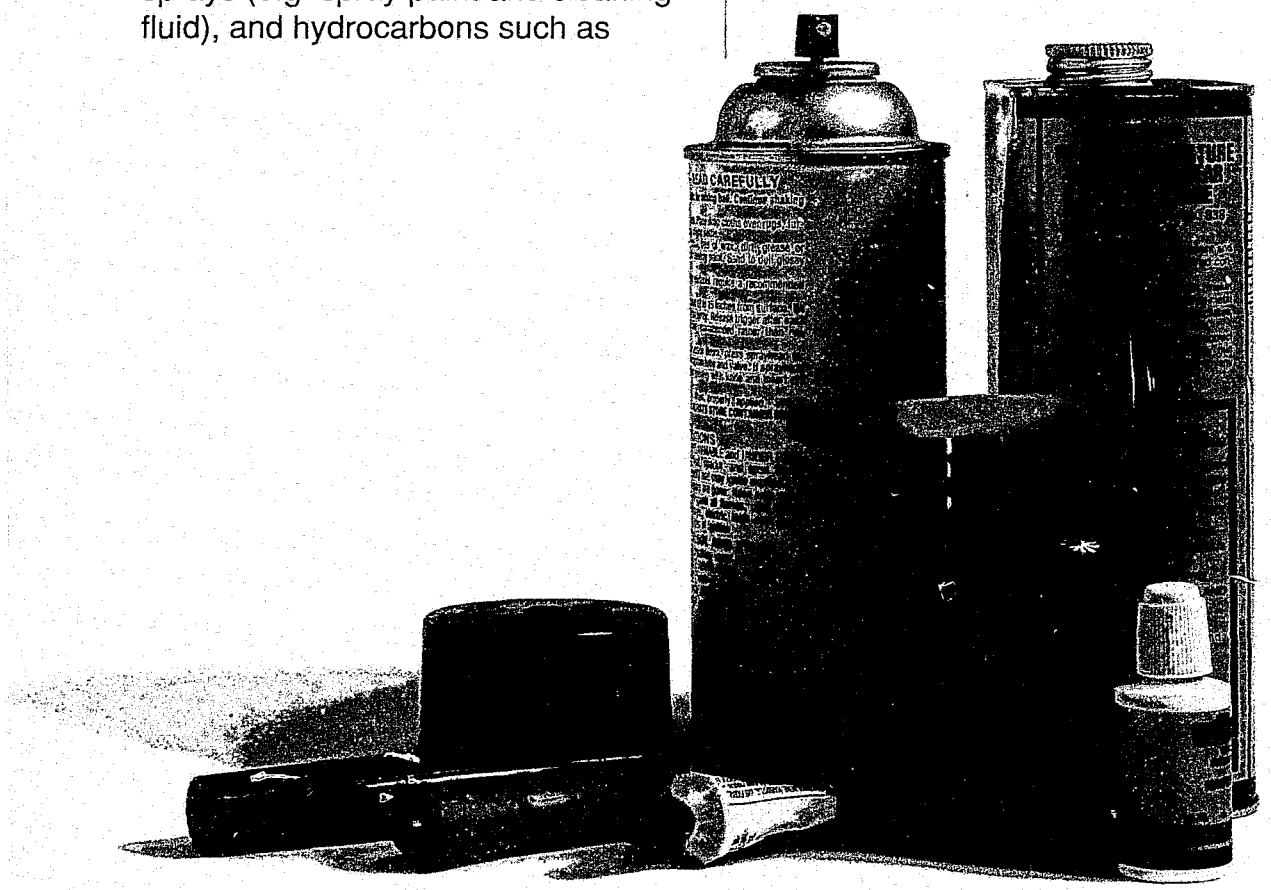
PCP episodes, or flashbacks, may occur long after the drug has left the body.

INHALANTS

Anything that emits fumes or that is in an aerosol form can be inhaled by your child to produce a high. There are many types of inhalants, including *nitrous oxide (laughing gas), amyl nitrite (poppers, snappers)*, and *butyl nitrite (rush, bolt, locker room, bullet, climax)*. Also included in this group are aerosol sprays (e.g. spray paint and cleaning fluid), and hydrocarbons such as gasoline, glue and paint thinner. The fumes from many household products can be inhaled to produce a high, such as lighter fluid, hair spray, whipped cream cannisters, typewriter correction fluid, paint, and nail polish remover.

The effects of inhalants on your child's body depend on which type of inhalant has been taken. Solvents and aerosol sprays decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine or feces. Other immediate effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Long-term use may result in weight loss, electrolyte imbalance, muscle fatigue, hepatitis or brain hemorrhage. Repeated sniffing of concentrated vapors over time can permanently damage the brain, nervous system, lungs, and nasal passages.

Deeply inhaling vapors or using large amounts over a short period of time may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.



Stages of Addiction

There are different ways of looking at the progressive stages of addiction. In this booklet, drug addiction will be described in four progressive stages: "no use," "experimentation," "occasional or regular use," and "dependency."

Not all children who try drugs will pass through every stage, and becoming addicted to drugs does not generally happen overnight. There are, however, signs and symptoms of behavior and attitude that may indicate if a problem is developing.

Experimentation

Each year in this country, children begin experimenting with drugs at younger ages. Today it is not uncommon for experimentation to begin as young as twelve years of age.

Although it is predictable that children will be exposed to alcohol and other drugs either at home, school, parties or other social events, not all children will try drugs. Those who do experiment at a young

age will have an increased risk of continued use in later years. Research suggests that over half of the males who first use drugs at age 15 or younger will develop problems with drug dependency or addiction, while only 11 percent of males who experiment with drugs at age 25 or older develop problems.

Occasional and Regular Use

This stage of addiction is important in that the user develops a pattern of drug use ranging from occasional use at parties or other social events to regular use on a weekly or more basis. Occasional users may never go on to become regular users, but if they do, this is the stage when drugs and/or alcohol can become a routine part of life.

At this stage you should notice several changes in your child's routine: he or she may have new friends, may need or have more money than usual, may eat more or less than normal, and may change sleeping habits. The child may also lose interest in school or hobbies and his or her grades may begin to drop. Many youngsters regularly using drugs will lose interest in family activities and may develop an interest in the drug culture (e.g., he or she may have drug-related T-shirts and posters, or subscribe to drug-oriented magazines). He or she may also become very defensive and deny using alcohol or other drugs at all.

Dependency

In this stage the user becomes addicted to one or more drugs. The user builds up a tolerance to the drug or drugs and must maintain a certain level of use to remain "normal" or get the desired "high." Changes in your child's attitude, such as belligerency or rebelliousness, poor physical conditioning, and a lack of interest in his or her physical appearance will become evident. Depending on the particular drug being abused, eating and sleeping habits will most likely change—the user may be getting either more or less sleep than normal and may lose appetite and body weight. Interest in the drug culture may intensify and he or she may pull away from the family, spending more time alone or away from home entirely.

How To Get Help

If chemical dependency or alcoholism is suspected or medically diagnosed, several sources of help are available in your community. Investigate your alternatives; do not act hastily. Ideally, you should consult a local professional or your family physician who can refer you to a specific program or person who will meet the needs of your family and child. If you do not have a family physician, contact a professional for a recommendation; a good place to locate a professional is by looking in the telephone directory under Alcoholism or Drug Dependency.

Another approach would be to contact your employer's Employee Assistance Program (EAP) if one is available where you work. EAP's are programs designed to help families with problems such as chemical dependency and alcoholism.

A number of factors may be important to consider when you are seeking professional counseling or treatment. First, find out if your health insurance provides coverage for treatment or recovery services. Chemical dependency or alcoholism is a medically diagnosed disease; as such, it is often covered by insurance companies. However, levels of coverage vary, so check your family health insurance and familiarize yourself with your benefits.

If your health insurance does not cover drug dependency or alcoholism or you do not have health insurance, there are other alternatives. Most local communities have in-patient or out-patient treatment centers funded by the government—and costs are based upon your ability to pay. These programs are longer in duration than privately run

programs. Unfortunately, they often have long client waiting lists. Services for adolescents can be limited in some communities because most treatment programs funded by government agencies have been developed primarily for adults. Every state has a government agency that can help you locate a treatment program in your community—in California call the state Department of Alcohol and Drug Programs at (916) 445-1940, or you can call the National Clearinghouse for Alcohol and Drug Abuse Information, at (800) 662-HELP.

One of the oldest and most available programs is Alcoholics Anonymous (AA). It and related programs, Narcotics Anonymous (NA), Alateen, and Al-Anon are among the most successful self-help chemical dependency programs in existence and they operate at no cost to the member and are located in virtually every community. Check your Yellow Pages for locations and phone numbers in your community or contact your local office of the National Council on Alcoholism.

Overdose and Medical Treatment

If you should find your child or student in a state of overdose, call your local "911" emergency service immediately or take the child to the nearest hospital emergency room. If you can, look for pills, paraphernalia or residue from drugs, and take them with you to the emergency room so that the medical response team can identify the drug or drugs and how they were taken. If you smell the odor of alcohol on the child's breath, *do not discount the danger involved.* If the child has consumed alcohol in combination with a barbiturate or depressant drug, the combination can be fatal.

Prevention Information

RISK FACTORS FOR ADOLESCENT DRUG AND ALCOHOL ABUSE

This section summarizes the risk factors for adolescent drug abuse. This is a summary of work by Drs. J. David Hawkins and Richard F. Catalano of the Center for Social Welfare Research at the University of Washington as part of their research into the causes of drug abuse. These risk factors should be interpreted in the same manner as the risk factors for heart or lung disease. That is, if a child or his/her family has one or more of these characteristics, it increases the child's chances of developing a problem with alcohol or drug use. However, having one or more of these risk factors does not mean that the child will become a drug abuser, just that the risk is increased. The more risk factors present, the greater the chance a child will have a problem with drugs or alcohol.

The following material is taken from Preparing for the Drug (Free) Years: A Family Activity Book, by J. David Hawkins, University of Washington, Center for Social Welfare Research.

Family History of Alcoholism

When a family member has abused alcohol, boys in particular have a high risk for abusing alcohol themselves. Boys with alcoholic fathers are up to nine times more likely to abuse alcohol themselves. This risk may be a result of biology as well as environment. On the biological side, there is evidence that some children of alcoholics have a genetic predisposition to alcoholism. On the environment side, parents who are alcoholics provide a powerful role model for their children that is likely to influence their children's behavior.

Family Management Problems

In order to make good decisions about their behavior, children need to get from their family clear guidelines for acceptable and unacceptable behavior. They need to be taught basic skills, and they need to be provided with consistent support and rewards for acceptable behavior as well as consistent but moderate punishment for unacceptable behavior. They also need to know that their parents care enough to monitor their behaviors so that rewards and punishments are applied fairly. Children who grow up in homes where rules are not clearly stated and enforced have difficulty knowing what is expected of them. If they aren't consistently rewarded for doing good things, then children don't know when they are doing good things, and aren't made to feel that their good behavior makes any difference. Similarly, if they aren't consistently and moderately disciplined for doing bad things, then they don't experience the security they need to develop a sense of right and wrong and an ability to exercise their own judgment. If their parents don't make an effort to observe whether they're doing good or bad things, then any system of reward and

punishment becomes less meaningful. These children have an increased risk of developing problems with alcohol and other drugs.

Parental Drug Use and Positive Attitudes Towards Drugs

Although most of the data available on parental drug use comes from studies on the effects of alcohol, we know that parents' attitudes and behaviors related to drugs—just like their attitudes and behaviors related to other issues, like religion and politics—influence the attitudes and behaviors of their children. Parents are particularly likely to influence their children when they involve their children in their own drug-taking activities, for example, by asking their child to get a beer from the refrigerator, to light their cigarettes, or to mix a drink. Children who are drawn into these activities are more likely to see themselves as future users. They're more likely to use drugs when they're young. And early experimentation greatly increases the risk of trouble with drugs later.

Parents' attitudes about alcohol seem to influence their children's attitudes about other drugs. A survey conducted by researchers at the University of Washington found that ninth-grade children whose parents approved of their drinking under parental supervision were more likely to have used marijuana and to be using marijuana at the time than were children of parents who disapproved of drinking at home, supervised or not. Parents' approval of children's moderate drinking, even under parental supervision, appeared to increase the risk of children's use of marijuana.

Early Antisocial Behavior and Hyperactivity

This risk factor has been identified for boys who in kindergarten through the second grade have a history of aggressiveness. The risk is especially significant when this aggressiveness is combined with shyness and withdrawal. These children may hit other children or slam doors in their teacher's face. About 40 percent of boys with these kinds of behavior patterns will develop delinquency or drug problems. This doesn't mean that if your son acts this way he will necessarily develop a drug problem. Unless something is done to help him control those behaviors, however, he is at an increased risk for drug problems later in his life.

Academic Failure Beginning in Middle to Late Elementary School

Children who do poorly in school in the fourth, fifth, and sixth grades have an increased risk of abusing drugs. Academic failure can have several causes. It may result when a child becomes bored with school and stops working and caring. It may result when a child has a learning disability. It may result when there is a poor match between a teacher and a student. Whatever the cause, those children who do poorly in school are more likely than successful students to turn to alcohol and other drugs in the following four to five years.

Little Commitment to School

Another risk factor is a child's lack of interest in school. Students in grades four through seven who lose interest in school, for whatever reason, have a greater risk of getting into trouble with drugs.

Alienation, Rebelliousness, Lack of Bonding to Society

Some children see themselves as standing apart from the rest of their peers. They adopt an "I don't care" attitude about school, and display their isolation from school or home. They're not bonded to their school, to their family, or to any other positive social institution, and so are more susceptible to the influence of drug-using peers.

Antisocial Behavior in Early Adolescence

This risk factor includes misbehaving in school, skipping school, and getting into fights with other children. Children who engage in these behaviors are at increased risk for engaging in another socially undesirable behavior, drug use.

Friends Who Use Drugs

This is a strong risk factor for adolescent drug abuse, and is independent of other risk factors. This means that even children who grow up without other risk factors but who associate with children who use drugs are at an increased risk for developing problems with drugs. This risk factor underscores the power of peer influence on teenagers.

Favorable Attitudes Toward Drug Use

When children are in the fourth, fifth, or sixth grade, they often have very strong feelings against drugs. They'll tell you how terrible cigarettes smell or how awful beer tastes. They think that children who use drugs are "stupid" or "losers." Yet by the time these children enter junior high school, they may begin associating with peers who use drugs and their attitudes can change quickly. This shift in attitudes often comes just before children begin to experiment with alcohol or other drugs.

Early First Use of Drugs

Most children who do try cigarettes, alcohol, and marijuana do so by the time they leave junior high school. By the time they leave high school, two out of three children drink alcohol at least once a month, one out of four smoke marijuana at least once a month, and one out of five smokes cigarettes daily.

Children who begin to use drugs before age 15 are twice as likely to develop problems with drugs than are children who wait until they are older. Waiting until age 19 to try alcohol or other drugs dramatically decreases the risk of drug problems.

What You Can Do

Become familiar with adolescent risk factors and how parents and educators can have a positive impact on them. For example:

- If your family has a history of alcoholism or drug dependency, talk to a counselor or contact your local office of the National Council on Alcoholism. Learn about the problem as well as how to discuss this disease with your children.

- Make sure that you have a clear family policy on drug use. Set standards and stick by them; clearly communicate your family policy on alcohol and other drug use. Don't assume your children know you don't want them to use drugs.

- Involve all of your children in the family by giving them responsibilities. Reward or recognize their accomplishments when they complete tasks.

- Pay attention to your children's grades and attitudes about school. Whether it's boredom, lack of ability, or a mismatch with a skilled or unskilled teacher, get involved, investigate the problem and support your child.

- Know your children's friends. Ask to meet them. Know their names, home phone numbers, and, if possible, get to know their parents.

- Question your own values and attitudes with respect to alcohol and other drug use. If you are taking a drug or having a drink, your children are probably noticing this and learning from you.

- Don't involve your child in your use of alcohol and drugs.

- Let your children know you care and explain the reasons why you are investigating their problems. Take time to talk, listen, and understand your children's feelings.

- Help your children resist the pressure to use alcohol and other drugs. Support them by devising strategies and methods of saying "no" to their peers who offer them alcohol or other drugs while maintaining healthy friendships.

- Don't compare or judge one child to the other. Help each child recognize his or her own special qualities.

- Question the school's drug policies; become familiar with the way the issue is addressed in the classroom.

- Sponsor drug and alcohol-free parties or activities in your home, or work with your school to do the same.

- Talk with other parents, or join a parent peer group to create drug-free environments for your children to grow in.

- And finally, learn more about drugs and alcohol and how to prevent their use.

Drug	Drug Group	Street Names	Appearance	Packaging
Alcohol	Depressants	Booze, liquor, beer, wine, product brand names	Liquid	Bottles and cans
Tobacco	Stimulants	Cigarette, chew, snuff	Dried leaf, varying texture and color	Commercial packaging
Marijuana	Cannabis	Pot, grass, weed, reefer, ganja, Acapulco Gold, joints, smoke,	Tobacco-like, dried flowers and leaves on stems, often with seeds	Plastic bags, foil, hand-rolled cigarettes
Hashish	Cannabis	Hash or hash oil	Gold, brown, or black gummy substance compressed into cakes	Small chunks or balls wrapped in foil. Oil sold in small vials
Cocaine	Stimulants	Coke, blow, white, snow, snort, flake, nose candy, cane	White crystal-like powder or powder chunks	Small foil or paper packets, small clear vials
Crack Cocaine	Stimulants	Crack, rock, hubba	White to tan pellets or chunks	Small clay vials, clear plastic or glass vials
Amphetamines	Stimulants	Speed, uppers, pep pills, dexedrine, black beauties, footballs, dexies	Pills, capsules, tablets, or white powder	Pill bottles, plastic bags, or paper packets
Methamphetamines	Stimulants	Crystal*, crystalmeth, speed, methadrine, crank, meth	White to tan powder, capsules	Small foil or paper packets, plastic bags
Barbiturates	Depressants	Downers, barbs, red devils, blue devils, yellows	Capsules or pills, may be red, blue, yellow, or white	Pill bottles, plastic bags, prescription bottles
Heroin	Opiates	Smack, mud, tar, brown, China white, black tar, Mexican brown	White to brown powder, or black tar-like substance	Small foil or paper packets, toy balloons, cellophane wrappers
LSD	Hallucinogens	Acid, LSD, microdot, white lightning, blotter acid	Clear liquid, colored pills, or white powder, soaked into paper	Blotter paper squares, gelatin squares, pills in plastic bags, vials, small paper squares
PCP	Hallucinogens	Angel dust, supergrass, KJ, rocket fuel, embalming fluid, killerweed, sherms, crystal*	Clear liquid, white to brown powder, or a gummy mass	Tablets and capsules or clear liquid applied to marijuana or cigarettes
Inhalants	Inhalants	Laughing gas, bullet, poppers, snappers, rush, bolt, locker room	Any substance that emits vapors	Spray cans, glue containers, other household products

* PCP and Methamphetamines are referred to as "Crystal" in various regions of the country.

Method of Use	Paraphernalia	Possible Effects
Swallowed	Empty bottles, containers, fake IDs	Euphoria, mood swings (may be relaxed or aggressive alternately), impaired judgment, loss of coordinaton, blurred vision, altered perception, staggered walk. Increased doses may cause dizziness, nausea, and vomiting.
Smoked, chewed, inhaled	Matches, lighters	Euphoria, lightheadedness, diminished sense of smell/taste, heart disease, cancer.
Smoked in hand-rolled cigarettes or in pipes, or eaten in baked foods	Cigarette papers, roach clips, odd shaped pipes	Low doses may induce restlessness, sense of well-being, and euphoria. Physical signs include red eyes, dry mouth, increased appetite. Higher doses may cause dream-like state, acute sensations (e.g. of smell and sight), and paranoia.
Smoked, eaten, or added to cigarettes	Small odd shaped pipes	Same as for marijuana; however, higher doses can result in hallucinations, anxiety, and paranoia.
Inhaled through the nose, injected through the veins, or smoked	Straws, razor blades, rolled dollar bills, mirrors, glass pipes, needle & syringe, spoons, belts	Euphoria, increased alertness, feelings of confidence and well-being. Can cause dilated pupils, runny nose, and elevated heart rate, respiration, and body temperature. Overdose can cause extreme agitation, respiratory failure or death.
Smoked in small pipes	Pipes made from glass jars, cardboard cylinders, or glass base pipes	Euphoria, high energy, insomnia, appetite loss, dilated pupils, and elevated heart rate, respiration, and body temperature. Prolonged use may result in irritability, depression, paranoia, convulsions, or death.
Taken orally in pill form, inhaled through the nose, or injected	Hypodermic needles, spoons, belts or tubes to tie off veins; straws and razor blades	Increased alertness, euphoria, appetite loss, increased heart rate, and dilated pupils. Prolonged use may cause blurred vision, dizziness, coordination loss, collapse. Overdose can result in high blood pressure, fever, stroke, or heart failure.
Injected, taken orally in pill form, or inhaled through the nose	Hypodermic needles, spoons, belts or tubes to tie off veins; straws and razor blades	Same as for amphetamines.
Taken orally	Pill bottles	Drunken behavior, slurred speech, and disorientation. Overdose can cause dilated pupils, shallow respiration, clammy skin, weak and rapid pulse, coma or death.
Injected into the veins, inhaled through the nose, or smoked	Hypodermic needles, spoons, belts and cotton balls	Euphoria, drowsiness, constricted pupils, nausea, and possible vomiting. Overdose can result in slow and shallow breathing, clammy skin, convulsions, coma, death.
Taken orally or licked off paper	Small vials	Haliucinations, distorted sense of sight, taste, and smell. Dilated pupils, high blood pressure, and fever. "Bad trips" can result in confusion, panic, paranoia, anxiety, loss of control, and psychosis.
Taken orally or smoked	Dark cigarettes	Similar to LSD, only with rapid and involuntary eye movement and an exaggerated walk. User may experience extraordinary strength, a sense of invulnerability, and image distortion.
Inhaled through the nose	Any product that emits a toxic odor or fumes, cloth rag or plastic bag	Hallucinations, decreased body temperature, lower blood pressure, confusion, psychosis, nausea, sneezing, nosebleeds, fatigue, loss of coordination.

Signs of Drug Abuse

- Drop in school grades
- Sudden change in friends
- New interest in the drug culture (e.g. drug related posters, clothes, or magazines)
- Lying and/or stealing
- Having more or less money than usual
- Marked change in sleeping patterns (getting more or less sleep)
- Loss of weight
- Loss of interest in family activities
- Hostile or argumentative attitude
- Refusal or hostility when asked to talk about possible drug and alcohol use
- Rapid speech coupled with loss of appetite and excessive thirst
- Poor physical appearance
- Memory loss
- Fake ID (false driver's license indicating legal drinking age)
- Smell of alcohol on their breath
- Bloodshot eyes

Resources

The resources listed below represent many of the agencies and organizations designed to help you:

FEDERAL AGENCIES:

Office of Substance Abuse Prevention
Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)
Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-0365

National Clearinghouse for Alcohol and Drug Abuse Information
1776 Plaza, 4th Floor
Rockville, Maryland 20852
(301) 468-2600 (Alcohol and drug abuse information)
(800) 662-HELP (Drug abuse treatment information and referrals/toll-free)

Office of Elementary and Secondary Education
Drug-Free Schools Staff
U.S. Department of Education
400 Maryland Ave SW
Washington D.C. 20202
(202) 732-4598

Office of Drug Abuse Policy
The White House
Washington, DC 20500
(202) 456-6554

NATIONAL ORGANIZATIONS:

National Federation of Parents for Drug-Free Youth
1423 N. Jefferson
Springfield, Missouri 65802
(417) 836-3709

Just Say No Foundation
1777 North California Boulevard
Walnut Creek, California 94956
(800) 258-2766 (toll-free except in California)
(415) 939-6666 (in California)

Mothers Against Drunk Driving (MADD)
669 Airport Freeway, Suite 310
Hurst, Texas 76053
(817) 268-6233

National Council on Alcoholism (NCA)
Twelve West 21st Street, 7th Floor
New York City, New York 10010
(800) NCA-CALL (toll-free)

Alcoholics Anonymous
Post Office Box 459
Grand Central Station
New York City, New York 10163
(212) 686-1100

Al-Anon and Alateen Family Group Headquarters
Post Office Box 862
Midtown Station
New York City, New York 10018-0862
(800) 356-9996 (toll-free except in NY and Canada)
(212) 245-3151 (in NY and Canada)

National Association for Children of Alcoholics
31706 Coast Highway, Suite 201
South Laguna, California 92677
(714) 499-3889

800-Cocaine
P.O. Box 100
332 Springfield Avenue
Summit, New Jersey 07901
(800) COCAINE (toll-free)

Narcotics Education
6830 Laurel Street, NW
Washington, DC 20012
(800) 548-8700 (toll-free)

American Council for Drug Education
204 Monroe Street
Rockville, Maryland 20850
(301) 294-0600

National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
(703) 838-NSBA

National Crime Prevention Council
733-15th Street NW
Suite 540
Washington, DC 20005
(202) 393-7141

National Prevention Implementation Program
A Project of the Office for Substance Abuse Prevention
8201 Greensboro Drive, Suite 600
McLean, Virginia 22102
(703) 556-0212

CALIFORNIA AGENCIES:

Attorney General's Office
Crime Prevention Center, Suite 100
Post Office Box 944255
Sacramento, California 94244-2550
(916) 324-7863

Department of Alcohol and Drug Programs
111 Capitol Mall
Sacramento, California 95814
(916) 445-1940

State Department of Education
Critical Health Initiatives Unit
721 Capitol Mall
Post Office Box 944272
Sacramento, California 94244-2720
(916) 322-4018

Office of Criminal Justice Planning
1130 K Street, Suite 300
Sacramento, California 95814
(916) 324-9100

CALIFORNIA ORGANIZATIONS:

Californians for Drug-Free Youth, Inc.
Post Office Box 1758
Thousand Oaks, California 91360
(805) 373-0215

California Prevention Network
Drug Program Office
Health Care Services
300 North San Antonio Road
Santa Barbara, California 93110
(805) 964-8255

Mothers Against Drunk Driving (MADD)
Post Office Box 188
Lancaster, California 93534
(805) 945-6233

California Congress of Parents, Teachers, and Students, Inc.
Post Office Box 15015
Los Angeles, California 90015
(213) 620-1100

Resource Centers

National Parents' Resource Institute for Drug Education, Inc.
100 Edgewood Avenue, Suite 1002
Atlanta, Georgia 30303
(800) 241-9746

Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204
(800) 547-6339 (toll-free except in Oregon)
(503) 275-9500 (in Oregon)

Western Regional Center for Drug Free Schools and Communities
Far West Laboratory for Education and Research
1855 Folsom Street
San Francisco, California 94103
(415) 565-3000

Western Regional Center for Drug-Free Schools and Communities
Southwest Regional Laboratories
4655 Lampson Avenue
Los Alamitos, California 90720
(213) 598-7661

Department of Alcohol and Drug Programs California Prevention Resource Center
Center for Human Development
Oakland, California
(415) 283-7040

Department of Alcohol and Drug Programs Resource Center
111 Capitol Mall, Room 250
Sacramento, California 95814
(916) 324-7262

State Department of Education's California Prevention Resource Services System
The Prevention Center
Sacramento County Office of Education
9738 Lincoln Village Drive
Sacramento, California 95827
(916) 366-2180

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Rockville, MD: National Institute on Drug Abuse, 1987.

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United States Department of Justice, Drug Enforcement Administration. Washington, DC: United States Government Printing Office, 1985.

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Richard Seymour and David E. Smith, MD.
New York: Haworth Press, Inc., 1987.

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