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The following true story was related by Mrs. Chantal Devine, wife of the Honorable Grant Devine, Premier of Saskatchewan, at the PRIDE Canada National Conference on Youth and Drugs in May, 1988 in Ottawa. The story was told to Mrs. Devine by Father Lucien Larre, a priest in Saskatchewan and a founder of Bosco Homes, a home for delinquent boys.

## “WHY DIDN'T WE HOLD HANDS SOONER?”

*The story takes place in southern Saskatchewan in the fall of the year, just prior to harvest, when the wheat grows to a height of three to four feet.*

A few years ago a young farmer was working out in the field on his combine. He was putting in some new teeth while his four-year old son played in the dirt. After a while the father looked up and noticed that his son was not in the same place where he saw him last. He put down his tools and walked around trying to locate him. He looked out across the field and realized his son had wandered out into the wheat.

The young father then went out and started to look for the child, calling his name over and over again. After a short time, the father began to worry and went back into the house to tell his wife. They walked around the field until noon, calling the boy's name with no success.

The parents returned to the house and put in a long ring. For those of you who still remember the party line, a long ring would alarm everyone in the area of an emergency or something of importance.

People came from miles and miles around to help this young couple look for their son. They looked all afternoon, all night and the entire next day.

On the third day, they were standing in the yard. The young father had his hands down in despair; his shirt was open, and he was obviously exhausted. In frustration he said, “Why don't we all join hands and walk out into the wheat?”

There was complete silence as the people joined hands. They then walked out arm-in-arm into the wheat field. They had gone no more than 10 steps when they found the boy. It was too late; he was gone.

The young man came back into the yard, looked to his wife and said, “If only we had held hands sooner.”

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**S**ince the first Opium War, which lasted from 1839 to 1842, when the British defeated the Chinese in their attempt to win a monopoly of the world opium trade, people of many nations have waged battles over drugs. In the United States, the earliest combatants to engage in a different kind of drug war were inducted the day the Harrison Narcotics Act of 1914 became law.

These new defenders, a total of 162 men, began the effort to control the flourishing international commerce in narcotics. Assigned to the Bureau of Internal Revenue, they were given the task of controlling and regulating narcotic and coca products, the abuse of which had reached epidemic proportions in America. From that humble beginning, drug-enforcement today engages tens of thousands of men and women in the struggle to suppress abusive drugs in this country.

Sadly, since those early days of tax-regulated drug control, law enforcement and even international agreements have not achieved significant, lasting success in curbing drug abuse in the United States. The almost unrestrained use of some drugs is too widespread to expect law

enforcement alone to provide anything more than a holding action. More citizens of our country must get involved in the fight against drug abuse.

After 25 years as a law enforcement officer, it's clear to me that the majority of American people are uninformed about drugs and rely too much on others to deal with this serious national problem. It has also become evident that more emphasis must be placed on educating Americans about drugs of abuse and their destructive effects on our society. Armed with knowledge, U. S. citizens will be better prepared to participate in the war on drugs.

DIGEST was created to provide concise, reliable and easy-to-read information about drugs of abuse. This handy reference is intended to help parents, educators, and employers to recognize symptoms of drug abuse, the hazardous effects of using drugs, and how to effectively deal with drug-abuse problems. The major drugs of abuse are categorized and color coded to help the reader quickly locate information regarding almost any drug-related question that might arise.

It is hoped that improved education will increase awareness and understanding of the problems pertaining to drug

abuse. Perhaps, when this occurs, some of the drug-related burdens can be shifted from law enforcement to mainstream America, where the real opportunities for success in defeating drug abuse are to be realized. It is time for all Americans to join in the battle. Law enforcement is only the first line of defense. Greater public awareness through defensive education offers the only permanent solution for rescuing our citizens from the life-threatening seduction of drugs.

I wish to acknowledge my grateful appreciation to Adrian Swain for his writing and research. A special thanks to my wife Lynne for her editorial contributions and tireless dedication in support of our efforts to accurately inform our readers.

Allan R. Pringle

Deputy Regional Director U.S. Drug Enforcement Administration (Retired).  
Former Director of Vice-Presidential South Florida Task Force (Florida Joint Task Group), a multi-agency effort to interdict drugs and investigate drug traffickers.



## QUIZ

### TEST YOUR KNOWLEDGE ABOUT DRUGS OF ABUSE

Please read all the instructions before taking this quiz.

Before consulting DIGEST, attempt to answer all 25 multiple choice or true/false questions. Use column 1 for the answers (X) ( )

It is now recommended that you study DIGEST and retake the quiz. Use column 2 for the answers ( ) (X). It is expected there will be a significant improvement. (Answers may be found on page 66 of this book.)

Less than 20 correct answers indicates a need to further increase your knowledge about drugs of abuse.

**1. The primary mind altering substance found in marijuana is:**

- ( ) A) Hashish
- ( ) B) THC (Tetrahydrocannabinol)
- ( ) C) Sinsemilla
- ( ) D) Hashish Oil

**2. Withdrawal from barbiturate overdoses can be more serious and more frequently fatal than withdrawal from heroin:**

- ( ) A) True
- ( ) B) False

**3. Sleeplessness, loss of appetite, and an increased state of arousal are symptoms of the following:**

- ( ) A) Cocaine use
- ( ) B) Amphetamine abuse
- ( ) C) Barbiturate abuse
- ( ) D) A and B
- ( ) E) B and C

**4. Heroin is up to ten times as addictive as morphine:**

- ( ) A) True
- ( ) B) False

**5. Ways in which cocaine is abused include:**

- ( ) A) Injecting
- ( ) B) Inhaling or sniffing
- ( ) C) Smoking
- ( ) D) All of the above
- ( ) E) B and C

**6. Darvon, Percodan, and Leritine are:**

- ( ) A) Methadone compounds
- ( ) B) Addictive painkillers that are classified as controlled substances
- ( ) C) Over-the-counter painkillers available at any drug store
- ( ) D) All of the above
- ( ) E) None of the above

**7. Hashish oil is derived from which of these natural plants:**

- ( ) A) Opium poppy
- ( ) B) Peyote cactus
- ( ) C) Marijuana shrub
- ( ) D) Psilocybin mushroom
- ( ) E) None of the above

**8. Methaqualone or Quaalude is an addictive drug**

- ( ) A) True
- ( ) B) False

**9. Cocaine is often mixed with which of these diluents to increase the amount that can be sold:**

- ( ) A) Procaine
- ( ) B) Lidocaine
- ( ) C) Baking Soda
- ( ) D) All of the above
- ( ) E) None of the above

**10. Feelings of depression, irritability, and pessimism are all associated with:**

- ( ) A) The use of uncut or pure varieties of cocaine
- ( ) B) Coming off a cocaine "high"
- ( ) C) Overdose of cocaine
- ( ) D) None of the above

**11. Crack cocaine and freebase cocaine are both base forms of cocaine hydrochloride:**

- ( ) A) True
- ( ) B) False

**12. A twelve-ounce beer, a 1 1/2 ounce shot of whiskey, and a five-ounce glass of wine all contain the same amount of alcohol:**

- ( ) A) True
- ( ) B) False

**13. Dexedrine, Ritalin, and Preludin are:**

- ( ) A) Slang names of amphetamines
- ( ) B) Slang names of depressants
- ( ) C) Trade names of amphetamines
- ( ) D) Trade names of depressants
- ( ) E) None of the above

**14. The THC of a marijuana cigarette can remain in the liver, lungs and brain for two weeks, even up to two months:**

- ( ) A) True
- ( ) B) False

**15. Which of the following statements are true?**

- A) 20 million Americans are estimated to abuse alcohol
- B) 20 percent of all ninth grade boys can be called problem drinkers
- C) Over 5000 teenagers are killed yearly in auto accidents due to drunk driving
- D) All of the above are true
- E) None of the above are true

**16. LSD possesses these characteristics:**

- A) A sweet taste
- B) A red color
- C) A sickly-sweet odor
- D) All of the above
- E) None of the above

**17. Like LSD, PCP can produce reactions similar to schizophrenia and can cause "trips" long after the drug is processed from the body:**

- A) True
- B) False

**18. The smoke of one marijuana cigarette is as damaging to lung tissue as 16 ordinary cigarettes:**

- A) True
- B) False

**19. Common aerosol products that are abused as inhalants include:**

- A) Paints
- B) Cookware coating sprays
- C) Hair sprays
- D) All of the above
- E) None of the above

**20. Common prescription drugs that are abused include:**

- A) Valium or Librium
- B) Darvon
- C) Seconal
- D) All of the above
- E) None of the above

**21. "Look-alike" drugs are usually promoted as being safe and legal stimulants, diet-aids, or sleep-aids, but are actually harmful in large quantities:**

- A) True
- B) False

**22. The use of fentanyl-based drugs can result in:**

- A) The symptoms and effects of Parkinson's Disease
- B) Permanent crippling
- C) Death
- D) All of the above
- E) A and B

**23. Which of the following is not a true statement?**

- A) When cigarette smoke is inhaled, between 70 and 90 percent of the chemical substances in smoke are retained in the lungs.
- B) Parental example has little or no influence on whether or not their children smoke.
- C) A small amount of nicotine injected directly into the bloodstream would kill a person.
- D) Tobacco smoke contains such compounds as tar, nicotine, carbon monoxide, benzene, formaldehyde, ammonia and hydrogen sulphide.

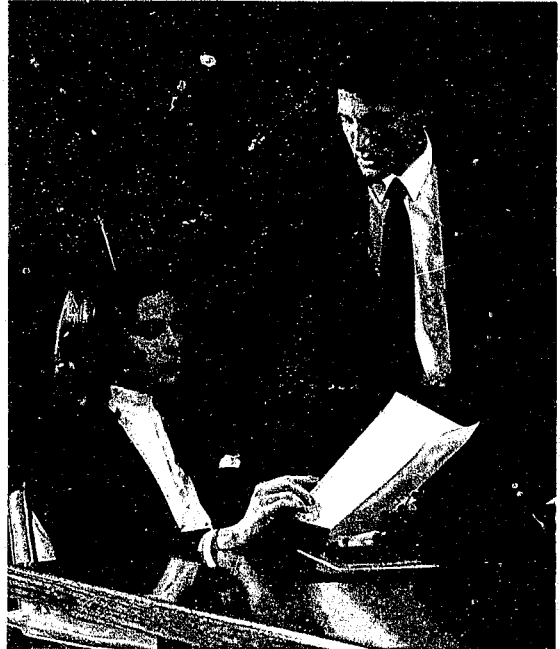
**24. The effects of alcohol on the body depend upon these things:**

- A) Body weight, age, and sex of the individual
- B) The amount of stimulants, such as coffee, taken by the individual
- C) The amount and speed of alcohol consumption
- D) A and B
- E) A and C

**25. Cocaine is a highly addictive drug and smoking it can cause death:**

- A) True
- B) False

Answers to QUIZ can be found on page 66



### **WHAT WE CAN DO ABOUT DRUG ABUSE**

*Drug abuse prevails today in every sector of our society. Drug and alcohol abuse exists among all races and religions, all ages and both sexes. It has become commonplace in families, learning institutions, and industry.*



A large number of school-age children may be using drugs and alcohol for two or three years before a parent is aware of it. Educators are often unaware that their students are using and selling drugs, frequently on school property. One out of every 10 workers abuse drugs or alcohol to the extent that it affects their job performance. Substance abuse is costing the U.S. \$140 billion annually and most experts believe that lost worker productivity amounts to more than \$33 billion.

Clearly we are facing an epidemic that is threatening and destroying families, futures, and sapping the strength of the business community.

## Parents

It is vitally important for parents to learn about the effects of drugs and to recognize the signs of drug use. This knowledge can be used to guide youngsters and help them acquire the strength to resist peer pressure to use drugs. Strong family support and firm, caring direction are necessary to help children develop confidence and to acquire a balanced sense of personal values. Tell your children you love them, accept them as they are not as you think they should be. Encouragement and praise can help children develop faith in themselves.

Talk to your children about their interests and problems. Be able to discuss drugs knowledgeably. Listen carefully when your children are talking, give your attention and avoid interrupt-

ing. Allow your child to express and share his views, this is the only way you can hope to know what's going on in his life. Accepting his feelings doesn't mean you are condoning his habits or attitudes. Impress on the child that drugs are not cool or acceptable, in fact, just the opposite is true. Drugs taken illegally and improperly are hazardous to health and often deadly. Parents should set a good example by not using drugs themselves.

Household rules regarding drug use should be discussed, and then strictly applied. Limits for acceptable and unacceptable behavior must be clearly understood and agreed upon. When house rules are broken, grounding (or privilege curtailment) is in order. Explain why the grounding has occurred to your child's friends, and let all concerned know that you care about the welfare of your child.

Limits and behavioral standards need to be clearly outlined and, whenever possible, reinforced by other parents in the neighborhood. Parents need to understand that to deny that a drug problem exists only enables the problem to become worse. When parents minimize the problem or make excuses for the child, however well-intentioned, they only serve to protect the child from the consequences of his/her use, thereby contributing to the child's addictive disease which could end in death.

Support teachers and administrators who are tough on drugs. Encourage the development of a school policy with a strong no drug message. Contact television stations and newspaper publishers and protest when TV programs or other media reporting portray drugs or drug use in a humorous or acceptable manner.

The adverse affect of TV advertising on young minds has

been considerable in past years. The acceptance of alcohol and drugs is too often glamorized in movies and on television, fostering the idea that personal problems can be easily solved if one takes drugs or alcohol. Parents and teachers can help negate this pro-drug process through active participation in community programs.

Protests from various public groups, including more than 55,000 Parade Magazine readers, prompted the Motion Picture Association of America to adopt stricter rating guidelines that could result in some so-called "drug-favorable" movies being rated X. Jack Valenti, President of the Motion Picture Association has stated, "We believe these strictures on drug use in films will be applauded by parents even as we hope to see less exhibition of drug use in any form in films. This new criterion is a tough rule, as we want it to be."

## Signs Of Drug Abuse

Parents should be aware of changing patterns of behavior, appearance and performance which may indicate a problem associated with drug or alcohol use. Some of these signs are: distinct personality changes, starting to use foul language, changes in friends, lowered school grades, fits of anger, sloppy dress, changes in sleeping or eating habits, money or valuables missing from the house, increasing dishonesty, smell of alcohol or marijuana, drug paraphernalia, or empty bottles hidden in bedroom, truancy from school, and deteriorating family relationships. Some of these changes are part of the adolescent stage, but enough of them should raise the suspicion of chemical abuse.

Care must be taken to not



falsely accuse. Parents who suspect drug use must deal with their own emotions of anger and guilt. To deny the signs and postpone confronting the child allows the problem to become worse. Instead obtain sufficient facts, and then approach the suspected drug abuser in a firm but rational manner. Do not confront a child while he is under the influence of drugs. If warranted, seek professional help.

### Responses To Avoid

When dealing with a drug-abuse situation at home, the accusatory approach, "You're lying to me," only puts the child on the defensive and blocks further talk between parent and child. Likewise, statements such as "Don't think for one minute you can hide what you're doing from me," or saying, "How could you do such a terrible thing?" are examples of how to widen the communications gap between parent and child.

When a child is made to feel defensive and excluded from the family, that feeling often translates into drug abuse. Open and regular communication among family members is vital to growth and understanding.

Self-reproach should be avoided as well. There is no point in asking yourself or your child, "Where have I gone wrong?" Start making positive changes now. What is past cannot be changed, but today can be improved by all of us if we become more positive, aware, informed, alert, and confident.

### Schools

School officials, parents, and students should all be involved in the development of policies that

clearly establish that drug use, possession and sale of drugs, both on and off the school campus, will not be tolerated. The policies may address such issues as enforcement, and referrals for treatment when necessary. Once these policies are adopted, they should be fairly and uniformly enforced.

Teachers must have education and training before working with the students. They should learn what drugs look and smell like, the effects on the body, and behavior patterns associated with drug use. In-service training by law enforcement officials and drug and alcohol professionals to help school personnel gain an awareness and understanding of the drug problem is necessary.

Drug education programs in our schools should be designed to provide current and accurate information about drugs and alcohol. Programs should also deal with health, and social and economic consequences associated with the use of drugs and alcohol.

Among the most successful programs are Drug Abuse Resistance Education (DARE) and "Just Say No". Both programs are widely used in school systems throughout the United States. These programs are conducted by trained DARE law enforcement officers and teachers.

Achieving success in drug education lies in training children in the kindergarten and elementary grades. Prevention efforts directed toward our young children are the most effective means to fight drug abuse. Positive, non-threatening drug information imparted at these impressionable levels should be provided regularly in appropriate health-related classes, and should be continued through grade 12.



### Students

From their earliest school years, students begin to develop self-discipline and self-control. Realistic scholastic and social goals are set and achieved at all levels of the student's development. Achievement requires energy, brain power, mental alertness, and hard work. In this process, there is no room for alcohol or drugs. The student's time should be devoted to study and to acquiring the knowledge, social grace, and confidence needed to meet the demands of the adult world.

Television, movies and social influences continue to play a major role in making drug use attractive to children. A Weekly Reader survey offers insights into why students take drugs. For all children, the most important reason for using marijuana is to "fit in with others." "To feel older" is the second main reason for children in grades four and five, and "to have a good time" for those in grades six to twelve. Students need to learn the harmful and sometimes deadly effects that drugs can cause. When drugs are offered, children should have the self-confidence to turn them down without hesitation.

When young persons have established a good sense of values, have a confident, positive attitude, and can establish goals that are within their grasp, they are becoming mature. Self-discipline, the ability to assess one's moods and to complete assigned tasks, as well as to learn to postpone gratification of desires are all further evidence of maturity. These skills are only acquired through education,



training and time. Drug use blocks this process.

Students can help fight drug use by setting a positive example for other students and speaking forcefully against drug use. Teach other students about the harmful effects of drugs and encourage friends who have a drug problem to seek help. Report persons selling drugs to the principal or school resource officer.

### Alternatives To Drug Use

Parents, educators, and ex-drug users can help ensure constructive activities are available to replace drugs as the central focus in life. These school-sponsored activities or parties should be planned carefully and participation should be dependent on an agreement not to use drugs.

Give students opportunities for leadership. They can be trained to serve as leaders in drug prevention programs for younger students. Youth training programs are available from information centers such as America's PRIDE, 1-404-577-4500 and NFP Reach America Training, 1-505-345-7134.

Local sports or social-club activities such as the Big Brother and Sister programs, part-time jobs, hobbies, religious programs, and other group activities are all part of the constructive effort needed to combat the malaise caused by drug abuse. Parents, teachers, and community leaders can help in providing these programs, which offer healthy, optimistic, and beneficial chal-

lenges. Participation in such programs will help in turning our young people away from drugs.

Encourage children to satisfy physical needs through sports activities. Fulfill emotional needs through volunteer service, develop talents, learn to express feelings openly, including negative feelings and thoughts. Intellectual activities such as reading, writing poems or stories, or taking up a musical instrument are all positive activities.

Better understanding of the seriousness of drug use and vigorous pursuit of wholesome alternatives is a key to winning the war on drugs. The outcome will decide whether our children see drugs as a harmless kick, or whether they realize that illicit drug use can destroy their futures, their families and their lives.

### Management

The employee is the most important asset and greatest investment of any company. No other asset is more costly or more valuable to business than its people. Drug abuse has moved into mainstream America taking root in the machine that drives our country. An epidemic has been created that is sapping the strength of the business community.

Until recently, employers were primarily concerned with alcohol abuse among employees. But now the problem of substance abuse has become more complex and the economic consequences are staggering.

One out of every 10 workers abuses drugs or alcohol to the extent that it affects their job performance. By using the following formula, a company can determine what chemically dependent employees are costing their firm:

1. Number of employees in your business \_\_\_\_\_
2. 10 to 23% of employees with health or personal problems X .10 \_\_\_\_\_
3. Number of troubled employees in your firm \_\_\_\_\_
4. Multiply line 3 by average salary of your employees \_\_\_\_\_
5. Troubled employees will cost your company approximately 25% of their actual payroll dollars X .25 \_\_\_\_\_
6. Total Cost To You From Troubled Employees \_\_\_\_\_

In other words, a business with one hundred employees on the payroll, with an average salary of \$18,000 probably wastes \$4,500 per annum on each chemically dependent employee. Insurance actuaries reveal over half the financial losses are for health and accident compensation made to employees and their families involved in drug abuse.

American businesses, faced with the increasing use of drugs on the job, are resorting to new measures for dealing with the problem. Many companies have established company policies regarding drugs. Other techniques include mandatory urine testing, undercover investigations, and electronic surveillance.

Many large companies or corporations provide Employee Assistance Programs (EAP) for their workers. Medical or skilled staff personnel capable of treating drug abuse problems are a part of these services. What works best for one company may not always work well at another company.

For the smaller company manager or supervisor, here are some suggestions that will help improve employee performance and company balance sheets:

- Know what is happening in the drug world and include drug-related topics in regular training sessions.

- Be sure all employees know the company policy on drug abuse, and enforce this policy firmly and fairly.

- Be available to all employees, especially young persons who may need confidential assistance for drug abuse matters. Don't duck the issues. Provide needed help, or know where skilled guidance can be obtained.

- Be alert for signs of drug use that may mean trouble for the company, managers, supervisors, and employees. Confront drug problems with knowledge.

Considerable resources are devoted to expensive treatment and to chemical testing of body fluids. Millions are spent on law enforcement and prosecutions.

None of these methods have been very effective in reducing the demand for drugs. Awareness through education is a more logical approach to the demand problem.

Drug education/awareness programs for management, employees and their families should be viewed as preventive and corrective maintenance contracts, protecting investments and productivity.

The cost to industry to educate the employer and employee, will be less expensive than the cost of treatment, high insurance rates, and losses through absenteeism, poor workmanship, and theft. The bottom line is, employees are the company, it costs less to help employees and their families, than to lose them to the drug epidemic.

## Drug Use in the Workplace

- 65 percent of young people entering the workforce have used illegal drugs.

- The National Institute on Drug Abuse estimates that one out of eight workers between ages 26 and 35 abuse drugs.

- 20 percent of workers 18-25 use drugs on the job.

- Drug users incur medical costs that average three times higher than nonusing company employees.

- Drug users are absent from work twice as often as nonusing company employees.

- Drug users are five times as likely to be involved in accidents when off the job.

## WHAT OTHERS HAVE TO SAY ABOUT THE DRUGS OF ABUSE DIGEST

The Drugs of Abuse Digest was reviewed and found to be scientifically accurate, in conformance with public health principles and policies and appropriate for the intended audience. The book will be added to the Materials Database in the National Clearinghouse for Alcohol and Drug Information.

Director

National Clearinghouse for Alcohol and Drug Information  
Office for Substance Abuse Prevention

Drugs of Abuse Digest. A Prevention Guide for the Family, School & Workplace is interesting, technically correct, and provides an insight the reader can easily grasp. It gets the message across without sensationalizing or causing undue curiosity. In this era of searching for ways to tell the true story about drug abuse, this is probably the best handbook around.

Tough on Drugs, Inc.  
San Diego, CA 92128

The Drugs of Abuse Digest is a well developed resource which incorporates the latest research on drugs in an easily read book. A wealth of information on drugs of abuse is packed in this book. It is a solid addition to schools, libraries, parent groups and for those interested in becoming knowledgeable about the subject of drugs and the hazards involved.

National Parents' Resource  
Institute for Drug Education, Inc.

Thank you for making the drug prevention material available. The Drugs of Abuse Digest is the best and most interesting text on drugs of abuse that we ever read. We urge every S.E.P.T.A. employee and their family to read it thoroughly.

Employee  
Southeastern Pennsylvania  
Transit Authority

Thank you for the fine training you developed and adapted for our Head Start staff. Your ANSWERS video and the Drugs of Abuse Digest manual provided the best adult source of information that we came across during our extensive search for such materials.

Project Manager  
Head Start Department  
Office of the County Administrator  
Hillsborough County, Florida



**CANNABIS SATIVA L.** *the botanical name for marijuana, is a tall annual woody shrub with notched, hair-like covered leaves and separate male and female flowering tops. The leaves and flowers of the plant have the most potent THC content, marijuana's principal mind-altering ingredient. Smoking marijuana produces a "high" or a false and exaggerated feeling of "inner joy."*

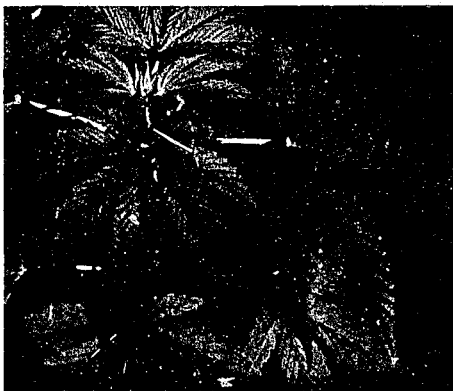


## Marijuana—History and Description

Marijuana is Indian hemp, an annual plant that is grown in mild climates all over the world, and, while known to man for over 6,000 years, marijuana is the least understood of all natural drugs.

Its tough fibers have been used to make twine, rope, clothing, and bags. Sterilized marijuana seeds are sold as bird seed, its oil is used as an ingredient in paint, and more than 20 million Americans smoke its tobacco-like leaf.

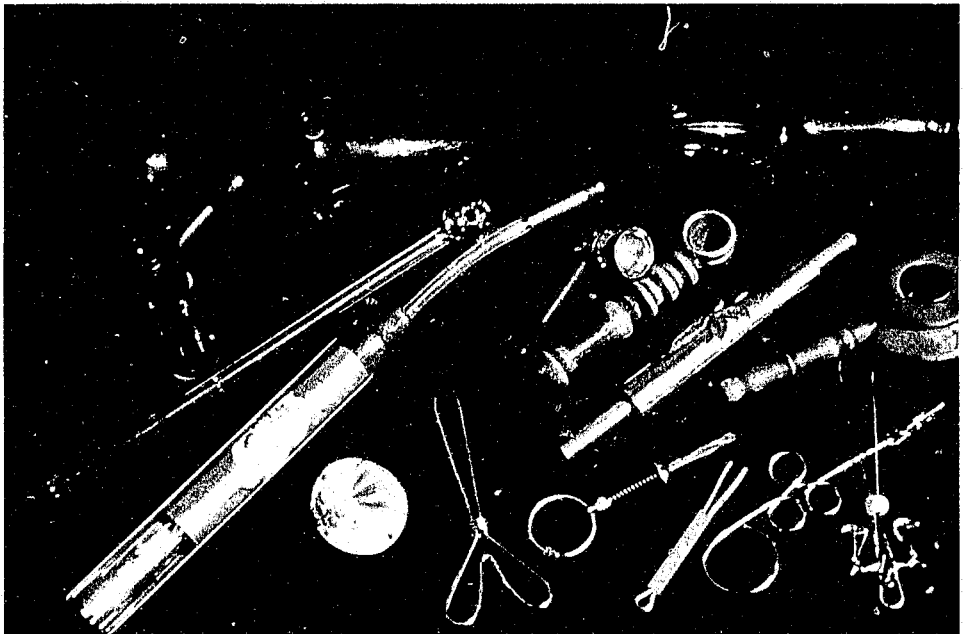
Marijuana plants can grow to heights of 12 to 14 feet and grow best in semitropical areas



*Cannabis Leaves*

throughout the world. Colombia, Jamaica, Hawaii, Africa, Southeast Asia, the Middle East, and certain areas of Mexico all contribute to the estimated 30 million pounds of marijuana imported into this country every year. Domestic growers produce about 1,700 metric tons of sinsemilla and commercial grade marijuana, approximately 12 percent of the total U.S. supply.

Sinsemilla growers have improved breeding techniques and researchers say that it is up to 250% stronger than marijuana



*Pipes, roach clips and other paraphernalia used to smoke Marijuana*

sold in the mid-1970s.

The primary substance obtained from the leaves and flowering tops of the marijuana plant is Tetrahydrocannabinol (THC). THC is one of 62 cannabinoids in the 426 or more known chemicals that have been identified in *Cannabis Sativa*.

It is the THC content of the marijuana that determines its effect on the user. Marijuana can be either a stimulant (an upper) or a depressant (downer), and it is also a hallucinogen having some sedative qualities. Generally, the THC content varies from one to four percent depending on growth conditions and type of plant.

Most wild U.S. marijuana is considered inferior because of a low concentration of THC, usually less than 0.5 percent. Much of the marijuana from Jamaica, Mexico, and Colombia has a THC content of from 0.5 to seven percent.

One of the most selective marijuana products on the market today is sinsemilla (Spanish for without seed), cultivated from the unpollinated female plant. The THC concentration in sinsemilla ranges up to 20 percent making this high potency marijuana more dangerous

than uncultivated marijuana.

## Slang or Street Names for Marijuana

Marijuana is commonly called pot, grass, weed, tea, stuff, rope, hay, joints, reefer, hemp, Mary Jane, Texas tea, Acapulco gold, goof butt, pakalolo (Hawaiian), jive, stinkweed, bhang, ganja, Kef or Kif, smoke and whack.

## How Marijuana is Used

The most common method of abusing marijuana is by smoking it in a cigarette or pipe. Sometimes a cigarette is rolled with tobacco and marijuana to make it burn slowly and evenly.

Marijuana cigarettes are often used in a group situation, whereby one smoker passes the cigarette on to the next. Each user holds the smoke in his or her lungs as long as possible to get the most effect of the THC into the body. The burned-out remnants of the cigarette (joint), known by the name "roach," are often saved and smoked. Marijuana may be consumed by mouth, but the effects achieved by smoking are three times more powerful.

Because of the coarseness of the marijuana, the cigarettes are made with a heavy grade of tobacco paper, hand rolled and closed on both ends to hold the dry, loose fill. When burning, the joint gives off a distinctive, sweet smell of burning rope or alfalfa.

Cigars stuffed with marijuana are now popular with our young people. Philly Blunts, blunts for short, are cheap cigars that are hollowed out and packed with marijuana.

### **No Valid Medical Use of Marijuana**

Marijuana, hashish, and hashish oil, three types of drugs derived from cannabis, are being distributed in illicit markets in the United States. Having no officially accepted medical use, these drugs are controlled under the Controlled Substances Act (CSA) of 1970.

The American Cancer Society and the American Medical Association have both stated that the results of clinical investigations are insufficient to warrant the decontrol or use of marijuana for medical purposes. The National Multiple Sclerosis Society has concluded that marijuana is not an accepted medical treatment for spasticity. Evaluating marijuana against its criteria for safety and effectiveness, the Food and Drug Administration has concluded that there is inadequate scientific evidence to support a finding that marijuana is safe and effective for treating nausea and vomiting experienced by patients undergoing chemotherapy.

The American Academy of Ophthalmology has also concluded that insufficient data exists to demonstrate the safety and efficacy of using smoked marijuana in the treatment of glaucoma.

The Administrator of the Drug Enforcement Administration stated

that there is insufficient and in many instances no reliable, credible, scientific evidence supported by properly conducted scientific research to support a conclusion that marijuana has a medical use to treat any ailment or disease. In addition, there is a lack of scientific evidence to support a conclusion that marijuana is safe for use under medical supervision. The Administrator further urged the American public not to experiment with a potentially dangerous, mind-altering drug such as marijuana in an attempt to treat a serious illness or condition.

### **Marijuana Therapy Rescinded**

In March of 1992, the U.S. Public Health Service announced that it would no longer provide government supplied marijuana to patients suffering from AIDS, cancer or glaucoma. Scientists from the National Institute of Health stated that existing evidence does not support recommending smoked marijuana as a treatment of choice for any of the medical conditions. Instead, the government advocates the use of legal medicines such as Marinol, a synthetic form of marijuana's active ingredient.

Citing the harmful effects of marijuana, the U.S. Public Health Service disclosed that the drug may actually be dangerous to AIDS patients who are prone to pneumonia and other lung infections. As to the claim that marijuana relieves pain caused by glaucoma by reducing pressure in the eye, a Health Service spokesman said, "There simply isn't any evidence that with the new drugs that are available for glaucoma, that smoked marijuana would be any more useful or even as useful as what is available legally."

The Food and Drug Administration had previously approved 28 patients and the U.S. Public



Health Service had previously approved 13 patients to receive federally grown marijuana. Under the new ruling, they will no longer receive marijuana from the federal government.

### **Why People Start Smoking Marijuana**

Peer pressure is the greatest single reason people start using marijuana. Most young people are introduced to marijuana by their peers, who can be brothers and sisters, old or new acquaintances, or friends. A recent government survey shows that 47 percent of male tobacco smokers use marijuana as compared to 7 percent of nonsmokers. Federal health officials say they are worried that young people who start out experimenting with alcohol and tobacco are more likely to try marijuana and other illegal drugs. Many youngsters, unknowing of the threat to their mind and body, readily take the offered joint to be part of the group.

Marijuana is the most widely abused illegal drug in the U.S.; an estimated 12 million people smoke it once a month or more.

### **Recognizing the Marijuana Abuser**

In the early stages of marijuana use, smokers appear to be more animated than usual. They exhibit loud talking and bursts of laughter, followed by sleepiness and a lethargic period during which the user often crashes or sleeps off the effects of the THC. They may also experience distorted perception and some hallucinations.



Pupils of the marijuana smoker may be dilated and blood-shot, they often wear sunglasses indoors as well as outside to disguise their reddened eyes. Heart beat and pulse rate go up and the mouth and throat become dry.

### **Effects of Marijuana Smoking on the Mind and Body**

The effects of marijuana THC taken into the body can be felt within minutes, reaching their peak in 10 to 30 minutes. They may linger for two to eight hours, depending on the potency of the THC and the expectation and experiences of the user.

Marijuana can impair or reduce short-term memory and reduce ability to do jobs that require concentration or swift reaction time. Driving a car or operating other machinery is hazardous as depth and time perception may be distorted.

Low doses of the drug tend to cause restlessness and an increased sense of well being, followed by a dreamy state of relaxation and frequent hunger. Changes in sensory perception, such as a sharpened sense of sight, smell, hearing, touch and taste, may also occur. Stronger doses intensify these reactions.

The mental makeup of the user is crucial. One smoker may be relaxed; another more talkative; and a third disoriented, filled with rapidly fluctuating emotions and disturbed associations. A fourth user may become zombie-like, stoned, or "out of it." High doses may result in image distortions, a loss of personal identity, fantasies, and hallucinations.

Very high doses can result in toxic psychosis or being out of touch with reality.

Marijuana abuse is widespread. Estimates of those who have used marijuana at least once range up to 50 million people. Medical researchers and emergency room accounts report findings that habitual pot users don't want to hear;

**Lungs:** The smoke of one marijuana cigarette (usually held in the lungs longer than tobacco smoke) is as damaging to lung tissue as smoking 16 ordinary cigarettes. According to the National Institute on Drug Abuse, marijuana smoke contains some of the same ingredients as tobacco smoke that can cause emphysema and cancer. Those who combine pot smoke with tobacco smoke run an increased risk.

**Brain:** When marijuana is smoked, the THC ingredient is absorbed by most fatty tissues and most organs of the body, including the liver, lungs, reproductive organs, and the brain. Unlike alcohol, the THC in the body is not readily washed out after use. THC may remain in the body up to two weeks, in some cases, up to 4.6 months.

Tests indicate that the toxicity of THC tends to be cumulative. This simply means that because of its tendency to accumulate in fatty tissues, including the brain, regular use of marijuana can result in brain damage.

**Heart:** Use of marijuana increases the heart rate as much as 50 percent, depending on how potent the THC content is in the cigarette smoked. Chest pain may occur in those people who have poor circulation, this is similar to the pain caused by heavy cigarette smoking. Marijuana users increase their risk of heart attack.

**The Immune System:** The capacity of the body to resist infection and other foreign agents, such as cancer cells, is the immune system. Medical researchers report that marijuana, used in animal tests, suppresses the immune system and may do so in the case of humans.

**Nervous System:** THC causes poor transmission of nerve impulses between cells. This can cause impaired speech, loss of memory, insomnia, lack of coordination, impaired vision, loss of muscle strength and unexpected mood changes.

**Reproductive System:** Studies show without a doubt that the sperm count in young men diminishes as marijuana abuse increases with some abnormality of sperm occurring in chronic marijuana users. Fortunately, when the marijuana smoker being tested returns to normal living without marijuana, the level of testosterone (male sex hormone) returns to normal as well. Continued abuse of marijuana is a cause for grave concern, because of possible genetic consequences caused by abnormal sperm in the male user.

Marijuana can increase levels of testosterone in women, thereby increasing male characteristics. It was reported in one experiment that defective menstrual cycles resulted. That is, the failure to ovulate or have regular menstrual periods proved three times greater in marijuana users than in non-marijuana users. Use during pregnancy can result in premature babies, increased birth defects and infant mortality.

There are many excellent resources available for more in-depth information regarding the effects of marijuana on the mind and body. See References.

## Marijuana Burnout

Burnout describes the effects of prolonged marijuana use. Such people become dull, inattentive, slow in their movement, and are sometimes so unaware of where they are that they do not respond when friends speak to them. Worst of all, they do not realize they have a problem.

## Ability to Drive

Marijuana smokers invite problems when they take to the road. Pot smokers are overly represented in fatal highway crashes that can be traced to poor depth perception and impaired motor coordination, causing slowness in responding to traffic signals or other traffic conditions on the road. Driving while under the influence of marijuana is dangerous. The combination of marijuana and alcohol increases the risk of a fatal crash.

## Indoor Marijuana Cultivation

Statistics indicate that indoor marijuana cultivation is becoming the preferred method of producing sinsemilla. Growing marijuana indoors provides a controlled environment to produce a stronger drug in a shorter time period and minimize detection by law enforcement officers.

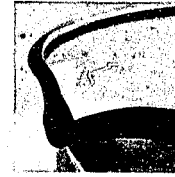
It is reported that the price of marijuana has doubled to as much as \$8,000 a pound, this in spite of a dramatic increase in the production of home-grown marijuana and one billion dollars worth of marijuana being illegally harvested in our national forests each year.

Marijuana is a dangerous drug that reaps tremendous profits for the grower and/or trafficker. A

mature cultivated plant yields up to 2.4 pounds of a marketable product. The average marijuana grower produces approximately 250 plants per growing cycle, realizing a profit of approximately \$750,000.

## A Solution to the Marijuana Threat

Our young children should be taught to resist peer pressure in whatever form it comes. They need to be more informed about what happens to their bodies and minds when they take drugs of any kind. Parents should be continually involved in learning all they can about the dangers of drugs, including marijuana, in order to teach their children as much as possible about the hazards of using drugs. Parents who may have tried marijuana more than a generation



ago must realize that marijuana is now 250% stronger than the marijuana sold in the mid-1970s. Educators need to continue to do their part from the elementary grades through the high school years. With proper drug education, young men and women in our school systems, leaders of future generations, will know and understand that marijuana (or any other drugs) should not be allowed to influence or affect the mind, educational training, personal integrity, and strength of character needed to play a positive, productive role in the adult world.

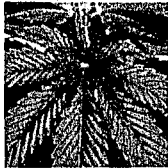


*Female marijuana flower*



*Field of marijuana*





## Hashish

Hashish or hash is the dark brown resin obtained from the tops of the Cannabis Sativa or marijuana plant. When the secretions are collected, dried, and compressed into flat bricks or soles, the result is a concentrated, compact product that is easy to smuggle. The THC concentrated in the product is as high as 10 percent, which is several times the percentage of normal marijuana leaves prepared for smoking. Hashish can be formed into balls, cakes, or cookie-like sheets depending on what the customer orders.



Hashish

## Hashish Oil

Hashish oil contains the most concentrated form of THC that can be made. It has been analyzed as having a THC content as high as 63 percent, and it is possible that even higher concentrate levels can be reached.

Hashish oil is produced by a process of distilling or fluxing ground-up marijuana plants inside a container filled with a solvent. When heated, the solvent percolates through the plant substance producing a solution that becomes hashish oil. Of course, the process is not as simple as described, but the theory is correct. The more often the hashish oil solution is percolated through the container, the more powerful it becomes.

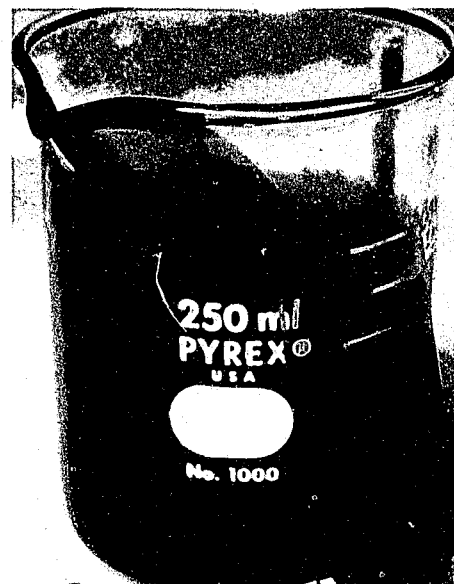
In laboratory tests, one process yielded 2 1/2 quarts of hashish oil with about 35 percent THC content from 82 pounds of marijuana. One or two drops of hashish oil on a regular tobacco cigarette would be as strong as one regular marijuana joint, perhaps more.

## Hashish Oil Laboratories

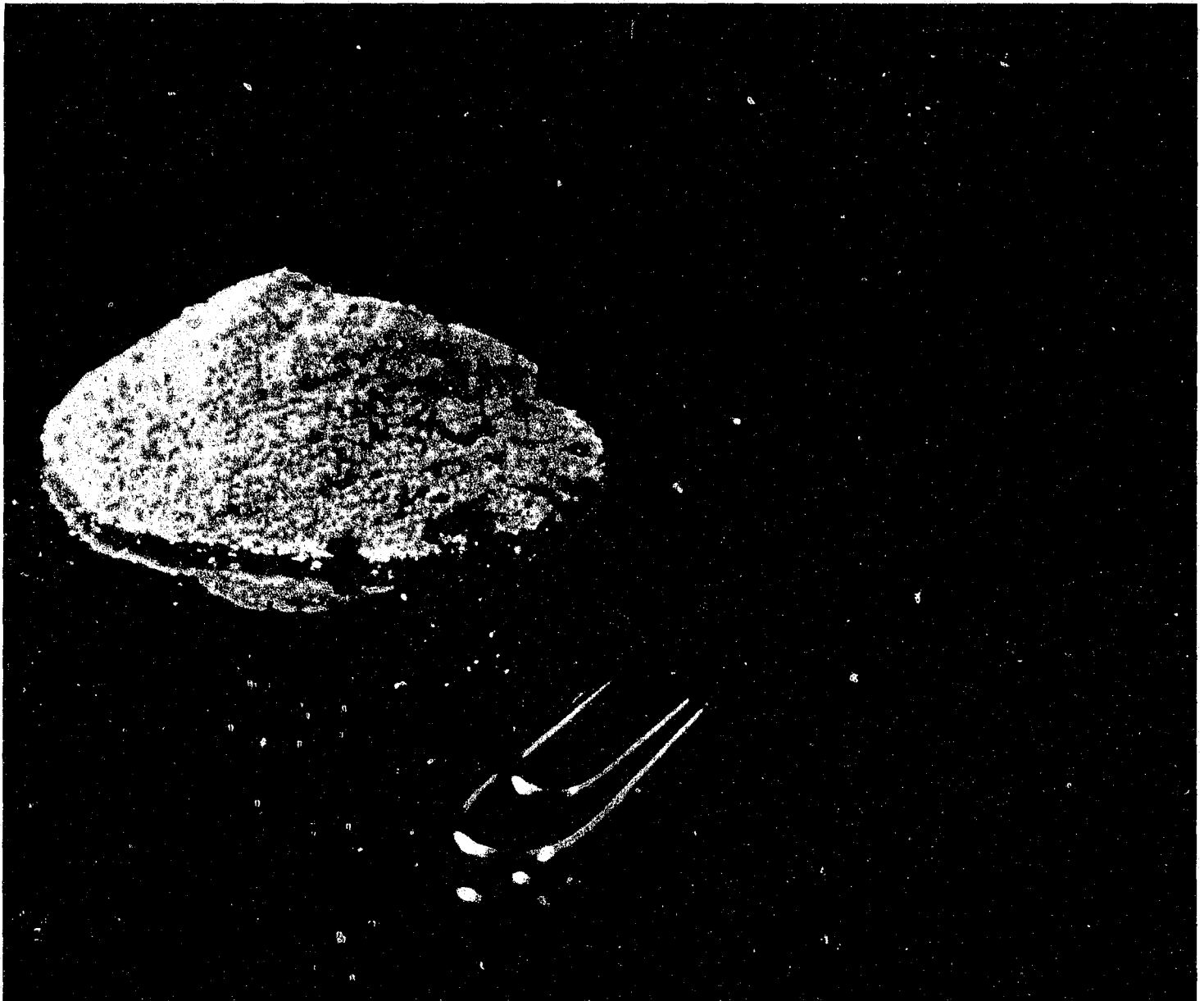
Hashish oil laboratories have been located in several parts of the United States, in Central and South America, in Europe, and in the Middle East. Laboratories have been seized in the middle and western parts of the United States, in Mexico, and in South America.

The majority of hashish oil originates in India or Afghanistan. In the past, some shipments have been made by air freight to the United States or Canada, but this pattern may very well change as Americans acquire the skill to process their own hashish oil at home.

The threat presented by this powerful concentrated product is serious. The THC content ranges from 30 percent to a potential of 90 percent. In the past, marijuana users smoked a cigarette with a two to 10 percent THC content. The relatively naive marijuana user can no longer predict what effect one or two drops of the concentrated hallucinogenic drug on his next cigarette will produce. In the slang expression of today, the possibilities literally blow the mind.



Hashish Oil



**NARCOTICS** are natural opium derivatives that are obtained from the opium poppy, *Papaver somniferum* L, or opiates, which are synthetic drugs. This latter group of drugs is derived from coal tar or petroleum. Use of all narcotics causes dulling of the senses, induces sleep and can result in addiction.



*Incised Seedpod*

## **Opium Poppy Cultivation and Field Laboratories**

The majority of the world's opium, from which morphine, heroin, and other alkaloids are produced, comes from poppy plants cultivated in the narrow belt of mountains that range along the southern rim of the great Asian land mass. These mountains extend from Turkey's Anatolian Plateau, through the reaches of the Indian subcontinent, and into the remote mountains of Burma, Thailand, and Laos. Lesser amounts of poppy plants are also grown illegally in the mountain ranges of Mexico.

In the fall or early spring the opium farmer sows his poppy seeds. He plants on remote hillsides that have been roughly cleared by slash-and-burn methods. Sometimes plants are concealed between rows of corn or other legitimate crops. In some European countries, poppy seeds are legally cultivated in areas assigned to the poppy crop and closely monitored by government agents, much like tobacco crop allotments are managed in the United States.

About three months later, the poppy plant is waist high and in bright flower. When the petals drop, the bare, unripened, egg-shaped pod is ready for lancing or cutting. A milky sap oozes out and slowly hardens into a

gummy, brownish substance. This gum is laboriously scraped off by hand and stored for processing after the harvest. Opium gum has a sweet, pungent aroma like the smell of hay; not unpleasant at a distance but nauseating at close range.

The raw opium is formed into a ball, wrapped in leaves, then with cellophane to keep it moist. Finally, it is covered with waterproof wrapping paper. The odor is now almost undetectable.

After the opium gum has been collected by the opium buyer, it is ready for conversion into morphine base in makeshift laboratories that are concealed in the hills or hidden in houses or out-buildings away from the eyes of government law enforcement agents. The raw opium is soaked in water and filtered, treated with lime and ammonium chloride and made into crude morphine base. This base is then further refined into heroin through heating, filtering, and treatment with other chemicals including acetone, salt, and acetic anhydride. Acetic anhydride, commonly available, is a commercial chemical used in making polyester fabrics, cigarette filters, aspirin, plastics, perfumes, and dyestuffs.

As a general rule of thumb, 10 pounds of opium gum are needed to produce one pound of morphine base, and one pound of morphine base converts into one pound of heroin. Purity of the heroin can range up to 96 percent or higher, depending on the skill level of the laboratory chemist.

## **Legally Imported Opium to the United States**

For medicinal purposes, more than 400 tons of opium, or its equivalent in opium poppy straw concentrate are legally imported yearly into the United

States under strict controls.

The most modern method of processing opium today is known as the opium poppy-straw concentrate method, a procedure where the whole poppy pod and stem is harvested, dried, and then all 25 or more alkaloids in the pod are processed into either liquid, solid, or powder form. (Alkaloids are organic bases occurring in seed plants that contain nitrogen and usually oxygen).

Medical uses of the various alkaloids of opium include pain relievers and cough suppressants, such as morphine and codeine, as well as anti-diarrhea preparations such as paragoric and similar medicines. Virtually all of the controlled opium imported into this country is broken down into its natural alkaloid constituents, morphine and codeine.

Heroin, on the other hand, is not a natural product. It is a synthetic that was first made from opium alkaloids in 1874, and then commercially produced in 1898. Heroin is a strictly controlled substance in the United States.

## **Opium Derivatives**

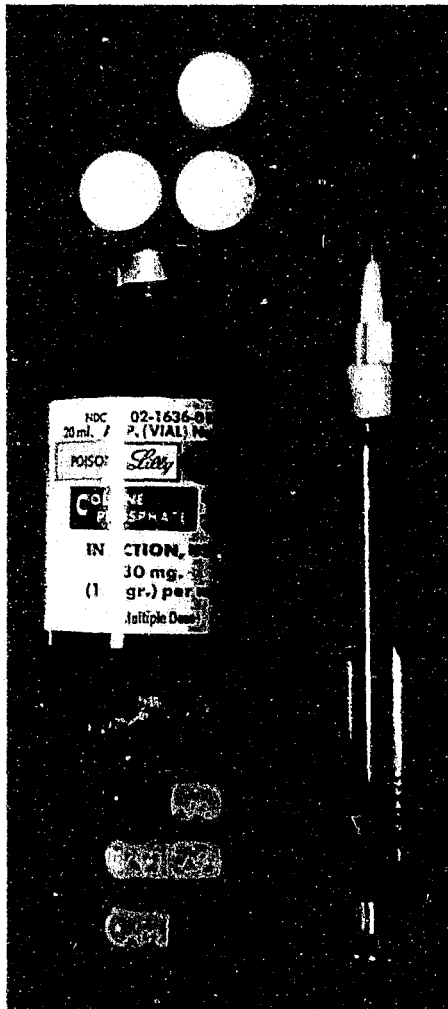
Including morphine and heroin, there are 25 alkaloids that can be extracted from opium. Codeine is one of the more common opium alkaloids. Codeine was first isolated in 1832 as an impurity in morphine. Because of the abuse potential of codeine, this drug is classified as a controlled substance. Most codeine today is produced from morphine.

Codeine is used for relief of moderate pain. It comes in the form of tablets, capsules, liquid cough preparations, and to a lesser extent in injectable form. Combining codeine and aspirin

(Empirin), codeine and acetaminophen (Tylenol) or codeine, aspirin, phenacetin and caffeine (A.P.C. and Fiorinal), results in a variety of pain-killing tablets and capsules in different milligram dosages. Antitussives such as Robitussin AC, Cherocol and terpin hydrate are combined with codeine and sold as cough medicines. These preparations are exempt from strict control regulations, are less addictive than morphine or heroin and less potent in terms of inducing euphoria. All are useful medicines when taken as directed.

### Origin of Heroin

Heroin (Diacetylmorphine) is a potent derivative of morphine, a narcotic drug that induces sleep



Codeine

through depression of the central nervous system. Both heroin and morphine are extremely addictive drugs.

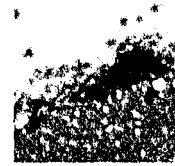
Morphine, a standard pain reliever long used as a measure of the effectiveness of other narcotic drugs, was first isolated from opium poppy gum in 1803 by German scientists. Because morphine was widely used during the American Civil War to treat wounded soldiers, some 45,000 of them unknowingly became addicts. Since then, the use of morphine as a medical treatment has been strictly controlled.

Synthetic heroin was commercially produced in the laboratory by the Bayer Company in Germany in 1898, and was intended for use as a cure for morphine addiction. But, to the dismay of all concerned, heroin was found to be up to 10 times more addictive than morphine.

Today, production of morphine and heroin for medicinal purposes is carefully regulated by the U.S. government. Specific production records and strictly regulated security measures are enforced by the Drug Enforcement Administration (U.S. Department of Justice).

### Heroin Smuggling Routes

Heroin is smuggled to markets in Europe and into North American cities and towns by complex networks of expert smuggling organizations. Operating in time-tested ways, these smugglers have great patience and are willing to take some losses as part of their cost of doing business. Smugglers dispatch their product by land, sea, and air shipments concealed in freight cargoes, on the bodies of travelers (known as mules), in



luggage on board aircraft, as well as in vehicles or other innocent-appearing packages.

Most shipments are in bulk quantities to a distributor or dealer who sees that the heroin is diluted, to improve his profit margin, before sending it further down the distribution ladder to the addict on the street.

Heroin flows into America across the northern borders from Canada hidden in vehicles that often clear checkpoints undetected. It comes across the southern borders from Mexico, and into the east and west coasts by publicly and privately owned ships and airplanes. No border is immune to profit-motivated narcotics organizations serving the demand for narcotics in America.

An estimated six metric tons of heroin will be smuggled into the United States this year, according to State Department reports (one metric ton equals 2,204.6 pounds). It is estimated there are 500,000 users of heroin in the United States at this time.



## Heroin—Appearance and Purity

Most heroin found on the streets of the U.S. is a brown or white flour-like substance. In its pure state, it has a bitter taste. When first exposed to air from its sealed container, a smell of vinegar often can be detected.

Street heroin usually has been mixed with a variety of additives or diluents to make more product to sell. Some of these additives include milk sugar or lactose, quinine, starch, talcum powder, cocoa, brown sugar, and other food coloring.

The percentage of street heroin purity is usually about five percent, but could range downward to two percent or less depending on how many times the dealer steps on, cuts, or dilutes his product. Heroin is known by a number of street names, including but not limited to Big H, Boy, Black Tar, Brown, Brown Sugar, Caballo, Chiva, Crap, Estuffa, H, Heroína, Hombre, Horse, Junk, Mexican Mud, Polvo, Scag, Smack, Stuff, and Thing.

A rough example of how the price of opium gum grown in the poppy fields of Southeast Asia escalates on the streets of America is as follows: Ten kilograms of raw opium gum (22 pounds) is



Heroin

sold for \$350 to a merchant who collects it when the harvest is over. This opium gum can then be converted to about 45,000 bags of five-percent pure heroin worth \$5 per bag, a total street value of about \$225,000 or more.

### Illegal Heroin Imports

Illicit heroin trafficking into North America can be called a phenomenon of the post-war world. Law enforcement agencies up to this time were able to deal with the heroin problem which, for the most part, was confined to the ghettos and slum areas of our major cities. It wasn't until the heroin epidemic of the sixties broke out that heroin addiction began to receive nationwide attention.

Primary sources of supply for pure white heroin were identified as sophisticated, underground laboratories in the south of France that received morphine base from Turkish sources.

The turning point in dampening this phase of the heroin epidemic was the remarkable success enjoyed by the Turkish government when it instituted a ban on poppy cultivation in 1972.

In the Middle East, despite vigorous crop substitution efforts sponsored (in 1981) by the United Nations Fund for Drug Abuse Control, heroin is still exported from Pakistan, Iran, and Afghanistan. It is estimated that almost half the heroin reaching the United States and Europe comes from these areas.

And now, DEA reports that Colombia is growing opium. The climate is conducive to poppy plant cultivation and the morphine content of this opium is higher than other heroin producing areas worldwide. Iranian and Thai chemists are training Colombian chemists in techniques to process opium into heroin.

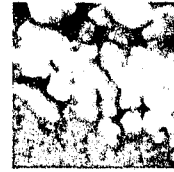
Opium production worldwide has doubled in the past two years. The supply of heroin to the U.S. has steadily increased over the last four years.

### Mexican Brown Heroin

According to Federal authorities in the United States, 40 percent of all heroin seizures reported in 1972 were brown heroin from Mexico. And, by the mid-to-late 1970's, heroin from Mexico had increased in a volume estimated as high as 89 percent of all heroin removed from the streets of North America.

There followed a remarkably effective joint effort between the Mexican Government and the United States in 1976, in which the two governments agreed to use herbicides in an air and ground operation against the Mexican poppy crop. The heroin threat was subsequently reduced to manageable proportions as a result of those efforts. However, by the mid 1980's, U.S. State Department reports indicated Mexico had once again become one of the chief sources of heroin (and marijuana) despite eradication efforts.

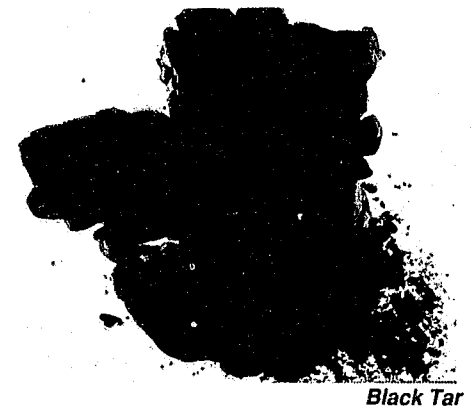
The name Mexican Mud is derived from the brown color of the finished product. This heroin is produced in crude laboratories located on the remote slopes of the Sierra Madre Mountains near Sinaloa, Chihuahua, and Durango. Using a simple process, laboratory operators make morphine hydrochloride by adding water, lime, salt, and hydrochloric acid to the poppy opium gum. The resultant product is filtered by squeezing it in a cloth. This removes impurities leaving heroin hydrochloride, the "brown mud" or "Mexican Brown" of street fame.



### Black Tar Heroin

A deadly new form of Mexican heroin has been discovered in American cities and may be responsible for a sharp rise in heroin overdoses. Called black tar because of the tar-like appearance of the drug, this heroin is 45 times as pure as conventional heroin and sells for one-tenth the price of powdered Mexican heroin. According to federal reports, addicts can obtain black tar for as little as \$2.50 a dose but unaccustomed to such high potency, they frequently overdose on it.

Black tar is manufactured in a crude, short cut process that leaves many contaminants such as plant by-products in the finished materials. Various diluents



are used to cut black tar, however regular users have come to prefer and tolerate the more potent, undiluted form of the drug.

Black tar is also called ball, goma (Spanish for gum), tootsie roll and a variety of other names. It is usually sold on the street in golf ball size weighing less than an ounce. It is referred to as a piece or Mexican ounce (25 grams). Black tar can appear as



a dark brown to black sticky substance or it can be hard like a piece of coal.

Because of a fear of Acquired Immune Deficiency Syndrome (AIDS), some of the heroin population has switched from injecting to smoking or sniffing black tar heroin. Others are experimenting with cocaine freebasing and tar smoking. To counteract cocaine withdrawal, some users take black tar heroin to overcome the effects of severe depression. This differs from speedballing which combines cocaine and heroin to enhance the heroin reaction.

### **Heroin Abuse and Its Symptoms**

Because heroin is 10 times more powerful than morphine, the euphoric high produced when heroin is taken into the body has made it the most popular narcotic among addicts.

Heroin in solution is usually injected by hypodermic needle into a vein, a process called mainlining. The drug addict or heroin junkie's kit often consists of a teaspoon with a bent handle, a syringe or medicine dropper, a hypodermic needle (often not sterile), and a piece of cotton. The heroin is put into the spoon (a bottle cap will do in a pinch), mixed with water, and heated by a match or other flame to form a solution. This solution is then drawn through the cotton into the syringe and injected into a vein. The vein is made to stand out by applying a tourniquet made from a belt or any kind of rope or cord. Because heroin is often injected

by needle into the veins of the arms or elsewhere on the body, tracks or needle scars are common signs of heroin abuse. In South Vietnam, American military personnel learned to smoke almost pure heroin, which they sprinkled on marijuana cigarettes or on regular cigarettes to achieve a high without leaving tracks or marks on the body.

Heroin can also be taken by mouth or injected just under the skin, a method called "skin popping." However, when taken this way, the high experienced is less intense and occurs more slowly. Users or junkies who regularly use any of the variety of heroin mixes on the street (called "junk") often go on the nod, or exhibit alternating cycles of dozing and awakening. After very large doses or high-purity fixes, the junkie cannot be awakened; his pupils become smaller; his skin becomes cold, moist, and bluish in color; breathing slows; and death may occur.

Signs of narcotics abuse include red, watering eyes; runny nose; and sniffles accompanied by a cough that disappears when the next fix is obtained. Narcotics users often scratch themselves a lot, eat candy and other sweets, and drink sweet liquids.

All heroin addicts run the risk of AIDS from non-sterile needles. Other risks include blood poisoning, hepatitis, and abscesses of the liver, brain, and lungs. The euphoria caused by a dose of heroin lasts only a few minutes, depending on the strength of the dosage and on the tolerance level of the user, which builds up with prolonged use.

When heroin is not available to the addict, morphine, codeine, or Dilaudid are widely used as substitutes, even though the

euphoria produced is less intense. The addiction is satisfied until the craving for the next fix is felt.

### **Heroin Withdrawal Symptoms**

Withdrawal symptoms usually begin about eight to 12 hours after the addict's last fix and, if heroin is withheld, gradually increase over a period of 36 to 72 hours. The addict experiences a recurring cycle of body pangs, hot and cold flashes, nausea and nervousness, abdominal cramps, and diarrhea. These symptoms gradually subside within seven to 10 days, but sometimes sleeplessness and a craving for drugs can last for months.

Medical assistance is advisable during the withdrawal period, since the addict is usually unconcerned with his nutrition or health in general. In fact, his only concern is satisfying his craving for heroin. Complaints and pleas by the addict for his drug are evident. Other signs are restlessness, irritability, loss of appetite, insomnia, heavy perspiration, yawning, and sneezing. Pains in the back muscles and in the bones are common, and muscle spasms cause kicking movements, which may be why withdrawal is called kicking the habit. Specific antidotes for narcotic poisoning are available at hospitals.

## KING HEROIN

*Behold my friend for I am Heroin,  
known to all as the destroyer of man.  
Where I come from no one really knows.  
But I'm from the lands where the poppy grows.*

*I am seldom pure and often diluted.  
Once in your blood, I will make it polluted.  
Whole nations have gathered to plot my destruction.  
For I am a breeder of crime and corruption.*

*I entered this country without a passport.  
Ever since, I have been hunted and sought.  
In cellophane bags, I have found my way.  
To great men in office and children at play.*

*Men profit by me, amassing great sums.  
Even though I am sold in the lowest of slums.  
A mere school boy will forget his books.  
A world famous beauty will forget her looks.*

*While in China, I financed an Army.  
I'm honored in Turkey and respected in Japan.  
Be you Italian, Irish, Negro or Mex.  
I will make most of you forget about sex.*

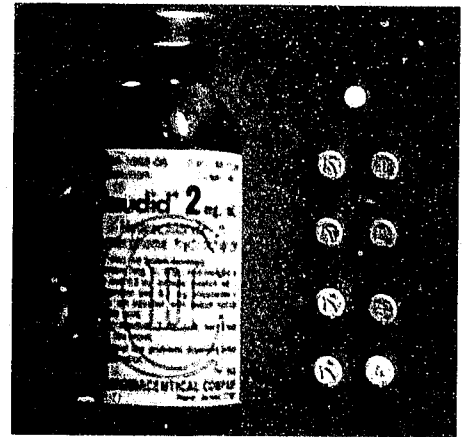
*Some try to renege, but I won't let them kick.  
Denied the needle, I will make them sick.  
I take gold from the rich man and make him destitute.  
And make the foolish young maiden a prostitute.*

*I chastise the wives and destroy the meek.  
I misuse the fool and make a strong man weak.  
And now you are sick and lain in jail.  
I can't get to you by visit or mail.*

*You will twist, turn, vomit and cough.  
After six nights of this madness, you may throw me off.  
When you have returned to a normal state.  
I will be waiting at the gate.*

*Go ahead run, I will not chase.  
As sure as I'm Heroin, you will come for your taste.  
Put your foot in the stirrup and ride me well.  
For the white horse of Heroin is taking you straight to Hell!*

Author unknown



*Dilaudid*

## Dilaudid

Dilaudid is the second oldest, semi-synthetic narcotic painkiller on the market. When abused, it has a high potential for producing physical as well as psychological dependence. Therefore, it is regulated by the Controlled Substance Act of 1970.

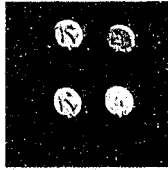
Some narcotic addicts prefer the narcotic Dilaudid, which is available in either tablet or an injectable form. Dilaudid is the most highly acceptable drug after morphine, from the heroin user's viewpoint. Dilaudid is considered to be more of a sedative than morphine, yet it is two to eight times more powerful.

According to a U.S. Drug Enforcement Administration spokesman, the price for Dilaudid on the street reached an all-time high in 1984, with tablets selling from \$60 to \$80 each. This drug reaches the abuser through diversion from legitimate sources. Thefts from pharmacies, forged prescriptions, and unscrupulous doctors account for almost all illegally obtained Dilaudid.

Possible effects of using Dilaudid include euphoria, drowsiness, respiratory depression, constricted pupils, and nausea.

Effects of an overdose of Dilaudid include slow and shallow breathing, clammy skin, convulsions, coma, and possible death.



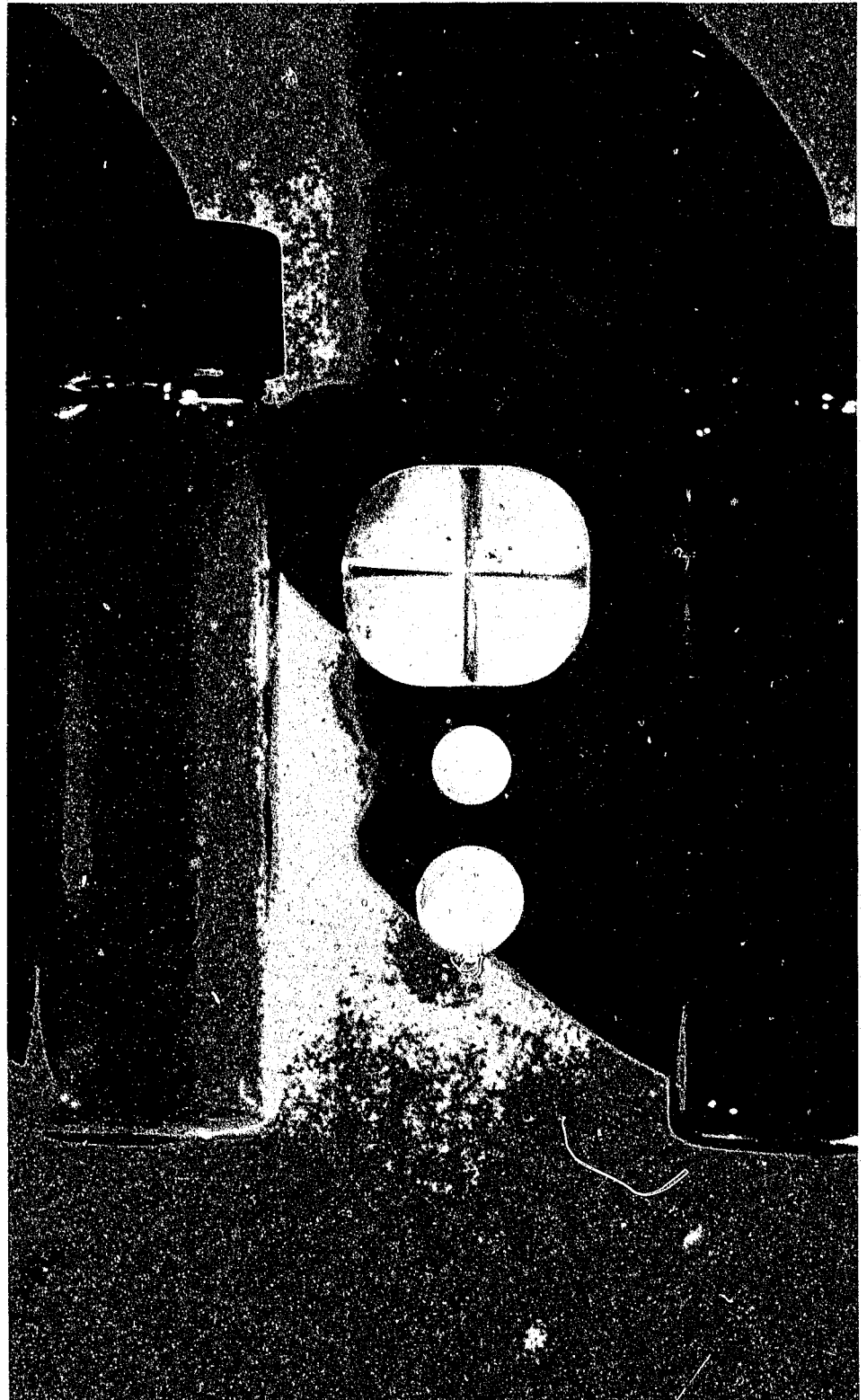


When withdrawing from abuse of Dilaudid, the user will display watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills, sweating, cramps, and nausea.

### **Methadone—its Origin**

German scientists made methadone synthetically during World War II because of a morphine shortage. While chemically unlike morphine and heroin, methadone nevertheless produces many of the same effects. It does not produce the same high or euphoric effect as morphine or heroin, but, when used by a narcotic addict, it prevents withdrawal pangs and other painful symptoms and lessens the addict's craving to use other opiates. Thus, when used as a treatment of narcotics addiction, it serves to break the cycle of dependence on illegal drugs such as heroin.

Methadone was introduced into the United States in 1947 as an analgesic or painkiller under such names as Methadone, Amidone, and Dolophine. It has been used to treat narcotic addicts since the 1960's. Methadone is substituted for heroin in a controlled program of treatment that allows patients in the program to lead more normal, productive lives.



*Methadone*

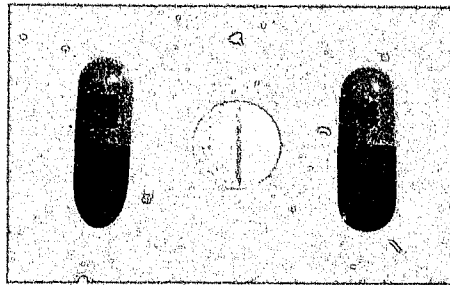
## Administration and Effects of Methadone

The effects of methadone differ from morphine-based drugs. The effects of methadone last up to 24 hours, which permits administration, in a heroin drying-out program, once a day. More importantly, methadone is given by mouth not by needle, and, even though some tolerance and dependence can develop, withdrawal symptoms develop more slowly and are less severe. Methadone can be considered the lesser of two evils when comparing it to heroin.

When patients are receiving methadone in a treatment clinic or in a controlled environment, they are less inclined to seek and buy illegal drugs on the street. They have more time and energy to benefit from the counseling and vocational training provided and will generally reach the desired goal of becoming a drug-free citizen.

There have been some less than satisfactory results in using methadone as a substitute for heroin. The average methadone-maintenance patient remains in the program for only six months and then relapses to drug use. The maintenance and detoxification facilities have notoriously served as distribution points for an illegal market in methadone that, since 1973, has been responsible for more deaths in New York City than heroin.

It is true, many patients cannot be completely cured and returned to straight living, and some of these people may sell their methadone to other addicts on the street. But this can be controlled by prohibiting methadone dosages from ever leaving the treatment center, and by limiting dosages to on-the-spot treatment.



Darvon Percodan Fiorinal

## Methadone and Related Drugs

A close relative of methadone, marketed under the name of Darvon, is used for the relief of mild to moderate pain. Darvon is manufactured in pill form, and is less addicting than methadone or other opiates. However, because it has been abused and used illegally by narcotic addicts and other dependent users, Darvon has been placed on the list of controlled substances along with other drugs of similar abuse potential, such as Percodan, LAAM, Leritine, Levo-Dromoran, Tussionex, Fentanyl, Fiorinal, Talwin, and Lomotil.

Research scientists are continually searching for chemical products such as Darvon-N, which has low addictive qualities, for use in rehabilitation clinics.

## Antagonist Compounds

The search for more effective pain-relieving medicines, without dependence-producing qualities, has led to the development of a class of compounds known as antagonists. These drugs tend to block the high and reverse the physical-dependence effects of narcotics. For example, Nalorphine, introduced as a clinical medicine in 1951, is a partial antagonist. In a drug-free person, it produces morphine-like effects while the opposite effect is produced on those persons under the influence of narcotics. Talwin and PBZ are trade names for

partial antagonists. T's and Blues, a slang name for a combination of pentazocine, (Talwin) and tripeleminamine, (PBZ), has caused more abuse problems.

## Where to go for Help

It has been demonstrated that anyone can become addicted if opiates are taken regularly for a few weeks (wounded Civil War soldiers, for example). However, certain kinds of people are more likely to become involved with heroin abuse than others under similar life situations. The addiction-prone people have low frustration tolerances and great dependency. They are often impulsive, immature, now oriented, and seeking an immediate high without regard for the future.

Should a reasonably mature, stable person become addicted, the prospects of successful rehabilitation are much better than those of the immature, unstable individual.

Heroin (narcotic) addiction or dependence can be cured. Kicking the habit is not easy, and treatment success rates vary considerably. Once off heroin, a person needs counseling and probably job training rehabilitation. Ex-addict, and self-help groups such as Narcotics Anonymous have been beneficial to some, while other addicts have benefitted from methadone maintenance programs. The federal government and some states have civil commitment and voluntary rehabilitation programs, and many narcotic addict rehabilitation centers are coming into being at the community level.

The Yellow Pages of most phone directories, under Drug Abuse and Addiction Treatments identify treatment centers that offer reliable and professional help.



**STIMULANTS**, sometimes called "uppers," refer to those drug compounds that affect the central nervous system by accelerating its activities. They tend to increase alertness and physical activity.



*Coca plant*

## Cocaine

Cocaine, the most potent stimulant, is a powerful drug obtained from the leaf of the coca plant (*Erythroxylon coca*). Cocaine is harvested in the hills of South America, in the countries of Colombia, Ecuador, Peru, Bolivia, and Chile. There the coca plant is grown and trimmed to three to six-foot heights for ease of leaf picking. Leaf harvesting occurs several times a year, since the plant is an evergreen.

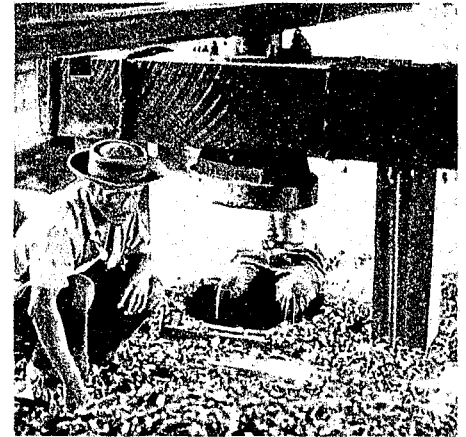
For centuries the Indian farmers of the area have chewed the coca leaf, or made tea from it to relieve muscle aches and pains and to help them endure long, exhausting hours of labor without apparent fatigue and with little nourishment. This practice continues to this day, except lately the harvests are increasing in size. More and more of the end product, illicitly manufactured cocaine, is being delivered to American and European marketplaces.

## Cocaine Production

Cocaine being prepared for distribution to the illicit marketplaces of the world is made in crude, but effective ways. Coca leaves in large quantities are placed in a drum, a pit in the ground, or in some other home-made press device. The leaves are then mixed with a solvent, often kerosene (readily available in the hills and in village markets), to make a pulpy paste. This mass is then treated with a solvent, hydrochloric acid, which serves to separate out impurities and other undesirable chemicals. After all purification steps are completed, essentially what remains is cocaine hydrochloride in salt-crystal

form. These salt crystals may be as pure as 90 to 100 percent. Cocaine, when ready for the illicit marketplace, is usually a fluffy white, almost odorless, crystalline powder.

The U.S. Drug Enforcement Administration (DEA) has taken steps to prevent illegal drug manufacturers from obtaining ether, another key chemical for purifying cocaine. However, benzene, a cancer causing carcinogen, may be a ready substitute for ether according to recent DEA reports. Benzene is banned from consumer products in the United States because it has been shown to cause leukemia.



*Cocaine Lab*

## Cocaine—its Early Use

Pure cocaine, the mind-altering ingredient of the coca leaf, was first isolated in the 1880's, and used principally as an anesthetic for eye operations. No previously known drug had been satisfactory for these operations. Cocaine also proved effective for surgery of the nose and throat because of its ability to constrict blood vessels and limit bleeding. Today, less dangerous synthetic drugs have replaced cocaine as an anesthetic. These new drugs include procaine, novacaine, and xylocaine.

The group of drugs that directly stimulate the central nervous system are known as stimulants. The two most prevalent, non-controlled and socially acceptable stimulants are nicotine, found in tobacco products, and caffeine, found in coffee, tea, and cola. There are other more potent stimulants whose use must be controlled because they are so powerful and so often abused. These are the closely related drugs amphetamines, methamphetamines, and synthetics. The most potent of all stimulants is cocaine.

Controlled stimulants are legally available by medical prescription. Unfortunately, many Americans obtain these drugs illegally, since they are manufactured in vast quantities at home and abroad for distribution on the illicit market. The market value of this business has been estimated to generate in excess of \$30 billion in street sales of cocaine alone.

During the early days of patent medicines (tonics and a variety of soft drinks), a number of cocaine-containing products appeared on the market. These included ointments, nose powders, suppositories, throat lozenges, sprays, wines, and coca cigarettes. They were touted as cures for all sorts of disorders, including alcoholism, asthma, colds, corns, eczema, neuralgia, venereal disease, and opiate addiction. The most famous coca-containing product of this period (1886-1903) was the internationally known drink Coca-Cola. By 1903, Coca-Cola no longer contained cocaine syrup, but had been changed to a flavoring derived from de-cocainized coca leaves.

The initial wide acceptance of cocaine soon became tempered with the realization that cocaine produced undesirable side effects, such as dependence in susceptible individuals, and that death could result from improper use. Therefore, the Harrison Narcotics Act was passed in 1914 restricting the availability of cocaine.

### **Routes to Illicit Marketplaces**

Cocaine traffic bound for the United States from clandestine laboratories in the mountains of South America is smuggled through Miami, New York, Los Angeles, along the Southwest border and through other international air and seaports. The coke is hidden in airplane baggage or ships cargo, carried along by

couriers or passengers, or brought in by privately owned sea and air transportation means.

A bizarre body-smuggling technique was first reported by Dr. Charles V. Wetli of the Dade County Medical Examiner's Office in Miami, Florida. Three cocaine smugglers from Colombia swallowed a number of cocaine-filled condoms before they passed through U.S. Customs inspection for incoming passengers in Miami. Later, one or more of the condoms ruptured inside the alimentary canals of these smugglers, releasing high-purity cocaine and causing death by respiratory collapse. In each of these instances between 27 to 75 condoms had been swallowed. The victims apparently were convinced that the cocaine would not harm them. They thought it would pass through their bodies, and afterwards be prepared for street distribution.

Trade patterns include routes from Peru through Ecuador and Panama, then to Mexico and the United States. Another route starts in Chile, extends through Latin America to Pacific-coast ports, Mexico and into the United States. A third route can be traced from Bolivia through Brazil to the West Indies and then to North America.

### **Cocaine on the Street**

By the time cocaine reaches the streets, it has been diluted by a variety of substances such as lactose, mannitol, procaine, lidocaine, inositol, glucose,



hydrochloride, caffeine, quinine, or morphine. There obviously is no quality control. When cocaine is mixed with heroin, the potent combination is known as a



*Cocaine*

"speedball," a powerful blending of stimulant and relaxant drugs.

Allergic reactions to some or all of these adulterants have been reported, especially quinine, which has been reported as a factor in the heroin sudden-death syndrome.

Cocaine is known by many names: coke, snow, toot, flake, girl, lady, ice, blow, nose candy, happy dust, snort, base, crack, rock, gravel, blinky, white tornado; white, big C, and snowbirds.



## Cocaine—How it is Abused

Cocaine, the most popular drug among all social and economic groups, has become increasingly popular due to a false and misleading belief among many first-time users that it is no more harmful than tobacco or alcohol. (Recent experiments with monkeys and rats indicate pure cocaine is more addictive than heroin.) It is estimated there are 3 to 5 million users of cocaine in the United States at this time. These users are easily seduced by the most powerful and most pleasurable drug readily available on the street.

Cocaine is taken by snorting it through the nostrils, but it can be injected when dissolved in water. It can also be smoked in a base form. The cocaine base has a low melting point and quickly turns to gas which is readily absorbed into the lungs. The effects on the central nervous system are almost immediate and last for a very short time—a matter of minutes—producing an intensely pleasurable high or euphoric reaction. The user feels a sense of increased strength and psychic well-being, accompanied by reduced fatigue.

Many users inhale or sniff the cocaine powder, which is ritualistically arranged on a smooth, glassy surface in thin lines about one inch long. These lines are sniffed into the nose through a rolled-up paper tube. Sometimes a nasal spray is used to assure the cocaine mixture reaches the nasal membranes in a form readily absorbed into the

bloodstream.

Less common, and for heightened effect, the drug is injected directly into a vein to achieve the desired high more quickly and intensely.

The amount of time before the user achieves his high varies with the tolerance his body has built up, as well as with the volume of coke he takes and the method of ingestion. It varies from about three minutes when the coke is snorted to about half that time when it is injected directly into a vein, and within seconds if inhaled into the lungs via the smoking method.

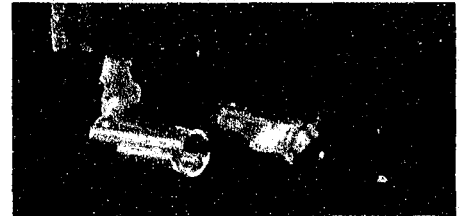
## Smoking Cocaine

Smoking cocaine rocks or freebase is the most dangerous and addictive form of using cocaine.

Cocaine smoking has gained sudden and widespread popularity across the United States. Dependent cocaine abusers and first-time users have turned to new forms of cocaine base smoking. Crack is preferred by most cocaine smokers because it is readily available and convenient to use. Much of its popularity also stems from its low price which makes the drug attractive to the general public and especially to our youth. Smoking cocaine is also considered the "safer" alternative to cocaine injection because of possible exposure to the AIDS virus associated with the use of contaminated needles.

Cocaine smoking produces a rapid and intense state of euphoria which lasts about 3-5 minutes. This euphoric effect creates a powerful compulsion to repeat the sensation, an almost insatiable craving for more of the drug...thus making it highly addictive.

Much confusion exists over terms used to describe the various forms of cocaine being smoked. However, the consequences of using any form of base cocaine are the same, addiction and possible death.



Crack

## Cocaine Smoking Products and Other Terms

**Crack**, a name for cocaine which has been converted to a base form from cocaine hydrochloride salt or powder using baking soda or ammonia and water. Cocaine hydrochloride salt is ordinary street cocaine that is snorted or injected. As a base it is used for smoking. Crack is similar in appearance to pieces of wall plaster or slivers of soap and more recently as small rectangular slabs. In some parts of the country, police have discovered crack pills. The crack in pill form is smooth on one side and scored on the other, is beige in color and slightly smaller than an aspirin. The crack pill is not meant to be swallowed, it is smoked. Crack may be sprinkled on a cigarette but is more likely to be smoked in an ordinary pipe, a glass water pipe, or a pipe fashioned from a beer or soft drink can. Some users say the name "crack" came from the crackling sound it makes when smoked. Rock, gravel, slab and cooked cocaine are synonyms for crack cocaine.



Crack

**Rock Cocaine**, not to be confused with crack or rock, is produced when a bonding agent is added to cocaine hydrochloride powder. This mixture is then compressed and stamped with a punch press to create a product of uniform size. Rock cocaine is generally white to off-white in color and about the size of a pencil eraser.

**Freebase** is the purified base form of cocaine hydrochloride salt. It is a colorless, odorless, transparent crystalline substance. Freebase, when mixed with volatile chemicals, usually ether, is smoked in a special alcohol-filled glass pipe using a high temperature flame source such as a propane torch. This method of smoking cocaine is extremely dangerous as ether is highly flammable and easily ignited.

**Coca Paste, Bazooka, Basuco or Bazuco** is a crude extract of the coca leaf. Known as cocaine sulfate, paste or base, it is the intermediate form of cocaine; one step away from coca leaves and one step before cocaine hydrochloride salt. Bazooka is light tan in color, is mixed with tobacco or marijuana and smoked in a cigarette. This is the most contaminated form of smoking cocaine often containing

lead petroleum and sulfate by-products.

**Lidocaine** is an adulterant utilized in the process of converting cocaine hydrochloride salt to "crack". Lidocaine also increases the amount of "crack" produced from cocaine; however when smoked along with crack it has serious health effects. Lidocaine, benzocaine and procaine as well as stimulants such as amphetamine and ephedrine, when combined with cocaine cause life threatening reactions due to the disruptive effects of these drugs on blood pressure and heart rhythm.

### Packaging and Prices

Packaging and pricing variations have been noted in different areas of the United States. Crack has been packaged in small vials similar to over-the-counter cold or diet capsules which are either clear or multi-colored. Some vials are similar to those used for perfume samples. The vials, some with plastic stoppers at one end, come in a variety of sizes.

Glassine envelopes containing a vial/vials with brand names such as White Cloud, Cloud 9, and Super White are becoming common. The glassine bags containing the vials of crack are secured with scotch tape and then stamped with the brand name on the scotch tape. Crack vials are also being hermetically sealed in small one inch plastic baggies.

Crack is also being sold in ready-to-use two to six inch pyrex tubes approximately 1/4 inch wide. A screen is placed on one end so the pellet will not fall out.

Small foil wrapped packets are also used in some parts of the country to distribute crack, however, the clear plastic vial ap-



pears to be the most popular because the package need not be opened to examine the crack.

Prices for vials of crack vary according to the size ordered. In most cities, crack sells for approximately \$10.00 to \$50.00 in quantities ranging from one-tenth of a gram to one-half of a gram (one gram = about 1/28 of an ounce). Other sources indicate prices as low as \$2.00 to \$5.00 for a "one hit" vial containing approximately one grain of crack. Pieces of crack (rocks) weighing 300 milligrams generally sell for \$5.00 - \$10.00. Crack pills sell for \$6.00 each. Bazooka is sold in folded white paper. It is the most inexpensive form of cocaine, selling for as little as \$1.00 per dose.

### Selling Methods

A Crack House is generally an apartment or house but can also be a storefront or club room where crack can be purchased. The definition of what constitutes a crack house varies from city to city.

A crack spot is a take-out only service, operated from a fortified premise or apartment; a small hole in the door permits goods and money to be exchanged without the need for visual contact.

Base houses are comparable to opium dens or heroin "shooting galleries." These locations are usually a club room, apartment, or private home. There is usually an admission charge to enter the base house and a separate charge for the use of a pipe and torch. Other



houses do not sell the drug on the premises, they simply provide a room and a device for smoking. Abusers must bring their own crack.

Groups of persons or individuals who are seen signaling or shouting that they have crack to sell are said to be "hawkers." "Hawking" locations range from the roadside to selling openly on the street. Many of these "hawkers" are children. These children are usually school dropouts with no skills or vocational training. For a desperately poor kid, the streets sing a siren song of fancy cars and designer jeans. There's easy money and fast drugs.

### **Hazards of Smoking Cocaine Products**

Crack may have a low introductory price, but the demand for continued use can make the practice one of the most expensive drug habits.

Some cocaine smokers have become paranoid immediately after using crack, hearing strange things or seeing things move that are not in motion; others believe people are after them and become violent. Some users hallucinate and feel little insects, "cocaine bugs," are crawling under their skin.

Health problems include sore throat, hoarseness, parched tongue and lips, respiratory problems, chronic coughing and spitting up black phlegm. Long term abusers are said to lose weight, and may acquire oily skin that may turn a yellow or gray tinge. Smoking cocaine can

cause death by failure of the respiratory system, convulsions and heart attack. Prolonged use can lead to psychosis and strong paranoia.

Smoking crack may cause the abuser to think he sees "halos" surrounding objects on which he attempts to focus. The halo effect is often called "snowlights" by users.

Withdrawal symptoms include loss of energy and appetite, difficulty in sleeping and deep depression. It is noted that some cocaine users have used black tar heroin, a new low cost form of Mexican heroin, to overcome severe depression associated with cocaine smoking.

### **Profile of Cocaine Smokers**

The majority of crack users appear to be between 20 to 35 years old, however, increased teenage abuse has been noted. It is also reported that children as young as 10 or 11 years old are being introduced to crack. These children are afraid of needles, and don't like swallowing pills but do not hesitate to take a puff of a cigarette laced with cocaine base.

There is fear that the crack epidemic is reaching children under the age of 10. One story indicated that a five year old had been given crack by his nine year old brother. While there does not appear to be many abusers in this age category, the potential exists for children of those addicted.

### **Finding Solutions**

The problems associated with smoking cocaine extend far beyond the user. Crimes of violence have increased. People talk of depleting life savings to buy crack. Scores have turned to dealing, stealing, and prostitution

to support their habit. Law enforcement officers are admitting they are losing the war and law makers are calling for tougher penalties for the dealer and the user.

There must be a united effort to stop this epidemic. Educators are recommending drug education in our schools beginning as early as kindergarten. Parents have the ultimate responsibility to teach the child to abstain from mind-altering drugs. If we want to prevent chemical abuse, we must work together as a community, parents, schools, law enforcement agencies, all committed in fighting the drug epidemic which has already destroyed one generation of our children and is threatening the next.

### **Effects and Symptoms of Cocaine Abuse**

The effects of cocaine abuse are well-defined. Following a dosage of cocaine into the bloodstream and brain, the user experiences a short-lived rush of pleasurable feeling. There follows a temporary abolishment of all self-doubt and an increased feeling of self-esteem and self-confidence. There are also increased estimates of one's self-creativity, competence, productivity, and power. The user often becomes excited in his behavior and is talkative. He is stimulated into increased activity, and can go without sleep for long periods of time.

Unfortunately, the high or pleasurable experience is followed more often than not by feelings of depression, irritability, impatience, and pessimism. Since this period of depression, known as "crashing," can be cured by taking another stimulant, an abuse pattern of repeated dosages often begins. It's a



pattern that is increasingly difficult to break. Heavy users may resort to taking larger dosages at increasingly frequent intervals until all they can think of is getting their next dose.

Another noticeable, outward effect of the cocaine user is pupil dilation. Sometimes the pupils become fixed. Some habitual cocaine users suffer from severe weight loss, anxiety, and hallucinations. They sometimes imagine the sound of footsteps approaching, and often feel bugs or insects crawling under their skin. In this condition, a person should be handled with care and caution, because an addict may sometimes behave like a frightened animal and attack the individual trying to help him.

Occasional use of cocaine causes a stuffy or runny nose, while chronic snorters develop an ulceration to the mucous membranes of their nose. Those who inject cocaine with an unsterile needle run the risk of contracting AIDS or infecting themselves with hepatitis (inflammation of the liver). Smoking cocaine increases the rate of heartbeat and blood pressure. Worst of all, the abuse of cocaine in this fashion increases the risk of addiction.

The number of infants born to drug-addicted mothers is becoming a crisis, according to Brian Udell, M.D., chief neonatologist at Broward General Medical Center in Fort Lauderdale, Florida. Hospitals are reporting an increasing number of sickly newborns dubbed "cocaine babies." A mother using cocaine is, in effect, smothering the fetus. Cocaine babies suffer from various problems, from strokes to heart attacks.

Withdrawal from cocaine is very painful and the user is often driven back for more cocaine. Tolerances to cocaine build over time, so more and more of the

substance is required.

Cocaine has been known to cause death by convulsions, by failure of the respiratory system, and by heart attack. Prolonged use of cocaine can lead to psychosis, feelings of suicidal despair, and strong paranoia brought about by the cocaine and other drugs with which it has been mixed, such as quinine, ephedrine, methamphetamines, and heroin.

### **Help is Available**

Treatment for cocaine-related illness is best accomplished on the basis of symptoms shown. For acute anxiety, a sedative such as Valium can be prescribed. For a severe overdose situation, hospitalization and respiratory assistance is recommended to avoid death by respiratory arrest. Once the critical period of possible cardiac failure or respiratory arrest is past, a recovery prognosis is favorable, although the cocaine abuser may suffer persistent headaches and general listlessness for periods of days and even weeks. After recovery, psychological support is of the utmost importance.

The four basic ways cocaine dependence is treated are similar to the techniques used by heroin addicts. Some persons are strong and determined enough to kick the habit by themselves, cold turkey, by simply not taking any more of the addicting drug. But for the majority of cocaine-dependent persons trying to cure themselves, the support of others is necessary. There are groups similar to Alcoholics Anonymous, appropriately called Cocaine Anonymous, willing to offer support to anyone needing help. In addition, there are other professionally supervised and highly structured programs available in which counseling and other



training on an out-patient basis are provided. For those who require regular medical or professional supervision, in-patient care in a cocaine-free, controlled environment with appropriate counseling is advisable.

Persons seeking confidential expert advice about cocaine may contact the National Cocaine Helpline at 1-800-COCAINE. This toll-free hotline is available nationwide 24 hours a day. The National Institute on Drug Abuse (NIDA) HOTLINE, 1-800-662-HELP, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community.

### **Will the Cocaine Epidemic Continue?**

At a White House conference in December, 1990, President George Bush said, "Virtually every piece of information we have tells us that drug use trends are headed in the right direction - down. Nevertheless, as long as there are hospital rooms filled with drug addicted babies, neighborhoods ravaged by drug violence or children threatened by addiction, a declaration of victory would be premature."

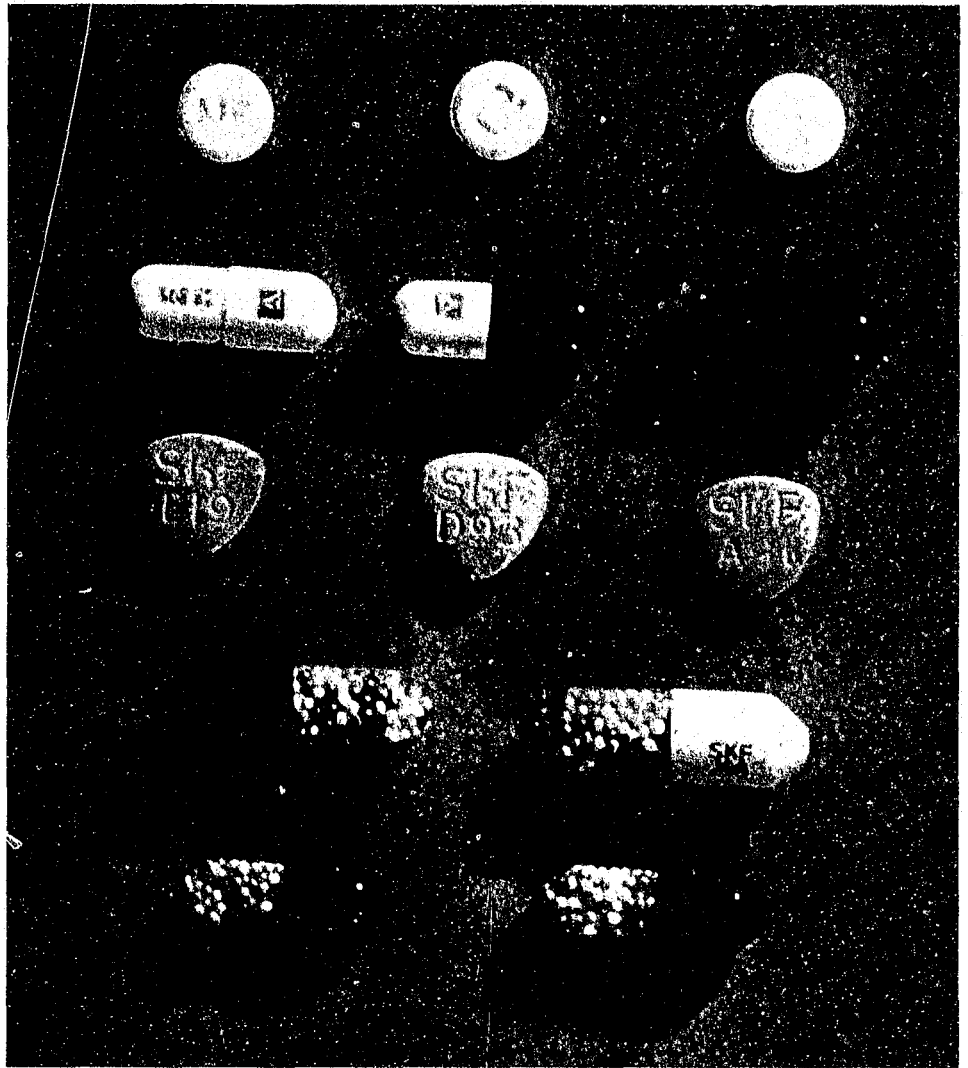
The 1990 Omnibus Crime Bill substantially increases law enforcement resources at the federal and local levels. Despite our law-enforcement efforts at home and on the border areas, the supply is up as growers in South America continue to keep their cash crop on the move.

According to estimates by the House Select Committee on Narcotics Abuse, up to 150 tons of cocaine could enter the United States this year. Cocaine is prevalent throughout America. Users beget users, friend turns on friend, workers supply co-workers, and professional colleagues supply fellow colleagues, that is the way this drug is distributed in this country.

So what is the best way to put an end to this epidemic? There is no simple answer. Americans need to understand that the use of cocaine causes psychological and physical dependency, a feeling that causes the user to feel that he can't function without the drug. Learn about the effects of cocaine on the mind and body and don't use it. Students in high school or in college, homemakers, and men and women in the workplace or at leisure, should be encouraged to stand by their convictions when pressured to use cocaine. The best thing to do when offered cocaine is to politely refuse. We must all work together, parents, law enforcement agencies, community groups, and schools in sending a firm message: cocaine use is wrong, harmful, and sometimes deadly.

### **Amphetamines and Methamphetamines Manufactured Stimulants**

Amphetamines and methamphetamines are synthetic substances, made in pill or capsule form, that increase the reactions of the central nervous system when taken into the body. Regulated by the Controlled Substances Act of 1970, amphetamines, when properly used, have been beneficial to the treatment of Parkinson's disease, for helping to control obesity (on a short-



*Methamphetamine*

term basis), for some forms of depression, treatment of certain types of hyperactivity in children, and to treat narcolepsy, a rare disorder marked by uncontrolled sleep patterns.

The benefits of amphetamines (often referred to as uppers or speed), are many, and so are the temptations to abuse their stimulating qualities.

### **Amphetamine Abuse is Widespread**

Amphetamine, dextroamphetamine, and methamphetamine are all so similar in induced effects that they can be differentiated from one another only by laboratory analysis.

Since 1935, when amphetamines were produced to treat

depression and to curb appetites, their abuse has increased. Since the World War II days of the mid-40's, Americans have been buying amphetamines in quantities that currently run in the billions of tablets each year.

Because of their medical side effects, physicians are careful in prescribing amphetamines as diet-control agents to their patients. Despite their being listed as a controlled substance regulated by the CSA, and despite being classified in the same category as morphine and cocaine (having a high abuse potential and little medical value), the abuse of amphetamines is a serious problem today.

It has been estimated that as much as half of all the legally manufactured supply of amphetamines find their way into illegal, non-prescribed channels. Additionally, black-market laboratories at home and abroad turn out imitation pills and capsules that only skilled technicians in laboratory surroundings can detect from the real thing.

Clandestine laboratories that manufacture illicit methamphetamine have proliferated because of the ease of production and the limited skills needed to run them. Because many of the chemicals used in production have industrial or household uses, they are easy and inexpensive to obtain. Most laboratory operators are "cooks" rather than trained chemists and their recipes are usually published or handwritten.

Amphetamines and methamphetamines are known by a wide variety of slang names:

### **Amphetamines**

- Bennies
- Black Beauties
- Roses
- White Cross
- Pep Pills
- Wheels
- Dexies
- Oranges
- Football
- Cartwheels
- Coast to Coast
- L.A. Turn-about or  
West Coast Turnarounds

- Uppers
- Ups
- Copilots
- Bumblebees
- Hearts

### **Methamphetamines**

- Speed
- Meth
- Crystal
- Bombida
- Crank

Crystal Meth  
Ice, crystals  
batu (Filipino)  
shabu (Japanese)  
hiropon (Korean)

### **Methamphetamine**

Methamphetamine is known on the street as "crank", "crystal" or "ice". Crank or crystal, a powdered form of methamphetamine, has been around for years and is the most prevalent, clandestinely manufactured controlled substance in the United States. This powerful stimulant drug has effects of intoxication similar to cocaine. Crank is being referred to as the poor man's cocaine and according to the National Institute on Drug Abuse, crank looms as a potential national drug crisis in the 1990's. The drug is often injected intravenously but can be snorted or taken orally.

Ice, a crystalline, smokeable form of methamphetamine, first appeared in Hawaii in 1985 and has now spread from Hawaii to the U.S. mainland.

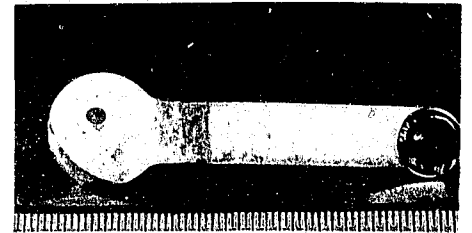


*Ice*

The ice trail goes back to South Korea, a major exporter of this drug. The Koreans learned about methamphetamine from the Japanese who invented it in 1893. During World War II, the Japanese supplied meth to their workers and weary soldiers. It was banned in Japan in the 1950's but Japan remains the largest market for ice.

Ice appears in two forms; water-based ice is translucent, oil-based ice is yellow. Ice looks like rock candy or rock salt.

Ice is usually sold in papers, clear, heat sealed cellophane packets or opaque glass vials. One hit, (.10 of a gram) sells for \$50 with an ounce going for as much as \$7,000. One gram of ice is said to produce 10-15 hits. Ice seized in Hawaii has been analyzed at 98-100 percent pure.



*Ice Pipe*

While the powdered form of methamphetamine is snorted or taken orally, ice is usually smoked in a glass pipe. Ice is odorless and can be smoked in public with little danger of detection. A telltale sign of a meth-pipe user are burn marks on fingers used to seal the vent hole in the pipe chamber during heating.

Called "amping" for the amplified euphoria it gives them, ice smokers experience a high that can last up to 14 hours.

The drug tends to keep the user awake and alert. The effects of coming off an ice high can be much worse than coming off a crack high and can last for days or until the next smoke.

Use of ice can lead to vitamin and mineral deficiencies, rapid weight loss, lowered resistance to disease, strokes, heart attacks and pulmonary edema; abusers virtually drown in their own body fluids.

This drug seems certain to become more destructive than a second Ice Age.

## Effects on the User

Illicit use of amphetamines, methamphetamines and dextroamphetamine closely parallels that of cocaine in the range of its short-term and long-term effects.

Amphetamines make a person feel alert and lively. Truck drivers on all-night runs, students studying for an exam, entertainers, athletes who need to be up for a performance, and people trying to lose weight are known to take speed. Others take them just to get high. The first reaction after popping a pill or capsule is a feeling of heightened awareness and well-being. Users become more talkative, and may even try to answer questions before they are asked. They feel any challenge can be met and solved easily. No problem! The student cramming for an examination or the athlete who wants to excel in an athletic contest, may find that this kind of abuse leads to real difficulties. Instances of death during athletic contests have been traced to amphetamine use.

When the stimulation of the amphetamine pill or capsule wears off, the feeling of being able to solve any of the big problems in life fades as well. The user feels tired, and his jaw muscles are tight from clenching his teeth. He remembers that it's been a long time since he had anything to eat, but his appetite is gone. Sleeplessness sets in. Dizzy, sweaty, tired to exhaustion, he must keep moving or he will crash. The easy solution—incorrectly perceived—is to pop another pill.

When the collapse does come, and it surely will, the helpless feeling of losing all the strength in his muscles sets in, and it's frightening. Symptoms similar to the flu are common. They include sickness, head-

aches, shakes, anxiety, and dizziness.

People who have used large amounts of amphetamines over long periods of time also develop hallucinations. They see, hear, and feel things that do not exist. They have irrational thoughts (delusions) and feelings that people are out to get them (paranoia). People in this state should be treated with caution. They frequently display violent and unpredictable behavior.

## How Stimulant Abuse Affects The Body

Amphetamines stimulate the central nervous system by increasing the amount or availability of adrenalin to the nerve-cell connections. This is particularly true of areas in the brain associated with vigilance, heart action, and mood. Such stimulation is normal in emergency or life-threatening situations, but if the stimulation is prolonged excessively by amphetamines, other undesirable side effects occur.

It is easy to understand why amphetamines are called uppers or speed. Amphetamines keep you awake. Heart action and breathing rates increase as does blood pressure. Appetite decreases and there exists a feeling of well-being and heightened awareness.

Other less desirable effects of amphetamines include a dry mouth, sweating, headaches, blurred vision, dizziness, anxiety, and sleeplessness. Extremely high doses can cause skin to become flushed or pale, rapid or irregular heartbeat, loss of coordination, and even physical collapse.

Long-term effects on the body caused by heavy use of amphetamines can lead to malnutrition, skin disorders, ulcers, and diseases related to vitamin defi-

ciencies. Sleeplessness, weight loss, and depression also result from regular use. Frequent use of large amounts of the drug can cause brain damage evidenced by slurred speech and thought disturbances.

Injection of amphetamines is life threatening because of non-sterile equipment and contaminated, self-prepared solutions.

## Methods of Abuse

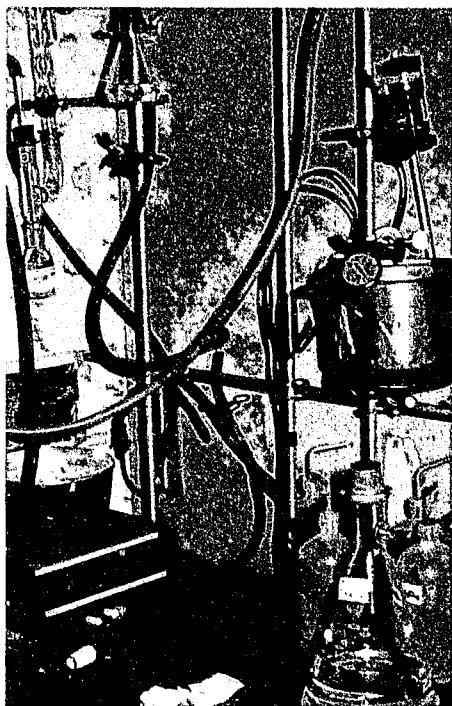
Amphetamines may be used in a social setting, although there are many solitary users, some of whom combine this stimulant with alcohol. Most users simply pop the pill or capsule and experiment with the various effects obtained from a wide variety of combinations. Use of amphetamines usually begins with an average dose of 2.5 milligrams or 15 to 30 milligrams per day. As tolerances increase, the user tends to increase the dosage until feeling compelled to change to the intravenous injection route. Those on a speed binge have been known to inject as much as 1,000 milligrams every two or three hours.

Upon withdrawal, the speed freak feels terribly depressed and lethargic, yet he can't sleep. This condition leads the user to other drugs that temper the effect, such as barbiturate drugs commonly called "downers," and the cycle continues.

The addicted amphetamine speed freak is not very cool. In fact, he is a social failure who can't stop talking and doesn't make much sense. He is continually on the move, often belligerent, unstable, sexually inept, and jittery. Like the cocaine or heroin addict, the speed freak will do anything to obtain his supplies.

## Clandestine Lab Dangers

Several chemicals involved in the production of amphetamine and methamphetamine present danger from fire or explosion. Risk of injury or toxicity from chemical exposure depends on the toxic properties of the chemical, quantity, concentration and duration of exposure. Chemicals classified as solvents or corrosives produce the greatest potential for danger. Some common chemicals used in the laboratory are: hydrogen cyanide, acetone, chloroform, ether, methanol and thorium. Inhalation of hydrogen cyanide can cause coma, respiratory failure and death. Thorium is an alpha emitting radioactive material.



*Clandestine lab*

Children living near a laboratory environment are subject to accidental skin or inhalation exposure in addition to accidental ingestion of chemicals. Symptoms may include burns to the skin, intoxication, dizziness, loss of coordination and nausea.

Drugs produced in clandestine labs contain an excess of contaminants and by-products.

Impurities found in some drugs have resulted in severe and permanent neurologic disability following intravenous injection.

If you suspect that a clandestine laboratory is operating in your community, don't ignore it, report your suspicions to a law enforcement agency. Danger of explosion and fire comprise the greatest risk from chemicals stored in the lab. An active laboratory that is supplied with chemicals presents a great risk of adverse health effects for occupants and emergency personnel responding to a fire or health call. Some lab operators set up chemical "booby traps" in an effort to disable or injure intruders. An unsuspecting or curious child could suffer chemical exposure. If a home or building is discovered to be a clandestine drug lab, it should be considered unsafe for entry and reported to the proper authorities.

## Appetite Suppressants—The Anorectic Drugs

In recent years, diet-control drugs somewhat less potent than amphetamines have been manufactured. These drugs, the so-called anorectic drugs, have been found to produce many of the effects produced by amphetamines. They also are on the list of controlled substances for safety purposes. Some of these drugs are known by the trade names noted here:

<i>Didrex</i>	<i>Tanorex</i>
<i>Pre-Sate</i>	<i>Ionamin</i>
<i>Voranil</i>	<i>Adipex-P</i>
<i>Tenuate</i>	<i>Dexedrine</i>
<i>Pondimin</i>	<i>Cyclert</i>
<i>Sanorex</i>	<i>Bacarate</i>
<i>Plegine</i>	<i>Ritalin</i>
<i>Melfiat</i>	<i>Preludin</i>
<i>Statobex</i>	

## Prevention

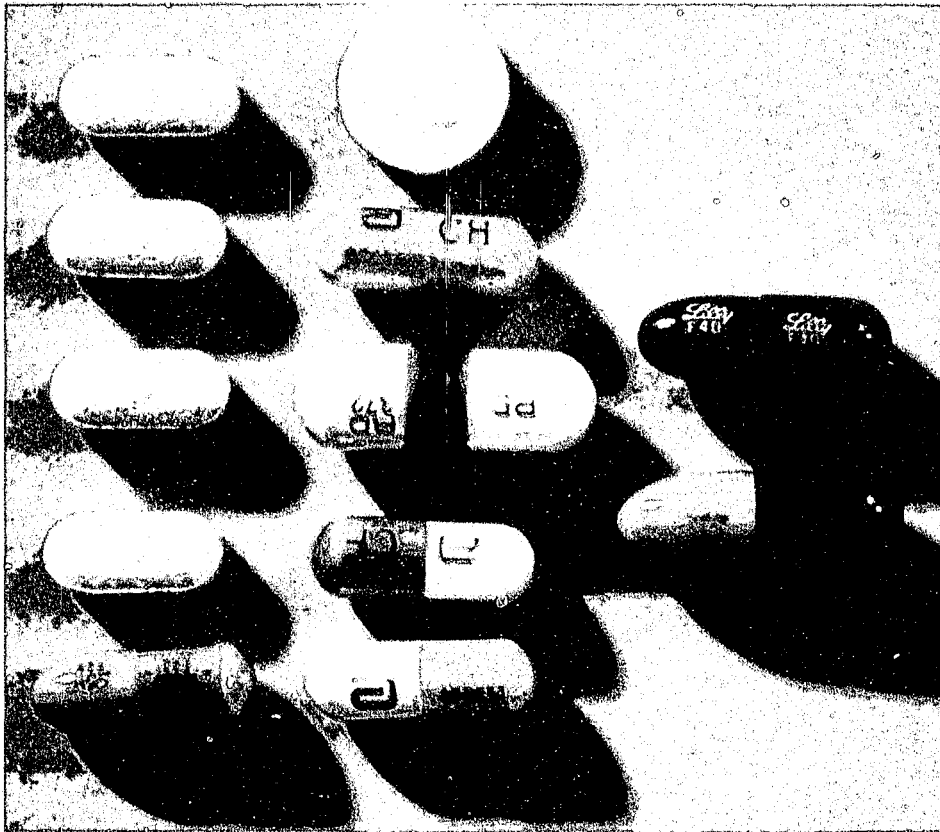
Obviously, the elimination of large-scale, illicit suppliers of amphetamines and better application of controls over legitimate production and distribution of these drugs is part of the answer. More importantly, the complications and consequences of abuse of amphetamines must be made more widely known through improved educational approaches at all levels, starting in the elementary grades.

The user needs help if he is hooked on amphetamines. This usually means skilled treatment, since all too many of those addicted will be difficult to rehabilitate. Close support from the user's friends and family is necessary, plus medical and psychological help. Hospitalization may be required. Unfortunately, the speed freak who wants to stop his habit may continue to be attracted to the enormous chemical high he has experienced. This may cause a relapse after seemingly having broken the habit.

Group therapy in which ex-speed freaks can interact with others undergoing recovery treatment has been successful in many cases. Those who have come through the speed scene themselves are trusted, and their counsel is more likely to be accepted by the user who really wants to kick his destructive drug habit.



**DEPRESSANTS**, also called "downers," refer to those drug compounds that affect the central nervous system by decelerating its activities. Synthetic or natural depressants include those used to induce sleep (hypnotics), produce a relaxed state leading to sleep (sedatives), or relieve anxiety without sleep (tranquilizers).



Barbiturates

## Barbiturates

Barbiturates, commonly manufactured in pill or capsule form, are the most widely abused of the synthetically produced depressant drugs. Chronic users of these drugs in high dosages seek a feeling of elation, tranquility, and well-being.

Barbiturates depress or calm the central nervous system, just the opposite of the stimulant drugs. Barbiturate drugs are valuable in the treatment of insomnia, epilepsy, anxiety, hyperthyroidism, and high blood pressure. They are used to treat mental as well as physical illnesses, since their essential effect is to be a sedative rather than to relieve pain. It is not surprising then that barbiturates are often called downers. Other slang names are taken from the color of the capsule, such as blues or yellow jackets, or the shape of the tablet, such as peanut. Barbiturates, like heroin,

create physical as well as psychological dependence. They are also controlled by the CSA.

### Classification of Barbiturates

There are three generally different kinds of barbiturates available, classified according to the speed of the drug onset and the duration of its reaction time in the body. The following are examples.

1) Ultra-short onset time, usually within one minute after administration of the drug and with a relatively short duration that makes them unattractive to the drug abuser. These are:

<b>Generic name:</b>	<b>Trade name:</b>
<i>hexobarbital</i>	<i>Evipal</i>
<i>methohexital</i>	<i>Brevital</i>
<i>thiamylal</i>	<i>Surital</i>
<i>thiopental</i>	<i>Pentothal</i>

2) Short-acting and intermediate-acting barbiturates, having

an onset time within 15 to 40 minutes after taking the drug (usually by mouth) and a duration lasting up to six hours, an attractive period of time to the abuser, hence this group is most sought after:

<b>Generic name:</b>	<b>Trade name:</b>
<i>pentobarbital</i>	<i>Nembutal</i>
<i>secobarbital</i>	<i>Seconal</i>
<i>amobarbital</i>	<i>Amytal</i>
<i>butobarbital</i>	<i>Butisol</i>
<i>butalbital</i>	<i>Lotusate</i>
<i>allobarbital</i>	<i>Dial</i>
<i>aprobarbital</i>	<i>Alurate</i>
<i>vinbarbital</i>	<i>Delvinal</i>

3) Long-acting barbiturates with an onset time of up to one hour and a duration of up to 16 hours. These are normally used as sedatives, hypnotics, and anticonvulsants. They include:

<b>Generic name:</b>	<b>Trade name:</b>
<i>barbital</i>	<i>Veronal</i>
<i>phenobarbital</i>	<i>Luminal</i>
<i>mephobarbital</i> or <i>methylphenobarbital</i>	<i>Mebaral</i>
<i>metharbital</i>	<i>Gemonil</i>

There are about 2,500 derivatives of barbituric acid that have been synthesized, but of these only about 15 remain in medical use.

## Trade Names and Slang Terms

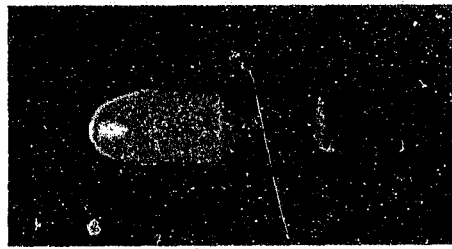
Generally, barbiturates are called sleepers, downers, candy, goof balls, goofers, peanuts, beans, Christmas trees, and barbs. Other names relate to the brand or particular classification of the barbiturate.

Slang/Street Names	Trade or Other Names
Yellow jackets	Pentobarbital sodium
Yellows	
Nimbys	
Blues	Amobarbital sodium
Blue heaven	
Blue birds	
Blue devils	
Reds	Secobarbital sodium
Red birds	
Red devils	
Seccy or Seggy	
Pink	
Red and Blues	Amobarbital and
Rainbows	
Double trouble	Secobarbital in combination

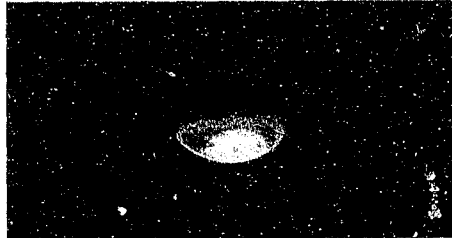
## Barbiturates Are Addictive

Because use of barbiturates can be habit forming and addictive, these drugs must be taken according to a physician's instructions. Regular use over a long period of time results in increased tolerance, so that larger and larger dosages are needed to achieve the same effect.

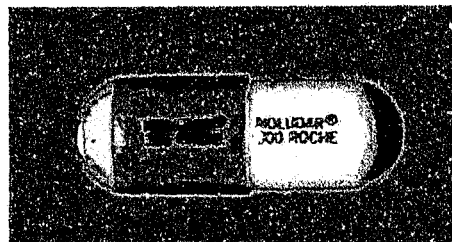
When regular users stop taking barbs, they feel physical withdrawal pangs manifested by simple restlessness, anxiety, and insomnia leading sometimes to convulsions and death. Those who become psychologically dependent feel they must have their drug supply to function. Their one aim in life becomes sharply focused on getting more of the drug.



Amytal



Luminal



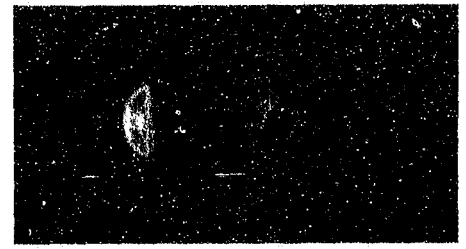
Noludar

## Effects of Heavy Barbiturate Usage

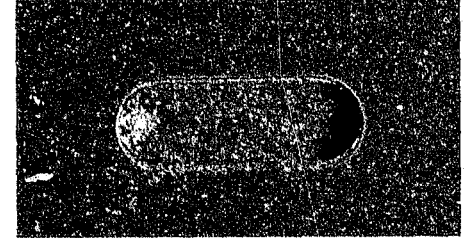
Continued and excessive use of barbiturates results in slurred speech, staggering, loss of balance, quick-tempered responses, and a quarrelsome disposition. The appearance of drunkenness without the smell of alcohol clearly points to barbiturate intoxication.

People who use more barbiturates than they should include those who have difficulty dealing with anxiety, or simply those who have trouble sleeping. Some are under excessive stress and find it easier to bear if sedatives are taken. Sometimes those taking pep pills or uppers find they need barbiturates or downers to get them back to feeling normal. Only that doesn't work too well as the two drugs do not actually balance each other. Soon, the user is taking an ever increasing

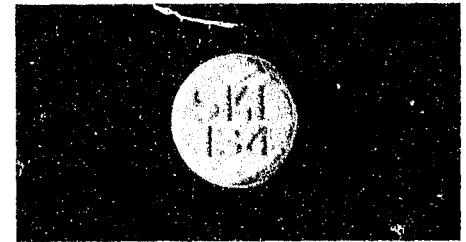
## Depressants



Nembutal



Lotusate



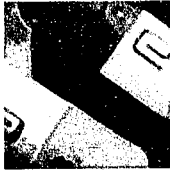
SK - Bamate

number of uppers and more downers to achieve the desired feeling. All too often the situation gets out of control. It has been recorded that as many as 50 pills per day have been consumed by people addicted to sleeping pills.

The sleeping-pill sedative can prove fatal when combined with the depressant effect of alcohol, because the total effect of both depressants is multiplied more than two times. The list of celebrities who have overdosed on a combination of alcohol and sleeping pills includes Marilyn Monroe, Judy Garland, Dorothy Kilgallen, Alan Ladd, Janis Joplin, and Elvis Presley to name a few.

Accidental deaths have occurred by taking sleeping pills in larger numbers than intended. Sometimes a person wakes up after taking the usual dose of one or two pills at bedtime, forgets having taken the earlier dose, and takes more.





## Methods of Abuse and Recognizing Symptoms

Barbiturates are commonly taken in pill or capsule form. Barbiturates in solution have been taken into the muscle or intravenously by injection. The duration of the sedative effect lasts from one to 16 hours, depending on the dosage and the kind of barbiturate used.

Too much of the drug taken into the body results in slurred speech, drunken behavior, and disorientation. An overdose of barbiturates often results in coma, accompanied by cold and clammy skin, rapid and shallow breathing, dilated pupils, and a weak and rapid pulse. If not treated, death could result.

When a person stops taking barbiturates, withdrawal symptoms are indicated by feelings of anxiety, sleeplessness, tremors, delirium, and convulsions. Again, death is possible if treatment is not available.

## Breaking the Habit

Barbiturate addicts must be helped through withdrawal under close medical supervision. Convulsions (and possible death) may occur up to the 16th day of withdrawal.

Barbiturate overdose has been a factor in nearly one-third of all reported drug-related deaths, including suicides and accidental drug poisonings. The danger lies in the fact that with barbiturates there is little difference between the amount it takes to induce sleep and the amount

that kills. Withdrawal from barbiturate overdoses can be more serious than withdrawal from heroin. For this reason alone, medical supervision is needed when an addicted person is withdrawing from barbiturate abuse.

A dangerous part of withdrawal is lack of muscular coordination, similar to epileptic seizures which can also occur. Respiratory failures can happen during withdrawals as well.

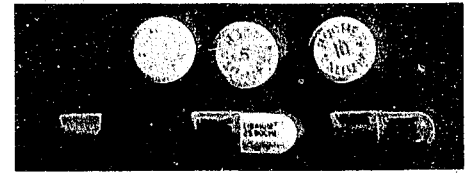
The goal of treatment is to assure stabilization of the patient to prevent such extreme withdrawal symptoms, and to allow gradual recovery.

## Other Abused Sedative-Hypnotic Depressant Drugs

There are other depressant drugs being abused, including benzodiazepines. Examples of these products are Diazepam (Valium), chlordiazepoxide (Librium), and chlorazepate (Tranxene). All are being sold on the street in illegal channels as downers.

Other depressants include glutethimide (Doriden), ethchlorvynot (Placidyl), methaqualone (Sopor, Quaalude), and chloral hydrate (first made in 1862), which is available in liquid form or in gelatin capsules.

Meprobamate, first made in 1950, is used as a mild tranquilizer and is identified in the marketplace by brand names such as Miltown, Equanil, Kesso-Bamate, and SK-Bamate.



## Methaqualone—What is it?

Methaqualone is yet another synthetic sedative, one that is chemically unrelated to all other depressants. Once mistakenly thought to be nonaddictive and effective as an aphrodisiac, methaqualone, known as Quaaludes, Ludes, 714's, and 747's, has caused many cases of serious poisoning.

Once marketed under brand names such as Quaalude, Parest, Optimil, Somnafac, and Sopor in the United States, pharmaceutical manufacturers in this country have voluntarily stopped making methaqualone. Countries in Europe and other parts of the world that previously supplied the raw powder for producing counterfeit methaqualone (mostly in Columbia, South America) are now withholding these materials. As a result of these self-imposed controls by the legitimate drug industry, illegal street sales of the drug have virtually dried up, according to the Drug Enforcement Administration.

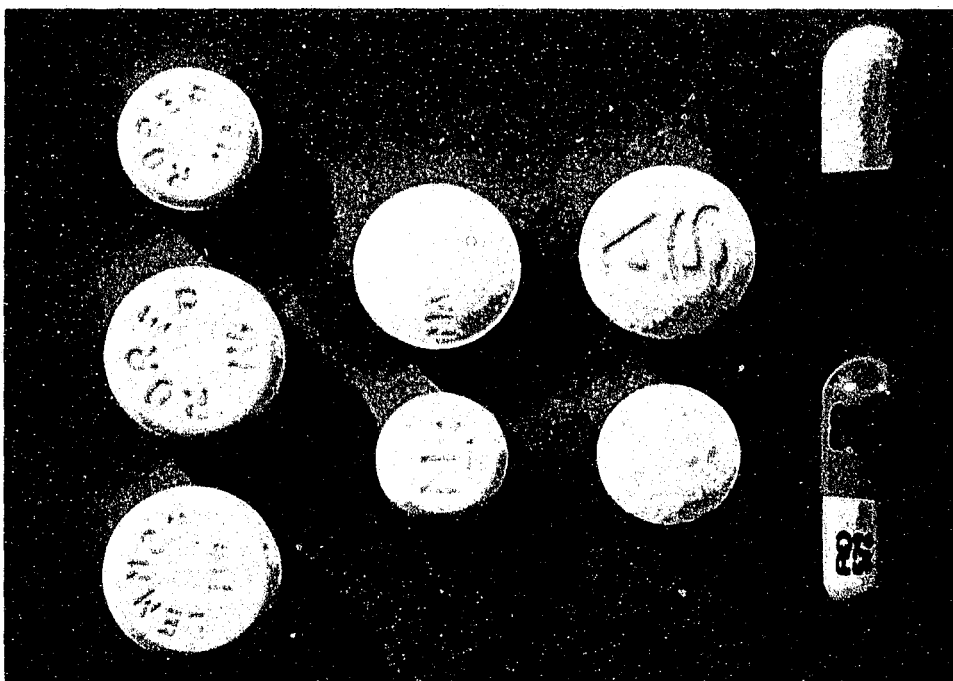
Quaaludes are administered by mouth. When too much is taken, overdosing can occur. This is evidenced by convulsions and thrashing movements, typical of grand mal seizures.

In 1981, Quaaludes were reported as being the popular drug of choice with adolescents, ranking next to marijuana.

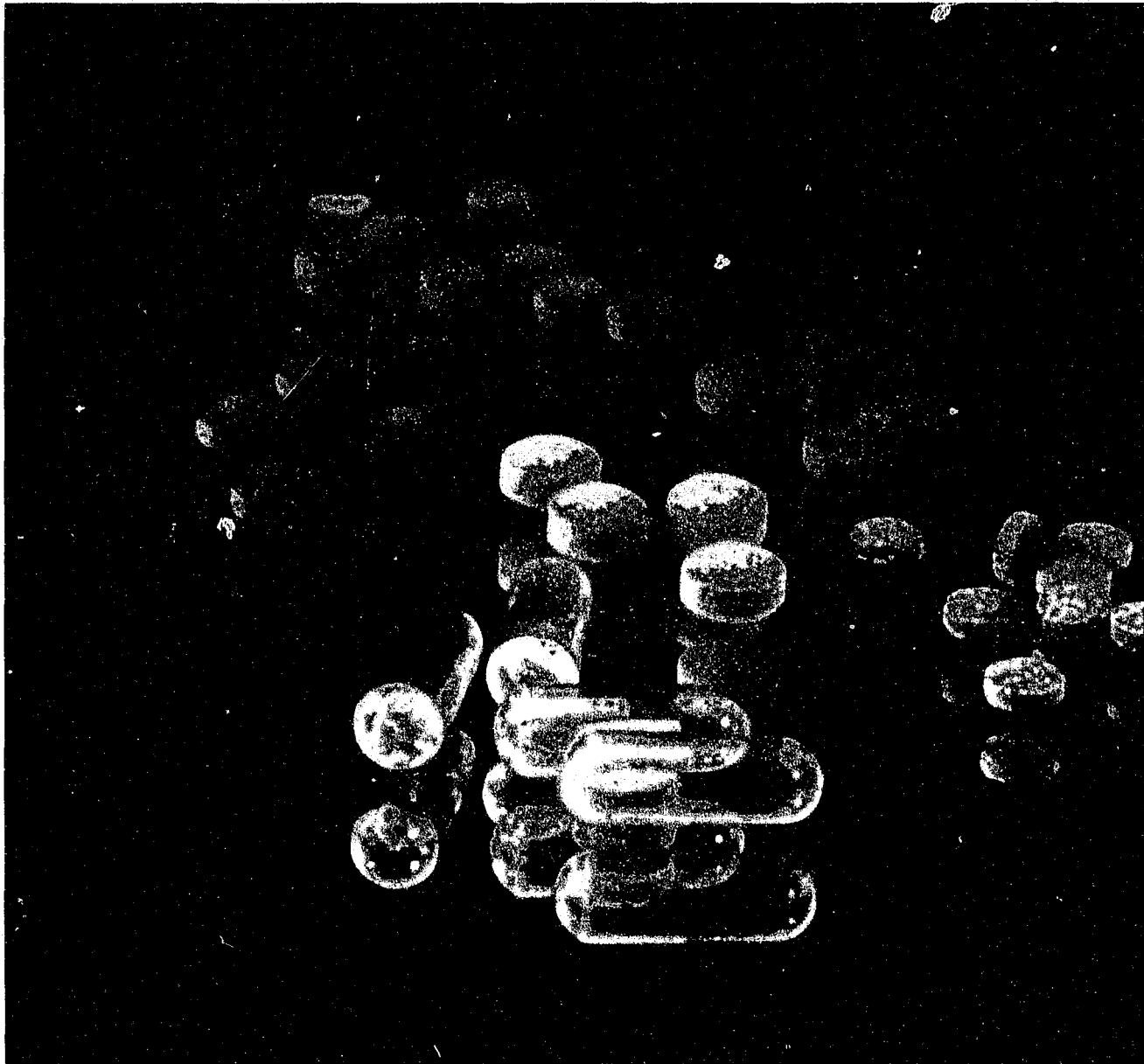
As with most depressants, using Quaaludes creates a feeling of well-being, similar to an alcoholic high. The user feels more outgoing, pleasantly friendly, and less inhibited. The effects of a heavy sedation of Quaaludes can soon cause walking and talking difficulties. Additionally, the use of Quaaludes is dangerous, because it causes severe distortion of judgment and depth perception. Driving a car while under the influence of methaqualone is dangerous and suicidal.



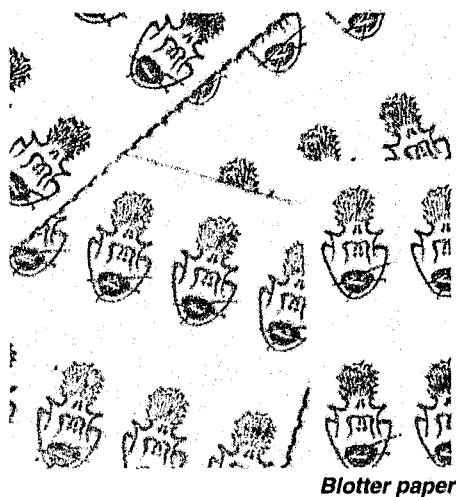
*Chloral Hydrate*



*Methaqualone*



**HALLUCINOGENS** refer to that group of drugs that affect the central nervous system, causing thought disruption, distortion of ego, emotional changes, and alterations in perception. Most of these natural or synthetic substances (some are extracted from a fungus), have no medical value and pose special dangers to users because of the high potency in very small doses.



Blotter paper

The third general category of dangerous drugs, in addition to stimulants and depressants, is the hallucinogens, so-called because they may produce illusions or hallucinations of the various senses.

When experiencing an illusion, a person's ability to perceive is distorted, disoriented, and no longer related to the real world. Marijuana is classified basically as a hallucinogenic drug, but is also a stimulant and a depressant. (See Cannabis section).

Most hallucinogenic drugs in the illicit trade are manufactured in secret laboratories. Some are legitimately made, but then illegally diverted or stolen for purposes of profiteering. Some hallucinogenic products are made from naturally grown plant parts, such as Mescaline, which is obtained from the peyote cactus and Psilocybin from the mushroom.

Although irresponsibly promoted as a means of expanding consciousness, hallucinogens have yet to be proven medically valuable. Hence, there are no standards of quality control in existence.

Illegal labs produce their product in capsules, tablets, pills, powders, and liquids. Peddlers then transport the drug to market in a multitude of ways. For example, LSD-25 (lysergic acid

Diethylamide) has been found in sugar cubes, candy, paper, aspirin, liquor, cloth, and on the back of postage stamps.

## LSD 25

LSD is a colorless, odorless, and tasteless chemical made from lysergic acid derived from the ergot fungus that grows on rye grain. It can be found in liquid or powder form. First produced in 1938, its psychedelic qualities were first discovered when a chemist accidentally ingested some LSD in 1946 and took a hallucinogenic trip. He experienced light intensification and with his eyes closed saw a stream of fantastic images of extraordinary vividness, accompanied by a rapidly shifting display of colors. His trip lasted two hours.

A dosage of LSD in liquid form no larger than enough to cover the point of a pin (50 to 200 micrograms) is sufficient to take a user on a trip for approximately eight to 16 hours. LSD is the most potent of all hallucinogenic substances used by man. A minute amount reaching the brain produces striking effects in mental functioning.

## How LSD is Sold and Used

LSD is most often sold on the street as a tablet, on blotter paper (impregnated with liquid LSD), as window panes (small square gelatin sheets), and microdots (small balls of powder on a paper). The similarity between childrens' decals and decorated blotter paper has led to warnings that tell parents to be aware of blue star tattoos and postage stamp-size pictures of Superman, Mickey Mouse and other characters that are impregnated with LSD. The Drug Enforcement Administration

says there has never been a documented incident in which LSD-soaked tattoos have been given to children.

LSD is usually taken by mouth, but can be injected. It is seldom diluted, in fact, it is so powerfully concentrated that weakening of the product is not easy. Tolerance to taking LSD develops rapidly. However, there appears to be little or no physical dependence on the drug.

## Effects of LSD on the User

During the first hour after taking LSD, the user may experience visual changes and extreme changes in mood. In this hallucinatory condition, the user may see distortions in objects, and experience distortion in depth and time perception. He is no longer able to make sensible judgments, to recognize common dangers, or to see objects in a normal context.

Physical evidence of LSD usage may include dilated pupils, lowered body temperature, nausea, goose bumps, increased blood sugar, and rapid heart beat. Often the hands become clammy and trembling, breathing is labored, and chills may develop.

LSD is totally unpredictable, and its decline in popularity since the late 1960's is certainly understandable. LSD has been abandoned by most of its earlier users because too many bad trips or bummers were being experienced. The good trip that made one feel all knowing and able to solve any problem all too often turned into hours of dread and terror. Too many users were hurting themselves physically, and some died while hallucinating.

## Flashback Experiences

Regular users of LSD report the experience of flashbacks, or reoccurrence of some of the LSD experiences that happened days or months after the previous dose. Often a flashback experience can result in considerable depression and a fear that one is going mad. Such occurrences have been known to lead to suicide. The flashback experience may be related, in part, to the extremely high potency of the chemical and its structural relationship to a chemical present in the brain. Because of these factors, LSD is used to study the mechanisms of mental illnesses.

Flashback experience may be triggered by physical or psychological stress, or by medications such as antihistamines, or by marijuana.

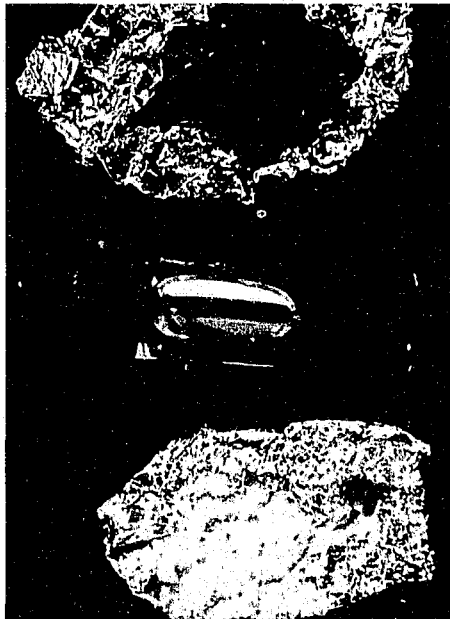
Slang terms include LSD, Acid, Cubes, Sugar, 25, The Big D, the Cube, Lucy in the Sky with Diamonds, Green or Red Dragon, Blue Heaven, White Lightning, and Microdot.

While physical dependence does not appear to be a problem (as in other drugs), the danger of psychological dependence on LSD is certainly present. And as tolerance to LSD or Acid, as it is commonly called, builds up, so will psychological dependence.

## PCP (Phencyclidine)

PCP was first developed as an anesthetic in the 1950's, but was found to cause side effects such as confusion and delirium in patients. In the 1960's, PCP was commercially used in veterinary medicine, under the trade name Sernylan, to tranquilize animals. Because of continued side-effect problems, production was halted in 1970. PCP, known by a variety of names on the street, is most

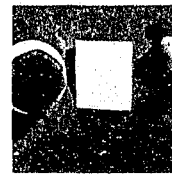
often called "Angel Dust." It is available in many illegally manufactured forms, including tablets, capsules, or as white, crystal-like powder. When sold on the street it may appear in any color e.g. (red, green, blue). It can be smoked, inhaled, sniffed, or injected. PCP is sometimes sprinkled on marijuana (called SuperPot), or sprinkled on parsley and smoked.



*Phencyclidine-PCP*

## Street Names

PCP is sold on the street by a variety of names that reflect the range of bizarre and volatile effects it causes. These names are: Angel Dust, Supergrass, Crystal, Killer Weed, Embalming Fluid, Hog, Lovely, Loveboat, Rocket Fuel, Devil Stick, Elephant Juice, and Dummy Dust. It has been sold as LSD, THC, and Mescaline.



## Effects of PCP on the User

Physical reactions to PCP depend on how much of the drug is taken by an individual and how it is used. The heart beat is elevated as well as blood pressure, while flushing, sweating, dizziness, and numbness also occur. Large doses can cause death from repeated convulsions, heart and lung failure, or ruptured blood vessels in the brain.

Reported effects of PCP on the abuser are varied. For some, PCP is a stimulant (when taken in small amounts) speeding up body functions. Other users report their own bodies and objects around them are changed. Speech, muscle coordination and vision are also affected.

Dulled to the sense of pain and touch, with users' body movements slowed and the sense of time spaced out, some users are essentially in a state of tranquilization.

Some users report numbness, slurred or blocked speech, and loss of coordination, which may be accompanied by a feeling of great strength and invulnerability. A blank stare, rapid and involuntary eye movement, and an exaggerated gait are among the more common, observable effects of the PCP abuser. Auditory hallucinations, image distortion as in a house-of-mirrors, and severe personality disorders may occur, producing acute anxiety, a feeling of impending doom, and, in some, paranoia and violent hostility.

PCP can produce reactions similar to schizophrenia, a mental



disorder characterized by hallucinations and delusions of persecution. Although such extreme psychic reactions are associated with repeated use of the drug, they have been known to occur in some cases after just one dose and to last or recur intermittently long after the drug has left the body.

### **Dangers to PCP Users**

PCP users can have flashbacks or recycling effects, which have occurred for up to 30 days after a single dose, without apparent re-exposure to the drug.

PCP has caused violent and erratic behavior in people who are not normally that way. Such behavior has led to drownings, falls from high places, burns, and automobile accidents. Regular PCP users find their memory, perception, concentration, and judgment adversely affected. Others may show signs of paranoia, fearfulness, and anxiety. During these times, the users may become aggressive, while others withdraw and can't communicate very well. Long term users suffer memory and speech difficulties as well as hallucinations, seeing and hearing that which does not exist.

### **Medical Treatment of PCP Patients**

The combination of PCP with other drugs makes the management of drug-overdose situations a critical problem. PCP and barbiturates are often a fatal combination, sometimes leading

to respiratory collapse. Supportive medical care is recommended in a quiet and reassuring environment. Valium is often used to reduce or relieve muscle spasms and as a sedation.

### **Mescaline**

Mescaline, the primary hallucinogenic ingredient of the peyote cactus, comes from the fleshy parts or buttons of the plant, and for centuries has been used by various Indian tribes of Central America and the southwestern United States as part of their traditional religious rites. The Native American church has used peyote in its ceremonies since earliest recorded times, and has been exempted from certain provisions of the Controlled Substances Act.

Usually ground into powder, mescaline is taken by mouth. A dose of 350 to 500 milligrams produces hallucinations and illusions lasting from five to 12 hours.

Mescaline is not likely to cause physical dependence, but it may cause psychological dependence.

Mescaline is also known as Mesc, Buttons, and Cactus. Some of the possible effects on the user include illusions and hallucinations. Poor perception of time and distance often results. With an overdose of mescaline, the user experiences longer, more intense trip episodes, psychosis (lost contact with reality), and sometimes death.

Users report the peyote-button hallucinogenic drug tastes bitter and often causes vomiting. It is considerably less potent than LSD, hence its reputation as a mellow psychedelic.

### **Psilocybin-Psilocyn Mushrooms**

Psilocybin and psilocyn are obtained from mushrooms grown in many parts of the world including the United States, but mostly from mushrooms grown in Mexico. Like mescaline, mushroom-derived hallucinogens have been used in Indian religious rites for centuries.

When eaten, these "sacred" or "magic" mushrooms affect the mind and perception in a manner similar to that of LSD. The mushrooms are also dried and used in capsules or pills. Others drink the water in which the mushrooms have been cooked. The effects last up to six hours depending on the dosage.

The active ingredients of the mushroom, psilocybin and psilocyn, are chemically related to LSD, and while occurring naturally, they may also be synthetically produced.

Unfortunately for the user of the mushroom hallucinogen, the product being sold on the street often contains other chemical compounds. Strangely enough, street users who want nothing to do with LSD will pay for mushrooms because they are organic.

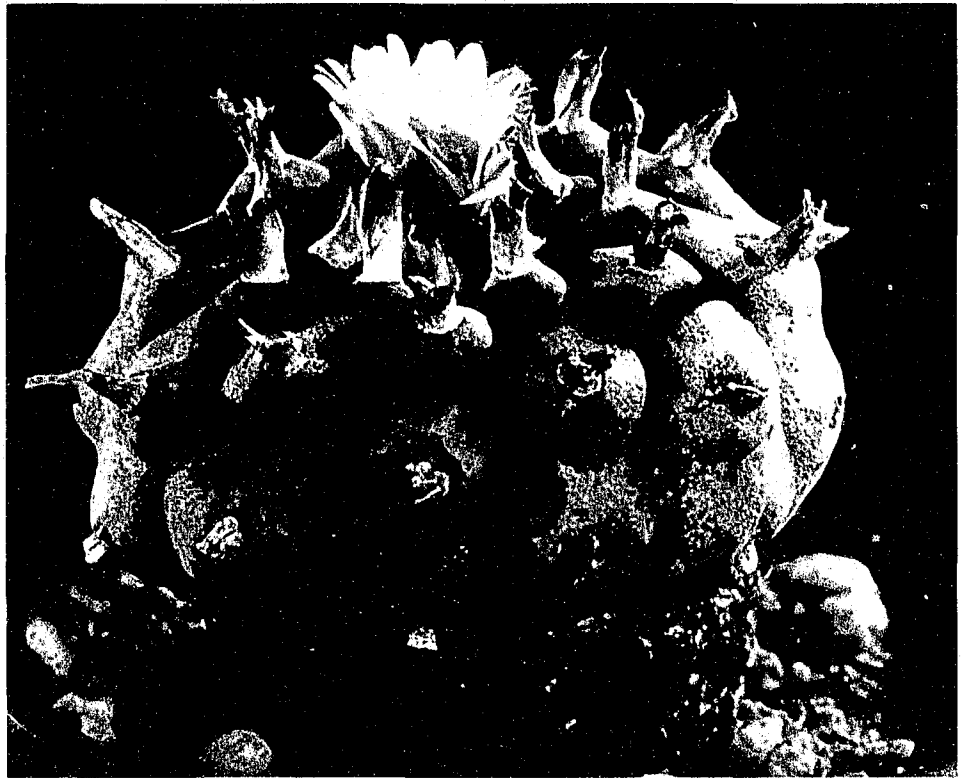
Another problem with psilocybin or psychedelic mushrooms is that any look-alike mushroom can be substituted for the real thing. This could result in mushroom poisoning. Unless the user really knows his mushrooms, buying psilocybin on the streets is a risky business.

The effects of psilocybin on the user are the same as those described for Mescaline.

## Why Try Hallucinogenic Drugs?

Many reasons are given for trying LSD and other hallucinogenic drugs, ranging from curiosity to a desire to know oneself. Most people take the drug for the high or to feel better, because they are unable to deal with life's frustrations or perhaps because they are left out of things. It is clear that without the high created by LSD, the drug would never have been popularized.

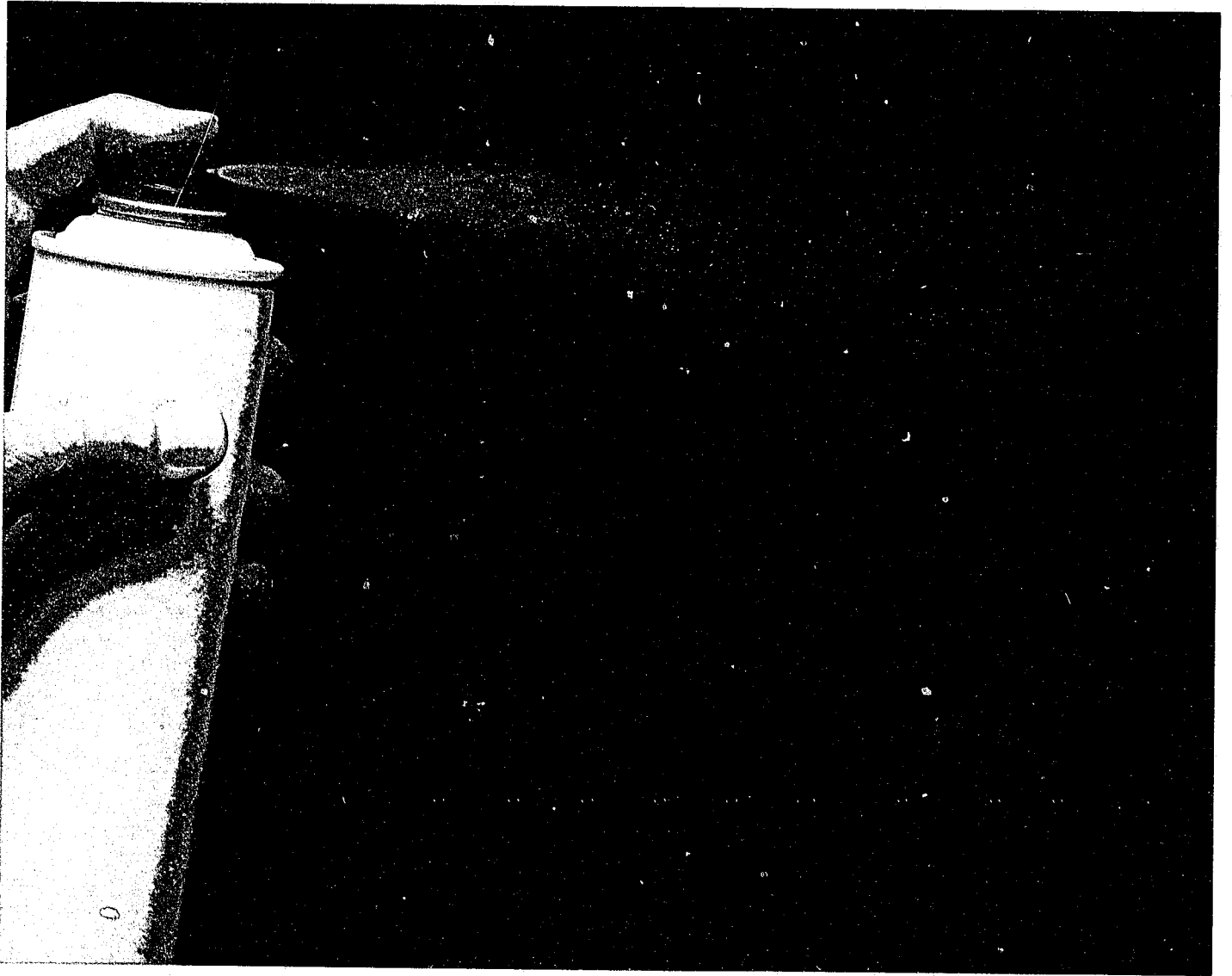
PCP is an extremely unpredictable and powerful drug. When smoked in a marijuana or regular cigarette, it is a very risky proposition. There is no way to measure the quality or potency of Angel Dust (PCP) being sprinkled on a cigarette. Quality control for any of these illicitly produced drugs does not exist. The user never knows for certain what he is taking into his body. A word to the wise: watch out for PCP, it can drive you crazy.



*Peyote cactus*



*Psilocybe mushroom*



**INHALANTS** are chemicals, the vapors of which are breathed in to achieve mind-altering effects. Solvents, aerosols, and anesthetics are the most common inhalants abused. They tend to act in slowing down body functions.





## Sniffing Abuse

The practice of inhaling vapors for their psychoactive effect goes back to ancient Greece. The psychoactive effects of inhalants such as nitrous oxide and chloroform were noted in the early 1800's. Ether was first inhaled at the beginning of the twentieth century. Sniffing of solvents began in the late 1950's and aerosols in the 1960's.

Inhalants have been described as breathable chemicals. They include solvents, aerosols, and some anesthetics. Solvents commonly abused include model airplane glue, nail polish, cleaning fluids, and gasoline. When inhaled into the lungs, these chemicals produce a psychoactive or mind-altering condition that can be anesthetic in its effect, or slow down body functions.

Inhaling low doses produces slight stimulation. Inhaling higher amounts produces a lessening of inhibitions, and the user feels less in control. Inhaling high doses can result in loss of consciousness.

Aerosol products (available in the marketplace) that are often inhaled include butane, paints, cookware coating agents, hair sprays, and other products.

Butane is one of a variety of hydrocarbon derivatives such as correction fluid or the coolant Freon. Butane abusers risk loss of coordination, confusion, lung, liver, bone marrow and brain damage and possible death. For most people, butane is the propellant that fuels cigarette lighters. For a growing number of teens who inhale it, butane is

another way to get high.

Anesthetics include nitrous oxide (laughing gas), halothane, amyl nitrite, and butyl nitrite.

Amyl nitrite is a clear, yellowish liquid sold in a small, cloth-covered, sealed bulb. When the bulb is opened it makes a snapping or popping sound; thus the nicknames, "snappers" and "poppers". Because amyl nitrite dilates the blood vessels and makes the heart beat faster, it is used in the treatment of heart patients and for diagnostic purposes. Prior to 1979, amyl nitrite was available without prescription. When it became available by prescription only, many abusers switched to butyl nitrite.

Butyl nitrite is packaged in small bottles and sold under a variety of names such as Satan's Scent, Locker Room, Climax, Rush, Bolt and Bullet. When used as an inhalant, it produces a high that lasts from a few seconds to a few minutes. Its effects on a user are decreased blood pressure followed by increased heart rate, flushed face and neck, dizziness, and headache. Some researchers believe that butyl nitrite depresses the body's immune system, weakening its ability to ward off the AIDS virus or any infection, perhaps irreversibly.

## Methods of Abuse

The type of chemicals and how they are abused are limited only by the imagination and ingenuity of the user. Aerosol sprays are released into a pop-top, beer or soft drink can and the vapors inhaled through the small hole at the top of the can. Other chemical vapors are trapped in a paper or plastic bag and then inhaled from the bag. A cloth may be moistened with a chemical and the fumes inhaled directly from the cloth. Regardless of the

method used, *inhaling chemical fumes is a dangerous and sometimes lethal practice.*

## The Inhalant Abuser

Inhalant abusers are generally between the ages of 7 and 17 and from low income neighborhoods. Most youngsters start sniffing inhalants because of peer pressure and because inhalants are readily available and inexpensive. Inhalant abuse is an international problem. In America it is estimated that about 7 million people from all segments of society have experimented with inhalants.

## Sniffing Death

The medical profession calls it sudden sniffing death. Inhaling highly concentrated amounts of aerosol sprays can cause heart failure and instant death. Striking quickly, death can occur any time a person sniffs.

Non-aerosol inhalants can cause death from suffocation by displacing the oxygen in the lungs. Inhalants may also produce suffocation by depressing the central nervous system to a point that breathing slows and then stops.

The risk of overdose increases when inhalants are used while taking other depressants such as alcohol, tranquilizers or sleeping pills. Loss of consciousness, coma or death can result.

Persons experiencing inhalant overdose should receive immediate medical attention. While waiting for help, those in attendance should make sure that the person's mouth and throat are free from any obstructions. Efforts should also be made to keep the person awake by having him/her walk and talk.

## Effects of Inhalant Abuse

Initial effects of deep breathing these various chemical vapors include nausea, sneezing, nose-bleeds, bloodshot eyes, feeling and looking tired, bad breath, lack of coordination, thirstiness, and loss of appetite. The heart beat and breathing rate change and there is often a noticeable effect in a person's judgment. The

effects are immediate and they can last from 15 to 45 minutes after inhaling has stopped.

Continued abuse of these inhalants can result in loss of weight and self-control, violent behavior, nausea and vomiting, and possible heart failure.

Inhaling concentrated fumes from a bag greatly increases the chance of suffocation. Even when painting or using volatile

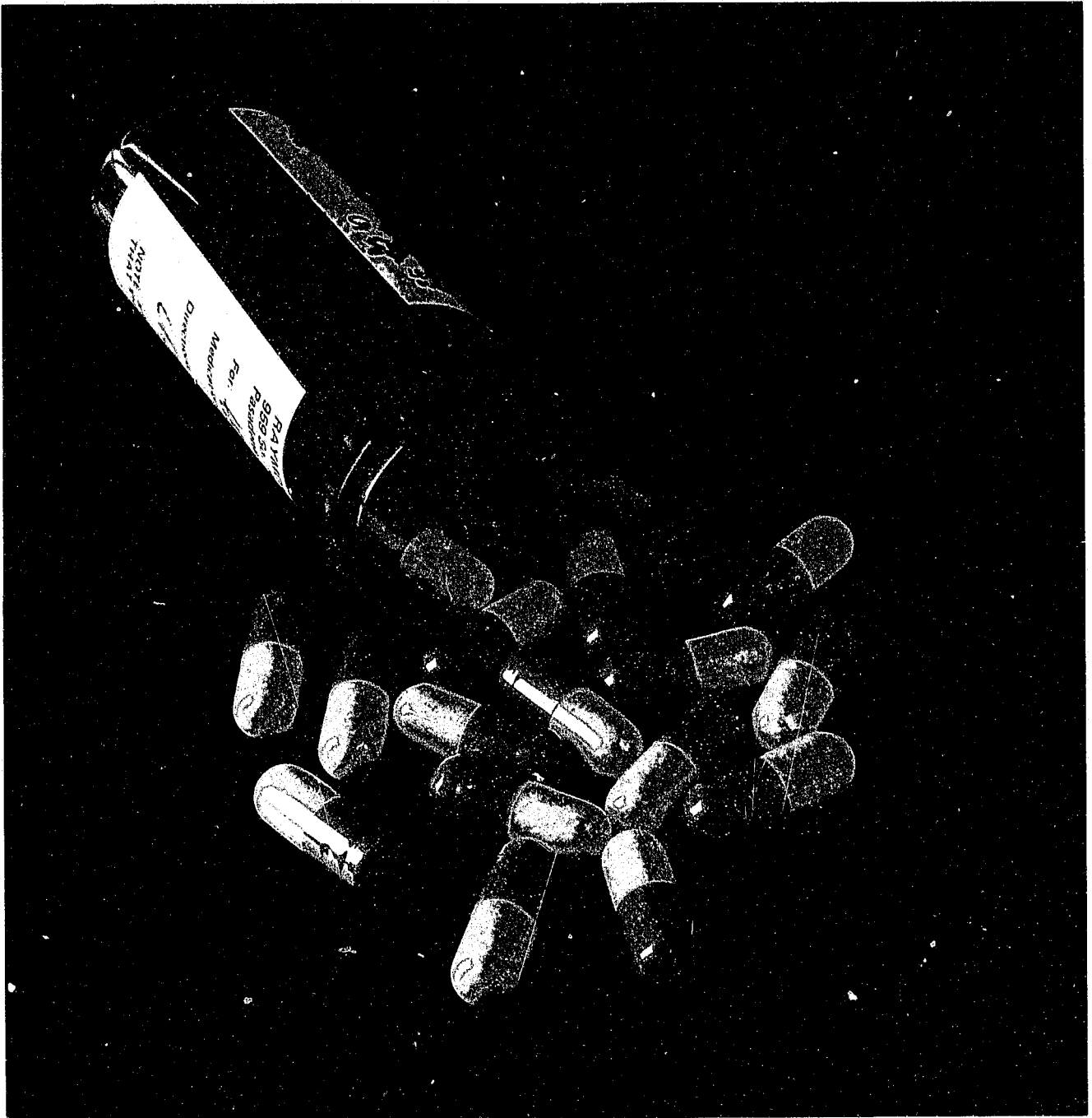
products for legitimate purposes, it is best to do so in a well-ventilated room or outdoors.

Long-term use of inhalants develops a tolerance to the product. Inhalants can cause permanent damage to the nervous system, reduce physical and mental capabilities, and damage the liver, kidneys, blood, and bone marrow.

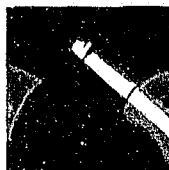
## Warning Signs

Signs that a person may be abusing inhalants are as follows:

- loss of interest in personal appearance, food, and family activity
- peculiar, spaced-out behavior
- lack of coordination
- altered time and distance perceptions
- sores on nose and mouth
- unpleasant, chemical breath
- increased coughing and salivation
- cleaning rags in room, closet or basement
- dried paint or spray on clothes and body
- empty spray cans, tubes of glue



**PRESCRIPTION DRUGS** *are natural or legally manufactured drugs used as a medicine under a doctor's written order.*



## Prescription Drugs—Women Are Often Victims

Over 200 million prescriptions for tranquilizers, sedatives, stimulants, and pain-killing drugs are written in America every year. Two-thirds of these prescriptions are for women who have gone to their doctors for a variety of medical reasons.

For anxiety, a prescription for Valium or Librium is issued; for sleeplessness, a prescription for Seconal or Luminal; for tension, a prescription for Fiorinal; for back pain, a prescription for Percodan; and for surgery pains and discomforts, prescriptions for Darvon and Valium are issued.

It is estimated that 2 million American women are victims of prescription drug abuse. They are addicted and need help. It has become a major social problem.

A U.S. Food and Drug Administration survey of doctors in 1982, found that they had issued one prescription for every patient seen the previous week.

Dr. Ted Williams, former head of the chemical abuse clinic at the Naval Hospital in Long Beach, California, where former First Lady Betty Ford received treatment, says, "Women aren't more susceptible to drug abuse, but men don't go to doctors as much. It's more macho to go out and get drunk. Women learn early in life to go to a doctor and ask for a pill."

"It starts out innocently," Dr. Williams explains. "It is much easier for a doctor to write a prescription than to suggest alternative ways of dealing with tension or pain. Talking isn't

profitable for one thing, and it takes a lot of patience. It's hard not to write a prescription."

Without realizing what is happening, a woman taking Valium on prescription soon finds that the original five milligrams doesn't do the job, and soon she asks for 10 milligrams to achieve the desired effect. Why? The body has adapted to the drug, and has learned to tolerate its presence. The more of these pills taken, the more the brain adapts to them. At the same time, the liver, the main organ that eliminates a drug from the body, becomes more adept at removing it. Soon the person using a certain drug finds it necessary to increase the dosage.

## Treatment for Prescription Drug Addiction

Recovery centers or clinics for the chemically dependent are available throughout the country. Many specialize in both inpatient and outpatient programs and comprehensive aftercare. Costs for treatment vary, ranging from \$2,000 to \$20,000 or more. Most major U.S. medical centers have such clinics and there are hundreds of recovery clinics sponsored by private and non-profit organizations. Medical expenses for treatment are covered by many health insurance plans.

Many corporations and other businesses provide confidential rehabilitation programs at company expense as part of their Employee Assistance Programs.

The first four or five days in a treatment center are spent in detoxification or withdrawal by the patient, followed by four to 12 weeks of therapy, counseling, and learning how to go on living without chemical dependency. An estimated one out of every three persons undergoing reha-

bilitation from chemical dependency relapses or drops out of the program, refusing to admit that they have a disease called addiction.

Every person who completes the rehabilitation program usually has a sponsor, similar to Alcoholics Anonymous or Narcotics Anonymous, to provide a support system when regular life is resumed. Ways to treat tension, pain, and the original causes for prescription drug addiction include physical therapy, relaxation techniques, acupuncture, acupressure, biofeedback, special diet, and special vitamins. Say "No" to prescription drugs unless absolutely necessary for medical problems.

## Steroids

All across America and throughout the world, athletes, lawyers, stockbrokers, teachers, clergymen, construction workers and kids are taking steroids. The obsession with bigness has created an illicit demand for steroids. That demand is being met by manufacturers who produce anabolic steroids faster than U.S. doctors can prescribe them for legitimate medical reasons. Steroids have become the ego drug for males, pop a pill and—good-bye wimp, hello Rambol!

In general, steroids are organic compounds which have many functions in the body. Examples of steroids include cholesterol, Vitamin E, male and female sex hormones and hormones that regulate body metabolism.

Anabolic steroids are synthetic derivatives of testosterone, a male sex hormone. The testosterone hormone has two main actions — anabolic and androgenic. The androgenic action causes masculine traits in men,

the anabolic action is a building process. Anabolic steroids have legitimate uses for several medical conditions such as treatment of osteoporosis, certain types of breast cancer, certain anemias and male hormonal disorders. Anabolic steroids can be taken orally or by injection.



*Steroids*

### **Effects of Anabolic Steroids on the Body**

In teen-agers, anabolic steroids can stunt body growth by causing the growth plates, the spongy parts of the long, young bones to close prematurely.

A woman taking an anabolic steroid is taking a masculine hormone that is antagonistic to the estrogens, female hormones, in her body. Anabolic steroids change fat distribution by increasing muscle mass and shrinking breast size. Female vocal cords enlarge and cause the voice to deepen. They also spur growth of facial and body hair and cause enlargement of the clitoris.

In men, large doses of steroids will cause the male's pituitary gland to stop the body from producing testosterone because so much of the synthetic testosterone is already in the body. This shutdown can cause breasts to grow, testes to shrink, a lowered sperm count and decreased sexual drive.

### **Damage to the Body**

Steroids cause the body to retain nitrogen and this causes the body to retain more water for balance, resulting in edema. This extra fluid in the body elevates the blood pressure, causing hypertension and heart disease. High blood pressure can lead to kidney and heart failure and can promote atherosclerosis, an artery-clogging disease. Doctors report that early heart disease is a real threat. The most accurate lab tests show steroids add three to four times to the risk of heart disease. Oral steroids have also been implicated in the development of liver tumors. Body builder Daniel Baroudi died at age 26 of liver cancer; this was the first documented case linking steroids and liver cancer.

### **Psychological Complications**

Dr. Harrison Pope, Jr, a psychiatrist at McLean Hospital in Belmont, Massachusetts and Dr. David Katz of Harvard Medical School, conducted a study on the psychiatric dangers of steroids. Their study was published in the April, 1988 issue of the American Journal of Psychiatry. They found that high doses of steroids could cause severe depression, manic behavior and other serious mental problems. Research, based on interviews with athletes, found that one-third had suffered delusions, hallucinations, manic episodes, and depression.

Mental problems associated with steroid abuse are unpredictable as one individual may be affected by a small dose while another may not be affected by a massive dose. Violence and aggression are also problems. An example is that of a steroid user who became enraged when a driver in front of him left his turn

signal flashing; at the next stoplight, he leaped from his car and smashed the driver's windshield. Another young man bought a \$17,000 sports car while taking the steroid methandrostenolone or Dianabol (no longer available by prescription). When he stopped taking the drug he realized he couldn't afford the payments and sold the car. A year later, he was taking steroids again and impulsively bought a \$20,000 sports car. Some users become paranoid believing that friends steal from them while others become euphoric and believe that nothing in the world can hurt them.

### **Sports and Steroids**

In 1974 the International Olympic Committee added steroids to the list of banned substances. Unfortunately, the use of steroids continues. At the 1988 Summer Olympics, an athlete lost his gold medal when tests revealed that he had run with an anabolic steroid, stanozolol, in his system. Oral drugs are often used prior to competition and have a shorter detection period. Steroid injections last longer, six months or more.

In 1975, the International Amateur Athletic Federation, the world-wide track federation said it would ban, for life, anybody caught using steroids. The National Collegiate Athletic Association began a mandatory drug testing program in 1986 and even the National Football League (NFL) has cracked down on steroid users.

### **Withdrawal Effects**

Anabolic steroids are not without withdrawal effects. A number of athletes have said that

after they stopped taking the hormone drug they felt listless, powerless and depressed. To top it off, the body nitrogen level drops and the edema or water weight, is lost and all weight gains disappear within weeks, sometimes even to a lower level than before taking the steroids. Athletes report looking in the mirror and watching their body shrinking before their eyes...depression is definitely a problem.

## The Law

California became the first state to make steroids a controlled substance, thereby making sale or possession of them for sale a felony. Penalties range up to five years in prison and a \$20,000 fine. California also made it a felony for doctors to prescribe steroids for body building and toughened penalties for legal manufacturers of steroids. California is the only state to enact legislation requiring steroid education programs.

In Florida, it is a third-degree felony punishable by five years in prison and a \$5,000 fine for any person or pharmacy selling steroids without a prescription. Florida law also calls for a maximum penalty of license revocation for doctors who prescribe anabolic drugs to athletes for muscle-enhancing purposes.

In 1990, President George Bush signed into law legislation to crack down on the illegal steroids market by classifying anabolic steroids as a controlled substance. Under the new law, DEA has the authority to investigate steroid trafficking. Penalties for steroid trafficking increased from

three years to a minimum of five years, with sentences doubled for repeat offenders and offenses involving children.

## Prescription Drugs— Most Abused

The legitimately manufactured prescription drugs in the following illustrations are those most commonly abused. Unlike illicit drugs, these drugs are more easily recognized because of the consistency of their sizes, shapes, and colors. Stringent manufacturing standards require each tablet or capsule of a specific type to appear the same. Markings such as a groove through the center of the tablet, known as scoring, indentations, numbers, letters, or trade and manufacturers' names on tablets or capsules, further help to make visual identification possible.

The size and color of a tablet or capsule aids in explaining the strength and potency of a particular drug product. The ingredients or compounds, as they are called, that go to make up each individual tablet or capsule are generally measured in grams or milligrams. By increasing the milligram levels of a drug compound in a tablet or capsule, the strength or potency of the product is increased. A doctor's prescription will usually list the dosage amount in milligrams, informing the pharmacist how strong to make the medication ordered for the patient.

Unfortunately for those who misuse drugs, some prescription drugs are counterfeited and sold on the street as the real thing. They may look the same in size, shape, color, and markings,

however, their strength is unknown. People who use such drugs risk overdosing on them, causing severe physical and psychological reactions.

Prescription drugs pose an additional hazard often overlooked. Most bathroom medicine cabinets in the home contain various prescribed medications. Many of these prescription drugs are psychoactive tablets or capsules that are no longer taken by the patient and would probably not be missed if removed from the cabinet. For the drug abuser, the medicine cabinet can be a ready source of drugs. Parents and grandparents should dispose of drugs that are not being used. Medications in use should be properly secured, especially when youngsters are present.

The illustrations that follow do not cover all legitimately manufactured drugs, nor are they intended to substitute for a chemical analysis where such action is warranted. It will help the reader quickly identify some commonly abused drugs encountered outside a valid medical-use situation. A suspected drug may be compared to the illustrations for identification.

The lack of distinctive markings on some of the drugs illustrated sometimes makes them more difficult to recognize, however, this is the only means of visual identification available. The drugs presented are reproduced as closely as possible to actual sizes and colors, but some allowance should be made for slight color variations associated with the actual drugs.

All illustrations are grouped as depressants, narcotics or stimulants.

**DEPRESSANTS** affect the central nervous system by decelerating its activities. Synthetic or natural depressants include those used to induce sleep (hypnotics), produce a relaxed state leading to sleep (sedatives), or relieve anxiety without sleep (tranquilizers). Some signs to look for: drunken behavior without odor of alcohol, disorientation, slurred speech, lack of coordination.



1. Alivan 0.5 mg., 1 mg., 2 mg.



2. Valium 2 mg., 5 mg., 10 mg.



3. Tranxene 3.75 mg., 7 mg., 15 mg.



4. Serax 10 mg., 15 mg., 30 mg.



5. Librium 5 mg., 10 mg., 25 mg.



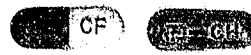
6. Xanax 0.25 mg., 0.5 mg., 1 mg.



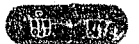
7. Dalmane 15 mg., 30 mg.



8. Restoril 15 mg., 30 mg.



9. Nembutal 50 mg., 100 mg.



10. Pentobarbital 100 mg.



11. Seconal 100 mg.



12. Tuinal 100 mg., 200 mg.



13. Phenobarbital 15 mg., 30 mg., 60 mg.



14. Placidyl 500 mg.



15. Doriden 0.5 GM.



16. Halcion 0.25 mg., 0.5 mg.



17. Talwin NX



18. Talacen



19. Darvon 65 mg.



20. Darvon Comp. - 65

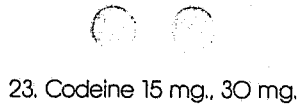


21. Darvocet n-50, n-100



22. Wygesic

**NARCOTICS** cause dulling of the senses and induce sleep. Their prolonged use can result in addiction. Some signs to look for: drowsiness, slurred speech, euphoria, constricted pupils, watery eyes, runny nose.



23. Codeine 15 mg., 30 mg.



24. Morphine 15 mg., 30 mg.



25. Dolophine HCL 10 mg.



26. Demerol 50 mg., 100 mg.



27. Percodan



28. Percocet



29. Dilaudid 1 mg., 2 mg., 3 mg., 4 mg.



30. Mepergan Fortis



31. Tylox



32. Hycodan



33. Empirin w/Codeine 2, 3



34. Empracet 3



35. Tylenol w/Codeine 2, 3, 4



36. Phenaphen w/Codeine 3, 4



37. Fiorinal Tablet and Capsule



38. Fiorinal w/Codeine 2, 3

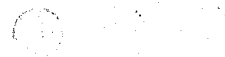
**STIMULANTS** affect the central nervous system causing increased alertness and physical activity. Some signs to look for: talkative, state of euphoria, rapid pulse, loss of appetite, insomnia.



39. Dexedrine 5 mg.



40. Dexedrine Spansule 5 mg., 10 mg., 15 mg.



41. Ritalin 5 mg., 10 mg., 20 mg.



42. Biphedamine 12½ mg., 20 mg.



43. Ionamin 15 mg., 30 mg. (Phentermine Resin)



44. Preludin 50 mg., 75 mg.



45. Prelu - 2 105 mg.



46. Didrex 50 mg.



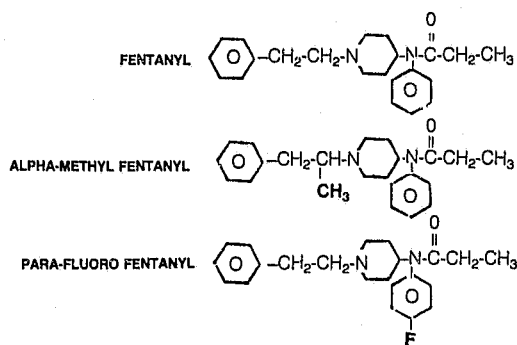
47. Tenuate 25 mg.



48. Tenuate Dospan 75 mg.



## Fentanyl



## Designer Drugs

Designer drugs refer to chemical substances produced in clandestine laboratories by unscrupulous chemists who convert available controlled substances into new, legal, and uncontrolled drugs, which can then be sold on the street to drug addicts and abusers.

Fentanyl, a synthetic narcotic marketed under the name Sublimaze, was developed by Janssen Pharmaceuticals in Belgium. By tinkering with the molecular structure of fentanyl, an underground chemist in California produced an extremely powerful, addictive, and euphoric substitute for heroin.

This new synthetic drug which first appeared in 1979, was called China White because it resembled the finest-quality heroin from Southeast Asia. In 1983 another designer drug called Persian White was identified in California. It was 1,000 times more powerful than heroin. Both China White and Persian White are close relatives to the parent drug, fentanyl, but with just enough difference in their makeup to have made them uncontrolled substances. They have

now been declared illegal by the U.S. Drug Enforcement Administration (DEA).

Fentanyl has taken its toll in the medical profession. The alluring effects of fentanyl have caused anaesthesiologists to be an over-represented group of addicted doctors in the United States. According to a report in the August 1986 issue of *Discover Magazine*, a recent study indicated that among 173 anaesthesiologists using fentanyl, 37 died as a result of addiction to the drug. Anaesthesiologists account for 4 percent of America's 500,000 doctors.

Designer drugs have caused widespread havoc. In 1982 fentanyl analogs (variants of fentanyl) are known to have caused 107 deaths in California, Arizona and Oregon. A bungled attempt at producing MPPP, an analog of the pain-killer Meperidine (Demerol) resulted in more than 400 drug abusers to suffer side effects of Parkinson's disease. Twenty people were permanently crippled as a result of using this drug. More than 200 other variations of fentanyl have been created and the total number of variations could reach 1,000.

The designer-drug business is not restricted to heroin substitutes alone. Synthetic cocaine and amphetamine products are also on the market. Designer chemists are even making an amphetamine-mescaline hybrid known as MDA, which is now illegal. A variation of this hallucinogen called Ecstasy, Adam, Essence or MDMA is a highly abused drug, even though it is claimed by some to be useful in the field of psychotherapy. MDMA may become the new LSD of the 1980's. Unlike LSD, however, this psychedelic drug appears to be addictive.

To help combat these com-

plex challenges, the U.S. Congress in late 1984 gave DEA emergency powers to deal with the problem of designer drugs. Now, instead of the normal six months to a year needed to bring an abusable drug product under control, DEA can within 30 days ban uncontrolled use and take up to a year to justify the action.

While legitimately manufactured drugs are tested on animals, designer drugs are tested on humans and the drug buyer doesn't know he is a test subject. Even the addicted doctor who must seek fentanyl on the street because he can no longer divert it from legal channels does not know what he is buying. So called "bucket" chemists can produce designer drugs in their garage with a minimal amount of chemicals. Like the infamous MPPP chemist who was responsible for causing symptoms of Parkinson's disease in so many people, a small mistake applying heat or acid during synthesis of designer drugs can have destructive results for users.

The flood of cocaine and other drugs on the street may be the only thing limiting the spread of designer drugs. It could be the next epidemic.

## The Look-Alike Problem

Tablets and capsules containing readily available, over-the-counter ingredients made to resemble popular controlled stimulant or depressant products are known as look-alikes. They mimic popular controlled stimulant products, or "uppers," such as Biphedamine, Ionamin, Dex-amyl, Dexedrine, Eskatrol, and Fastin. They also imitate controlled depressant substances, or "downers," such as Valium and Librium.

Compounds used in look-

alikes are the same as those contained in over-the-counter nasal decongestants, analgesics, diet aids and sleep aids, allergy, asthma, or cold remedies. These materials are simply caffeine, ephedrine, pseudoephedrine, phenylpropanolimine, antihistamine, and analgesics.

Look-alike products are usually promoted as being safe and legal stimulants, diet aids, or sleep aids, and their promotion often implies they can be resold for huge profits. Such advertising usually has been directed at high school and college youth through direct mail, magazines, or flyers

distributed at sports events or rock concerts.

Often a buyer purchases improperly labeled look-alike products under the impression that these tablets or capsules are in fact controlled substances. They pay from 50 cents to \$2 for a product that only cost the distributor 2 to 15 cents each.

Look-alike products can be harmful if taken in large quantities or in combination with alcohol. Reactions can range from nervousness, insomnia, or drowsiness to a sharp rise in blood pressure, cerebral hemorrhaging, or temporary psychotic episodes.

In 1981 DEA distributed to all U.S. states a Model Imitation Controlled Substances Act, making it illegal for anyone to manufacture, distribute, possess, or advertise an imitation controlled substance. By 1984, at least 43 states had passed some form of legislation against look-alike and act-alike drugs.

Despite these efforts, there remains a hard core of manufacturers and distributors who find their profits lucrative enough to continue to resist government regulations and remain in business.

20. DSE 127	250mg	\$30.00	\$8.50
21. DSE	325mg	30.00	8.50
22. DSE Maximum	337mg	38.00	7.50
23. DSE 250	300mg	30.00	8.50
24. DAE 250	250mg	26.00	8.50
25. DAE 275	275mg	23.00	8.50
26. DAE 35/25	110mg	18.00	5.00
27. DAE 190	175mg	30.00	7.40
28. DAE 290	225mg	35.00	7.80
29. DAE 260	225mg	28.00	8.50
30. DAE 160	175mg	24.00	6.50
31. DAE 500	350mg	35.00	8.50
32. DAE 300	300mg	30.00	8.50
33. DAE 200	200mg	23.00	6.50
34. DAE 25/25	110mg	15.00	5.00

Active Ingredient in above stimulants: Caffeine  
 CAUTION: Individuals under medical care should consult their physician.

35. **DAE 25 mg**  
 Equivalent to mg.  
 For the Treatment of Arthritic Symptoms.  
 1000 Tablets - \$18.00  
 100 Tablets - \$7.50

36. **DAE** Natural Stimulant  
 Contains in a special blend for pep and energy the natural way.  
 90 Tablets - \$9.95

37. **DAE** (A Day) A special formula that curbs your appetite through the meal while reducing dieting fatigue. 1000 Capsules - \$30.00  
 100 Capsules - \$7.50

38. **DAE** (A Day) Only one capsule needed to continuously control appetite throughout the day.  
 90 Day Supply - \$9.95

39. **DAE** Dieting Breakthrough Two products that control your appetite and revitalize the essential needs of the body. Lose weight and maintain healthy nutrition.  
 90 Day Supply \$18.95

Look-alike stimulants



**ALCOHOL** is a colorless, volatile, pungent liquid; the intoxicating ingredient in beer, whiskey, gin, rum, wine coolers, and other distilled or fermented liquors. A depressant, it affects the central nervous system by slowing its activities.

## Alcohol—Use and Misuse

Alcohol is a paradox. Almost any statement you make about it is true.

- It quenches thirst, but can trigger uncontrolled, compulsive drinking.
- It is an appetite stimulant, but often a false substitute for health-giving food.
- It symbolizes gracious living, yet is a possible way to an ungracious death.
- It is a medicine, but can cause blood, heart, and liver disorders.
- It is a cultural amenity, a part of everyday living, yet often a factor in the breakdown of the family.
- It releases inhibitions, but can lead to overpowering feelings of isolation.
- It is used to drink a toast to good health, drinking it can destroy good health.

Alcohol is a central nervous system depressant, the most widely used and misused non-prescription drug in the United States. Ethyl alcohol or ethanol is the kind of alcohol contained in alcoholic beverages such as beer or wine and in more potent hard liquors like whiskey, rum, gin, vodka, bourbon, or brandy, which are all made by fermentation or distillation of fruits, vegetables, and grains. It is the ethyl alcohol in these drinks that causes intoxication or drunkenness.

America's beer, wine and liquor companies spend about \$2 billion on advertising and promotion campaigns that are designed

to promote the idea that consuming alcohol is necessary for social well being. But, bear in mind that alcohol is an addictive drug and is the nation's leading drug problem causing an annual 100,000 alcohol-related deaths and \$130 billion in economic costs.

The presence and use of alcohol is customary and acceptable in many family homes and social and business environments.

Because alcohol is so commonly and legally available in drug or food stores, in bars and restaurants, at sports events, and in many homes, it is important to remind our young people that even though alcohol is a legal drug, it is illegal to drink it until they are of legal age. They should learn early in their developmental years that alcohol is a very powerful and often addictive drug. Unfortunately, surveys reflect that most young Americans take their first drink of alcohol during their elementary or middle school years, usually at home in the company of family members or close friends.

It is estimated that more than 20 million Americans misuse alcohol. Surveys show that eight out of 10 high school seniors have tried alcohol more than once, that twenty percent of all ninth grade boys can be called problem drinkers and that seven out of 10 adults drink at least occasionally.

Drugs, like alcohol and marijuana, are considered "gateway drugs" or "stepping stones" that can lead users to other drugs such as cocaine, speed, LSD, angel dust (PCP), or even prescription drugs such as tranquilizers, sleeping pills, or narcotics.

Over 5,000 teenagers are killed yearly in auto crashes where alcohol is involved. The National Highway Traffic Safety Administration reported that in 1992 there were 39,325 traffic crashes. Drunk driving or the use of alcohol was

responsible for about 45.1 percent of all traffic fatalities. The 17,699 fatalities in alcohol-related crashes during 1992 represent an average of one alcohol-related fatality every 30 minutes.

## Alcohol Percentage in Drinks

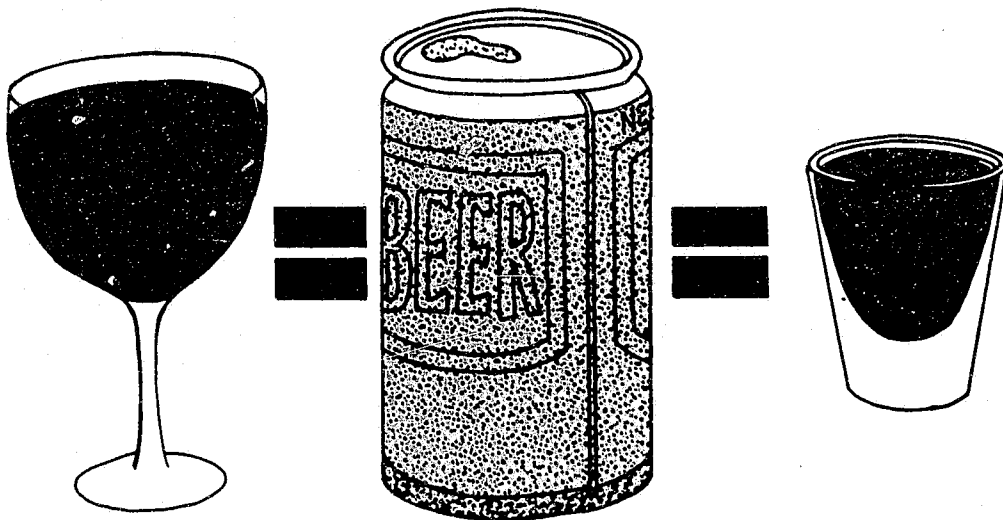
The alcohol percentage in beer, wine, whiskey, or mixed drinks varies. Most beer contains four to six percent alcohol. Wine contains more alcohol than beer; between 12 to 20 percent plus some fruit juices and mineral content. Hard liquor or distilled spirits such as whiskey, gin, bourbon, brandy, or vodka contain 40 to 50 percent alcohol.

Wine Coolers, a mixture of fruit juices, sugar, red or white wine and carbonation, contain the same amount of alcohol as a 12 oz. beer. However, carbonation mixed with alcohol causes greater impairment.

Half of the proof number, found on the label of a distilled whiskey or gin bottle, equals the percentage of alcohol in that drink. For example, an 86-proof bottle of whiskey contains 43 percent alcohol and 100-proof bourbon contains 50 percent alcohol.

A rule of thumb: One 12-ounce can of beer contains the same amount of alcohol as a 1 1/2-ounce shot or jigger of whiskey or a five-ounce glass of wine. So, if you drink a six-pack of beer you are drinking six doses of a very powerful and addictive drug.

Some people put more than one jigger (1 1/2 ounce) of whiskey in their glass, or they make mixed drinks (cocktails) that contain two or three shots of hard liquor. Martinis made from gin and dry vermouth, and Manhattans made with bourbon and sweet vermouth, combine hard liquor and wine with an alcohol content between 50 and 60 percent. Obviously mixed drinks



one glass of wine  
(5 ounces) has  
1/2 ounce of actual alcohol

one can of beer  
(12 ounces) has  
1/2 ounce of actual alcohol

one shot glass with  
1 1/2 ounces of  
hard liquor has  
1/2 ounce of actual alcohol

excess alcohol in the bloodstream cannot be removed or burned off by having a drunk person drink black coffee or walk about briskly. The only way a person can sober up after excessive drinking is to allow the liver time to complete its oxidation process, about one hour per drink.

Some drinkers get boisterous and rowdy. Others who consume the same amount of alcohol become mellow and happy. Still others, gregarious and uninhibited. The behavior of a drinker is not always predictable, but on one point the experts all agree, alcohol is a powerful sedative that acts as a depressant or downer when taken into the body.

### Stages of Intoxication

Recognizable stages of intoxication can be generally described. First the happy phase. After a drink or two the drinker appears to be in a happy, relaxed state. With three or four drinks the drinker enters the next or excited phase. The senses of emotional control and judgment are affected, reactions are somewhat slower, and poor judgment is evident. In the third phase, after five or six drinks, the senses are even more dulled and a confused state is evident. Some staggering, disorientation, and mood changes occur. Speech is slurred and double vision can occur. When more drinks are consumed without allowance for the body to recover, the drinker is not able to stand or walk and is soon in a stupor, barely conscious. In this condition, if the drinker continues to take alcohol, the final stage or coma is reached in which unconsciousness occurs. Few body reflexes are visible and the person could die from respiratory paralysis.

are far more potent than a glass of wine or beer, and can produce a pronounced effect on the body in a shorter period of time.

### The Effects of Alcohol

The effects of alcohol on the body depend on several things such as body weight, age, past drinking experience, how many drinks are taken over a period of time, and, sometimes, what the drinker expects the alcohol to do. People usually drink to relax, to feel good, to forget about minor worries or problems, or to relieve aches and pains. Many people drink because it is the socially acceptable thing to do. Others drink to get drunk.

The alcohol in any drink first enters the stomach and then passes directly into the bloodstream (is absorbed) through the walls of the stomach and small intestines. Alcohol requires no digestion and once in the bloodstream goes directly to all parts of the body including the heart, brain, and liver.

In the brain alcohol acts to

slow down or numb the drinker's normal sense of judgment and other important coordination centers such as speech and movement.

The liver serves an important function, that of converting alcohol in the bloodstream into water, carbon dioxide, and energy. This conversion cannot be hastened and takes place at a rate of about one-half ounce of pure alcohol per hour. This is about the volume of alcohol in a 12-ounce can of beer, a 1 1/2-ounce shot or jigger of whiskey, or a five-ounce glass of wine.

When alcohol is taken into the body at a rate faster than one drink per hour, excess alcohol, which has to wait to be oxidized by the liver, accumulates in the bloodstream where it continues to affect the heart, brain, coordination centers, and other functions.

The rate that alcohol passes into the bloodstream can be slowed if food is taken while drinks are being consumed. Alcohol on an empty stomach will pass into the blood stream immediately.

Contrary to popular myths,

## **Blood Alcohol Concentration (BAC)**

It takes approximately five to six drinks consumed within two hours for a 155 pound person to reach a BAC level of .10 percent. Even a .03 percent BAC level indicates judgment and ability are lowered and can lead to risky driving.

Reliable BAC percentages show that with a BAC level of .10 percent the average driver is six or seven times more likely to have an accident than if completely sober. The more inexperienced the driver the more dangerous driving and drinking becomes. With a BAC of .15 the same driver's accident rate increases from six to seven to a likelihood of 25 to one.

The average person arrested for driving under the influence of alcohol has a BAC level of .19 percent, increasing the accident-prone rate to 100 to one.

## **Damage to Body Organs Can Occur**

Prolonged and excessive misuse of alcohol can permanently damage the organs of the body. It can cause cirrhosis or scarring of the liver. Heart and brain damage can also occur. An overdose can cause convulsions, hallucinations, and death. When diagnosed early enough the damaging effects of alcohol in the body can be treated and arrested, but damage caused cannot be reversed.

A more complete listing of long-term, harmful effects of prolonged alcohol consumption includes:

**Liver Damage:** scarring of the liver, possible cancer of the liver, and hepatitis.

**Heart Disease:** enlarge-

ment of the heart, decreased cardiovascular endurance.

**Damage to Developing Fetus:** or unborn babies can result through premature births, and increased infant mortality.

**Ulcers and Gastritis:** caused by irritation to stomach tissues.

**Malnutrition:** alcohol has no food value and can interfere with the proper digestion of food.

**Cancer:** the incidence of cancers to the mouth, larynx, tongue, throat, liver, and lungs is high. Excessive alcohol negatively affects high and low blood sugar and uric acid levels.

**Brain Damage:** brain cells are destroyed by bouts of heavy drinking that generally weaken strength, power, muscular endurance, and speed. Reaction time, hand-eye coordination, accuracy, balance, and complex coordination skills are all adversely affected by excessive consumption of alcohol.

**Delirium Tremens: (D.T.'s)** result when an alcoholic withdraws or stops drinking alcohol. Memory loss, sometimes hallucinations, and disorientation occur.

**Fatal Effects:** drinking is directly associated with 45.1 percent of the 39,235 traffic fatalities that occur annually. Abusive use of alcohol can shorten the life span of a heavy drinker by 10 to 12 years.

Medical experts recommend that alcohol should be avoided if you have any of the following physical ailments: heart, liver, kidney, gastritis, or high blood pressure problems. If blood sugar levels fluctuate, including uncontrolled diabetes, alcohol should not be taken.

If you want to lose weight avoid alcohol, which has 150 calories in each shot (1 1/2 ounces). *If you are pregnant*

*avoid alcohol.*

If you do drink, moderation is best maintained by consuming no more than three or four ounces of alcohol per week, preferably not on one occasion.

A commonly accepted belief that moderate alcohol usage lowers one's risk of heart disease is being evaluated in light of the multiple health risks associated with its usage. There are safer options to prevent heart disease.

## **Drinking and Driving**

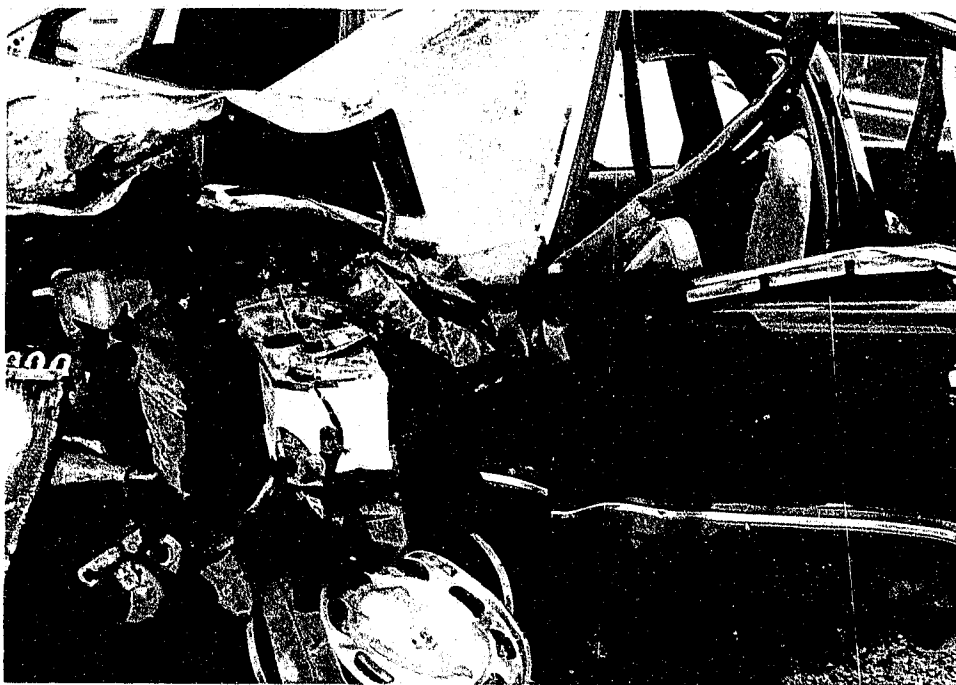
Because of stepped up efforts by citizen groups, lawmakers, police officials, and judges against drunk drivers, the alcohol related death toll on our nation's highways dropped to 17,699 in 1992. That compares with 25,165 killed in 1982.

The successful reduction of highway fatalities was sparked by organizations such as Mothers Against Drunk Drivers (MADD), Remove Intoxicated Drivers (RID), Students Against Drunk Drivers (SADD), Boost Alcohol Consciousness Concerning the Health of University Students (BACCHUS), and other groups. Virtually every state in the nation has tightened drunk-driving laws and in recent years some 223 new statutes have been enacted. Some of these more significant laws are:

In 29 states plus the District of Columbia, driver's licenses are immediately suspended upon involvement in a drunk driving arrest.

In 41 states tavern or bar owners can be held liable for damages caused by a drunk driver if they could have taken steps to prevent that drinker from driving.

Ten states have strengthened the legal definition of drunk driving, changing the standard



from .10 percent to .08 percent blood alcohol content (BAC).

In July, 1984, President Reagan signed into law, legislation making 21 the legal age for purchasing and drinking alcoholic beverages. States are required to follow suit. The penalty for not doing so will be to deprive states of federal highway funding.

Police and sheriff departments are conducting roadside sobriety tests more often. Weekend checkpoint tests are set up during the evening hours to check drivers' abilities. Drunk drivers are identified by highly accurate blood analysis tests. A reliable and easy-to-administer saliva test is now being used by some medical and enforcement officers. The test can identify within minutes, after a simple saliva sampling, whether or not a driver's blood contains alcohol. The sampling reflects a blood alcohol concentration (BAC) range from sobriety to the rating of .10 percent BAC, the level of legal intoxication and probable cause for arrest.

School children are taught

about the dangers of driving and drinking. Parents have the responsibility and obligation to reinforce that knowledge by setting a good example.

### **Alcohol and Auto Crashes**

About 2 in every 5 Americans will be involved in an alcohol-related crash at some time in their lives.

Extremely large quantities of alcohol in the bloodstream can stun the brain's control over breathing and cause death. This rarely happens because the drinker passes out before a lethal or life-threatening BAC level of .50 percent can be reached.

Younger people are especially vulnerable to the effects of alcohol on judgment and behavior. In addition to becoming less inhibited in their actions some young drivers become more susceptible to the suggestions or demands of others, and may commit destructive or dangerous acts they normally would not have considered.

1992 statistics reveal that drivers in the 16 to 20 age group, who had a BAC of 0.10 or greater, were involved in 17.5 percent of alcohol-related fatalities. College-age students and young workers in the 21 to 24 age group who had a BAC of 0.10 or greater were involved in 30.5 percent of alcohol-related fatalities. To make the problem worse, these youths are in the age group least likely to use their seat belts.

In short, alcohol misuse combined with the wrong peer pressure suggestions can result in the commission of dangerous acts that threaten life and limb of a high percentage of youthful drivers.

### **Alcohol Plus Other Drugs**

When alcohol is combined with other drugs, particularly addictive drugs such as some tranquilizers, methadone, cocaine, or heroin, their combined effects are often multiplied and physical dependence to these addictive drugs can be accelerated.

The following is a brief summary of what can happen when other drugs are taken or combined with alcohol. The effects listed vary considerably according to factors such as past drinking habits (tolerance to the amount of alcohol consumed) and perhaps chronic illnesses:

**Antihistamines**, (cold or allergy medicines) plus alcohol result in drowsiness due to central nervous system depression. Alcohol can dissolve the outer coating of timed-release pills, such as cold, diet and allergy capsules, resulting in a single, large overdose.

**Aspirin**, or other non-narcotic painkillers such as Tylenol, with alcohol can result in stomach and intestinal bleeding or irritation.

**Narcotics**, such as codeine or heroin, plus alcohol depress the central nervous system, leading to possible respiratory arrest.

**Antabuse**, (an anti-alcoholism medicine), plus alcohol result in flushing, drowsiness, vomiting, and hyperventilation.

**High Blood Pressure** medications with alcohol may cause blood pressure to be lowered to a dangerous level.

**Diabetic Drugs (Oral)** combined with alcohol cause a reaction similar to antabuse with alcohol and reduces the effect of the diabetic medicine.

**Antibiotics** plus alcohol cause a reaction similar to antabuse and alcohol.

**Tranquilizers or Sedatives** combined with alcohol result in increased central nervous system depression. Alcohol increases the effect of the tranquilizer medication; accidental deaths have occurred.

**Marijuana or Hashish** plus alcohol increases drowsiness and confusion and affects an individual's ability to function or think clearly.

**Cocaine** combined with alcohol tends to increase the euphoric high or pleasurable feeling that its users seek. Physical as well as psychological addiction increases.

### The Alcoholic And Alcoholism

It has been estimated that seven out of 10 adults in America drink alcoholic beverages, and one of them becomes a victim of the illness known as alcoholism. Both women and men are involved and three of every four alcoholics are respected members of their communities, not skid-row outcasts.

Alcoholism can be defined as the repetitive intake of

alcoholic beverages to an extent that causes repeated or continued harm to the drinker. The harm caused may be physical, mental, social, or economic.

Anybody who experiences repeated or long-lasting injury from drinking would change drinking habits if they could. When a person can't change his habits and can't control drinking, that person is considered to be an alcoholic.

The alcoholic cannot predict how much he or she will drink once that first drink is taken. Dependent on alcohol in order to cope with life, the alcoholic finds the thought of drinking alcohol to be tempting, appealing, soothing, and comforting. Some alcoholics drink just enough to function without experiencing the shakes. Other alcoholics drink in a socially normal fashion most of the time, but suddenly will get drunk without warning.

Alcoholics may develop a powerful craving for the chemical ethyl alcohol, and for these people, one drink is too many and 1000 not enough. This craving for alcohol doesn't have to exist for a person to be considered alcoholic. An alcoholic could be a teenager who drinks beer only on weekends.

There is no single cause for alcoholism. It usually involves a combination of factors including a desire to escape from unpleasant problems. Perhaps the pain or loneliness caused by having too few close ties; perhaps by moving too often, being uprooted or separated from loved ones. Sometimes the shy, insecure person may gain some confidence through regular use of alcohol. There is evidence that points to hereditary factors in some instances. There is no clinical test that proves conclusively whether or not a person is alcoholic.

Alcoholism and alcohol abuse together are epidemic, a national health problem of significant proportions outranked only by cancer and heart disease. The American Medical Association (AMA) has recognized alcoholism as a disease since 1956, but fortunately a disease that is treatable.

### Warning Signs Of Alcoholism

Although there is no conclusive test of whether or not a person is an alcoholic, the following questions, provided by alcoholic treatment centers, can help determine whether a person's drinking has reached a dangerous level. Checking yes to four or more of these questions indicates cause for concern and suggests corrective action should be taken.

#### YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Like to drink alone?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Lose time from school or work from drinking?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Have lapses of memory while or after drinking?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Need a drink the morning after drinking?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Need a drink at a definite time each day?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Gulp drinks hurriedly and sneak extras?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Drink to relieve stress, fear, insecurity, shyness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Often drink to escape the blues?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Become moody, irritable, or jealous after drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Need a drink before going to bed?                   |



- ( ) ( ) Get the shakes unless you continue drinking?
- ( ) ( ) Drink all the alcohol in the house before bed?
- ( ) ( ) Drinking making your home life unhappy?
- ( ) ( ) Losing ambition and drive since drinking?

Alcoholism is not an illness like the common cold, rather it often is a slowly developing progressive disease. No clear line exists between casual drinking and alcohol dependency and no clear line exists between alcohol dependency and alcoholism. Therefore, warning signs suggested in the preceding questions should be heeded.

### New Concerns

The liquor industry is launching new 12-proof, low-alcohol cocktails that are mixed with soda or fruit juice. These new cocktails with names such as Dixie Jazzberry and Lynchburg Limeade, are flooding into grocery stores and liquor outlets.

Liquor marketers deny they are targeting underage drinkers with this new kiddie cocktail that is often sold in a 12-ounce aluminum can just like other non-alcoholic drinks.

One marketer recently changed its recipe from rum to wine, allowing it to get into thousands of stores that are barred from selling hard liquor. The marketer estimates it will gain supermarket distribution in 20 new states because of the change.

In New York City, a recent survey on high-school drinking found that canned cocktails and such are the drink of choice among girls. Beer was the preference of boys.

Cisco is a fortified wine that looks and smells like a wine cooler, but it isn't. It is a potent, potentially lethal alcoholic beverage. Cisco contains 20 percent alcohol, the equivalent of four to six shots of liquor. It is particularly dangerous to teenagers who may think they are drinking a wine cooler that normally has a 4 to 7 percent alcohol content. The drink can cause hallucinations, disorientation, loss of motor control and loss of consciousness. A 100 pound person who drinks two 375 milliliter bottles within an hour could die of acute alcohol poisoning.

Cisco is carbonated and comes in five flavors. It is being sold in small bottles shaped like wine coolers and is stocked in convenience stores near ordinary wine coolers. The maker of Cisco has told Congressional critics it will change its bottle design so the product won't be confused with less potent wine coolers.

### There Is Help

Alcoholism is causing pain and suffering for 10 million or more Americans, according to conservative estimates from the Consumer Information Center in Washington, D.C. This disease affects the lives of another 40 million family members, fellow workers, and associates.

Each alcoholic person is different from another, depending on emotional needs. But before treatment and recovery can begin the drinker must first recognize that a problem exists. Recognition is not always easy to accomplish. Denial is the most common characteristic of the alcohol abuser, who often steadfastly refuses to admit that drinking is uncontrolled. Despite efforts by family, friends, and associates to shame, argue, or persuade a

drinker to seek help, it usually is not until confrontation occurs that the drinker realizes help must be obtained if the destructive effects of alcoholism are to cease.

Treatment for those addicted to alcohol is available. A simple cure is abstinence plus learning how to say "No" to that first drink. The alcoholic must also learn how to deal with the overwhelming emotional and physical temptations that first caused him to drink or take other addictive drugs such as heroin, codeine, cocaine, or other chemicals.

The goal of the alcoholic person is to learn again how to be comfortable without drinking, to learn again how to be sober, and to overcome the cravings for another drink or another drug. It is not easy, but it is possible. Help is available from *Alcoholics Anonymous*. You will find a local listing in your telephone directory.

Physical treatment for the medical aspects of alcoholism is available through hospitals and other private treatment centers. The American Medical Association urges all hospitals to accept alcoholic patients. There are organizations devoted to helping problem drinkers. These helpful agencies can be found in the Yellow Pages of your local telephone directory under such headings as: *Alcoholism Information & Treatment Centers* or under *Drug Abuse & Addiction—Information & Treatment*.



**NICOTINE** is the chief active, addicting ingredient in tobacco leaves. Nicotine, ( $C_{10}H_{14}N_2$ ) is a poisonous alkaloid. A small amount injected directly into the blood stream would kill a person within one hour.

## Tobacco and How it is Produced

Tobacco belongs to the family of plants called nightshade. Related to the tobacco plant are the petunia, the Irish potato, tomato, garden pepper and eggplants. The tobacco plant most often used in tobacco products in America is called *Nicotiana tabacum*. It was first developed in Jamestown, Virginia by John Rolfe, the husband of Indian Princess Pocahontas. In 1613, Rolfe sent the first shipment of Virginia tobacco to England and today growing tobacco and manufacturing its products is one of the leading industries in the United States. Products include cigarettes, cigars, snuff, chewing tobacco, pipe tobacco and certain chemicals that are used to kill fungi and insects.

Raised from tiny seeds as small as ground pepper, tobacco is first planted in seed beds and covered with cheesecloth for protection. The tobacco plants are transplanted to fields after they have grown about six inches high. In about three months the plants are four to six feet tall and ready for harvesting, usually in July and August. One ounce of tobacco seed is sufficient to plant about four acres of land that can produce up to 50 thousand tobacco leaves.

The finest, long, broad leaves are picked and then cured or dried in airtight, heated barns for three to five days. Some farmers cure their tobacco leaves by drying them in sunlight. After curing, the leaves are sorted and graded according to quality and weight, tied into bundles of 15 to 30 leaves, ready for market. Tobacco selected for cigarette and pipe smoking is allowed to age in large barrels called hogsheads for about three years. Cigar leaves on the other hand, need only about six months of

aging before they are ready to use. Aging tends to reduce the amount of nicotine in the leaves because of certain chemical changes which tend to increase the flavor and mildness of the leaves.

## Is There A Safe Tobacco Product?

**Smokeless Tobacco** — In the mid-1500's, Jean Nicot, France's ambassador to Peru, sent tobacco plants and seeds to France. He later persuaded the Queen of France to sniff the dried tobacco leaves and eventually, Europe became devoted to this form of smokeless tobacco. The snuff box became a status symbol; the beauty of the decorative box reflected the wealth and rank of its owner.



Smokeless Tobacco

Smokeless tobacco is used in the following ways: **chewing** — a quid, plug or chaw of tobacco is placed in the pouch of the cheek and is chewed or sucked on. The tobacco juices are spit or swallowed. **Dipping** (snuff) — placing a pinch of powdered tobacco between the lower lip and gums or between the gum and cheek where it is mixed with saliva. This also causes an increase in saliva and spitting of the juices. Plug tobacco comes in the form of a flattened brick and is wrapped in foil. Leaf tobacco is loose and carried in a pouch. Snuff is dried, powdered tobacco which comes in a circular container.

Because of evident health problems, the Federal Trade Commission (FTC) has adopted



Gum Ulcer

regulations that require health labels be placed on containers of chewing tobacco and snuff. Effective February 27, 1988, these labels contain warnings that chewing tobacco and snuff may cause mouth cancer, throat cancer, gum diseases and tooth loss and that they are not a safe alternative to cigarettes.

**Cigars and Pipes** — Pipe and cigar smoke contains many of the same harmful ingredients as cigarette smoke, often in higher amounts. Smokers who inhale pipe or cigar smoke have a greater risk of death from lung or heart disease than do cigarette smokers. Pipe smokers face a high risk of getting lip cancer. Pipe and cigar smokers have higher risks of dying from cancer of the mouth, throat or larynx (voice box).

**Clove Cigarettes** — Manufactured in Indonesia, clove cigarettes are composed of 60 percent tobacco, 40 percent ground cloves, clove oil and other additives. Because cloves are a flavorful and widely used spice, it is assumed that clove cigarettes are safe. However, clove oil (eugenol) is suspected of causing cancer when burned and inhaled.

Government studies reveal that clove cigarettes produce levels of tar, nicotine and carbon monoxide similar to all tobacco cigarettes. Doctors report that clove cigarette smokers develop

symptoms of coughing up blood, severe sore throats, nosebleeds and frequent upper respiratory infections.

### **Low Tar and Nicotine —**

Many cigarette smokers now use brands that are low in tar and nicotine. Those cigarettes may or may not be less dangerous because of the way smokers use them. In order to compensate for low levels of tar and nicotine and to achieve certain nicotine levels or taste more flavor, smokers tend to smoke more often, take more than one puff a minute, and to hold the smoke in their lungs longer.

More and more manufacturers of low tar cigarettes are using additives to try to improve taste. They are not required to list the additives on cigarette labels and health effects are unknown. There is no safe tobacco product.

### **Why Smoke?**

Many young people start smoking because they have friends who smoke. Peer pressure is a powerful influence; some people tend to imitate other people they admire, others try new customs because their friends recommend them.

Another influence is advertising. Cigarette companies spend billions of dollars linking cigarettes with physical activities by sponsoring numerous sporting and entertainment events. Many smokers who began smoking in their teenage years report they did so because smoking made them feel grown up. By smoking they showed they were free from adult control. To a lesser degree, some young men and women associate smoking with being macho and liberated, attractive, slender and successful.

Parents who smoke often have children who smoke.

Studies indicate that if both parents in a family smoke, a high percentage of children in that family will also smoke. A lower percentage of children become smokers in those families where only one parent smokes and the least percentage of children become smokers in those families where neither parent smokes. Consequently, parental example is a definite factor on whether or not children smoke.

### **How Smoking Affects the Body**

A beginner smoker may feel dizzy when inhaling tobacco smoke and may get an upset stomach. This is caused partly by two substances in the bloodstream that affect the nervous system, nicotine and carbon monoxide. Some dizziness may be caused by less oxygen being carried to the brain by the bloodstream because of smoke substances in the system.

When cigarette smoke is inhaled, between 70 and 90 percent of the chemical substances in smoke are retained in the lungs. Of the hundreds of substances present in smoke, the three most damaging are nicotine, tars, and carbon monoxide.

In his annual report, The Health Consequences of Smoking, issued May, 1988, C. Everett Koop, the U.S. Surgeon General, charged that nicotine, the active ingredient in tobacco, is every bit as addicting as heroin and cocaine. Nicotine is a powerful pharmacologic agent that acts in the brain and throughout the body. Koop compared nicotine with heroin and cocaine, stating it has all the criteria for an addictive drug. Nicotine has mood-altering effects and it promotes consistent and repetitive patterns of use and the need to increase the dosage. Cessation leads to withdrawal

symptoms, including irritability, poor concentration and sleep disturbances. "The use of nicotine and other drugs is driven by strong, often irresistible urges and can persist despite repeated efforts to quit," said Koop. The report represented the contributions of more than 50 scientists and cited studies showing that nicotine can have harmful effects on the central nervous system, the muscles, the cardiovascular system and the endocrine system.



*Emphysematous Lung*

Nicotine enters the bloodstream through the lungs and causes the blood vessels in the body to constrict. This reduces the flow of blood and oxygen through the body and causes the heart to work harder. Billions of tiny particles of tar in cigarette smoke damage delicate lung tissues. Tar is a component of tobacco smoke and is made up of hundreds of chemicals. When tar cools in the lungs, it forms a brown, sticky mass containing chemicals that have produced cancers in tests on animals. The tobacco industry developed filter tips to help trap tar but the cigarette filters cannot remove all the tar. Carbon monoxide, a colorless, odorless, poisonous gas, drives oxygen from red blood cells and stays in the bloodstream robbing the body of its oxygen for as long as six hours after a person has stopped smoking.

Smoking just one cigarette speeds up the heartbeat, increases blood pressure, upsets the flow of blood and air in the lungs and causes a drop in skin temperature in the fingers and toes. A few puffs also slows the action of the cilia inside the bronchial tubes. These tiny hair-like bodies normally work like brooms to sweep away germs, mucus and dirt from the lungs. The smoke from one cigarette makes the cilia sluggish and inhaling over long periods paralyzes them, exposing the lungs to a variety of infections. However, the cilia begin working again after a sustained period of no smoking.

If a pregnant woman smokes, it can cause adverse effects on her unborn baby. Harmful gases and poisonous substances in the smoke, such as carbon monoxide, pass from her blood through the placenta and into the fetal bloodstream. Evidence shows that smoking slows the rate of fetal growth and increases the risk of spontaneous abortion.

According to the American Lung Association, each year 400,000 Americans die prematurely from the effects of smoking. Millions more live with crippled lungs and overstrained hearts. Cigarette smoking is a major cause of emphysema, lung cancer, chronic bronchitis and coronary heart disease.



*Ruptured Heart*

## **Second Hand Smoke— The Involuntary Smoker**

Tobacco smoke is a very complex mixture of some very hazardous compounds such as tar, nicotine, carbon monoxide, benzene, formaldehyde, ammonia and hydrogen sulphide. There are dozens of others and any one can damage the body.

Researchers have shown that two-thirds of the smoke from a burning cigarette goes into the immediate environment. Pollution from cigar and pipe smoke is even higher. Both the Surgeon General and the National Academy of Sciences have concluded there is increased risk of developing lung cancer for nonsmokers who breathe the smoke of others. Nonsmokers married to heavy smokers were found to have 2 to 3.5 times the risk of lung cancer as those married to nonsmokers. Children of smokers have a greater chance of developing certain illnesses such as colds, bronchitis, pneumonia, chronic coughs, ear infections and reduced lung function.

Nonsmokers have the right to breathe clean air. Factory owners are fined when they pollute the air and water. We use unleaded gasoline on cars and maintain catalytic converters that reduce the amount of pollutants blown into the air. Why then are smokers allowed to foul the air with harmful and irritating tobacco smoke?

## **Quitting? Expect Withdrawal Symptoms**

Based on Mayo Clinic experience and the advice of other health professionals, smoking is more than just a habit, it is an addiction involving chemicals that affect behavior. Quitting smoking is

difficult for some people, often resulting in failure the first and second time they try to stop—but early failure is no reason to give up. Life expectancy and longevity are at stake. When a person really desires to quit and makes a firm decision to do so, that person will succeed.

When you quit smoking, physical withdrawal symptoms will occur and persist for one to two weeks. They will disappear as the body reacts to the withdrawal of regular doses of nicotine. A person can expect a decrease in heart rate and blood pressure, plus changes in hormones that affect the nervous system, sensations of tingling or numbness as circulation improves, difficulty in sleeping, increased coughing as the lungs try to clear out years of accumulated tobacco residues, a slight sore throat, fluid retention and perhaps headaches, constipation and other gastrointestinal discomforts. These physiological effects are temporary and tolerable.

Nicotine stimulates the body's metabolism. Stopping smoking slows the body's metabolism. Appetite increases, food tastes better. For the unwary, this combination can result in unwanted weight. Nutritionists caution the addictive force in every smoker sets them up for failure. Some people gain weight as fast as possible as an excuse to go back to smoking. The best way to deal with the weight problem is to allow for some weight changes until smoking is firmly under control. Planning a sensible diet is the key to weight control.

Think of fruit and eat it often. High potassium contents will help flush out the excess fluid in the body and help diminish nicotine craving plus providing something sweet without a lot of empty calories. Avoid alcohol which is

notorious for undermining will power and for its empty calories. Contrary to common impressions, experts say that two-thirds of those who quit smoking either stay the same weight or lose a few pounds.

Recognizing that these things can happen in one degree or another when you stop smoking, can help a person deal with them. With each denial of the urge to smoke, the urge diminishes and soon the physical discomfort disappears. Some effects may last longer. These include intense cravings for tobacco, a testimony to the strength of the addiction, nervousness, tension, tiredness, light-headedness, irritability and aggressiveness. These conditions can be countered by improved diet, getting extra sleep, stepped up exercises, drinking additional fluids, avoiding caffeine and being mentally tough and determined to win the struggle against addiction.

Make no mistake, quitting the smoking habit is not easy. All too often people resume smoking

the first week after stopping. Why? Because withdrawal from nicotine is incomplete. Subsequent relapses during the first three months are often caused by the lack of new, nonsmoking habits. A change in routine is vital for success.

For help, call your local American Lung Association, American Cancer Society, or American Heart Association.

### **Curbing the Use of Tobacco**

There is a growing movement to establish smoke-free environments in municipal buildings and other public areas for people who do not wish to inhale carcinogens. Many restaurants have separate sections for smokers and nonsmokers. Airlines are banning smoking on flights of two hours or less.

Various regulatory means to curb cigarette smoking include suggestions that Congress make cigarette sales unprofitable by raising the Federal Excise Tax and using these monies to pay

the enormous health costs of smoking. Removal of the tax-deductible status now enjoyed by cigarette company advertisers is another means to control sales.

In 1988, about \$2 billion was spent on advertising by tobacco companies. The repeal of current legislation to hamper product liability suits being brought against tobacco companies is yet another means of bringing tobacco sales under control. Reduction of the Government's price support system has also been recommended by some as has an outright ban on all advertising of cigarettes.

The Surgeon General has proposed that America become a smoke-free society by the year 2000. If you are not using tobacco products, don't start. If you are using tobacco products, stop. There are simply no medically sound values for using snuff, chewing tobacco or smoking tobacco. Tobacco use is linked to disability and death. Quitting the tobacco habit is not a deprivation, it is an advantage!

Now available, a companion to the Digest...  
**ANSWERS**, A Drug Prevention Video for the  
Family, School and Workplace.

*ISAR promotes no use of any illegal drug  
and no illegal use of any legal drug*

## Glossary Of Drug Slang Terms

This glossary of drug and alcohol related terms is presented to acquaint the reader with the language of those who use, deal, and supply drugs. Street phrases or slang terms frequently change and vary between localities and ethnic groups. This list does not cover all slang terms that may now be in use, however, it does represent those drug terms more commonly used today. Slang terms that describe the chemical substances are located in each section of the book where the particular drug is discussed.

### A

**ACID HEAD** *User of LSD*  
**AIRHEAD** *Under the influence of marijuana*

### B

**BAD TRIP** *Unpleasant episode with a hallucinogen*  
**BAG MAN** *Person who transports money*  
**BANG** *To inject narcotics*  
**BIG MAN** *Supplier of drugs*  
**BINDLE** *A small packet of drug powder*  
**BLANKS** *Low-quality drugs*  
**BLASTED** *Under the influence of drugs*  
**BLOW** *Snort or sniff cocaine or smoke marijuana*  
**BONG** *A cylindrical water pipe used to smoke marijuana*  
**BREAD** *Cash*  
**BROKER** *Go-between for a drug deal*  
**BUMMER** *A bad experience with drugs*  
**BURNED** *Purchase non-genuine drugs*  
**BURNOUT** *Heavy abuser of drugs*  
**BUSTED** *Arrested*  
**BUY** *Purchase drugs*  
**BUZZ** *Under the influence of drugs*

### C

**CAPS** *Drug capsule*  
**CHARGED UP** *Under the influence of drugs*  
**CHIPPY** *Person who uses drugs infrequently*  
**CHIPPING** *Occasional use of drugs*  
**COASTING** *Under the influence of drugs*  
**COLD TURKEY** *Sudden withdrawal from drugs*  
**CONNECT** *To purchase drugs*  
**CONNECTION** *Supplier of drugs*  
**COP** *To obtain drugs*  
**CRASH** *Sleep off effects of drugs*

**CUT** *To adulterate drugs*  
**CUT OUT** *To leave from some place*

### D

**DEALER** *A seller of illegal drugs*  
**DECK** *A packet of drugs*  
**DIME BAG** *Ten dollar bag of drugs*  
**DOPE** *Drugs*  
**DROP** *To take drugs orally, or a place where money or drugs are left*  
**DRUNK AND DISORDERLY** *A person is drunk and acting up (out of control, yelling, etc.). It is a crime in many states*  
**D.U.I.** *Driving under the Influence*  
**D.W.I.** *Driving While Intoxicated*  
**DYNAMITE** *High-quality or potent drugs*

### E

**EASY SCORE** *Obtaining drugs without difficulty*  
**EIGHTH** *One-eighth of a pound of drugs*  
**ETHYL ALCOHOL/ETHANOL** *A liquid obtained from fermentation of sugars and starches and used as a solvent in drugs and in intoxicating beverages*

### F

**FACTORY** *Place where drugs are diluted, packaged, or manufactured*  
**FALL** *Arrested*  
**FEDS** *Federal Agents*  
**FERMENTATION** *Yeast acting on sugar and starches in fruits and/or grains producing alcohol*  
**FIX** *Inject drugs*  
**FLASHBACK** *Reoccurrence of hallucinations*  
**FLEA POWDER** *Poor-quality drugs*  
**FLYING** *Under the influence of drugs*  
**FREE BASING** *Smoke cocaine through a special water pipe*  
**FREEZE** *To renege on a drug transaction*

**FRONT** *To put money out before receiving the merchandise*  
**FUZZ** *Police*

### G

**GOODS** *Drugs*  
**GRAM** *A metric measure of weight*  
**GUN** *Equipment for injecting drugs*

### H

**HAND-TO-HAND** *Direct delivery and payment*  
**HANGOVER** *Sick feeling (headache, upset stomach, etc.), caused by drinking too much alcohol*  
**HEAT** *Police (or gun)*  
**HEAD SHOP** *Store that specializes in the sale of drug paraphernalia*  
**HEELED** *Having plenty of money*  
**HIGH** *An early stage of intoxication and/or under the influence of drugs*  
**HIT** *A single dose of drugs*  
**HOLDING** *In possession of drugs*  
**HOOKED** *Addicted*  
**HOPPED UP** *Under the influence of drugs*  
**HOT** *Wanted by authorities*  
**HOT SHOT** *Injecting an overdose of drugs*  
**HUSTLE** *Attempt to obtain drug customers*  
**HYPE** *Heroin addict*

### I

**ICE CREAM HABIT** *Occasional use of drugs*  
**IN** *Connected with drug suppliers*  
**INTOXICATION** *Becoming drunk by drinking too much alcohol*

### J

**JAG** *Under the influence of drugs or alcohol*  
**JIVE** *Drugs*  
**JOY POPPING** *Occasional use of drugs*  
**JUNKIE** *Narcotic addict*

**K**

**KEY** Kilogram  
**KICK** Getting off a drug habit  
**KIDDIE DOPE** Usually prescription drugs  
**KIT** Equipment to inject drugs

**L**

**LEMONADE** Poor-quality drugs  
**LETTUCE** Money  
**LID** One ounce or less of marijuana  
**LINE** Cocaine arranged in a row  
**LOAD** A large quantity of drugs

**M**

**MAINLINER** A person who injects directly into the veins  
**MAN** Police  
**MEET** Buyer and seller get together  
**MERCHANDISE** Drugs  
**METHYL ALCOHOL** A type of alcohol that is poisonous when taken by mouth. It is found in antifreeze, paint thinner, and fuels. Sometimes referred to as wood alcohol  
**MINOR** A person who is not legally an adult. State law determines at what age a person becomes an adult. Minors cannot buy alcohol or vote.  
**MONKEY** Drug dependency  
**MULE** A carrier of drugs

**N**

**NAILED** Arrested  
**NARC** Narcotic agent  
**NEEDLE FREAK** A person who prefers to take drugs with a needle  
**NICKEL BAG** A \$5 bag of drugs

**O**

**O.D.** Overdosed on drugs  
**ON A TRIP** Under the influence of drugs  
**ON ICE** In jail  
**ON THE BRICKS** Walking the streets  
**ON THE NOD** Under the influence of narcotics or depressants

**OUT OF IT** Under the influence of drugs

**O.Z.** One ounce

**P**

**PANIC** Drugs not available  
**PEPSI HABIT** Occasional use of drugs  
**PICKUP** Purchase drugs  
**PIECE** Usually one ounce of drugs  
**PLANT** A hiding place for drugs  
**POT HEAD** Marijuana user  
**PROOF** The word used to describe the amount of alcohol in hard liquors. The proof number is always double the percentage of alcohol. 100 proof whiskey contains 50 percent alcohol

**Q**

**QUACK** Doctor

**R**

**RAP** Criminally charged, or to talk with someone  
**RIDING THE WAVE** Under the influence of drugs  
**RIG** Equipment for injecting drugs  
**ROACH CLIP** A device used to hold the butt of a marijuana cigarette  
**ROLLERS** A term used by a lookout and yelled when police come  
**RUSH** A sudden, intense, euphoric effect from taking drugs

**S**

**SCENE** A special location or condition  
**SCORE** Purchase drugs  
**SCRATCH** Money  
**SCRIPT** A doctor's prescription  
**SHOOT UP** To inject drugs  
**SHOOTING GALLERY** Place where drugs are used  
**SKIN POPPING** Shooting (injecting) drugs under the skin  
**SLAMMER** Jail  
**SNORT** To sniff drugs  
**SOBER** Not intoxicated

**SOCIAL DRINKER** A person who takes a drink when in the company of others. Drinking a toast to the newlyweds, celebration, etc.

**SPACE CADET** Habitual user of marijuana

**SPACED OUT** Under the influence of drugs

**SPEED FREAK** Habitual user of methamphetamine

**SPIKE** Needle (syringe)

**SPLIT** To leave from someplace

**STASH** Place where drugs are hidden

**STEP ON** To dilute drugs

**STONED** Under the influence of drugs

**STRAIGHT** Not using drugs

**STRUNG OUT** Heavily addicted to drugs

**T**

**TAKE A POWDER** To leave or get lost

**TASTE** A small sample of drugs

**TOKE** Inhaling marijuana or hashish smoke

**TOOT** To sniff cocaine

**TRACKS** A row of needle marks on a person

**TRAP** Hiding place for drugs

**TRIP** Under the influence of drugs

**TURF** A location where drugs are sold

**TURKEY** Non-genuine drugs

**TURNED ON** Introduced to drugs, or under the influence of drugs

**U-V**

**UNCLE** Federal agents

**W**

**WASTED** Under the influence of drugs. Also murdered

**WORKS** Equipment for injecting drugs

**Z**

**ZOMBIE** Heavy user of drugs

**Answers to QUIZ**

1. B 2. A 3. D 4. A 5. D 6. B 7. C 8. A 9. D 10. B 11. A 12. A 13. C 14. A 15. D  
 16. E 17. A 18. A 19. D 20. D 21. A 22. D 23. B 24. E 25. A



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