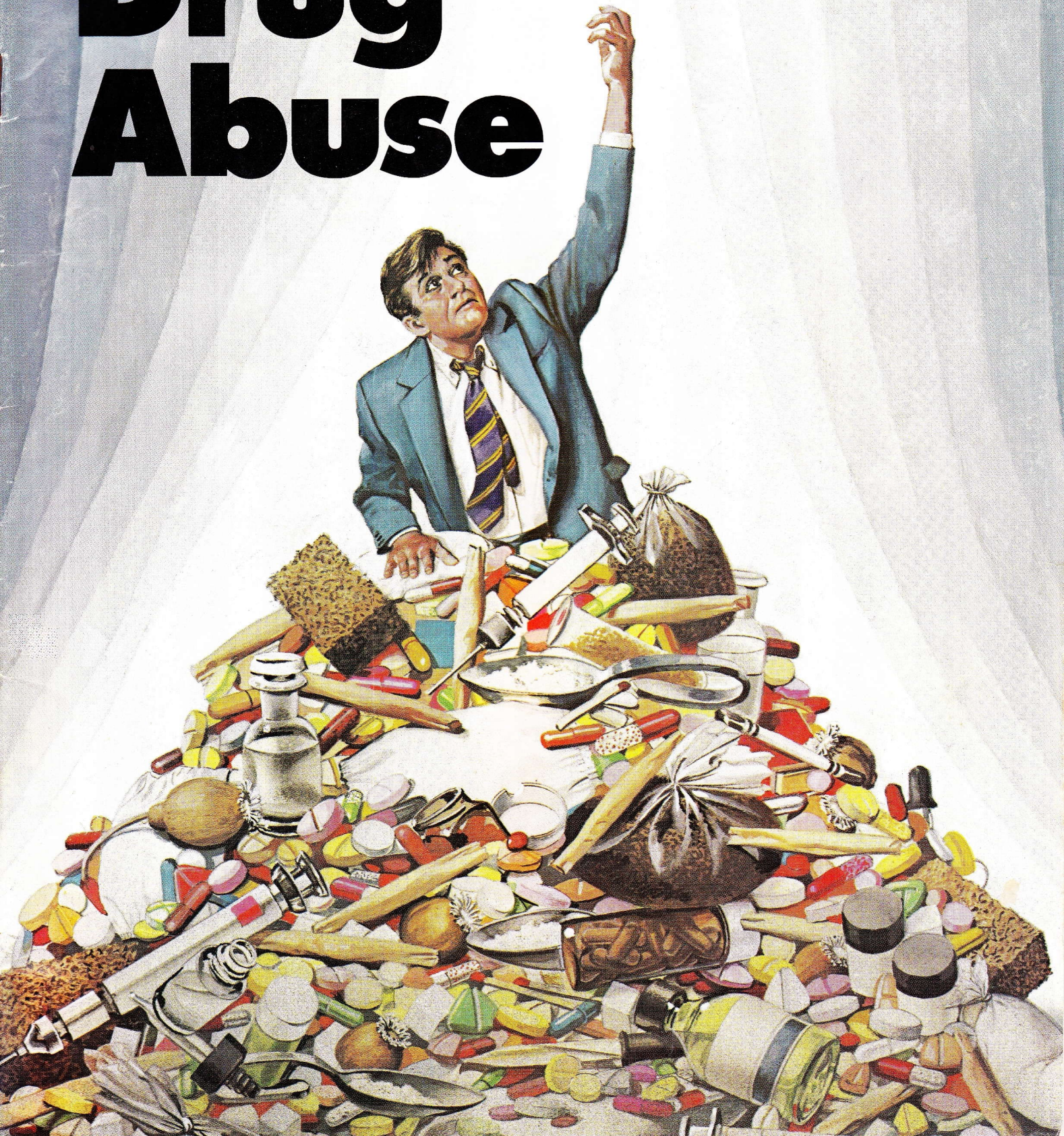


Conquering Drug Abuse



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Printed in U.S.A.

ISBN 0-943093-16-3

Conquering Drug Abuse

In this special report we unveil the real causes—and the solution—to one of the most harmful social and health crises facing the world today!

CONQUERING DRUG ABUSE

by Donald D. Schroeder

It's time we understood why—and found the way out of the greatest social plague besetting this supposedly enlightened 20th century!

Each year more millions slide down the slippery slope of alcohol and drug abuse into addiction, illness, crime and death.

Cocaine, heroin, alcohol and other drugs have swept through almost every major society like a brushfire. Developing and developed nations alike are plagued with drug problems—both ancient and modern.

A Close Look at the U.S.

Illicit drug use in the United States remains at a level exceeding any nation in the western industrialized world. The children and adults of today are not living the same social experience as those of a generation ago.

According to the U.S. Public Health Service, twenty years ago less than 2 percent of the nation's young people had tried an illicit drug. Today about two-thirds have tried an illegal drug before they graduate from high school—over a 3,000 percent increase.

And the reasons studies find so many use drugs and alcohol? To feel better, to cope with life, escape boredom, increase self-esteem, to escape problems, to expand consciousness, for kicks, to relieve stress, ease physical discomfort, lessen depression, diminish fear!

What an indictment of society!

Some experiment with drugs because of peer pressure, others curiosity. Some use illicit drugs or abuse alcohol to show rebellion against family or social authority and traditional values.

These methods of coping and resolving problems, of finding meaning and enjoyment in life, are unhealthy solutions. They create,

instead, new problems for the drug user and society!

Worldwide Failure

Why do so many in almost every society turn to drugs or alcohol as solutions to life's problems?

Why do so many of us not possess the emotional and physical resources to cope with human problems and difficulties?

It doesn't matter whether nations are materially prosperous or poverty stricken. It doesn't matter what their economic system or political ideology. Or their religion—or lack of it. The fact is, governments East and West, North and South, educational systems primitive and modern, and major religions have all failed to stem the tide of drug and alcohol abuse. Isn't it time we understood why?

Something is missing in the cultures, values and knowledge of all nations today. Instead of being taught to look for and deal with the *true causes* of human problems, millions have been educated—literally conditioned by their cultures—to look to drugs and chemicals to solve almost every problem.

Drugs and alcohol are never real or lasting solutions to human emotional problems. Certain drugs and painkillers may serve at special times to save human lives, but they are not the solution to most personal and emotional problems.

Chemical shortcuts to cope with personal anxieties and difficulties, or to achieve "kicks" or relieve

stress, may seem to give temporary relief. But if persisted in, their side effects result in serious—sometimes irreversible—physical, mental or emotional penalties. Many drugs temporarily allow one to avoid facing and dealing with the true causes of problems. But the drug-taking, in turn, often creates additional serious problems.

Finding a Better Solution

Wouldn't it be so much better if, as much as possible, we could cope with our stresses and emotional problems without the costs and side effects of drugs or alcohol? What have we been overlooking, physically and spiritually, that will help in finding solutions to, or coping with, our problems?

Has life become dull, or lost meaning and purpose to you? Have you failed to find the joys of hope and peace of mind in life? Have you assumed there is no other hope or alternative but mind-altering drugs or alcohol to cope with your problems, anxieties and fears?

Purposelessness, hopelessness, boredom, anxiety, despair and fear all have a *cause*. The cause is broken laws—broken spiritual and/or physical laws.

Governments, educational systems and religions have not taught the revealed *spiritual* laws of God and the way of life that would produce understanding of human problems, that would produce solutions and bring peace, hope and happiness of mind.

The Creator put humans on earth for an awesome purpose—to develop God’s supreme creation—right character. God created immutable spiritual laws, and physical laws, too, to produce in mortal human beings the happiness, the wholesome excitement, hope and peace of mind that we are all looking for.

When we break these spiritual laws we reap penalties—anxiety, depression, fear, purposelessness, hate, strife, guilt. Millions don’t realize their problems are in most all cases spiritual in nature. Their suffering finds its root in breaking *spiritual* law. Chemical crutches will never solve spiritual problems!

Pain and suffering were intended to be physical warning signals that something needs to be changed or avoided. Too many feel they must avoid all pain and suffering while they go on doing the things that cause pain and suffering. Why carelessly numb or dwarf your human spirit, your abilities and health by abuse of chemicals?

If you are ensnared in the drug trap, it is time you learned to solve your personal problems through available human help and through contact with God, rather than escaping in drugs or alcohol.

A whole generation of misguided humans seeks false chemical tranquility and solutions because they don’t have—or will not look for—the physical help and spiritual tranquility and hope that is available.

How, then, did the modern world become overwhelmed with drugs? Why the drug explosion among youth and adults in all social classes?

The Real Drug Connections

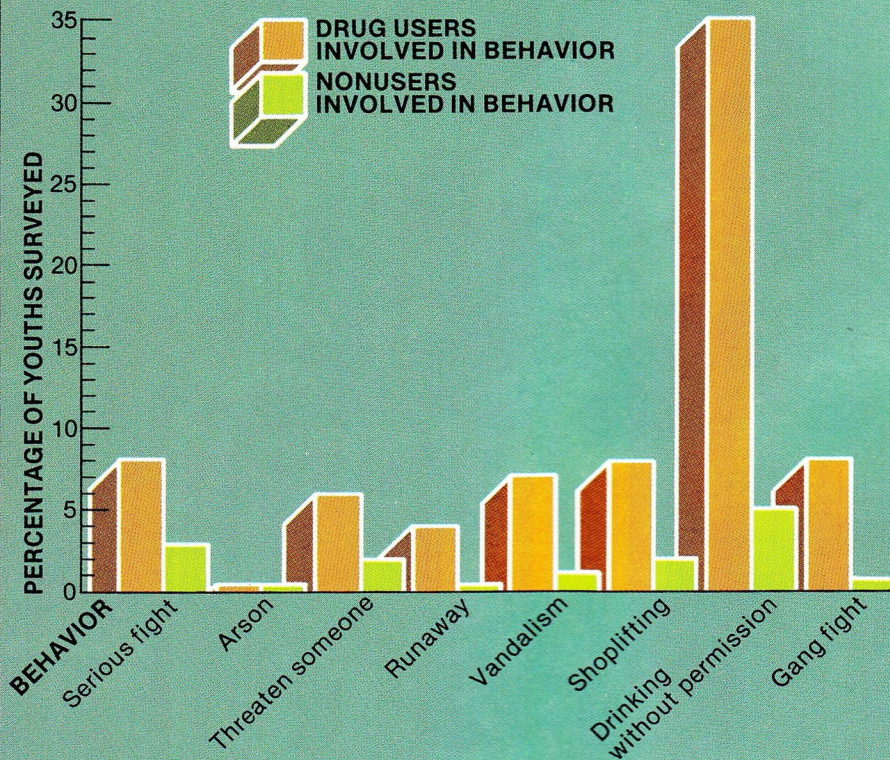
Drugs made from vegetative sources have been with man from earliest recorded history. But with the 20th century, revolutionary developments opened the way for the modern drug abuse explosion.

The modern drug explosion was fueled by the rapid development of the pharmaceutical industry, by international communications and travel, by growing prosperity in many nations. And by massive population migrations to cities. Cultural constraints that once limited traditional drug usage in developing nations have dramatically bro-



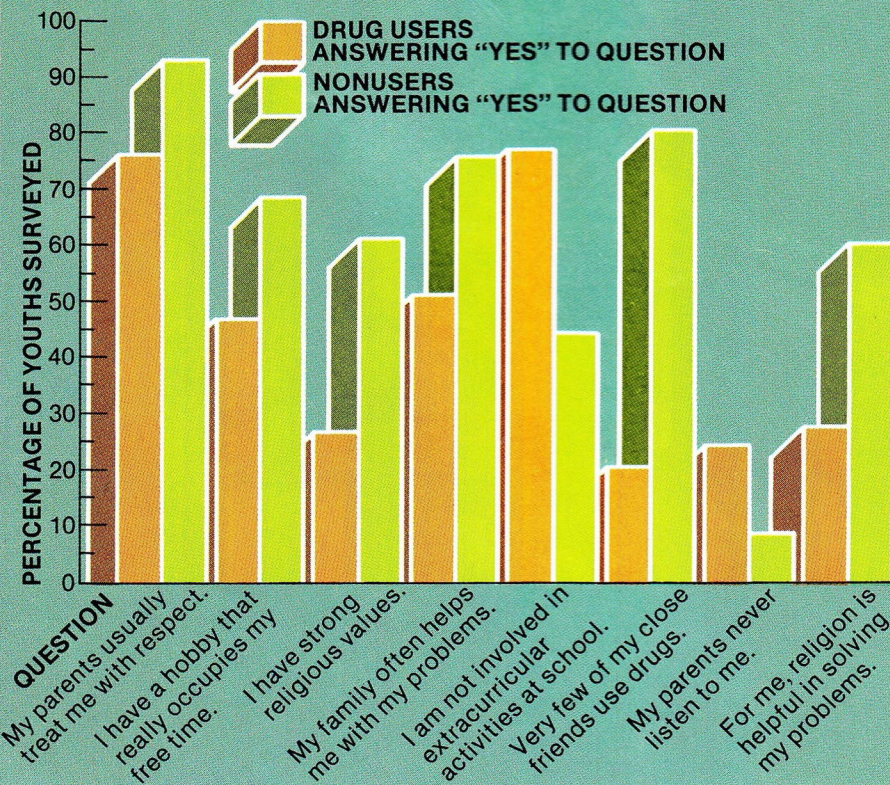
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ANTISOCIAL BEHAVIORS DRUG USERS VS. NONUSERS



Source: Santana, et al. Social and Familial Influences on Substance Use Among Youth. Paper presented at the National Meeting of the American Psychological Association, New York, September 1979.

BACKGROUNDS DRUG USERS VS. NONUSERS



GRAPHS BY MONTE WOLVERTON

Source: Edward A. Bodanske, M.A., Director of St. Louis County Youth Programs, MO.

ken down under the impact of recent permissive Western influences.

After World War II, fiercely competitive pharmaceutical companies spent heavily to develop and promote new "wonder" drugs to capture world markets. Drug industry advertising taught millions to equate feeling well and health with the taking of pills and drugs. Alcohol industry advertising commonly equates drinking with success for both men and women. Unfortunately these advertisements tell only the temporary "benefits," not the ugly side effects that can occur with hard drugs, or with misuse of alcohol. Usually it is only doctors who (sometimes) have advance knowledge of these.

Harried doctors, however, can fall into the habit of prescribing potent drugs to treat patients. With mounting case loads of emotionally and/or nutritionally induced illnesses, many physicians spend only a few minutes with each patient. During the past few decades, many medical men found it easier and more economical to reach for the prescription pad instead of taking the time-consuming step of persuading patients (who too often don't want to be persuaded) to change bad living habits, the most frequent cause of their anxieties or health problems.

Patients are also culpable for modern drug abuse trends. How many are not looking for the true cause of their problems? How many have come to believe it is their right to receive immediate relief from whatever problems—mental or physical—plague them? How many don't want to change wrong habits of thinking or living?

That thick volume, *The Physicians Desk Reference*, lists around 3,000 medical drugs on the market. Most of these drugs didn't even exist fifteen or twenty years ago. Is it any wonder modern cultures are drug-inundated cultures? Each new generation growing up in this unprecedented environment is more conditioned than the one before it to expect chemical solutions for whatever bothers them.

Why the Surprise?

During the 1960s and 1970s, the public and media in Western (even

some developing) nations were shocked at the drug explosion in youth culture. They shouldn't have been.

What the adult establishment overlooked was the chemical explosion in their own ranks ever since World War II. Nobody, it seems, foresaw the consequences of Mr. and Mrs. Average Citizen trying to cope with frustrations and problems by reaching for bottles of alcohol, or gulping loads of legal pep pills, sedatives, tranquilizers or barbiturates.

Millions don't look on cigarette smoking as a classical example of drug addiction (for most regular smokers). But it is! Smoking is a culturally accepted addiction to nicotine (and possibly other tobacco substances) as surely as a junkie is addicted to heroin or some other enslaving drug!

The past several decades saw the rapid erosion of morals and traditional family values. Pleasure and thrill-seeking and the "do your own thing" philosophy of life became the new goals and purpose of life. Many adults—particu-

larly in the family unit—refused to see how *their* example in coping with problems, by liberally smoking and/or using alcohol and drugs, conditioned the younger generation to experiment with pot and other potent licit and illicit drugs.

Young people's willingness to experiment with drugs was preconditioned by widescale parental and cultural practices and attitudes. In a drug-inundated environment, peer pressure adds tremendous impetus to experiment further. For millions of lives and families the experiment has been a disaster.

Today's international drug smuggling networks with their army of illicit drug pushers could not exist except that millions of citizens were preconditioned by culture to seek in drugs escape, thrills and solutions to every problem.

Multi-Drug Addiction

Now health officials are facing a very dangerous and complicated problem: multi-drug addiction. Doctors are seeing more and more patients, and

at younger ages, addicted to both alcohol and another drug or combinations of drugs. Even worse, synthetic "designer drugs," with chemical potency sometimes thousands of times greater than traditional illicit narcotics, are hitting the streets and quickly taking a deadly toll. Millions of individuals at ever younger ages are playing this dangerous game of chemical roulette with their minds and bodies.

The death and harm from alcohol and hard drug abuse are not occurring only in the dropouts of society as was common a generation ago. They are occurring on a massive scale in the *mainstream* of society! Uppers and downers are now staples in the diet of many trying to cope with life's problems.

Some try to shake abuse of alcohol by turning to other drugs, particularly tobacco. Others try to shake abuse of hard drugs by turning to alcohol. Both are still trapped in a drug-dependent syndrome and are failing to deal with the causes of their problems.

One American doctor said, "If the public knew the real danger of



MAP BY MONTE WOLVERTON

Conditions That Affect Many Drugs

Throughout this report there are references to certain terms that are important to understand correctly. All of these conditions may apply to some drugs, while only some of them will apply to others. Here is a brief explanation of what these important terms mean.

PHYSICAL DEPENDENCE, sometimes also called physical addiction, is said to have developed when a user can't stop taking a certain drug without suffering the symptoms of withdrawal. These symptoms vary according to the specific drug, the amount used, and

the length of time it has been used. Withdrawal symptoms often include tremors, vomiting, delirium, cramps, and in severe cases, convulsions, or even death. Withdrawal symptoms occur because the body has actually adapted itself metabolically to the presence of the drug, and when the drug is withdrawn the body suffers a reaction.

PSYCHOLOGICAL DEPENDENCE, sometimes also called psychological addiction, is a state in which the drug user becomes so preoccupied with the taking of a certain drug it is hard

for him or her to do without it. This is often characterized by an intense craving or compulsion to continue the drug-using behavior. In many instances the psychological dependence underlying drug use is much more difficult to treat than is physical dependence, since physical withdrawal of many drugs can be achieved in a few days to a few weeks.

TOLERANCE to a drug, or to certain effects of it, is said to develop when the individual user requires larger amounts of it to achieve a given level of effect. Alcohol, heroin, barbiturates and some tranquilizers can cause tolerance as part of physical dependence. Other drugs may or may not cause some degree of tolerance. Withdrawal symptoms of some drugs may be mild or infrequent.

CROSS TOLERANCE is a danger in polydrug (multiple drug) use. It applies when a person taking different drugs

becomes tolerant to a certain drug (needs higher doses to achieve an effect), then quickly develops tolerance to other drugs with similar pharmacological action. Since the cells of the body are already conditioned to certain reactions a person may quickly develop tolerance to drugs of similar action. The danger of cross tolerance is that combining drugs of similar nature to achieve an effect can suddenly lead to a dangerous, even deadly, overdose. This is why taking alcohol and barbiturates, both sedatives in action, can be so dangerous and deadly.

CROSS ADDICTION often follows on the heels of cross tolerance. Addiction to one drug sets up the body for addiction to pharmacologically similar drugs. Doctors must be very careful they do not prescribe drugs without knowing a person's drug history, including use of alcohol or alcoholic problems.

the chemicals they ingested, they'd probably never take another pill in their lives."

No Totally Safe Drug

Marijuana may seem as common as cigarette smoking in your area or school. Maybe alcoholic parties among your friends or peers are even more popular. Maybe you're pressured to get loaded or stoned with drugs or drink. Maybe pill-popping with uppers, downers, or hallucinogens is the "in" thing. You know many of the various names—reds, blues, bennies, angel dust, etc.

What you may not know is there is no such thing as a totally safe drug. "The drug with no ill effects has yet to be made," warned a medical column a few years ago. Similar recent warnings from the medical profession go totally unheeded by many.

George P. Larrick, former U.S. Commissioner of the Food and Drug Administration warned that data on the damaging side effects of new drugs can often only be learned by painful *experience*. "People die every year from drugs generally regarded as innocuous," he said. "The administration of potent drugs [by doctors] involves a calculated risk where the presumptive benefit is balanced against the possibility of toxic effects or [individual] idiosyncrasies" (*Chemical & Engineering News*, April 6, 1964).

No two persons react the same way to drugs. This is the reason for personal drug prescription by medical specialists. Often it takes a period of time and testing to even determine what a proper dosage of a *medical* drug should be.

Drugs usually are foreign substances to the body which produce

changes in the body. While a drug is prescribed to achieve some beneficial purpose, results can be undesirable, possibly poisonous, or even fatal at times.

It is consequently important that you understand the following facts: Because of differences or changes in human metabolism, and of the influences of the mental and social circumstances in which they are taken, the administration of drugs even by doctors is not a pure science. It is also an art. It involves some guesswork. The use of any drug involves taking chances and risks of side effects or adverse reactions.

That's under *trained* medical supervision, even if single drugs only are being administered!

How much more dangerous is it for humans to assume they can casually take any drug they want, singly or in combination with oth-

ers, simply because other persons are doing it and seem, temporarily, to be getting away with it. The shocking truth is, they really aren't getting away scot free.

"Whether or not you realize it, every time you take or are given a drug, you are conducting an *experiment*," said Dr. Harold Thomas Hyman, M.D., in a medical newspaper column (Newspaper Enterprise Association release, January 7, 1960, emphasis ours).

Just how any drug, whether licit or illicit, will act in any one person depends on his or her age, size, health, medical problems and metabolism at a particular moment in time. Not everyone responds to certain drugs in the same way. Different persons metabolize drugs differently.

Wide variations in drug or alcohol reactions can occur among different individuals and within the same individual, depending on dosage, mood, personality and psychopathology (disturbed mental state of mind). Thus "set" and "setting" are two often overlooked considerations which can make a significant difference in how a drug, particularly a mind-altering drug, affects a user.

"Set" refers to the user's state of mind at the time of use. A bad mood and setting may create a more adverse reaction than a better mood and setting.

"Setting" relates to the physical and social environment in which the drug is used. The influence of the environment, plus expectations about the drug, help account for the wide variety of subjective experiences possible when different people in different situations use exactly the same amount of a particular drug.

Virtually any drug substance can become habit-forming, develop tolerance, or even become addictive if abused.

A person may respond well to a drug once, and then experience an adverse effect at a later time. Yet millions today—adults, not just young people—self-administer or pop pills as if they were candy, as

if there were no dangers or risks in drugs.

"The potential for drug abuse radically arises when drugs are not taken as prescribed [that is, are taken casually or as one wants], or are used in combination with other drugs, or alcohol," says former drug commissioner Larrick.

Drug-Alcohol Dynamite

What catches many people by surprise—some too late because they are dead—is that some drugs react synergistically with alcohol and other drugs. That is, one drug plus another drug does not equal the assumed effect of two drugs. The combination may produce a reaction with the body several times, or even 50 times, greater than either drug alone.

Alcohol has a proper use—in moderation and with self-control at all times. But don't forget, alcohol is, technically, a drug—in most countries a legal drug. It is a readily metabolized one in most persons. Still, one needs to understand that not everyone responds to alcohol in the same way.

Many medical personnel are alarmed that adults, as well as young people, are mixing alcohol with other drugs in unprecedented and staggering proportions. A lot of these persons have been just plain lucky. Maybe they haven't suffered serious reactions—yet. But given time, many will. It could be you, if you do it.

What kind of reactions may occur if you take medical, legal or any other drugs after smoking marijuana or drinking alcohol or engaging in pill-popping for kicks and thrills?

There is no way one can tell with absolute assurance. The reaction may be negligible—or it could be a disaster!

A drug—a tranquilizer for example—and an alcoholic drink taken closely together may produce no obvious ill effects in one person and yet kill another with sudden ferocity.

Mixing medicines or drugs of any kind may make one drug act

faster or slower than it is supposed to. It may intensify a drug reaction or neutralize it. Only recently have books been published describing dangerous drug combinations.

Joe Graedon, a pharmacologist writing in *Esquire*, May 1976, warned: "Mixing medicines, even with nonprescription agents—alcohol, cold remedies, pain relievers, vitamins, antacids—is like playing Russian roulette: you never know when a particular combination will finish you off."

He emphasized: "Booze and tranquilizers do not mix. Together they produce a deep sedation. . . . This drug interaction may lead to a big fall in blood pressure—and to a breathing failure."

Remember these warnings. Particularly when peers or friends or some source says it's O.K. to use a certain drug because it doesn't produce harmful side effects in them.

Virtually every drug, even common painkillers found in practically everyone's medicine cabinet, can be damaging to one's health and even life threatening if used indiscriminately. Emergency room data make this particularly clear.

With this background, you can understand the folly of millions who believe they can freely experiment with pot or snort cocaine or other even newer drugs without fear of adverse effects. In every case, it is only a matter of time before the true adverse effects of the drug manifest themselves on human minds and bodies.

This is critically important: If you or someone else has a problem with any drug, seek out qualified professional help to cope with it. Quitting "cold turkey" with some types of drug dependence—especially if it involves barbiturates, tranquilizers and some serious cases of alcoholism—can be life threatening to the user without professional treatment.

It is important that you inform yourself about different kinds of drugs so you can help others or your children avoid making mistakes. The following information and charts in this report will help you. □

MARIJUANA— It's Far from a Harmless High!

What is worse than the harmful physical and psychological effects of "pot" is that marijuana and other mind-altering drugs prevent their users from achieving their true potential.

"I get a very sick feeling in the pit of my stomach when I hear talk about marijuana being safe," said Robert L. DuPont, former director of the National Institute on Drug Abuse.

"Marijuana," he continued in an interview a few years ago, "is a very powerful agent which is affecting the body in many ways. Now what the full range of these consequences is going to prove to be, one can only guess at this point. But, from what we already know, I have no doubt that they are going to be horrendous."

Since Dr. DuPont made this statement, both clinical research and human experience have accumulated formidable evidence that marijuana (*Cannabis sativa*) is a harmful drug with potential serious consequences.

In the 1970s, short-sighted drug researchers were saying that mari-

juana in moderate use was "a remarkably innocuous substance," and "among the least toxic drugs known to modern medicine." But now the latest researchers report: "Marijuana has a broad range of psychological and biological effects, some of which . . . are harmful to human health." (*Marijuana and Health*, a report commissioned by the U.S. Department of Health and Human Services, released 1982.)

In the last twenty years, marijuana skyrocketed from relative obscurity to become the fourth most popular recreational drug (after alcohol, tobacco and caffeine). Marijuana is by far the most frequently used *illicit* drug substance.

Over 50 million Americans alone have smoked marijuana at least once, and current regular users exceed 20 million. One recent survey indicated in the young adult group, 18 to 25 years of age, about one in four current users consume marijuana on a daily or near daily basis.

No longer is marijuana (sometimes referred to as "pot," "grass,"

or "weed") a symbol of campus unrest, protest politics or "street people" rebellion. Now it can be readily found in mainstream life—at middle-class and upper-class parties and homes and even some businessmen's gatherings. Though illegal to use or grow in most nations, its supply is maintained by intricate national and international drug-smuggling networks.

Today's "pot scene" is a totally new ballgame from what occurred in the 1960s and 1970s. Much of the older research on marijuana was based on reactions of users smoking less potent varieties, consequences which may have little relevance to the dangers of the strong cannabis in use by young children, adolescents and adults today.

A decade ago, street samples of marijuana rarely contained 1 percent THC (the psychoactive substance in cannabis). Today's potent new varieties average above 4 percent THC with some exceeding 10 percent.

Clear Dangers

Keep in mind, widespread use of cannabis in the western world is only about two decades old. It will be years before the full story of marijuana's adverse effects are known.

It took 50 years after the initial upsurge in cigarette smoking (begun earlier in this century) for sufficient evidence of the serious health effects of tobacco to be amassed in the first smoking and health report by the U.S. Public Health Service in 1964. Yet there are some who stubbornly deny these effects!

It is now known that the major psychoactive substance in cannabis, delta-9-tetrahydrocannabinol, or THC, is only one of around 60 other cannabinoids and several hundred ingredients in marijuana smoke. Each of these chemicals appear to modify THC's psychological and toxic effects as well as to have effects of their own.

Hundreds of marijuana research studies have been gathered and published by the U.S. Department of Health and Human Services.

The *First Report of the National Commission on Marijuana and Drug Abuse* (1972) detailed the variety of possible psychologi-

cal effects of marijuana at various levels of usage. It is worth citing at some length:

“A description of an individual’s feelings and state of consciousness as affected by low doses of marijuana is difficult; the condition is not similar to usual waking states and is the result of a highly individualized experience. Perhaps the closest analogies are the experience of daydreaming or moments just prior to falling asleep. The effect is not constant and a cyclical waxing and waning of the intensity of the intoxication occurs periodically.

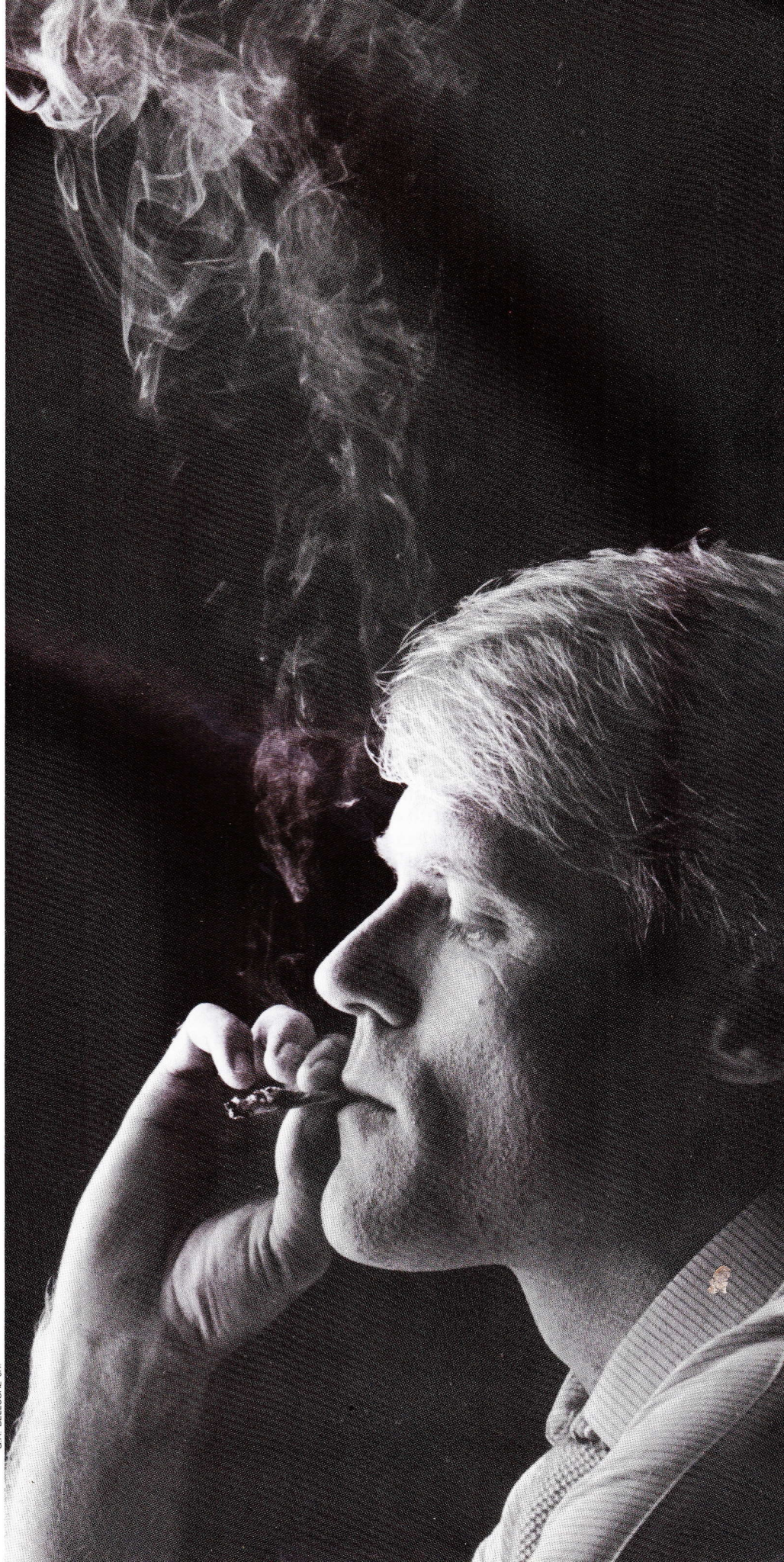
“At low, usual ‘social’ doses [of weaker varieties of marijuana], the intoxicated individual may experience an increased sense of well-being; initial restlessness and hilarity followed by a dreamy, carefree state of relaxation; alteration of sensory perceptions including expansion of space and time; and a more vivid sense of touch, sight, smell, taste, and sound; a feeling of hunger, especially a craving for sweets; and subtle changes in thought formation and expression. To an unknowing observer, an individual in this state of consciousness would not appear noticeably different from his normal state.

“At higher, moderate doses, these same reactions are intensified but the changes in the individual would still be scarcely noticeable to an observer. The individual may experience rapidly changing emotions, changing sensory imagery, dulling of attention, more altered thought formation and expression such as fragmented thought, flight of ideas, impaired immediate memory, disturbed associations, altered sense of self-identity and, to some, a perceived feeling of enhanced insight.

“At very high doses, psychotomietic phenomena may be experienced. These include distortions of body image, loss of personal identity, sensory and mental illusions, fantasies and hallucinations.

“Nearly all persons who continue to use marijuana describe these usual effects in largely pleasurable terms. However, others might call some of these same effects unpleasant or undesirable.”

Thus, depending on the amount used and individual metabolic, mood and psychological factors,

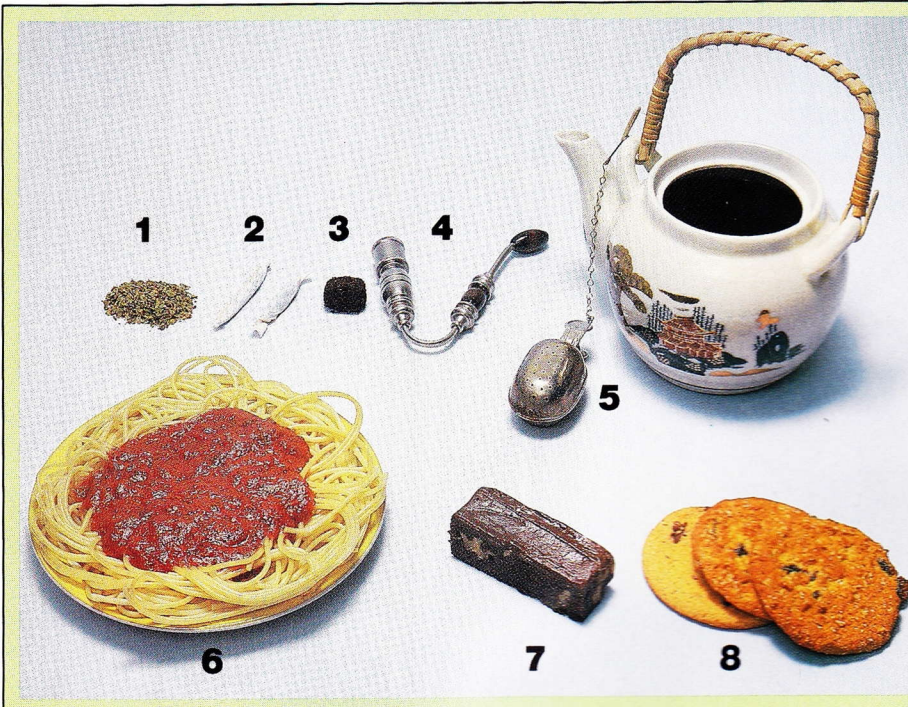


G.A. BELLUCHE, JR.

Forms of Marijuana

Marijuana is ingested in many forms, all of them harmful and illegal. The dried leaves (1) may be rolled into joints, or (2) used in various smoking devices (not pictured here) such as waterpipes or bongs. Hash (3), or refined marijuana, a much stronger intoxicant, is smoked in small quantities in miniature pipes (4). Some believe that eating marijuana is less harmful than smoking, but while the lungs incur less damage, the body still absorbs THC. Marijuana is commonly brewed as tea (5), used as seasoning in foods (6), and consumed in brownies (7) and cookies (8).

WARREN WATSON



the psychological effects of marijuana can range from negligible to sublime euphoria to acute paranoid psychosis.

The psychological results of using marijuana are not predictable. They differ from person to person with the same amount of the drug, or from occasion to occasion in the same person. It is important to emphasize: Psychological effects are influenced greatly by the “set” of an individual user’s mental and emotional state of mind and the “setting”—by the attitudes and expectations about the drug and the friendliness of surroundings. Under wrong conditions, there may be feelings of anger, loneliness or frustration or paranoia.

Marijuana is not totally predictable. It is not just a relaxing, calming or “euphoric” drug. “Marijuana can act primarily as a hallucinogen, a stimulant, a depressant, or an intoxicant, and sometimes as a combination of all four” (Hardin and Helen Jones, *Sensual Drugs*, page 44).

An occasional psychological problem associated with marijuana usage is described as “acute panic/anxiety reaction.” It is seen most frequently in inexperienced users who panic at unfamiliar effects of the drug. Such reactions can also follow an unexpectedly high dose of THC.

Among many frequent users of marijuana, one of the most striking consequences is impairment of short-term memory, which leads to *fragmented speech, disjointed thinking, and a tendency to lose one’s train of thought*. Not all regular users manifest these deficiencies but many heavy users eventually do.

Time perception is also often affected after smoking marijuana. This is reflected in a tendency to distort time, especially an overestimation of elapsed time intervals.

Marijuana’s effects are dose related. The higher the dose, the more likely that performance disruption will occur. However, experienced users often become tolerant of the drug’s effects and when strongly motivated may be able to weaken or partially overcome the drug’s effect.

Link to Auto Accidents

The U.S. National Highway Safety Council reports “an alarming incidence of marijuana use linked to highway traffic accidents.” The marijuana driver is dangerous because he often does not perceive the subtle psychological and physical changes occurring in his or her mind and body. Many smokers do not even recognize they have been on a high until they have fully come out of it.

Sixty to eighty percent of marijuana users recently questioned by the National Institute on Drug Abuse admitted they sometimes drive when “high” on pot. Many of these same smokers felt they were better drivers while under the influence.

Such feelings show just how *deceptive* personal feelings can be after smoking pot. Marijuana gives the user the impression that his senses are enhanced, when in fact they have been distorted and impaired. Virtually all road driving or simulator tests prove that use of marijuana impairs human motor coordination, reaction time and visual perception which would affect driving or operating machinery.

These tests show marijuana use produces significant variability in the control of a car and poorer car positioning when responding to wind gusts and negotiating curves. Smokers are also likely to make errors in responding to route signs.

In similar tests, airplane pilots have been shown to make significant potentially dangerous errors in flying even 24 hours after use of a small amount of marijuana.

Potential Physical Damages

The two most regularly observed psychological effects of smoked or eaten marijuana are a substantial

increase in heart rate (up to 50% or more for a short time) and a dilation of the eye blood vessels (redeye). The acceleration of the heart rate would place a heavy burden on any impaired cardiovascular system and would reduce exercise tolerance.

Because marijuana smoke is often deeply inhaled, retained in the lungs, and contains many more potentially damaging chemicals than those in tobacco smoke, adverse respiratory effects are to be expected. The tars in cannabis smoke are 50 times greater, by weight, than tobacco, and 70% higher in carcinogenic (cancer-causing) substances.

The possibility that marijuana can ultimately produce lung diseases in humans is suggested by research done with animals (a controversial issue today). Long-term heavy smoking of cannabis is associated with bronchial problems, sore throat and chronic coughing.

Laboratory animals exposed to quantities of marijuana smoke show degenerative lung damage. Marijuana smoke residuals, like those of tobacco, cause skin tumors when applied to the shaved skin of experimental animals.

Since many marijuana users are either in or about to enter their reproductive years, a possible effect on reproduction has long been of concern. Some studies of mari-

juana users have found evidence of a reduction in testosterone levels in males. Diminished sperm counts have been found in some heavily using males which would have great impact on men who are already marginally infertile.

Marijuana tests on animals has suggested that marijuana may have adverse reproductive effects in females, including the suppression of ovulation and altered progesterone levels.

Degree of damage to the human immunity system has not been clearly established but is suspected as a result of animal studies. Cannabis tends to suppress the body's immune response, or ability to combat infections.

It is quite clear the drug has acute effects on the brain, but what changes occur in brain function or what permanent damage is not totally clear. Most researchers are in agreement that cannabis use during the primary development years of 11-15, in particular, interferes with physical and mental maturation processes, and impedes emotional development. As a general rule, young persons are much more susceptible to the toxic and addictive effects of drugs.

Memory, Motivation Loss

Short-term memory has been singled out by many investigators as

the mental faculty most affected by marijuana. Much data indicate that marijuana usage does not significantly interfere with retrieval of information already present in the memory. It has been shown, however, that marijuana interferes with initial learning.

Many researchers feel the cause is weakened concentration, so that the short-term memory does not register new material well and the information therefore cannot be transferred to permanent memory. This result, of course, is devastating to any serious scholastic work.

Long-term cannabis use is known to frequently produce a loss of motivation and an inability to persist in achieving long-term goals. It is noteworthy that among high school seniors who discontinued use, over half did so because of their concern about use-related "loss of energy or ambition." Almost two out of five daily users in the sample studies of class of 1981 seniors thought their cannabis use caused a loss of interest in other activities and interfered with their ability to think.

Addiction Too

Until recently, because of the nonexistence or mildness of withdrawal symptoms, marijuana was not considered to be a physically

Summary of Marijuana's Effects

Effects at low to moderate doses: Reaction is highly individualized depending on amount used, user's past drug history, physical condition and psychological state of mind. Drug commonly produces a dreamy, carefree euphoric

state of relaxation; altered sensory perception including expansion of time and space; more vivid sense of sight, sound, smell and touch; craving for sweets; subtle changes in thought formation and expression.

As dose increases marijuana interferes with

mental functioning and skilled performance; dangerously affects motor skills, notably vehicle or equipment handling; reduces ability to deal with complex tasks and make judgments.

At high doses:

Disturbances of body image, loss of personal identity, confusion, anxiety, sensory and mental illusions, fantasies, hallucinations, or paranoid psychosis.

Physiologically the drug may cause reddening of the eyes, impair lung and bronchial function; impair immunity system; decrease sperm count and sperm motility; interfere with

ovulation and prenatal development. Marijuana substances remain in the brain and body for long periods, even months, with as yet unknown effects on brain and body.

Regular use commonly produces an "amotivational syndrome," which manifests itself in apathy, poor school work or poor job performance. The drug hinders emotional growth and development by reducing the users's ability to cope with incentive, resourcefulness and flexibility. Drug often gives false sense of improved abilities when performance has, in reality, fallen.

(or chemically) addictive drug. Researchers, however, are not so sure. Many heavy users have been found complaining they or someone they know cannot stop.

Cannabis withdrawal symptoms are known to exist, confirming the possibility of physical human dependence. Common abstinence symptoms observed in humans are excitability, irritability, restlessness, tremors, anxiety, depression, insomnia, sweating, abdominal distress, nausea, general malaise, and muscular aches.

Unlike the addictive substance in tobacco (nicotine, which is rapidly eliminated from the body in fluid wastes), THC is eliminated slowly. As a result, the user may experience no withdrawal symptoms or only low-grade effects.

THC has an affinity for fatty tissues and brain tissues, where slow metabolism causes long retention of the psychoactive substance. So in reality an experienced marijuana user is experiencing a certain high even if he does not smoke for some time. As THC levels in the bloodstream drop, THC stored in body fat comes back into circulation, thus reducing severe withdrawal symptoms. Months of abstinence are required for all the accumulated THC to be excreted by the body.

The cannabinoids in marijuana are known to decrease milk production and lactation in women and could be toxic to infants ingesting them. THC does cross the placental barrier, so there is potential harm for the fetus.

"Habitual, chronic marijuana smoking can be said to be genetic roulette," reported one researcher (Nahas, 1976). "Carefully controlled studies of at least one generation and many thousands of people will be necessary to establish whether marijuana causes mutations and malformations [in babies]" (Hardin Jones and Helen Jones, *Sensual Drugs*, p. 242.)

From Advocate to Alarmist

Among concerned medical and health personnel who have person-

ally witnessed tragic human deterioration from the habitual use of marijuana is Dr. David Harvey Powelson, who made a complete about-face regarding the drug in the early 1970s.

In the mid-sixties he was a first-hand witness to marijuana's sudden boom in popularity at the University of California campus at Berkeley. In 1967, as director of a psychiatric department at the campus, he stated in the campus newspaper: "Marijuana is harmless. There is no evidence that it does anything except make people feel good. It has never made anyone into a criminal or a narcotics addict. It should be legalized."

Later he wrote: "Within five years I knew I was totally wrong."

Dr. Powelson "converted" after noticing thousands of students who came through his clinic in following years. He became closely involved in interviewing hundreds of these young students and observing a repeated phenomenon that cropped up among heavy or persistent users of marijuana. After a few years of increasing marijuana use, bright, agile, young students with high educational goals had difficulties in concentrating, doing memory work, and grasping a sense of time; in short, they became unable to finish their studies successfully.

Dr. Powelson noted that fields of interest among these marijuana users became narrower and narrower, ending up in focus on nothing but immediate sensations. He also reported that, while it was not true for all, psychological dependence on marijuana led many to experiment with other drugs.

Powelson was one of the first to pinpoint the insidious and beguiling nature of marijuana. "Pot smokers are so enraptured by the illusion of warm feelings, they are unable to sense the deterioration of their own mental and physical processes. Its continued use leads to delusional thinking."

But the good news, Powelson re-

ported, is that many who stopped using marijuana eventually recovered their mental and physical faculties and abilities, though some, apparently go too far in their drug usage. Though improving greatly, they never fully recover their former abilities.

A Multitude of Hazards

Marijuana clearly is not a safe drug. Arguing that it may be less damaging than use of alcohol is dodging behind a smoke screen. The truth is, blandly or blindly accepting either a damaging or an intoxicating drug does not make for a saner or safer society.

Marijuana is composed of a multitude of substances that are by nature toxins to the human body. The toxins, tars, and gases from marijuana smoke pollute the human body and brain—the most precious possessions a human has.

All mind-altering drugs damage one's ability to properly use one's mind and develop right character—the very purpose for which God put humans on earth. It can never glorify God to distort reality or to dull our motivation and attention. To alter perceptions, leading to serious accidents, or to slowly ruin one's health by poisoning body and mind, can only be a grave and serious threat to oneself and others. Mind-altering drugs, if persisted in, eventually destroy human potential. They do not expand it.

The tragedy is that it has taken so many people so long, via the hard road of experience, to come to this conclusion. Had our societies not earlier jettisoned many right spiritual values, average citizen and "expert" alike could have recognized the inherent dangers in drugs and other mind-altering chemicals.

Our physical bodies and minds, Scripture reveals, are not our own to abuse as we please. We are commanded, in fact, to "... glorify God in your body, and in your spirit, which are God's [not yours!]" (I Cor. 6:20). □

What You Need to Know About...

A U.S. Government report to the President recently stated: "Chronic, intensive, medically-supervised use of amphetamines and barbiturates probably ranks with heroin use as a major social problem."

Pep pills, sedatives, tranquilizers and even common over-the-counter drugs, although often medically prescribed, are far more widely abused and potentially damaging than many realize. The abuse of these drugs is a major cause of hospital emergency room admissions. Some persons circumvent prescription requirements to obtain various of these drugs through illicit channels.

Amphetamines

Because of their ability to relieve sleepiness and fatigue, amphetamines have been widely used nonmedically by students cramming for exams, long distance truck drivers, nightshift workers

and individuals seeking general stimulation.

As a result of their widespread abuse, physicians have sharply restricted amphetamine use to a limited number of health and weight problems. But with tighter regulations on the legitimate prescribing of amphetamines, the demand for illicitly produced stimulants has increased.

Common slang terms for various amphetamines and amphetamine-like drugs include "speed," "crystal," "meth," "bennies," "dexies," "uppers," "pep pills," "hearts," "footballs," and many others. Intravenous use of massive doses of amphetamines by chronic abusers, called "speed freaks," occurs from time to time.

Amphetamines are central nervous system stimulants that increase blood pressure, widen the pupils, increase the respiration rate, depress the appetite, relieve sleepiness, decrease fatigue and boredom.

In some individuals, however, even a moderate dose of amphetamines can have adverse effects such as agitation, inability to concentrate, anxiety, confusion, blurred vision, tremors, and heart palpitations. With higher doses the effects can become quite severe including delirium, panic, aggression,

hallucinations, psychoses and heart abnormalities. Some persons unusually sensitive to these drugs have died as a result of burst blood vessels in the brain, heart failure or high fever.

Tolerance develops to certain effects of these drugs. Thus more and more of an amphetamine may be needed to maintain various effects.

There is no clear evidence of physical dependence at moderate levels of use, but psychological dependence on even low doses is frequently reported.

Prolonged use often leads to a broad range of illnesses: dehydration, weight loss, vitamin deficiency, reduced resistance to disease, nonhealing sores and ulcers, and chronic chest infections. Also higher than normal rates of liver and cardiovascular disease, hypertensive disorders and psychiatric problems occur.

Starting in the late 1970s, some manufacturers began producing amphetamine look-alikes, pharmaceutically manufactured pills and capsules which are similar in size, shape and color to popular types of amphetamines. These legal look-alikes often contain varying amounts of caffeine, ephedrine and phenylpropanolamine, the latter an ingredient found in many legal diet capsules.

A major problem with these legal look-alikes is that some of the drugs in them may cause strokes and heart irregularities in susceptible individuals. And street dealers peddling such drugs to individuals looking for genuine amphetamines often charge several dollars apiece, a markup from 2,000% to 5,000%.

Barbiturates

Barbiturates belong to the "sedative hypnotic" class of drugs. Medically they are prescribed to decrease central nervous system activity. In low doses some short-acting barbiturates are used in treatment of tension and anxiety. In higher doses they are used to induce sleep. Barbiturates prescribed by doctors are used in treatment of a number of human health problems.

(Continued on page 16)

Drug information in this section adapted from U.S. Government sources.

COMMON DRUGS - TWO-EDGED CHEMICAL SWORDS

NAME	CHEMICAL OR TRADE NAMES; SLANG NAMES	SOURCE	CLASSIFICATION	MEDICAL USE	EFFECTS SOUGHT	LONG-TERM OR HEAVY-USE SYMPTOMS
Heroin 	Diacetyl-morphine; H., Horse, Junk, Smack, Scag, Stuff	Semisynthetic (from morphine)	Narcotic	Pain relief	Euphoria Prevent withdrawal discomfort	Addiction Constipation Loss of appetite Toxic syndrome
Morphine 	Morphine sulphate; White stuff, M.	Natural (from opium)	Narcotic	Pain relief	Euphoria Prevent withdrawal discomfort	Addiction Constipation Loss of appetite Toxic syndrome
Codeine 	Methylmorphine; Schoolboy	Natural (from opium) Semisynthetic (from morphine)	Narcotic	Ease pain and coughing	Euphoria Prevent withdrawal discomfort	Addiction Constipation Loss of appetite Toxic syndrome
Methadone 	Dolophine amidone; Dolly	Synthetic	Narcotic	Pain relief	Prevent withdrawal discomfort	Addiction Constipation Loss of appetite Toxic syndrome
Cocaine 	Coke, Snow, Flake, Toot, Star dust, Happy dust, Bernice	Natural (from coca, not cocoa)	Stimulant Local anesthetic	Local anesthesia	Excitation Talkativeness	Depression Convulsions
Marijuana Hashish 	Cannabis sativa; Pot, Grass, Tea, Dagga, Kif, Joint, Reefer, Weed, Dope	Natural (from hemp)	Relaxant Euphoriant In high doses hallucinogen	Experimental study	Relaxation Increased euphoria or perceptions	Possible psychological addiction Possible lung, memory, perception or sexual damage
Mescaline 	Buttons, Beans, Cactus	Natural (from peyote)	Hallucinogen	None	Insightful experiences Exhilaration Distortion of senses	May intensify existing psychological problems
Psilocybin 	Magic mushrooms, Mushroom, Los ninos	Natural (from psilocybe)	Hallucinogen	None	Insightful experiences Exhilaration Distortion of senses	May intensify existing psychological problems
LSD 	Lysergic acid diethylamide; Acid, Sugar, Cubes, Trips, Windowpane, Blotter	Semisynthetic (from ergot alkaloids)	Hallucinogen	Experimental study	Insightful experiences Exhilaration Distortion of senses	May intensify existing psychosis, panic reactions
PCP 	Phencyclidine; Angel dust, Hog, Horse tranquilizer, Crystal	Synthetic	Effects unpredictable, can vary with dose: Stimulant Analgesic	Experimental study Veterinary anesthetic	Omnipotence Sense alteration	Flashbacks Prolonged anxiety Social withdrawal Toxic syndrome



DANIEL ANDREASON

High on the Job

Two decades ago illegal drug use at the workplace was almost unheard of. Today, it has spread to almost every occupation, from the boardroom to the shop.

This should come as no surprise. The drug-culture generation of the late '60s and early '70s is growing older and bringing its habits to the workplace.

Having smoked marijuana in highschool or college the

young adult is inclined to continue this practice on the job. Sharing an after-lunch "joint" on Wall Street happens every workday.

In California's high-tech Silicon Valley—where a ton of cocaine is consumed every year—deals are sometimes sealed by passing around a bowl of cocaine, not a handshake. Some companies, it is reported, refuse to allow their executives to make decisions after lunch.

The cost to the U.S. economy of drug abuse in business and industry is enormous. Thousands of millions of dollars a year vanish in lost productivity, increased absenteeism, injuries, illness, theft, along with higher insurance rates

and increased turnover.

Some experts go so far as to say that one reason the United States is losing its industrial leadership is that a significant part of its work force is high on drugs.

The plight of one company in the highly competitive car rental business highlights the problem. Says its personnel director: "I can't even estimate what drug use has cost this company. I think it's the biggest problem in industry today. Nothing else is even in second place compared to it."

The crisis is finally being recognized by industry and commerce and is spawning numerous rehabilitation programs.

WHAT DOES DRUG ABUSE COST SOCIETY?

REDUCED PRODUCTIVITY IN THE WORK FORCE

- Job absenteeism, faulty workmanship and sick leave
- Cost to society in lost work time for individuals pursuing non-productive, criminal careers, i.e. drug trafficking and property crime
- Social welfare programs
- Incarceration for drug-related crime

In Millions US \$

33,751

10,846

3

2,425

HEALTH AND MEDICAL EXPENSES

- Direct health services to drug users, i.e. long and short-term hospitalizations and services from physicians and rehabilitation centers
- Drug-related deaths due mainly to accidental overdose

2,049

2,486

COSTS FOR CRIMINAL ACTIVITY

- Public and private expenditures for criminal justice system
- Costs incurred by victims of crime for crime prevention devices and lost work time after criminal activity has occurred
- All other expenditures

6,565

945

677

TOTAL

(All figures for 1983)

59,747

Source: Research Triangle Institute.

Need to Know

(Continued from page 13)

Most barbiturates are white powders, odorless but with a slightly bitter taste. Usually they are packed in capsules and tablets but also are available as liquids, injectable solutions and suppositories.

In slang or street terms these drugs are often referred to by names such as "barbs," "downers," "yellow jackets," "reds," and others.

Adverse Effects

Short-term effects of barbiturates are similar to those of alcohol—relaxation, a sense of well-being and drowsiness. By lessening inhibitions a person may seem more sociable, jovial or impulsive.

At higher doses the drugs reduce ability to react quickly and perform skilled tasks. At still higher doses, the symptoms may be similar to those of drunkenness, with confusion and difficulty communicating. The person may fall into a stupor or sleep, and if the dose is high enough it may impair the respiratory function so severely it stops breathing and causes death.

Barbiturate consumption has often been cited as the predominant cause of accidental drug overdose death. Combining barbiturates with alcohol, another depressant, is chemical dynamite. Many individuals are killed downing barbiturates and alcohol close together.

Barbiturates use over a long enough period of time can induce tolerance and physical and psychological dependence (addiction) in the user.

In extreme cases of use, barbiturate withdrawal is more painful and dangerous than is withdrawal from opiate narcotics, such as heroin. This is why it is essential that barbiturate addicts withdraw under a doctor's supervision.

Unless advised by a physician, barbiturates should never be taken during pregnancy, because of the chance of causing birth defects, as well as complications which can arise from the baby being born addicted and having to suffer potentially dangerous withdrawal symptoms.

Tranquilizers

The minor tranquilizers, which include such well known trade names as Valium and Librium, are sedative-hypnotic drugs and are used prescriptively by doctors primarily to reduce anxiety and tension. Some are used in the treatment of insomnia, lower back pain, and dealing with withdrawal symptoms of other drugs. More potent tranquilizers are most often used for the long term treatment of mental illness.

With normal, therapeutic doses of minor tranquilizers, an individual usually feels relaxed and may lose some inhibitions. As the dosage increases, the individual is more sedated. He or she may experience some depression, mental confusion and physical unsteadiness. High doses often produce loss of muscle coordination, lethargy, disorientation, low blood pressure, memory impairment, rage reactions, personality alterations and symptoms resembling drunkenness.

Tolerance can develop to most tranquilizers, which means the user has to take increased doses in order to get the desired effect. Physical

dependence (addiction) and disturbing withdrawal symptoms can occur. Psychological dependence is a problem particularly for persons who take tranquilizers to cope with routine stress and strain on a daily basis. The user learns to depend on a drug instead of a non-chemical alternative for relaxation or stress-reduction.

Hallucinogens

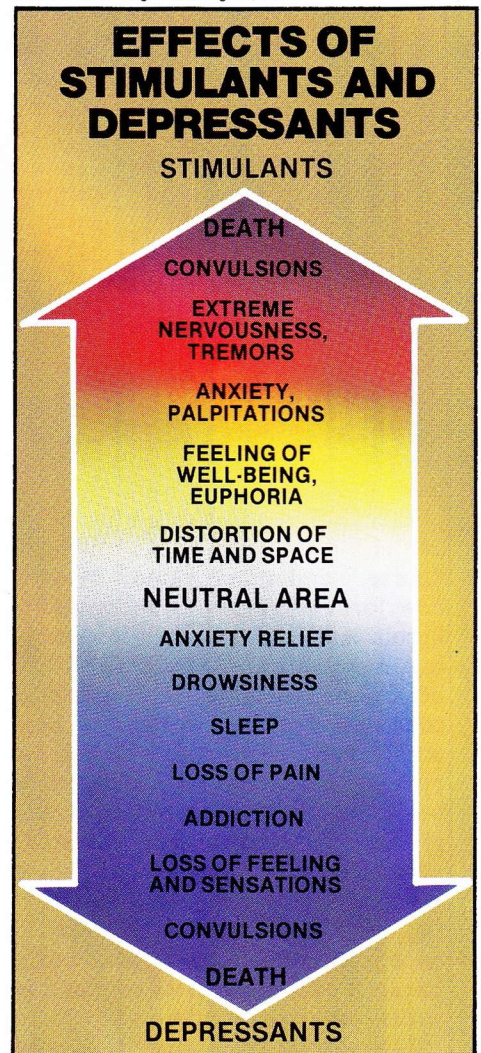
Hallucinogens, except for licensed experimental use, are illegal substances. They are also called psychedelics, drugs capable of altering sense of time and space perception, of changing feelings of self-awareness and body image, of bringing on visions of luminescence, flashes of light and kaleidoscopic patterns and landscapes. Various of these illegal drugs are sometimes used to induce hallucinations and feelings of religious experiences.

First LSD, then mescaline, psilocybin and a range of other chemicals came in vogue among drug experimenters in the 1960s. Today, there are many natural and synthetic hallucinogens in use.

Synthetics used in the illicit market include MDA (methylenedioxyamphetamine), DMT (dimethyltryptamine), PMA (paramethoxyamphetamine), and TMA (trimethoxyamphetamine). Other, naturally occurring hallucinogens come from various seeds, herbs and weeds.

The psychological effects of hallucinogens are not always predictable, and are influenced by the personality of the user, the expectations at time of use and the user's general experience with drugs. Tolerance has been shown to develop to some of the psychological and physiological effects of LSD.

Quite frequent among the hallucinogens is *cross tolerance*, which means that if a user takes one drug enough to become less sensitive to it, he will not react so intensely to another, similiar drug. An individual who has recently been taking LSD will generally show a reduced response to mescaline and psilocybin, for example. The danger of this is, it may be a short way from a react-



ing dose to a slightly higher but life threatening one.

Hallucinogens can add to existing neuroses or character disorders and produce transient waves of anxiety, paranoia or severe panic. Much of the outcome of a hallucinogen depends on the state of the user's mind at the time, and the physical setting of the experience. Flashbacks—recurrence of hallucinogenic experiences—have been reported over periods ranging up to a year after last LSD use.

Since most hallucinogens are illicitly manufactured, it is virtually impossible to tell, without laboratory analysis, whether or not they are really what they are claimed to be, or predict the dosages correctly, even between drugs in the same batch.

Narcotics

Narcotics generally refer to opium and other narcotics derived from

the oriental poppy—e.g. morphine, codeine and heroin. Narcotics also refer to certain synthetic chemicals that have narcotic-like action such as methadone and meperidine (Demerol). Opiate narcotics produce considerable psychological and physical dependence rapidly.

Except for heroin, narcotics are used in medicine as painkillers and also for relief during the later stages of terminal illness. The use of heroin derivatives for war injuries during the 19th century and especially in the American Civil War led to widespread civilian use and addiction.

Illegal heroin is often referred to as "H," "junk," "smack," "scag," "horse," and other names. Now a new form of relatively inexpensive heroin called "black tar" is sweeping many areas. It is called that because it resembles roofing tar in consistency and color. Heroin commonly runs around 2% to 6% in purity. "Black tar," however, may be 90% or more pure, which leads to more frequent overdose deaths.

Methadone, a fully synthetic narcotic, has become important in the management of opiate narcotic dependence. But it can also cause physical addiction on its own and is widely abused by addicts.

Narcotics are produced, legally and illegally, in a variety of forms: tablets, capsules, powders and liquids. Heroin is usually taken under the skin subcutaneously or intravenously (mainlining or shooting up). Heroin powder is sometimes sniffed.

Reactions

Use of narcotics may at first cause a "rush," a surge of pleasure sensations, then a feeling of contentment and detachment from the world

Psychological dependence is a problem particularly for persons who take tranquilizers to cope with routine stress and strain on a daily basis. The user learns to depend on a drug instead of a non-chemical alternative for relaxation and stress-reduction.

around. Some find the effects of opiates unpleasant, suffering nausea and even vomiting.

Immediate physiological reactions may include reduced breathing and heart activity, reduction of visual acuity, itching, skin rash, constipation, as well as nausea. As doses get higher the effects become more acute. With very high doses the user may experience coma, shock, respiratory arrest, even death.

Many health problems are generated by use of adulterated narcotics, unsterile and shared needles and unhygienic living conditions.

Withdrawal symptoms of low dose and intermittent use of narcotics may be negligible or perhaps resemble symptoms of flu. Withdrawal after heavy chronic use results in severe and painful effects that resemble those associated with severe alcoholism.

Solvents/Inhalants

In the 1960s there was an epidemic of glue sniffing. Today there is still

a small but consistent use of various solvents, aerosols and gases. A wave of antiglue sniffing publicity has resulted in many local and state laws prohibiting buying of such substances by minors.

Many products containing hydrocarbons that become volatile at room temperature are abused as inhalants to achieve sedation, laughter and giddiness, feelings of floating, time and space distortions and illusions. Some are said to induce psychedelic-like effects.

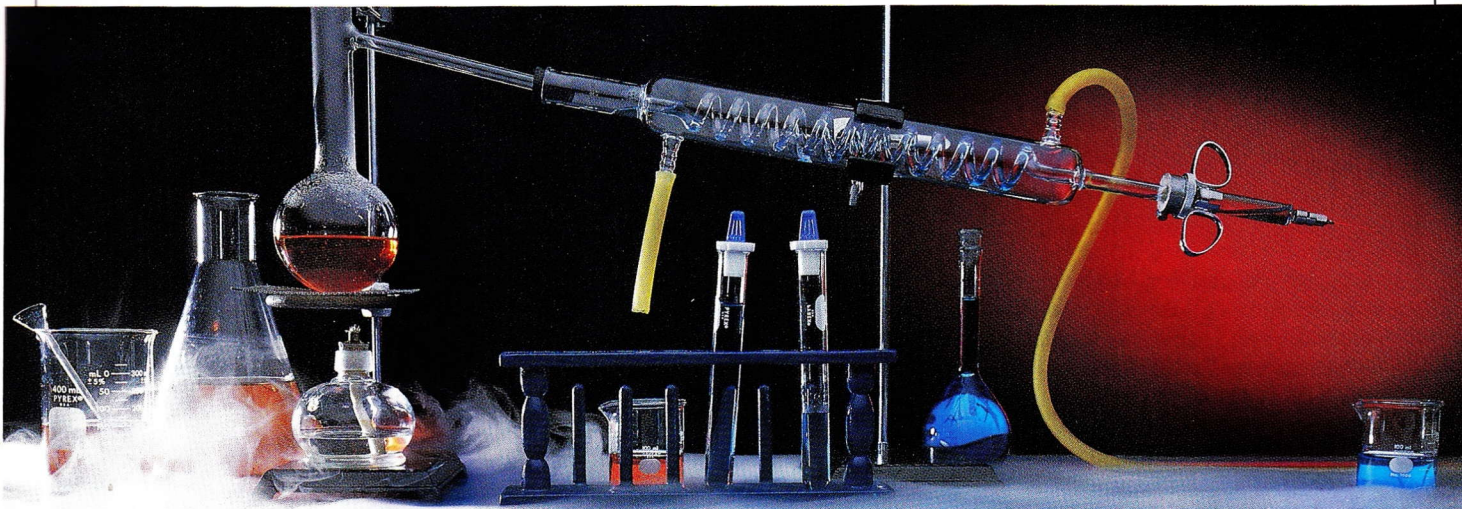
Adverse Effects

Acute use of solvents or inhalants often brings on confusion, drunken-like states, slurred speech, a feeling of numbness, runny nose, tears, headache, muscular incoordination, nausea or vomiting. High dosages may result in respiratory depression and unconsciousness, inhibited breathing and death. There have also been reports of panic and physical aggression.

Other acute adverse effects may depend on the chemical makeup of the specific product.

Permanent, irreversible damage on either physical health or intellectual functioning is a danger. Temporary abnormalities have been shown in respect to liver and kidney function, bone marrow activity, blood abnormalities and peptic ulcers. There have also been medical reports of chromosome damage as a result of glue sniffing, but such effects have not been conclusively proven.

With so many different formulations of solvents and other hydrocarbon products on the market it is impossible to predict the long-term effects of all possible substances. □



And Now... Deadly “Designer Drugs”

Suddenly, added to the already devastating crisis of drug abuse in modern nations, a new generation of dangerous synthetic “designer drugs” is being manufactured by underground chemists. Many scores of persons seeking new “ultimate” highs, and believing these drugs safer, have developed irreversible brain or organ damage. Increasing numbers are being turned into actual “zombies” by these drugs.

Designer drugs are the chemical cousins of narcotics or other drugs, but have a slightly different chemical formula. Yet because federal and state laws de-

fine drugs by their chemical formulas, they are not technically illegal unless laws are passed to specifically outlaw the new drug. The problem is that once a variant is outlawed, the underground chemists change the molecule slightly to come up with another that is not technically illegal.

The illicit chemists can make synthetic heroin that is thousands of times stronger than the real thing. They can get scores of doses from a minuscule amount. Around \$500 worth of chemicals can yield \$2 million worth of designer heroin.

The problem is, these new designer variants don't always behave like their parent drugs. Their potency can be far greater, or much quicker in reaction, thus increasing the likelihood of death or injury by overdose. Their purity can vary as

well—some contain contaminants that are potentially damaging. Dozens of persons have been crippled for life by these drugs—confined to wheelchairs and sit zombielike, drooling, mute and immobile.

Experts fear the technology to synthesize variants of more complex substances, such as cocaine—may be just around the corner. “Maybe the next one'll hit the heart, or it'll hit the liver, maybe it'll be the brain again—who knows,” says Dr. William Langston of San Jose's Santa Clara Valley Medical Center.

“I think synthetics will be the drugs of abuse of the future,” said Gary Henderson, associate professor of pharmacology and toxicology at the University of California at Davis. “You can design the molecule to do just about anything you want. Basically, it's a form of Russian roulette.” □

ANOTHER GREAT human tragedy is in the making!

For the second time within a century, cocaine—the white powder crystallized from coca leaves—has exploded into a major social and public health crisis in human affairs.

Untold millions, especially young people, will be affected between now and the peak of this drug disaster expected in this decade.

Early Drug Experiments

The first popularizing of the drug began in the 1880s. The psychoanalyst Sigmund Freud experimented with cocaine. He praised it for the euphoric feelings of vigor, sense of power and confidence it gave him. Other prominent physicians and popular personalities promoted it. (Later, Freud publicly admitted cocaine injections produced rapid physical and mental deterioration, paranoia and hallucinations.)

By the turn of the century, cocaine's aura of innocence was gone. What was the effect on the many who had indulged? In 1924, Dr. Louis Lewin wrote: "I have seen among men of science frightful symptoms due to the craving for cocaine. Those who believe they can enter the temple of happiness through this gate of pleasure purchase their momentary delights at the cost of body and soul. They speedily pass through the gate of unhappiness into the night of the abyss" (*Cocaine Papers—Sigmund Freud*, by R. Byck, 1974).

Early in this century, after numerous cocaine tragedies, the drug was prohibited by law in many nations, except for medical use. Various other addicting opiate drugs were also prohibited.

But humanity, inundated by the do-your-own-thing philosophy and drug culture of the post-World War II era, failed to remember the tragic drug errors of the past, or even recent human experience.

Again in the last few decades, cocaine use—as also marijuana—has followed the pattern of the earlier introduction. Cocaine has been widely proclaimed to be a relatively safe recreational drug in moderate

Cocaine use has reached epidemic proportions. Millions worldwide are catching . . .

SNOW FEVER



WEISBROF—INTERNATIONAL STOCK PHOTO

use, even by some medical and scientific personnel.

Cocaine* (in street terms also called coke, snow, flake or toot) is most commonly snorted through the nostrils to achieve a euphoric high, but it can also be eaten, smoked or injected.

Only a few years ago, cocaine advocates told us (and some still do) that coke is a relatively risk-free drug. "A snort in each nostril and you're up and away for 30 minutes or so. No hang-over. No physical addiction. No lung cancer. No holes in the arm or burned out cells in the brain," they said. Instead users were guaranteed drive, sparkle, a surge in energy.

But the truth is far different! In recent months many health officials and scores of thousands of users have been forced to face up to the true deceptive and enslaving nature of cocaine.

This is a drug that causes a craving dependency and addiction more severe than heroin and other addicting drugs.

Now It's "Crack"

Increasingly, a new form of cocaine is sweeping the streets alarming law enforcement officials and rehabilitation experts because of its ability to accelerate drug abuse and severe addiction.

The substance, known as *crack*, is a processed and purified form of cocaine. Its small rocklike or crystalline form enables users to smoke, or free-base, the powerful stimulant to achieve an euphoric high in only seconds.

Crack is so potent and addictive that it breeds "violent desperation" among many users, who commit robberies and other crimes to finance their drug purchases. It also has generated bloody battles over turf between drug gangs trying to increase or protect highly lucrative crack profits.

"Coke is not what you call a peacemaking drug," says a deputy district attorney in California. "It's an excitant, an irritant, so that people who use cocaine are much less placid than somebody who uses an-

We have been led to believe that somewhere there is a magical pill or powder that will relieve us of all our pain and discomfort and make us happy again.

other type of drug."

Since crack has appeared on the streets, new cocaine users more rapidly graduate from inhaling to free-basing, the most addictive and deadly form of cocaine abuse. Crack is attracting more adolescents and young adults who might not have \$50 to \$100 for a gram of ordinary cocaine but could afford \$10 or \$20 for a vial of crack. "With crack, you essentially transform an occasional user into an addictive user," said one drug rehabilitation official.

Unlike usual cocaine, which is most commonly snorted through the nostrils, people who free-base crack can't stop, note drug experts. Once they start free-basing they keep going until all their money is used up.

Rehabilitation officials report more and more teenagers who just occasionally snort cocaine become compulsive users after experiencing crack. "They are rendered completely dysfunctional by crack in a two or three month period," said Dr. Arnold M. Washton, director of addiction research at a rehabilitation hospital in New York.

Grave New Addiction

Cocaine is now regarded by many drug experts as the most subtle and dangerous drug ever to enslave and destroy human lives!

"It [cocaine] probably produces the most tenacious dependency of all the chemicals on this planet that you can give the human brain," says Ron Siegel, a University of California at Los Angeles psychopharmacologist

and one of the nation's leading cocaine researchers.

Cocaine is now considered by Dr. Siegel and many other drug experts as the *most addictive* of drugs in terms of its psychological and, in many advanced cases, physical grip on hooked users.

Drug officials note many users approach their use of cocaine with "a sense of immortality" that often blinds them to the dangers and risks of the drug.

Dr. Mark S. Gold, medical director of the National Cocaine Hotline, strongly refutes the common erroneous belief that cocaine is nonaddicting and nonthreatening to life and health.

Says Dr. Gold, "The popular view today is that cocaine is a chic, safe drug, unlike heroin, that can be used without fear of addiction. But callers to our help line tell us they cannot stop even though they recognize that it is destroying their lives."

Contrary to popular belief among many users, cocaine is a killer, says Dr. Gold. Death can occur rapidly from convulsions, lung failure, stroke and even drowning in one's own internal secretions. "What's so devastating . . . is that we have found that there is a huge chunk of high functioning people who are getting into something they don't understand," says Dr. Gold. "They have acquired through repeated use a lifelong, debilitating, chronic illness for which there is treatment through remission and abstinence, but no known cure."

"It's totally unpredictable," said Dr. Washton. "There's no way of saying who will get a [fatal] reaction and who won't."

It's impossible to say what a toxic dose of cocaine might be. "No amount of cocaine is safe," says Dr. Jeffrey Isner, a cardiologist at New England Medical Center Hospitals. "Using cocaine is like playing Russian roulette—the same amount you took safely last week can kill you tomorrow."

What has deceived many cocaine users is that *in early stages of repeated use* when one is deprived of the drug *it does not cause the classic withdrawal symptoms* of many addictive drugs—cramps, nausea or convulsions.

*Cocaine comes from the coca plant, not to be confused with cocoa from the cocoa bean.

However, as the cocaine habit grows, the psychological addiction becomes so strong, the user's ability becomes so minimal, that the resulting damaging addictive cravings are equal to or worse than those caused by heroin or other addictive drugs. In long-term heavy users, classic physical withdrawal symptoms do occur.

Cocaine is now known to cause fatal convulsions, respiratory failure and cardiac collapse, even at moderate doses, in new or seasoned users. At high levels of use, or dependency levels, cocaine can induce psychosis and paranoia and suicidal desperation. Addiction and death can come from any method of use, but the danger is greatest with smoking (free-basing) or injection.

New Army of Addicts

In recent years cocaine first became the popular drug-of-choice in upper and more affluent middle-class society—among doctors, lawyers, accountants, architects, entertainers, athletes and others with comfortable incomes.

Until recently, high cost (formerly more than \$100 a gram) was a factor in limiting its use. It was a status drug only the near-rich and successful could afford. It was called the champagne of drugs because it was believed to be physically nonaddictive and harmless to health in moderate use.

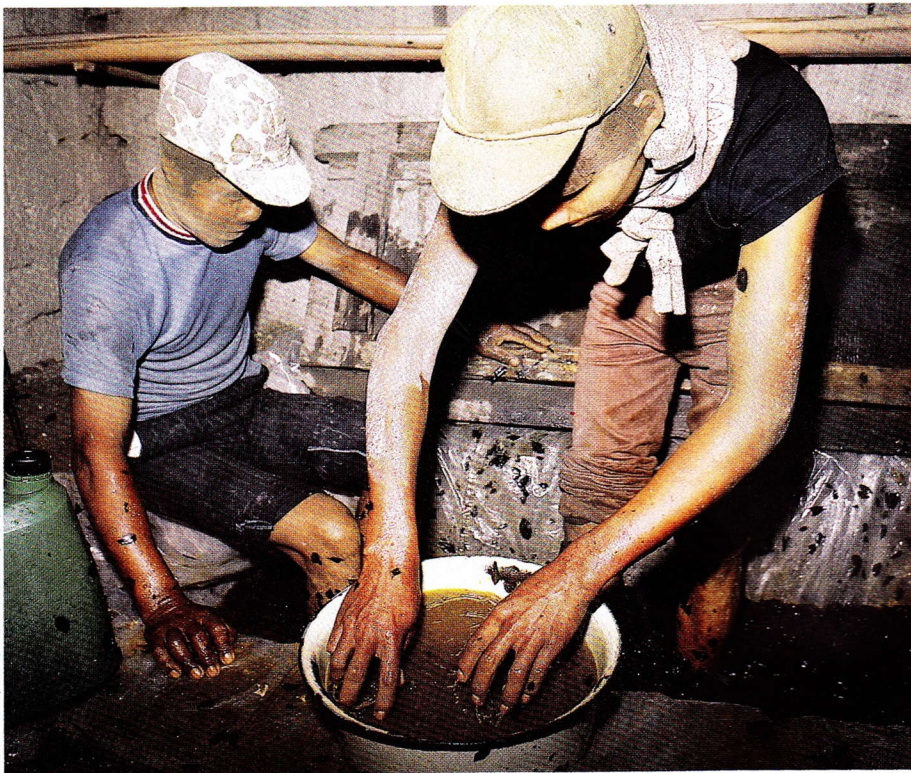
Cocaine appealed to active and progressive middle- and upper-class moods and values. In sporadic use it didn't have the depressant or

sedating effects of marijuana, the popular drug of the turned-off, dropped-out generation of rebellious youths. Nor the characteristics of heroin or hallucinogens, used by social losers.

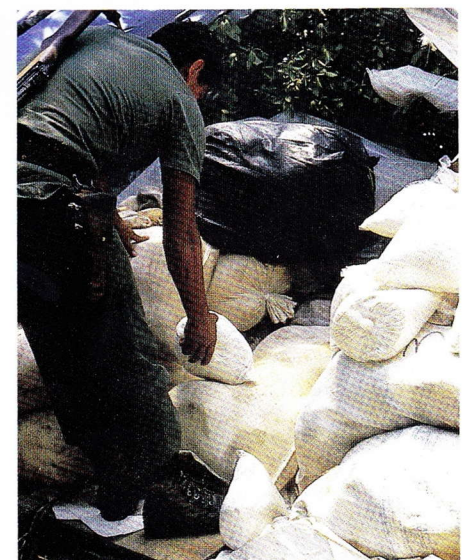
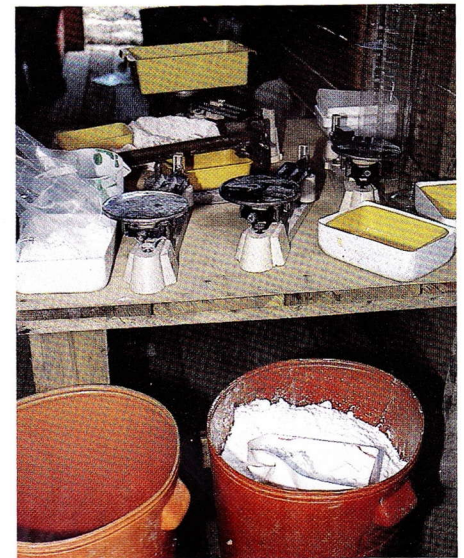
Cocaine was a stimulant that brought almost instant euphoria from a simple snort or two through the nose, an intense feeling of energy, power and control. It seemed to magically create euphoric feelings of creativity, confidence, invincibility and also in some users give heightened erotic excitement.

Cocaine seemed the ideal drug to tune you into what is supposed to make success and happiness in modern affluent society. It seemed as if highly esteemed qualities of stamina, emotion and character could be achieved through the use

THIS PAGE, LEFT, ROTMAN—PETER ARNOLD; TOP, SMITH—LIAISON; BOTTOM, ESPECTADOR—SYGMA; FACING PAGE, LEFT, LENTZ—VISIONS; TOP, LENTZ—VISIONS; BOTTOM, TANNENBAUM—SYGMA.



Primary coca paste begins as a dark liquid such as seen here at illicit Bolivian production site (above); cocaine laboratory in Columbia and biggest cocaine haul ever—13.8 tons—seized by Columbian police (immediate right, upper and lower); Peruvian authorities seize and burn nearly three tons of coca “pasta,” which when refined could yield a ton of pure cocaine (facing page, left and upper right); increasingly popular and fast-acting “crack” cocaine (far lower right).



of a harmless white powder used moderately.

Cocaine's effects lasted only from five to 30 minutes, sometimes a little longer, rather than hours like many other street or medical drugs. The initial short-term euphoria seemed something one could control. Many therefore reasoned, if for five minutes why not forever?

Snorters started out using cocaine recreationally at parties, celebrations, or privately for its quick euphoric "rush." Others started to use it occupationally—to keep up alertness, energy levels and "creativity" in their jobs. They felt they had to have something extra to give them an edge in competition with others in demanding or high-pressure jobs.

But the short-term euphoric lift

from a few brief snorts, the feeling of being confident and on the top of things, is quickly over. This high is often followed by a letdown and depression that can only be relieved by more snorts of cocaine. The stronger the stimulation, the more pronounced the crash.

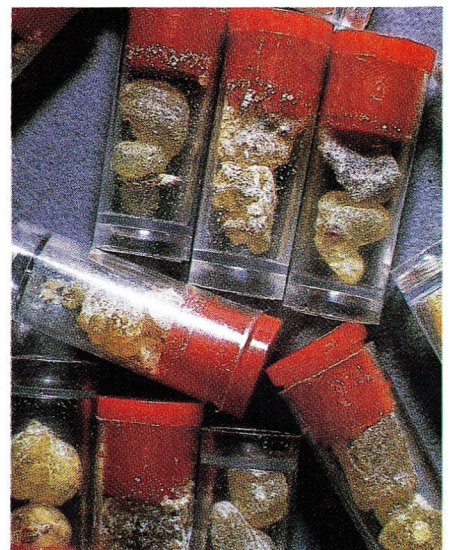
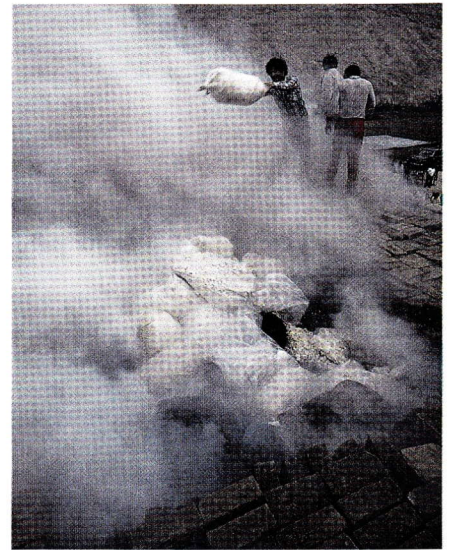
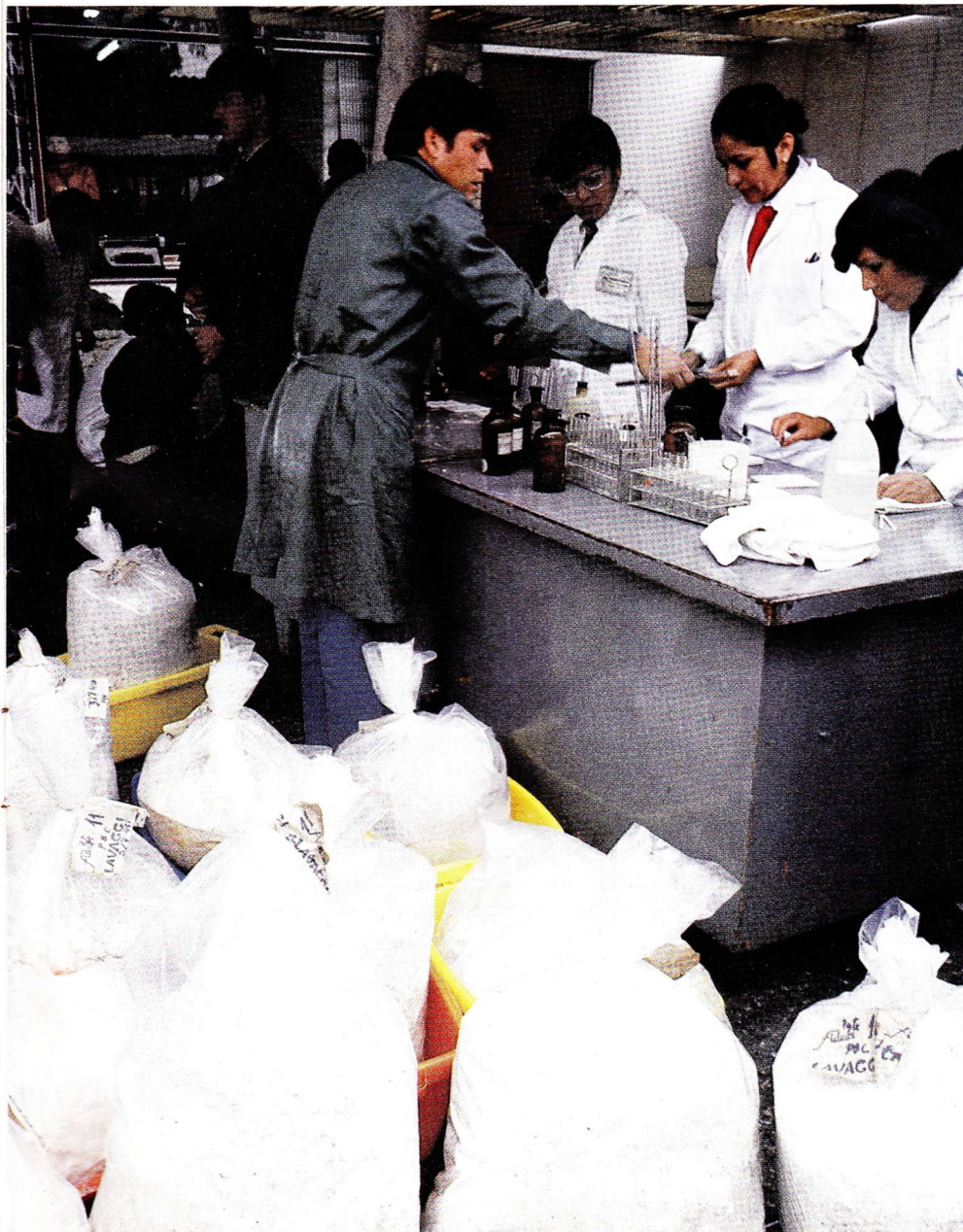
Once succumbing to the desire for continued euphoric high feelings, users wanted them more and more. Said one initiate: "After one hit of cocaine I feel like a new man. The only problem is, the first thing the new man wants is another hit."

Many cocaine users believe as long as they use coke they will have superlative sexual experiences. The facts are, repeated cocaine use eventually causes sexual dysfunction and impotence and other serious health problems.

Growing Female Addiction

In many Western nations, women are the largest users of licit drugs for personal and health reasons. Middle-class women haven't been, for the most part, attracted to illicit street drugs. But many women, aware of dangers with such drugs and also popular tranquilizers, have been captivated by the status appeal and false propaganda about cocaine. Middle-class women are now estimated to be around half of all cocaine addicts.

One professional woman with a successful career tearfully revealed how she had a loving husband, a beautiful daughter and a marvelous home. But she found her work and life filled with pressure. She was told by a friend that coke would



Summary of Cocaine's Effects

Drug experts believe cocaine is the most addicting drug on the market. Some persons become addicted after a few weeks of use, others take months or years to reach that point. As with other psychoactive drugs, there is no way to predict how a person will react to cocaine, whether he will use it once, or whether he will ultimately become hooked.

Initial early effects: An euphoric high lasting 5 to 30 minutes or so with feelings of increased energy, hyperactivity, exhilaration and fluidity of thought. Influence of the drug often produces a superior attitude of mind and the belief (frequently erroneous) of an improvement of one's skills and ability. Euphoric high is often followed by sudden depression, irritability, less drive and ambition.

As dose and high increase: Food, hunger, sex, work and friends may no longer compete with the attraction or importance of cocaine highs. But letdown after use often produces deep depression, changes in personality, mental confusion, withdrawal from daily activities, weight loss, hallucinations or paranoia. Injecting cocaine may make user feel like ants are crawling under the skin.

Various other consequences after prolonged use: Insomnia, pale skin color, aggressive behavior, nausea and vomiting, vitamin depletion, fatigue, cold sweats, headaches, dilated pupils, hoarseness, stuffy nose, bleeding or ulcerated nose, initial feeling of increased sexual pleasure but lowered sexual performance over time.

Cocaine constricts blood vessels, increases blood pressure, forces a faster heartbeat and raises body temperature, all of which can be dangerous to a weakened cardiovascular system. Cocaine can damage heart muscles, anesthetize the heart and kill suddenly.

Damaging social consequences: 1-800-COCAINE, the U.S. national cocaine hotline found of surveyed adolescent cocaine users calling in: 69% reported grades dropped significantly, 31% were expelled from school, 44% became drug dealers, 31% stole from family, friends or employer, 19% suffered brain seizures, 13% had auto accidents, 14% attempted suicide, 27% had violent behavior.

help her face the world, so why not take advantage of it.

"Within four years, cocaine cost me my job, my husband, my self-respect, even my daughter," she confessed. "When my habit grew so I could no longer get enough from friends, I found a part-time dealer where I worked. . . . One day I just exploded and walked away from everything."

Another woman said after her first use of coke: "I was filled with the most incredible feeling I have ever known. It was absolute euphoria. I felt beautiful, sexy, important, totally in control and at the top of my world. What I didn't realize is that I had become addicted in those 30 seconds. From that moment on, my entire life was focused on cocaine."

A TV producer said: "I needed something to increase my physical endurance. But once you're hooked, you find all sorts of reasons for using it. You need coke to be more creative. Soon, you begin to develop this hip superiority. Everything you do is terrific."

But is the work really terrific?

Medical authorities now confirm through controlled tests that cocaine is a *destroyer* of talent—not an enhancer.

"Coke just gives users the *perception* of being more creative," says one famous Hollywood star. "The users think they are doing their best work, but they are literally giving you gibberish."

So widespread is cocaine use among TV and movie producers and actors that insiders say it is one reason for so many poor quality programs.

Coming down from a cocaine high commonly causes such deep gloom in many regular users that they feel impelled to use more cocaine as a remedy. Bigger doses often follow, and soon the urge becomes a total obsession. Medical personnel now report increasing numbers of cocaine addicts are turning to free-basing or intravenous injection in attempts to recapture some former euphoric high.

Cocaine addiction can happen quickly or take some time. Many users believe they can handle the

drug if they use it sparingly and infrequently. But the catch is there is no way to know for sure who will become quickly addicted. Differences in individual constitutional chemistry can cause one person to become more rapidly addicted and crave the drug (or any drug) than another person using it similarly. And individual mind-set at time of use is very, very critical.

These persons often lack a background of proper adult example or training in control of emotions and alcohol or drugs. They automatically grab for and abuse any chemical substance that temporarily gives them a high and relieves them of their problems. Others lose control by using drugs or alcohol a little more and more.

Male cocaine addicts often turn to embezzlement and women addicts to prostitution. One woman says she would have done anything for cocaine—even killed for it.

Road to Financial Disaster

Accounts of financial ruination among successful people hooked on cocaine are numerous. Many mid-

dle-class and millionaire addicts have been reduced to ruin.

One middle-class woman secretly drew out thousands of dollars from the children's college educational fund to support her craving for cocaine, nearly ruining the children's educational opportunities.

An upper-middle-class businessman spent \$1,200 a week on cocaine, but lost his business after five months. "I started having a lot of problems with people, yelling at customers. . . . I was taking my profits, selling my merchandise, selling my equipment, selling everything to buy coke. I've literally blown a fortune."

One rock star squandered millions of dollars on cocaine. It was "all smoked up," said a friend. A movie starlet spent a million dollars on cocaine before breaking her habit. By the time she sought help her body was wasted to less than a hundred pounds.

Another hooked female co-star of a popular TV situation comedy couldn't remember her lines or stand throughout a simple scene. She became like a cadaver and had to be fired.

Adulterants and Disease

Virtually all street cocaine is not pure. It is cut and adulterated many times over as it passes from dealer to dealer in order to increase profits. A user cannot possibly know what he or she is taking without elaborate tests. Dealer-users on the street often themselves cut their supplies (with who knows what) in order to finance their own drug habit. Frequently used to cut cocaine concentration is the simple sugar lactose.

Also commonly used as cheaper adulterants are lidocaine, procaine, caffeine, amphetamines (pep pills) and other drugs that give sensa-

tions similar to cocaine, but which can cause their own specific damages to human tissues and organs. "Injecting street cocaine is absolutely crazy," wrote one cocaine connoisseur.

The chronic cocaine sniffer is easy prey for bacterial infections in the nose and throat. This is because the cilia, the tiny hairlike filaments of the nose and respiratory organs, are paralyzed, inhibiting the proper flow of protective mucus to membranes. Many coke users seem to have perpetual colds, nagging infections or respiratory problems.

Cocaine also constricts the blood vessels that supply oxygen to living tissues. This constriction commonly causes an ulcer that wears through the cartilage between the nostrils, causing a large hole. Without cartilage the nose becomes misshapen. Sometimes the nose bridge of a coke addict becomes so weakened it collapses under pressure and has to be restored surgically.

Cocaine increases the heartbeat and blood pressure. Persons with heart problems or high blood pressure, especially those who don't realize they have such conditions, could kill themselves by using cocaine. Coke races the metabolism. It rapidly burns energy and depletes critical vitamin and mineral reserves.

Heavy cocaine users risk cardiac arrest or convulsions, the latter a form of internal suffocation, because the victim cannot breathe fast enough to replace the oxygen being used up by the body.

Cocaine addicts often desperately try to reduce the comedown crash after use of the drug. Some combine it with sedating drugs like heroin (called speed-balling). This roller-coaster effect was the ride that killed John Belushi, the American actor. Others try to escape the grip of cocaine by using alcohol or

other drugs, but instead become hooked on them.

Mixing cocaine with alcohol is particularly dangerous. Police report some heavy drinkers use cocaine to keep awake while they drive home. Unfortunately the coke often wears off midway home, causing the high alcohol content of the blood to suddenly produce a blackout and an accident.

Soaring Treatment Demand

So rapid has the cocaine catastrophe exploded on the modern scene in the United States that a 24-hour National Cocaine Hotline service has been set up to provide information, advice and treatment referrals for what is described as an out-of-control drug problem. The toll free number is 800-COCAINE (or 800-262-2463).

Since its inception, the National Cocaine Hotline has received between 500 and 1,000 calls for help a day. Public and private treatment agencies are also being deluged with desperate requests for information and help with cocaine problems.

Don't Make Others' Mistake

There is a reason why drug tragedy after drug tragedy hits our modern world! We live in a drug-inundated society. We have been bombarded by modern advertising, taught by social, perhaps even parental and peer examples to look to drugs to solve our mental and personal distresses. We have been led to believe that somewhere there is a magical pill or powder that will relieve us of all our pain and discomfort and make us happy again.

Drug after drug—illicit but also frequently licit—is ballyhooed as an effective way to cope with life—only to turn out after a period of use to be something that injures, afflicts with undesirable or tragic side effects, or even kills. □



“I’ve Lived in Two Worlds”

Come with me to meet one of those rare human beings, a recovered addict, a recovered alcoholic, now a counselor of others.

Text and photos by Jackie Murphy-Knapp

I HAVE a neighbor. Her name is Jackie, too. She has been into alcohol, hard drugs and crime. Pregnant by 17, she became a school dropout and hung out with a motorcycle gang.

She finally had to give her baby up to adoption. Jackie has been near death many times and been in and out of prison.

That was one world.

Yet she is now one of our best neighbors—a champion in sports and a counselor of others. She radiates hope. And she’s happily married too. She is now Jackie Cummings. This is the other world.

I want to tell you her incredible story, as I learned it.

Turning Point

You may have heard that in the world of drug addiction the recovery rate is about 3 percent. Discouraging—until you learn that not long ago it was only 1 percent. This increased success is because of developing programs like Turning Point and Drug Abuse Council.

These two organizations merged in 1974 and have since been a driving force in the war against addiction. Turning Point, here in northern California where I live, is a residential care treatment home with a 42-bed capacity and a staff of 12, all recovered addicts.

Drug Abuse Council (DAC) is an outpatient drug information and counseling center. They treat peo-

ple with problems ranging from alcohol and drug addiction to prescribed drug abuse. They are also staffed entirely with recovered addicts.

Jackie Cummings is one of those recovered addicts. I have spent several days with Jackie over the past month to develop this story for our readers. Ten of her first thirty years were spent in the depths of drug and alcohol addiction. But six years ago she walked into Turning Point—as high as she could get—to face the ordeal of cleaning up.

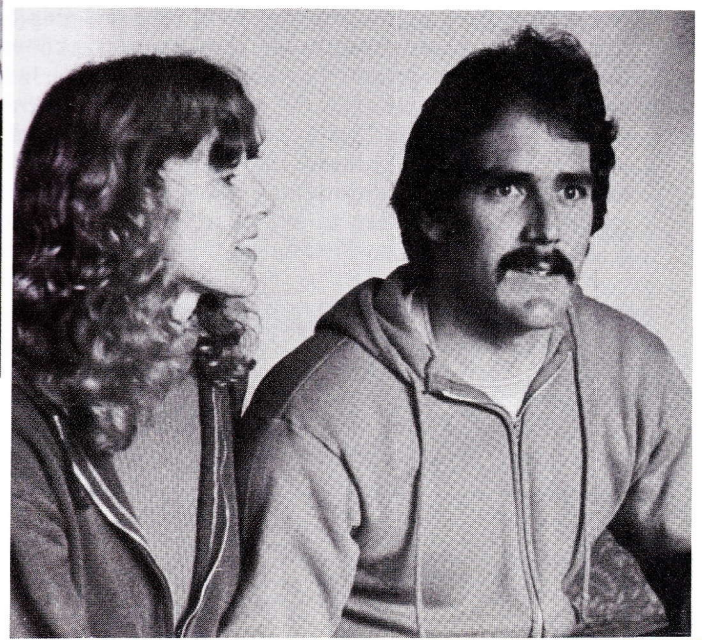
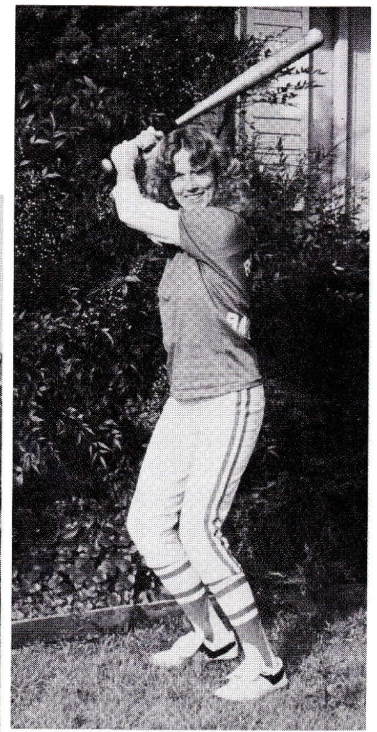
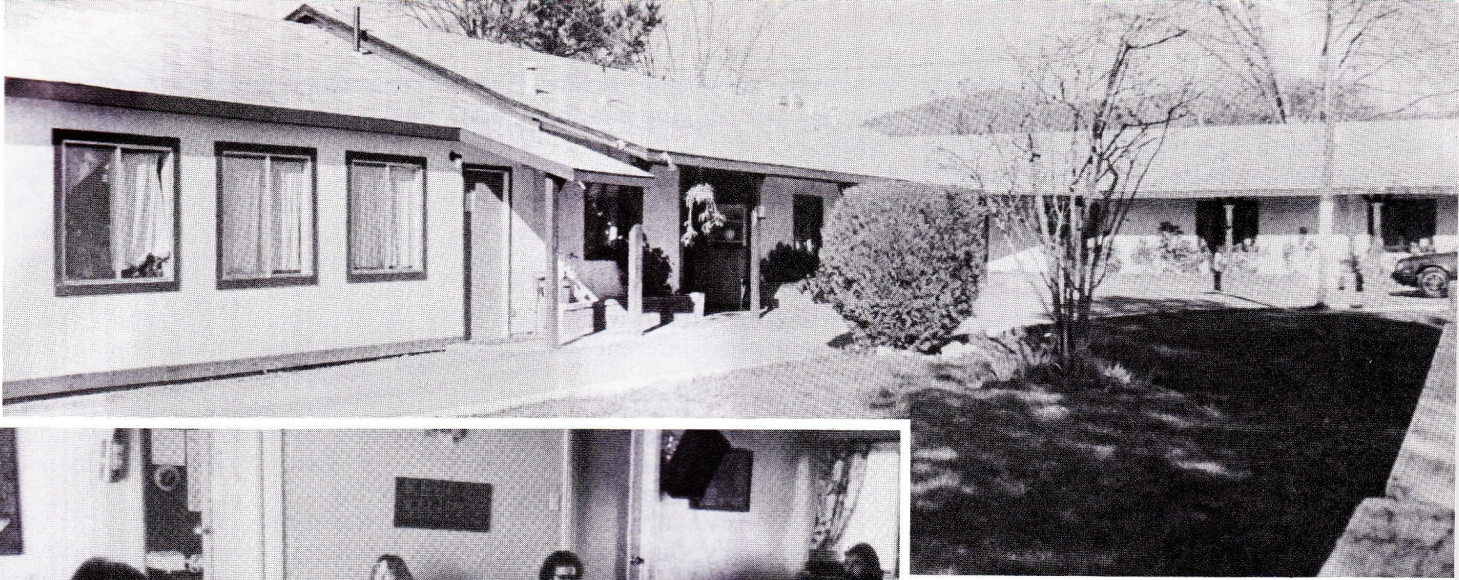
She has been clean since.

Although the initial withdrawal is never pleasant, the ordeal was not what she expected. For not only did she take her first step to a clean life, she also discovered a new dimension of spirituality and believes with this new-found faith that she’ll never go back. Looking into her clear blue eyes and listening to the quiet strength in her voice, I believe her too.

Like alcoholism, drug addiction becomes a frightening disease. It surfaced in Jackie when, at 17, she became pregnant and had to give her baby up to adoption. Until then she had been a straight-A student.

When she became pregnant the principal of her school asked her to leave. After the birth she began hanging out with a motorcycle gang. Smoking dope, popping pills and drinking became the regular routine. The violent crime involved with the gang was also an emotional high.

Jackie Cummings has lived in two social worlds. A graduate of Turning Point drug rehabilitation center, she is now a counselor. Starting at the top and going clockwise, the photos show: a front view of Turning Point; Jackie preparing to hit a home run; Jackie and Gary Cummings, two recovered addicts dedicated to helping other addicts and alcoholics reach their turning point; working with recovering residents; a weekly staff meeting where individual cases are discussed.



When she was 20 years old she was arrested for the first time. The charge was possession of a gun. She was released to the custody of her mother. Then came heroin. Jackie and her boyfriend were shooting heroin and stealing to support their habits.

During this time she tried various jobs—waitress, sales clerk. But dope is expensive, and the related crimes led to more arrests. One of the conditions of an arrest was to go to Turning Point rehabilitation center. She went just to get out of jail and stayed for only two weeks.

Jackie then moved to a major city and took her habit with her. A job as a bartender did little more than provide her with connections. Soon she was drinking and shooting drugs again.

It was during this time that she hit bottom. She was sick, broke, disgusted and ready to give up. That moment of giving up was her first turning point. Something inside her made her reach out for help when she quit justifying herself and lying to herself. The help came from Turning Point.

About two months after she was there Jackie had an uncontrollable urge to leave to find dope. This was such a powerful and frightening compulsion that she began to pray for help. As she was praying there was a knock on the door. A friend came in and started talking with her.

By the time he left the desire was gone. That was the first time she had consciously let go of her desires. It was the second turning point in her life. Since then she has prayed for help many times and it has always come—usually in the form of another person's presence at a critical moment.

Jackie completed the three-phase program and stayed on for another year as a resident staff member. After moving to her own house she continued working as a

counselor at Turning Point rehabilitation center for another four years.

In 1981 she began working out of the DAC offices. She is a court liaison and interviews inmates who are eligible for Turning Point. She still works out of Turning Point, spending one day a week there at staff and case conference meetings.

A New Life

Although much of her time is spent helping addicts and alcoholics, Jackie has a very busy and exciting private life. She and her husband Gary Cummings, who is also a recovered addict, are both active in sports, such as softball and bowling, and have filled one wall of their living room with trophies they have each won. Jackie met Gary at a softball game during rehabilitation and although Gary came through a different program the premise was basically the same. Jackie also began working toward a teaching degree in mathematics.

One of the disturbing facts about drug and alcohol abuse, as Jackie Cummings explained, is that many more men than women are in jail for drug and alcohol-related crimes. One reason seems to be that men use more illegal drugs than women. Society accepts a man in jail much more than a woman. For him it's macho or at least "man" trouble. For a woman to go to jail means being labeled a tramp, hooker, losing her children, family and friends.

As a consequence of this double standard significant numbers of women turn to prescription drugs. The sad thing here is that with the doctor perhaps unknowingly aiding her habit and her family and friends covering it up or totally ignoring it, she almost never seeks help.

In fact most such women feel there is no help. Who could help her out of this maze of horror?

What would happen to her family if she had to get treatment? Would she lose her children, her husband, her job? And what would her family and friends think of her? The irony here is that many of those same friends could be suffering from the same diseases.

It may sound hopeless but it is far from that. Statistics show that if addicts seek help they usually find it. One woman from DAC told me how she was tricked into going to her first Narcotics Anonymous meeting.

After seeing so many people who were living clean she began attending regularly. She went to the Narcotics Anonymous meetings every night for a year and stayed clean. These meetings do work and so do the other programs. One reason seems to be that people there are all former addicts, and the other reason is that people find a spiritual base.

Most addicts and alcoholics have spent a lifetime of denial. Denial that they have become sick. Denial that they can be helped. They have not had sustaining faith in anything. Only when they finally learn of the strength of spirituality, instead of self-indulging carnality, are they beginning the journey on the road back.

Jackie Cummings' story (I've left it as I first wrote it, though a number of changes occurred since) needs to be told. Not for just "normal" people but for every addict who thinks there is no way out.

Last, I would like our readers to know one other reason this interview was so important to me. I have lost my 29-year-old brother Michael Murphy to drugs and booze. Each time I spoke with a resident at Turning Point a part of my heart was crying for the total waste of a beautiful young man loaded with pills going to bed and not waking up. I would like to dedicate this essay to my brother. □

WHAT ARE THE SIGNS OF DRUG TAKING?

If any or several of these signs exists, don't over-react and take it out on the person before you know all the facts —or you could make a problem bigger.

It is difficult at times to tell when someone is using drugs only occasionally—unless the person is caught in the act. But here are some indicators of drug use (be cautious, however, because some of these conditions could merely be signs of adolescent growing up or signs of health or emotional problems):

- Unexplained periods of moodiness, depression, anxiety, irritability, hypersensitivity or hostility.
- Change in speech and vocabulary patterns. Decreased interaction and communication with others.
- Acting intoxicated, bloodshot or red eyes, droopy eyelids. Abnormally

pale complexion.

- Change in sleep patterns such as insomnia, napping or sleeping at inappropriate times.
- Wearing sunglasses at inappropriate times.
- Unexplained weight loss or loss of appetite.
- Neglect of personal appearance, grooming.
- Loss of interest and skills in previously important areas such as hobbies, sports, schoolwork. Decline in academic performance.
- Change in friends or peer group, unwillingness to introduce friends.
- Changes in values, ideals, beliefs.
- Disappearance of money or items of value.

- Unusual smells or odors, stains or marks on the body or clothes, or around the house.
- Unusual powders, tablets, capsules, scorched tinfoil, needles, syringes or drug-related paraphernalia.

If any or several of these signs exists, don't over-react and take it out on the person before you know all of the facts—or you could make a problem bigger. Try to find out if the person has any worries or problems. Above all show that you care and will give all the support and help you can. But be firm and do not take actions that condone or enable a person to continue in damaging drug taking.

IF A DRUG PROBLEM EXISTS

If you or someone else has a drug problem, seek out qualified professional help to cope with it.

T*his is very important:* If you or someone else has a drug problem, seek out *qualified professional help* to cope with it. Quitting "cold turkey" with some drugs is dangerous.

If your youngster is involved, first take time to talk to your mate, or perhaps your family doctor, other parents or teachers. Get facts and information about how to handle the situation before confronting the person.

If professional treatment is necessary, be aware that not all drug treatments offered are of equal quality, reliability or effectiveness. Responsible family members should seek treatment advice from their personal doctor, local hospital, health clinic or social worker. In England, persons can seek referrals from the Citizens

Advice Bureau. It is important to familiarize yourself with various available counselling and treatment programs before choosing one. No single program will be appropriate, effective or affordable for all persons.

In the United States, for \$16 you can, at the time of writing, purchase a federal government listing of some 7,500 alcohol and drug treatment facilities—the **National Directory of Alcohol and Drug Treatment Programs** (document No. S/N 01702401252-1), Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

Youth-parent support groups can offer advice and referrals.

Here are toll-free hotlines

you can call: **(800) 554-KIDS** (National Federation of Parents for Drug-Free Youth); **(800) 241-7946** (P.R.I.D.E., Parents Resource Institute for Drug Education), both open from 9 a.m. to 5 p.m. (EST). For cocaine problems a national hotline exists: **(800) COCAINE**, a 24-hour service operated by Fair Oaks Hospital in Fair Oaks, New Jersey.

A book with very good material and information to help families avoid drug and alcohol problems or cope with family members having drug problems or choosing treatment is **Getting Tough on Gateway Drugs—A Guide for the Family**, by Robert L. DuPont, Jr., M.D., 1984, American Psychiatric Press, Inc., 1400 K Street, N.W., Washington, D.C. 20005.

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