DRUG ROULETTE— ARE THERE ANY WINNERS?

A "Listen" Supplement

TOWARD PEACE

Who longs
For peace must first
Clear his own battlefield
Within the heart, and sow the seeds
Of Love.

Mildred N. Hoyer

Life Is an Experience

LISTEN Talks With Dr. Donald Cooper

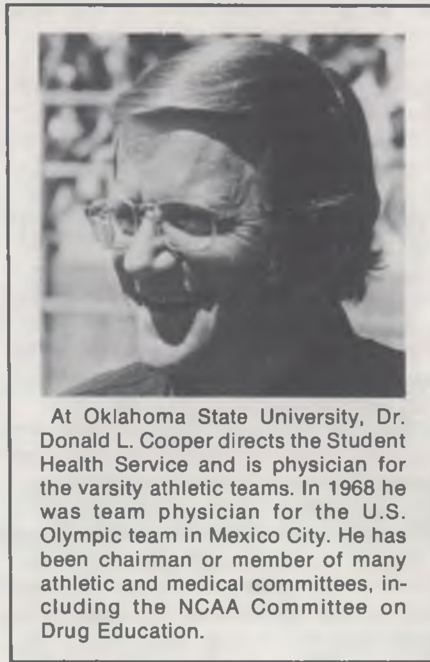
ALL HUMAN beings look for methods or substances that alter their state of mind or change their state of consciousness and titillate their pleasure centers. I think this is a basic, fundamental drive that's in every human being. Each of us does it twice a day—we go to sleep and we wake up—this is nothing but an altered state of consciousness.

Recently there's been a lot of emphasis on the importance of understanding the nature of consciousness. I grew up with the concept that you were either awake or you were asleep. You were either awake or knocked out. You were either awake or drugged—as if it were a black-and-white situation.

Well, we now know through investigation and some of the biofeedback techniques that there are many levels of consciousness. Some levels produce alpha waves; other levels produce gamma waves. These are actual scientifically recorded electroencephalographic waves that discern different levels of consciousness. In addition we know that there are at least four stages of sleep that are observable and measurable.

Most of the chemicals that people use imitate these different levels of consciousness. But most of these chemicals have toxic side effects—in fact, all of them do, that I know of.

A person can learn to develop methods of altered states of consciousness through relatively simple learned techniques. When people are into a deep contemplative prayer life, I think they are producing waves of relaxation. I've been able to put myself in a state where I know when I'm producing alpha waves and I know when I'm in that state of relaxation—I'm not asleep, I'm not fully awake, but I'm in another state of consciousness, which is a very enjoyable and pleasant sensation. The beauty about a meaningful prayer life or a form of meditation where you're doing it for a specific purpose—getting in better tune with yourself, communicating with God, or whatever other purpose—is that apparently the body enjoys it in the sense that the human organism needs it.



At Oklahoma State University, Dr. Donald L. Cooper directs the Student Health Service and is physician for the varsity athletic teams. In 1968 he was team physician for the U.S. Olympic team in Mexico City. He has been chairman or member of many athletic and medical committees, including the NCAA Committee on Drug Education.

This is why drugs and alcohol have such a great appeal, because they put people in an altered state of consciousness, and they enjoy this. We all enjoy it. The only thing is that they seem to be willing to pay the price of the toxic side effects, or possibly they're unaware of the toxic side effects. It's probably easier to consume something in a social setting than it is to isolate yourself and meditate, because you have to work to learn how to meditate.

Basically, I think the crux of the whole matter is in the terms of the person liking himself. It is a biblical principle that you've got to love yourself before you can love anybody else or before you can even relate to anybody else in a positive manner. There's a paperback called *I Ain't Much, Baby, but I'm All I've Got,* written by Jess Lair. The philosophy that the author expresses in terms of learning to accept and love yourself is extremely critical.

I think that basic to the message of Christianity is "learn to love yourself so you can love others." Many people express the "I-am-third" philosophy—God is first, others are second, and I'm third. Fundamentally, that sounds good; but I think you've got to put yourself right up there too—put God first, but you've got to love yourself first before you can love others.

When do you get a good opinion of yourself? It's during the first six or seven years of your life. This is why that period is so critical, because much of our self-acceptance comes from being in touch with other human beings at a very early age.

I've never heard of anyone's being particularly harmed by being praised.

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It is a biblical principle that you've got to love yourself before you can love anybody else or before you can even relate to anybody else in a positive manner.

I'm convinced that we don't praise our children enough. I think we're too critical. You can have constructive criticism, but before you give the constructive criticism, give the kids some praise first. Find something good to say to them about themselves. We miss millions of little islands of human companionship all the time, every day, because we are so consumed with our own so-called importance and the things that we are doing; we don't realize that there are other people doing things daily that are just as important and critical. You show people your acceptance of them by noticing them, by recognizing them, and by being real with them.

I think it's so important that we recognize kids. It's very important for parents always to be as devoted as possible, to attend everything that their child participates in at school or at church, and to give him praise for participation, give him praise for showing up. He may drop a fly ball—don't worry about it. It's no big deal. Life isn't hanging on that one fly ball. But the kid did show up, and he practiced. And this is the thing that is so important—praise people and love people, and take the time to do it daily. I think you'll find that life is really much more enjoyable.

Yet, often we allow our children to grow up dissociated and separated from the parents and from actual touching or loving contact, and it's difficult to do anything about it once the die is cast.

Looking back at the times of our agrarian society, I think the farm kid is usually healthier in terms of his own acceptance of himself. One reason is that he has to do things—he has to shovel manure, he has to cut wood, he has to work, he has to cut hay, he has to drive a tractor. He does things that are meaningful, things that have input to the family and to society. Most of our teen-agers today grow up with absolutely nothing more meaningful than maybe the little league ballpark. They see no social importance of anything they're doing.

We see kids who have gone through puberty by the time they're twelve, yet they've got to sit around for years with all this muscle and energy and with all this brightness, all this capability, literally doing nothing. They go to school five or six hours of the day—and half of that time may be spent under discipline. Really it's a paradoxical situation. I think we've gone beyond reason in the namby-pamby treatment of our children, and now it's backfiring in tragedy. It causes our children to feel less worthy.

Christian love and Christian concern mean learning to love people so they can in turn love themselves. When you look around at all the people who are emotionally disturbed, who are doing things we consider so terribly antisocial and destructive, not only to themselves but to society, basically, the message they are conveying is, "Please, somebody, love me." We have to work at loving them.

Of course it's when they're most unlovable that they need the most love. This is what makes it so extremely difficult—it's much easier to love the kid who's walking the straight and narrow, the kid who's going to class every day, the kid who's doing everything right, keeping his hair combed right, washing his armpits, and all the other stuff. It's so nice when they do this, because they're lovable and they smell good. But the kid who has gone funky, and he's not bathing, and he's getting rats in his hair, and he's wearing dirty clothes—this kid becomes the one who is more unlovable. Yet he's the one who needs more love possibly than the other kids.

When do you get a good opinion of yourself? It's during the first six or seven years of your life.

I don't think there's any question that kids turn to drugs for excitement, as a substitute for love, for thrills, for daring, for challenges. There seems to be something innate within most of us that enjoys something daring, something challenging, something tricky. For instance, individuals who are bored or who have jobs on assembly line production are often the people who buy snowmobiles and drive them like idiots through fences. The more unexciting a person's job, oftentimes the more exciting and more dangerous his recreational pursuits. The guy who is working up on a high structural steel building, with the daily possibility of falling 100 stories, is in a very dangerous occupation. His form of recreation will generally be more subdued.

We are reaching such a fundamental behavioral level of human need that it's difficult to keep young people from experimenting with drugs. Even with their experimentation, the majority of them do not get really strung out or heavily involved.

The body has about 35 pleasure centers within the central nervous system, most of them located in and around what we call the midbrain or hypothalamic area of the brain. Whenever you pick up any sensory input from the external world—whether it's touch, smell, sight, hearing, feeling, the visual images, or anything else that you bring in that gives pleasure— it has to go to one of these pleasure centers. As these centers are stimulated from sensory input, they give the individual a sense of pleasure, a feeling of pleasure.

The area of enjoyment and pleasure received in a sexual response is one of the ultimate pleasures that a human being is capable of experiencing. Most of the chemicals that are extremely damaging and dangerous work close to the sensual or sexual centers of function in terms of the pleasure centers of the nervous system. About 90

percent of sex is between the ears and about 10 percent in the pelvis. So consequently, whatever takes place has to be taking place through the perception of what's taking place, and this perception takes place in the central nervous system.

This creates one of the paradoxical effects of alcohol. As we know, it promotes the desire but takes away the performance. The same thing happens with heroin—98 to 99 percent of all heroin addicts soon become sexually impotent. This becomes the way, as it were, of sensual pleasure. It's difficult to get an addict off drugs, because he can't experience sexual pleasure any other way. These I would call neurotic attachments to the chemicals. And an addict gets such a neurotic attachment to chemicals sometimes that he will shoot himself with about anything and get pleasure.

I think we've gone beyond reason in the namby-pamby treatment of our children, and now it's backfiring in tragedy. It causes our children to feel less worthy.

What you are will speak so much louder than what you say that it won't make any difference what you say.

I think one of the reasons that kids are returning to alcohol is that their parents are so greatly relieved. The parents say, "Thank heaven, my kid has quit dropping acid and smoking grass. He's now drinking wine all the time." He's a wino—and they're so relieved that he's a wino!

If I had to take any position, I would of course be against legalizing marijuana. I'm also very much opposed to making it a 20-year criminal offense. I think that we have to keep it in perspective. I have observed a lot of kids who have used marijuana regularly, and it definitely has a detrimental effect upon their personality and memory. I think there's a lot of evidence to indicate other damaging impacts of marijuana. I think it is a dangerous drug; I think it is damaging to the human body. But of course I think it's inconsistent for anybody to stand up and say that marijuana is going to make everybody rot off. We know better than that.

What we're talking about is a way of life. We have the freedom of choice to decide how we will spend our time and, as it were, our way of life. Those who choose the religious route, I think, have gotten closer to the truth in terms of the functioning human personality than those who go other routes. There have been many individuals who have tried all the other routes, and then through whatever method or mechanism that God acts or they act, they turn to religion and they find a much more meaningful existence.

The old saying is, "Example isn't the best way to teach; it's the only way." What you are will speak so much louder than what you say that it won't make any difference what you say. And kids know this. They have the intuitive ability to read you oftentimes much better than you can even read yourself.

We are a drug-abusing world. We love drugs. Our kids are obviously educated this way from the moment they're born and they sit down and start watching TV. They see a woman come in and she's shaking all over, she takes two pills and then she loves her child. So they say, "Obviously if you want to love your child, you go take two pills; otherwise you're going to kill the kid." The old lady hollers and screams at her husband, she takes a laxative, and all of a sudden she loves him again. Her bowels are functioning well, so she's all right. She's got everything going, all systems are open; now she's a loving, human being because she's got her bowels open. This subliminal learning is going on all the time. What happens when a kid gets an anxiety or a frustration or a discomfort? How we run from discomfort in our modern civilization! We're so afraid of pain—pain of every kind.

There are no challenges in this type of existence, so naturally the kids look to other places for challenges and dares and excitement. For something that is challenging, a positive alternative way of life, I think this gets back into the area of a meaningful prayer life or a meaningful commitment to the Christian way of life. Many young people have made this commitment, and they become much happier with themselves, much happier with their goals in life.

One of the organizations I participate in and think is a great one is the Fellowship of Christian Athletes. I've seen it affect a lot of fellows who have been floundering. They've tried everything—they've tried drugs, they've tried alcohol. All of a sudden they become involved and find a way of life that is really meaningful to them, and they can find some stability to hang their hat on.

We all have so many different areas of our personality that have needs to be met. I always tell my kids, You know, life is neither fair or unfair—life is an experience. It isn't so much what happens to us in life; it's what we learn from life, and in turn what we do as the result, that determines our feelings of well-being. Yes, life *is* an experience.◇

I always tell my kids, You know, life is neither fair or unfair—life is an experience.

A Trilogy

Nobody's Business but My Own

Eileen Bailey

TEARS FILLED the eyes of the small dark woman as she moved mechanically about the room, straightening the bed, dusting the shelf filled with long-silent boyhood mementos. It was a room rarely occupied anymore, except by memories.

She thought of the baby who had once played here, and of the young boy who had worked long hours on his model airplanes and dreamed of someday becoming a pilot. She wondered if her son ever thought about the future anymore.

She knew all the nooks and crannies where he could hide his drugs, but she didn't look for any now. What could she do anyway? Flushing pills down the toilet had never changed anything; it was an action that only fulfilled a parental sense of duty.

There was nothing she could do now. Even while she raged at her own helplessness as she watched her son destroy himself, she knew that she could never betray him.

"Jail's the place for the kid," his own father had often said. "That'd sober him up fast enough!"

But she would never turn her son in. He knew her weakness and only laughed at her for it. Only once had he ever been angry, *really* angry with her.

"So what if I'm messing my life up?" he had shouted in

answer to her entreaties, his glittering black eyes showing more emotion than they had in weeks. "What's it to you? It's *my* life!"

He was right, but that didn't stop her from caring—from wondering where he spent nights away from home. It didn't stop the shame she felt when she lied to friends and relatives and even his own father in order to protect him. It had made the fighting between her and her husband so bad that sometimes she thought she was going crazy. But most of all, it did not keep her heart from breaking each time she looked into her son's wasted face and empty eyes.

She wanted to hold him to her as in the old times and cry, "Listen to me! You're not alone in this world, no matter how the drugs make you feel."

But he never listened to her anymore. She could only hope that somewhere, deep in an untouched part of his mind, he still remembered that she loved him.

* * * * *

Twelve-year-old Billy rolled the tiny white pills back and forth across his sweaty palm. He appeared not to notice his two friends, who huddled nearby, assuming exaggerated stances of nonchalance. With nervous impatience they watched Billy.

"Hey, man," one of them finally said, tossing lank strands of hair from his eyes. "I went to a lot of trouble to get those uppers. I didn't *have* to give any to you. There's plenty of other guys."

"Yeah," the other chimed in, thrusting his open hand toward Billy. "Why don't you just give 'em back if you're scared?"

"Maybe he wants to go home and ask his mamma if it's all right first." They both snickered.

Defiantly, Billy closed his fist around the pills. What did those two creeps know! He would make up his own mind. He would not admit to himself that their words about his mother had not left him unaffected. Billy knew well how she felt about drugs, especially since that time she caught his brother Steven smoking grass. You would have thought she was having a heart attack or something! Billy wondered how she would feel if she knew how often Steven had shared joints with his younger brother.

Even though Billy hated being sneaky, his guilt was outweighed by the feeling of importance it gave him to be included in Steven's "grown-up" activities. When they were younger, Steven had always let him in on ball games with the older guys. And what about that time Steven beat up on some fellow for calling Billy a dirty name? Steven knew how to look out for his little brother, Mom always said.

"Besides," Steven would confide, "it's not as though pot can hurt you or anything."

Of course, Billy thought, Steven was always right. He shifted his weight to the other foot and stared down at the pills again, aware of his friends' increasing impatience.

But this wasn't grass. This was different. He had never before swallowed anything more than a vitamin pill or aspirin. Billy remembered the stories his brother had told him—accounts of the far-out parties he went to and the wild trips everyone went on. In Billy's 12-year-old mind those stories wove a colorful pattern of lights and music, laughing boys and girls. Steven was always mysterious about whether he had taken any trips himself, but Billy knew he did not disapprove of it.

"OK, Billy." The voice of one of the waiting boys broke into his thoughts. "Just give it back if you're too chicken!"

"I never said I was chicken!"

"Then what are you waiting for?"

"Nothing." Billy's mind was filled with the sound of Steven's laughter. "Nothing at all."

He threw back his head and tossed the tiny white pills into his mouth.

* * * * *

The gray-haired nurse shook her head sadly as she watched the tiny infant struggle against the burden of its new life. He was no smaller than the average preemie, she noted; but his color was not quite normal, and he shivered convulsively in spite of the warmth of the incubator. He was a heroin addict, suffering from withdrawal. She glanced at her watch. He was exactly one hour old.

"No matter how many times I see it, I never get used to it," she whispered to herself. Inside, below her professional exterior, she wondered if it wasn't cruel to let him go on with such a start in life.

Her mind turned to the child's mother, a child herself really. She had been sent to maternity through emergency a couple of hours ago—a scared kid in hard labor who had never seen a doctor about her pregnancy before today. The doctors didn't need to ask why. If her shocking thinness and almost brittle appearance did not tell them, the needle tracks along her inner arms were plain testimony to her recent history.

Oh, the nurse had seen so many—those children of self-destruction. They came to this institution, sick with illness and withdrawal pains, disillusionment and self-loathing. Most of the time they returned to a life that was measured in fixes, not caring about themselves or anyone else. So what? some might ask. I'm hurting only myself. Why should you care? Why should anyone care?

The baby's thin wail, muffled by the glass of the incubator, was piteous compared to the healthy, demanding cries from the adjoining nursery. Reluctantly, the nurse turned to her other duties, knowing there was nothing more she could do for the child now. He would go on suffering, without voice, for no reason or purpose, and the nurse would never stop asking, Why? ◇

Barbiturates— the Sneaky Death!

Irwin Ross, PhD

BARBITURATES meant sleep, sanity, and survival to Marilyn Monroe. For more than four years she had virtually lived on barbiturates in an attempt to sleep at night and to keep calm by day. One Hollywood friend recalled watching her swallow as many as 20 tablets a day while working on a set.

On the night of August 4, 1962, at the age of 36, Miss Monroe succumbed to a fatal dose. On her night table were two empty phenobarbital bottles which had contained 50 tablets each. She had obtained these only a few days before her death.

To this day a question remains unresolved. Did Miss Monroe commit suicide, or did she take an accidental overdose because her mind had become confused?

In any event, Marilyn Monroe became one of the 3000 people across the United States who in one year took fatal doses of barbiturates—either by intent or by carelessness.

When barbiturates are used without medical advice and prescription, they are highly dangerous—more so than most other drugs.

How does overdose occur? For one, users may react more strongly to the drug at one time than another. Or since barbiturates take a while to affect the body, the user can gradually become more intoxicated and confused and lose track of the number of pills he has taken.

Barbiturates are especially dangerous when taken along with alcohol. In this combination, one plus one equals more than two. The depressant action of the one multiplies the depressant action of the other. The result is often fatal.

Barbiturates are a frequent instrument of suicide, as they can help intensify suicidal depression. People who are depressed and are given barbiturates to help their insomnia often become more and more depressed, and their desire of escape becomes more intense.

Barbiturate suicides were reported only a year after the drug was first marketed in 1903. The numbers of suicides have increased parallel to the use of the drug.

Over 1500 different barbiturates have been prepared, but less than 20 are in medical use today.

Barbiturates are prescribed to treat high blood pressure, epilepsy, and insomnia; to diagnose and treat mental illness; and to relax patients before surgery.

Taken in normal doses under medical supervision, barbiturates mildly depress the action of the nerves, skeletal muscles, and the heart muscle. They slow down the heart rate and breathing and lower the blood pressure.

For legitimate medical purposes, barbiturates are valuable drugs, but they can be lethal when they are misused.

A person who has had too much barbiturate may act like one who has had too much alcohol. One who "gets drunk" on barbiturates follows about the same course as an individual who keeps drinking until he passes out.

Small amounts of barbiturates produce relaxed, sociable feelings and reduced alertness and slower reactions. As more is consumed, the person becomes sluggish, gloomy, and often quarrelsome. He staggers and has difficulty speaking. Gradually, he will slump into a deep sleep. If he has had large doses of the drug, he may lapse into a coma, and unless the person receives prompt medical attention, he may die.

Chronic and excessive misuse of barbiturates will lead to both tolerance and physical dependence. Tolerance results when larger and larger doses are needed for the drug's effects to be felt. Physical dependence occurs when the body needs the drug to keep from getting sick.

In drug dependence of the barbiturate type, withdrawal symptoms are extremely dangerous. Sudden withdrawal of the drug can result in death.

During the first 8 to 12 hours after the last dose, the physically dependent barbiturate abuser seems to improve. This apparent improvement is followed by the development of withdrawal symptoms such as increasing nervousness, headache, anxiety, muscle twitching, tremor, weakness, insomnia, and nausea. A sudden drop in blood pressure may also occur if the person stands abruptly.

Withdrawal symptoms become severe in about 24 hours. Within 36 to 72 hours convulsions which resemble epileptic seizures may develop.

The convulsions, which can occur as early as the sixteenth hour or as late as the eighth day, can be fatal. They are an everpresent danger to barbiturate withdrawal. Whether or not convulsions develop, there can be a period of delirium and hallucinations, with severe psychotic effects following.

In some cases, death follows sudden withdrawal of the drug. Therefore, withdrawal from barbiturates should always be both gradual and supervised by a physician.

Who are the people most likely to be drawn into a state of barbiturate dependence?

The male is usually white, about 35 years old, and in many cases may be separated or divorced from his wife. Though he may have been caught trying to fill illegal or unauthorized prescriptions, he seldom has a criminal record. He has a background of alcoholism and may have started barbiturate use in an effort to break away from alcohol. His is a weak, unstable, neurotic character and is subject to alternating moods of depression and exhilaration.

The female barbiturate addict is usually white and middle-aged. She has had a deprived childhood and marital difficulties. Usually she is or has been an alcoholic. She has had medical and surgical problems. Like the male addict, she exhibits emotional instability, as well as depression and psychoneurotic manifestations. Usually she has had hospitalization for drug misuse.

Both male and female addicts have personal problems—usually feelings of insecurity and failure—which they feel they should attempt to solve rather than escape from. However, for various reasons, they have not reached solutions, and the resulting frustration feelings cause them to turn to barbiturates for relief. Dependence upon the drug soon follows.

Others who abuse barbiturates are these:

* narcotic addicts—to substitute for heroin when the supply of their preferred drug runs short or to intensify the effects of heroin.

* amphetamine abusers—to quiet themselves down.

* patients—who have increased their prescribed dosage to the stage of dependence.

Large quantities of barbiturates are available on the black market, and since the products involved in this illicit traffic often are not those of reputable manufacturers, the risks are multiplied. ◇

Taking Charge of Yourself

Essie E. Lee, EdD

AS A high school student, you're young, healthy, and constantly aware of yourself and the people around you. Changes are taking place at a rapid pace. You must make decisions about the present and the future—what college to attend, what course to major in, what clothes to wear, what car to buy, what to do tomorrow, next week, or next month.

Also, you're beginning to develop your own life-style. And one decision that will affect that life-style is what you're going to do about drinking. Nearly 90 percent of high school students who experiment with alcohol must face the decision every year whether to continue. In fact, it is said that nearly half of the country's seventh graders have tried drinking at least once during a year's time.

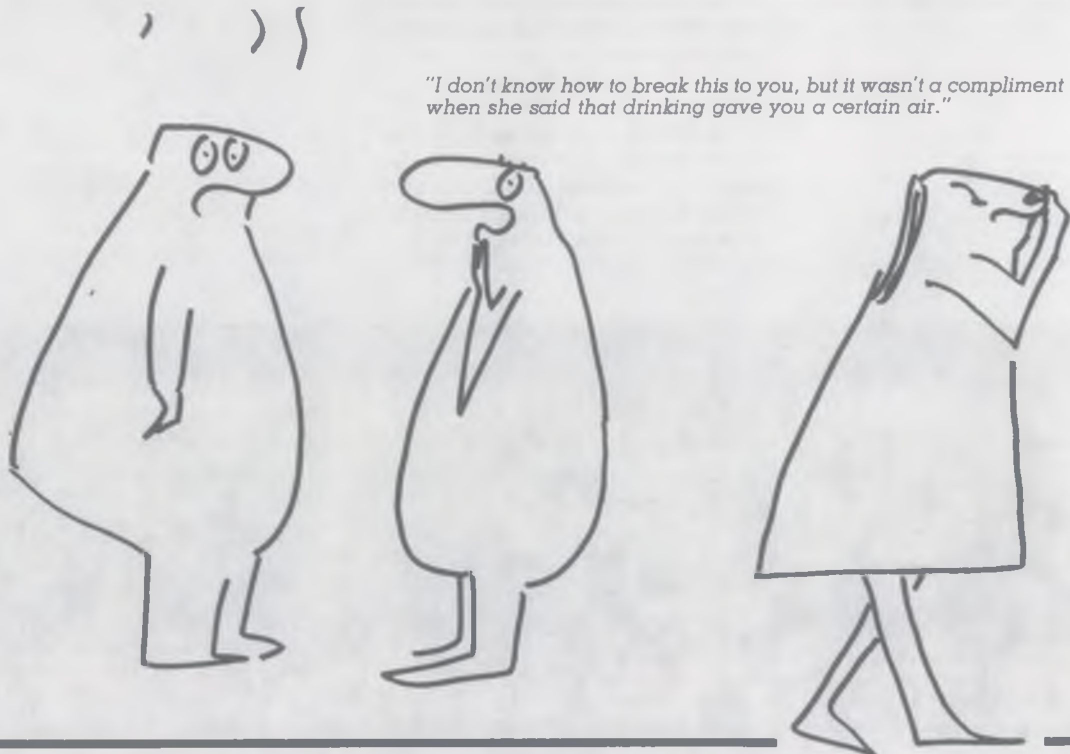
What are you going to decide about booze? What are going to be your reasons for drinking or for not drinking? Hunter College in New York wanted to find out how high school students feel about alcohol, so they surveyed over 26,000 of them. Among the students who responded were many who had no desire to drink, and in fact enjoyed life much more without it.

One wrote, "I like to be in charge of myself. When you're full of alcohol, you can be five different people. I like to know where I am at all times."

When you think about it, there are quite a few reasons for not drinking. One high school student offered this logic, "Someday I hope to be a football star. I want my body to be in great shape." Another pointed out the importance of values. "It's all a matter of values. What's important to the person. Some people choose money, fancy clothes, big cars over health, education, and peace of mind."

Speaking of values, one young girl made the decision not to drink for a reason more important than herself. "My body belongs to God. He just lets me use it, so I'm taking good care of it. Someday I hope to be a mother. I want healthy, strong children."

Of course, your decision about drinking is related to how you deal with other problems. You're leaving home, and entering not into the world of adults but into your own close-knit high school society. Your need for affection, acceptance, and appreciation by your friends is vital. Although you might not want to admit it, it's important that you belong to some group. A young fellow explained it this way, "I used to force myself to drink. It was the only way to get to go to parties and have fun. I was very popular, then my grades slipped. My health was shot. Was I glad when



"I don't know how to break this to you, but it wasn't a compliment when she said that drinking gave you a certain air."

the doctor told me to stop! I always hated the stuff. Know what? I'm still popular."

Another high school student calls drinking stupid. She says, "You get sick, act like a fool, and think you're having fun. When it's over, you don't even remember what happened."

And then sometimes experience can have an effect on how you decide about drinking. One high school student explains why she quit: "The girls used to hide the wine in gym lockers. Sometimes as much as five quarts. The teachers never knew. Then there was this big rip-off! Somebody broke into the lockers looking for money and found the wine. We were all suspended for two months. That ended my drinking and that crowd. Because my graduation was late, I lost out on a scholarship."

Like most high school students you're anxious to leave school, get out on your own, do what you want to do. But then there are certain risks you must take. Remember, the demand for adult privileges also means adult responsibilities. And one of the most important factors in meeting those responsibilities is a well-developed sense of identity, personal worth, and self-esteem. One high school student who decided not to drink explained this idea of self-worth this way, "There are advantages to not drinking that most kids never think of. For example, I've been able to develop my mind and have pleasant and interesting conversations at parties. I get lots of attention because I'm different and have something to say."

For many it's simply a matter of deciding what's important to them, and that decision was obvious for this high school boy. "I guess I'm stingy. I save my money. You see I'm saving for a new motorbike. I've never seen anyone really happy with drinking. Even when they're high, they force themselves to believe they're having a good time."

Often the results of drinking can help you decide, like it did for this girl: "I know a perfect example of what drinking does. Down the street is a family that's broken up because the father is a drunk. Everybody knows it. His wife feels disgraced. His kids are scorned by other kids. What a life!"

Other people can influence you in your drinking habits. One fellow says, "Blame it on my girl. She wouldn't go steady until I stopped drinking. I like her a lot, and maybe someday we'll marry, so I stopped."

And then there are those who find other ways to give them a feeling of self-worth. "I just get high on life. Doing good deeds—helping others. Sounds crazy, but it's true. I've always liked people. That's why I volunteer at the senior citizens' residence."

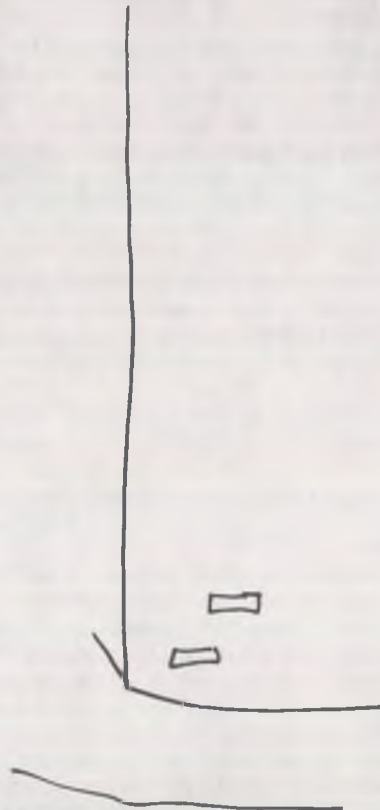
Many times your decision about drinking is going to be based on what you've seen other people do. Your parents, friends, and anybody you admire will, by example, help you make up your mind about alcohol. As one high school student found, "We learned all about alcohol in hygiene class. But my father had already explained it to me. That was when I was about ten. Neither one of my parents drinks. I like to think they set a good example for me to follow."

The closeness of a family can have a profound effect on your decision about booze. This fact was brought out by this high school girl: "My folks are great. They love me and I love them. We have great times together. We're very close. My brothers and sisters feel like I do. At parties we drink soft drinks. My brother's six feet tall. Nobody calls him chicken!"

Parents can also influence you in other ways, like this boy found out: "One night my friends and I drank a whole case of beer. We drove down to the beach and had a party. Neighbors called the police, and we were taken down to the slammer. My folks came down hard on me. They gave me a choice. Beer or college! I chose college!"

The decision to use alcohol is an individual one. It's based on feeling, attitudes, and emotions. With help you can find alternatives to "chemical highs." Keep trying, and you'll find a lot of activities to help you cope with the complexities of growing up in a tension-filled world. ◇

"I needed a profession in which my drinking wouldn't harm my career. So I became a bum."



new cocaine push

john l. kent

SOME organizations and individuals are beginning to talk about the decriminalization and perhaps eventual legalization of the drug cocaine. International traffic in this illegal narcotic is growing even faster than the trade in heroin, which is now on the upswing. Cocaine is available from student "pushers" in an increasing number of colleges.

Arguments being presented to America's youth in underground newspapers and some college papers include "scientific proof" about its benign character, its long-time "harmless" use by some natives in South America, and claims offered on its behalf by a few leading figures in the arts, literature, and psychiatry.

Because of these arguments, it is important to know what cocaine is and what its effect can be on your children, friends, and associates if they become involved in its use.

Cocaine is a white, bitter alkaloid made from coca leaves. It is a narcotic and also acts as a local anesthetic. Its use as a narcotic is illegal in the United States and most other civilized countries.

The coca plant grows primarily in South America, most prolifically in Peru. When the Spanish conquistadores landed in South America, they found that the Incas, inhabitants of what is now Peru, constantly chewed on coca leaves. Information about the coca plant reached Europe, and the plant was studied by medical researchers. Some thought the stimulating effect was good; others thought that in the long run it was debilitating and should be prohibited.

Today's scientists look upon it as a narcotic, and it is so considered in laws of most nations.

Some readers of history, however, have researched the story of cocaine and come up with some early authors who claim that coca and cocaine are highly desirable. For example, the Swiss naturalist, Von Tschudi, is quoted: "I am clearly of the opinion that moderate use of coca is not merely innocuous, but that it may even be conducive to good health." Von Tschudi wrote that cocaine contributes to longevity and cited South American Indians who "begin to chew coca leaves three times a day from childhood and live to be a hundred years."

But no other anthropologist or biologist has been able to corroborate this "healthy Indian" longevity statement. On the contrary, it is well known to researchers that indigenous races in South America, like primitive natives of Africa and Oceania, die relatively early—victims of diseases and lack of sanitation. It is obvious that cocaine does not kill disease germs!

As a result of publicity in the early years of the nineteenth century, by 1865 some 10 million people around the world were using coca or cocaine regularly. It is said that cocaine was an ingredient of a popular American drink—Coca Cola—until the Pure Food and Drug Act of 1906 went into effect. It was added to a French tonic, Vin Mariani (Mariani's Wine), which tasted like Coca Cola. Among those who swore by the beneficial effects of Vin Mariani were Queen Victoria, Pope Leo XIII, and even Thomas Edison.

Sigmund Freud launched his career on cocaine. While still a medical student in Austria, he experimented on himself with the coca "wonder drug." He liked the stuff and in professional journals published papers on its effects. This generated immense interest among doctors, and the resulting publicity enabled him to open a consulting room for the well-to-do.

One biographer notes that Freud "whiffed cocaine reverently and regularly for the rest of his life." His theories about sexual guilt and other psychiatric matters were undoubtedly influenced by his use of the drug. He popularized cocaine use both as an external anesthetic (it numbs the sense of feel and thus tends to kill pain) and as an internal panacea.

Freud wrote devoutly of "giving an offering" of cocaine to his patients, as opposed to the more customary jargon used of administering a medicinal dose.

Because he prescribed cocaine so regularly, there is reason to believe that Freud's medical office operated in the same way that today's federally funded methadone-maintenance clinics deal with heroin addicts. His patients became steady clients.

His praise of the narcotic appears in many of his letters that were published after his death. To his fiancée he wrote: "You perceive an increase in self-control, and a heightened capacity for work. Soon you feel simply normal, and it is hard to believe that you are under the influence of a drug."

In the United States cocaine became a narcotic used by the upper classes, as opposed to morphine and heroin, which were used by the lower classes. Cocaine thus had a false legitimacy that other illegal narcotics never had. It was a major form of addiction of the rich at the beginning of the twentieth century. Cocaine was continued through the "Roaring 20s" and into the years following World War II. It received a major boost during the 1960s from the hippy generation that it helped to spawn. It never became so widely used as marijuana simply because of its cost.

A few pounds which a "tourist" can

carry from Peru in his briefcase can be worth up to $100,000. At retail, a gram (enough for several doses) may go for $200 to $300.

For this reason many drug users in the 1960s found cheaper chemical substitutes, such as LSD (lysergic acid diethylamide), first imported from Israel but later made in quantities in San Francisco and other United States cities. A popular substitute for cocaine was (and still is) MDA (methyl-dioxy-amphetamine), popularly known as a "love drug." MDA actually isn't an aphrodisiac, but it is hallucinogenic.

Some articles claim cocaine as a "relatively benign drug" when used "moderately and intelligently." A habit-forming narcotic can never be used "moderately and intelligently." That is why addictive substances such as heroin and cocaine are illegal.

Articles about cocaine's alleged benefits insist that cocaine is not a narcotic, and thus not subject to legal proscription. However, federal and state laws, and the medical profession, recognize cocaine as a narcotic.

Cocaine is used in two ways—as an injection into the veins or as an inhalant. Because even small injected doses can lead to death, this method is almost never used by the "intelligent" addict. Aside from the debilitating effects of prolonged cocaine sniffing (snorting) the nasal method has a major drawback. Frequent nasal ingestion deteriorates the nasal septum, the membrane that separates one nostril from the other. Advanced perforation makes a cocaine user look as if he has a pinched nose.

Observers note that some rock-and-roll stars who have been snorting cocaine since the early 1960s have pinched noses. Their "normal" noses can be seen in old photos taken before they became big-money makers and thus able to afford the cocaine they use.

The record of arrests for cocaine possession indicates that major centers of cocaine distribution are New York and Hollywood. It is said that cocaine is readily available in Hollywood and easier to buy than heroin, though not as easy as marijuana, which is sold openly on street corners in small quantities.

Cocaine, however, has to be bought surreptitiously from dealers, who in turn get their supplies from importers—travelers from South America who smuggle it into the United States in many ways, most of them ingenious enough to avoid detection by customs officials.

That Hollywood stars and movie industry figures deal in cocaine becomes public knowledge when they are apprehended by the police or federal narcotic agents. For example, former child star Thomas Rettig, who appeared in the Lassie television series in the 1950s, was sentenced in February 1976 to five and a half years in federal prison on a conviction of conspiring to import cocaine into California from Peru.

Louise Lasser, who plays the title role in a TV series, *Mary Hartman, Mary Hartman*, was arrested in May 1976 during a disturbance at a boutique and found to have cocaine in her purse.

Although sporadic efforts against narcotics importation temporarily dry up sources in some parts of the country, over all there is a growing epidemic of narcotic usage that has sociologists and law enforcement people concerned. Turkish heroin is coming through New York and other Atlantic ports. Red Chinese and Thai heroin is being landed in San Francisco and Los Angeles, and at Mexican ports for later transshipment across the border into California, Arizona, and New Mexico.

William J. Handley, executive director of the President's Cabinet Committee on International Narcotics Control, has stated that the traffic in heroin, marijuana, and other drugs almost doubled between 1972 and 1973. Later reports continue to show significant increases since then. A big jump occurred in 1975.

A similar assessment is made by Dr. John E. VanDiver, Los Angeles regional director of the Drug Enforcement Administration. He reports a "tremendous increase" in drug traffic. "Cocaine use is on the upswing in both California and Nevada, and the only decline we have seen is in the use of barbiturates." Barbiturates are chiefly "pep pills" and are so widely used that little specific effort is being made to cut down on their sales and distribution.

Law-enforcement officials are fighting an uphill battle against cocaine, due partly to our permissive and apathetic age and partly because so many people in high places are cocaine users. These users not only set an example for continued defiance of law, but insidiously propagandize for repeal of control laws.

Historians say that people who use narcotics do not make contributions to civilization that are of a permanent, constructive nature. On the contrary, it is evident that people who become dependent on cocaine and other narcotic drugs are civilization destroyers. ◇

Customs patrol officer Bruce Meader tests for Cocaine from the packages in the foreground, constituting what customs officials say is the largest cocaine seizure ever made by their officials. The cocaine, which weighs 167 pounds and has a street value of $38.6 million, was confiscated by officials who observed it being unloaded from a banana boat at the Tampa, Florida, docks.

Interview by Ted Torkelson and Leon Cornforth

In 1967, psychiatrist Dr. D. Harvey Powelson called marijuana "harmless" and urged it be legalized. Now he calls it–

"Our Most Dangerous Drug"

DR. POWELSON, you were once quoted in the "Daily Californian" (April 12, 1967) as saying, "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." But now you are widely quoted as the psychiatrist who has reversed his opinion on legalization of marijuana. Why did you change your mind?

Well, I was at the University of California when I made that statement. As director of the student health service I was seeing a lot of patients and supervising people who were seeing many more. In the course of the next two years, either directly or indirectly, I saw literally thousands of students.

One patient whom I knew quite well and worked with for a long time, took up marijuana and hashish, which is a more concentrated form of marijuana, during the time I was seeing him. It became clear to me and to my wife, who also saw him, that there was something changing about his ability to think, to remember, to judge, to understand.

The things happening to his brain were things we would expect from somebody who was having brain damage from alcohol or a tumor or organic brain damage. But he was a young healthy man. Then we discovered that the sessions that were particularly bad occurred when he said he'd used hashish within the previous two or three days. We both began to notice this connection.

Then I began to see the same connection in other patients. Since then, a lot of recent scientific evidence has supported and explained these observations.

How do the effects of using marijuana compare with the effects of other drugs?

I think marijuana is the most dangerous drug we have to contend with, for a number of reasons.

First, unlike any other drug except DDT, marijuana stays in the body for a very long period of time. It stays in the brain, and it keeps operating long after people are high. This time element is anywhere from six weeks to six months. Biochemically, using tracers has proved that only half of the marijuana leaves your body in a week.

Marijuana is soluble in oil and fat, and totally insoluble in water. The ratio is 600 to 1, so that once it gets inside the cell, it can't get back into the bloodstream the way other drugs do. If you drink alcohol, it's soluble in water and also in the bloodstream. As fast as you drink it, it goes into the

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Dr. D. Harvey Powelson was formerly chief of the psychiatry department of Cowell Memorial Hospital at the University of California at Berkeley. Currently he is in private psychiatric practice in Berkeley and also serves as Mental Health Program Chief of Calaveras County, California.

bloodstream and continues to circulate, and then it is burned and leaves the body.

Marijuana just stays there. When marijuana users get high—it usually takes them two or three times, because they have to build up a certain amount in their brain. Once they get high, they take another joint and get a little higher, then the high drops off and they think they are sober again. But the marijuana is still active. Then three days later they take another joint and they get high again. But they are suffering the effects of marijuana all that time.

Is this what is called the cumulative effect?

It could be called a cumulative effect, but what I'm really talking about is the fact that marijuana stays active in the brain long after the user feels high. It's very deceptive. Since it doesn't lead to staggering or leave a smell on your breath, nobody else can tell that you're high and you don't know that you're high or whether you're stoned. You're not high in the sense of feeling good, but you're stoned. Your brain isn't functioning right. And this can be proved. You can give a person mental tests before he takes a joint, and then you can show that he can't do the same test as well for as long as 72 hours after the equivalent of one to three joints. It depends on the concentration.

What is marijuana's effect on the function of the brain?

If you ask somebody to take 100 minus 7 back to 0, he has to do two things at once. He has to remember what he is doing, and he has to keep track of the last number. It's not very complicated, but it's the kind of memory function that marijuana interferes with. Marijuana users tell that it focuses their attention. What that means is that they can't do two things at once. This particular memory test makes them do two things at once. If you time them on that test, it takes about 1½ minutes. Then they smoke three joints. A day later it will still take them longer than 1½ minutes to do the same test.

In real life it's much more complicated. One of my patients was an airplane mechanic who worked on airplanes going from Alaska to Japan. He was staying stoned all the time. His supervisor didn't know it; nobody on the job knew it. He didn't care whether the instruments checked out or not. All he was interested in was staying stoned on the job. He wasn't thinking about anything but how good he felt. Yet pilots and passengers were depending on that man.

Right now some pilots in the Midwest are trying to get the Federal Aviation Agency interested in the fact that there are pilots and navigators and instrument testers who are stoned. Many people in this country—literally millions—are using marijuana and are stoned. And they may be people you and I are depending on to fly an airplane or drive a bus or perform our surgery, or drive on the highway.

What do you think about the comparison that marijuana is no worse than alcohol?

I think there is no comparison. It's hard to compare the two because there are some things about alcohol that are worse than marijuana. Alcohol is bad for the liver. And as far as I know, marijuana probably doesn't affect the liver. But overall, marijuana affects the mind much more than alcohol, much sooner, and in a much more profound way.

How can a person, particularly kids in schools, sort out fact from propaganda about marijuana?

There are liars and prostitutes in every field—in science, in medicine, in law, and in the newspapers.

The marijuana thing is particularly difficult because the stakes are so high. That's one way of putting it, I guess. Different people are putting out propaganda all the time. *Consumers' Union* report (March 1975) is a beautiful example. The man who wrote it knows nothing scientifically. He selected the data and the research. It's pure propaganda, but all the kids quote it. It has no scientific standing at all.

On the other hand, it's next to impossible to train kids to make scientific judgments of the kind that are necessary to sort out the scientific literature. I think an intelligent person can read scientific literature. There are no reputable scientific journals now that say marijuana is harmless.

The Jamaica study was noted in the "New York Times" early this year. It says, "Several recent studies of chronic marijuana users, conducted independently in half a dozen countries, one of them being Jamaica and another Greece, indicate that the drug has no apparent significant adverse effect on the human body or brain or on their functions."

To begin with, the Jamaica study was never published in reputable scientific journals. It was leaked to the newspapers in various pieces. I and my colleague Dr. Jones, who is also very involved in this, tried for months to get a copy of it. I think it was finally published in book form in Holland.

Marijuana effects have been demonstrated in reputable centers in this country, such as the University of Utah

Medical Center. The head of genetics research there demonstrated the effects of marijuana on chromosomes in very difficult laboratory procedures. The people who reported that there was no chromosome damage in Jamaica have no credentials for doing that kind of study. In fact, they did it so poorly that something like half of their study had to be discarded because it was inadequate technically, which really cancels out the whole study in any reputable scientific laboratory.

The Jamaica study also says marijuana doesn't affect function. But the study was of very marginal laborers hoeing in cane fields, and we know that the main effect of marijuana is on the brain. It would be very hard to measure its effect on hoeing. However, literally hundreds of studies of all kinds of intellectual functions have been done not only in this country but all over the world, and these all show that marijuana has an adverse effect on people's ability to function.

I think that the best counter to the confusion in kids' minds is not more scientific evidence, because they're really not capable of making those judgments. There's always going to be another scientist who sells his stuff to the highest bidder. By now there are enough marijuana users in every community that people are beginning to know that he's a head, he's stoned all the time, and you can't trust him. You can't trust what he's thinking, you can't trust his judgment.

Often I ask marijuana users, Would you like your surgery done by somebody who is high? They all say, Are you crazy? They know that they're not trustworthy. And other people are beginning to know this.

It seems that the majority of our population are for the use of pot. Why is supporting marijuana use more popular than speaking out against the harm that people are doing to themselves?

I think it's so dangerous because it's so tempting. It makes you feel good. It's an easy, cheap way to feel good. You can easily be deceived into thinking it's not doing you any harm because you don't feel it. By the time it is doing visible harm, your own judgment about it is itself impaired.

Other people then become a mirror. You see healthy people who say you shouldn't do that, and your urge is to destroy them. This is just human nature. When people are doing something they want to do, they want to get rid of the person who says you shouldn't do that.

We have the same problem with alcohol, really with anything else. In the process of growing up, you have to say, Just because it makes me feel good isn't necessarily the only reason or the only thing to judge by. Ask, Is it good for my mind? Is it good for my society, for my family, the people I live with?

We hear quite a bit about the fact that smoking pot interferes with motivation, what is called amotivational syndrome. Do you believe this is a valid strike against the use of marijuana?

Yes, I think there's no question that people who use marijuana regularly over a significant period of time are clearly in a state of not being interested in anything but feeling good. There are physiological explanations for that.

Marijuana contains a chemical which affects the pleasure center. You get the illusion of feeling good. Then this illusion becomes more important than really feeling good. At the same time the effect of the drug is wearing off as you become tolerant to it. So you use more of it. And as that goes on, you either have to use stronger drugs or get another high. But this time the high is going to be a chemical or other false illusion, because you have lost the capacity to feel good in natural ways.

At that stage, in the amotivational syndrome, people lose interest in everything else but the drug. And there are literally thousands of people who are only interested in getting high. They may have shifted from marijuana to heroin. A lot of them are shifting to alcohol, and this whole false question about marijuana or alcohol is going down the drain because we're seeing younger and younger alcoholics. First they begin combining the two, then they find out they can get drunker with alcohol than they can with marijuana.

Egypt had such a terrible problem with marijuana that Nasser—even though they are a very poor country—spent a lot of money for one of the best research studies that has ever been done on marijuana. It was done by an American-trained scientist, published in 10 volumes in Arabic. It shows in a very scientific way without question that marijuana affects people's ability to function. It also showed over a long period of time a very high percentage of people shifting from marijuana to heroin.

Egypt is one of the countries that is concerned about what's happening in this country. We're a part of the Geneva Convention which says that we're going to try to control marijuana. We're decontrolling it when other countries who have had the problem for centuries, like Egypt, are trying to control it. If we decontrol it, they are going to lose what little control they have. The last convention having to do with marijuana came out very strongly

with a resolution urging the United States not to decontrol marijuana.

In 1972 the National Commission on Marijuana and Drug Abuse decided unanimously to recommend that all criminal penalties be eliminated for private use and possession of marijuana. Other voices spoke out in favor of decriminalization of marijuana, but against legalization. What is your opinion about this dichotomy?

In this state [California] they said we just want to decriminalize it; we're not talking about legalizing it. I testified against it, and I said that this is just a step toward legalization. They publicly said, No, all we are asking for is decriminalization. A month later the same man was saying, Now what we have to do is legalize it, it doesn't make any sense to decriminalize something and at the same time have it illegal to grow it. Well, that's obviously a crazy law. And now they're saying, Look at how inconsistent this law is. But they're not saying, Let's go back to the old law. They're saying, Let's make it legal to grow it. That was simply a ploy, and I think everybody knew it at the time.

What kind of laws would you advocate?

I think marijuana should be illegal, but it would be very hard to do that now. I think we're going to be faced with some very difficult decisions about the whole drug problem very soon. We will wake up to the fact that we're in the middle of an epidemic, that drugs spread from one drug user to the next, and that the consequences are devastating to society, to the people, to our country.

The legal procedure, which we're going to have to think about, is something like public health procedures—isolate a person for his good and for the good of society. You say to somebody, You can't use marijuana or heroin or cocaine anymore. And then it's his choice. He stops. Or if he doesn't stop, you help him stop by certain sanctions, or education, or medical or therapeutic help.

In 1971 you stated that pot use was leveling off. How does it look to you now?

Did I say that in 1971? In Berkeley the number of people using it is leveling off because we've reached the saturation point. In the university, around 80 to 90 percent use marijuana. There's another 10 percent who will never use it, such as Mormons, Orthodox Jews, etc., who won't use pot, but they won't use any other drug either.

What's happening is that the people who are using it are using more and more of it. The number of people using it may be leveling off because you have reached the available population in a particular area, but the next step is that those same people use more. Statistics show that the country as a whole is using more marijuana all the time.

What effect does marijuana have on driving?

It affects judgment, the ability to keep more than one thing in your mind at the same time, to take into account all the factors at once which have to do with driving instead of just where you are going. Particularly bad is the fact that it is often combined with alcohol. When you combine the lack of judgment, on the one hand, with poor reflexes, it's more than twice as bad.

Dr. Jones, your colleague here, is quoted as saying that by far the most significant and shocking result of the current studies on marijuana use has been the discovery of its effect on genes and chromosomes. Could you explain this?

It has been demonstrated in humans and in animals that marijuana, in socially used doses, affects chromosomes. Chromosomes are what determine our inheritance. They are also the determiners of the function of every cell. The two most striking effects of marijuana on chromosomes affect the DNA and RNA metabolism. It affects the immune cells in such a way that immunity drops way down through the social use of marijuana. And that's true, presumably, of its effect on chromosomes.

The other effects are on the germ cells, that is, the parent cells of the next generation. We know they are damaged, but it is a very hard thing to demonstrate in humans, since we don't know yet what it's going to do to the next generation. It's a fifty-year study.

I may tell high school students that marijuana damages chromosomes. As a physician I think that is a very dangerous thing to be messing with. Then someone else comes along and says, "Well, Powelson says that it damages chromosomes. That may be true, but he hasn't proved that it damages the next generation." That statement is also true. But those two statements are not equal.

Does the user develop hostility against anyone who speaks to him against using it?

Yes, that is universal. When I first began talking about it at the university, people physically threatened me and shouted at me. The situation was sometimes riotous. If you take heroin away from heroin users, or cocaine away from cocaine users, or alcohol away from people who drink alcohol, they will use any means they can to get it back.

What would you say to high school kids if you had the opportunity?

I would say that there is no evidence whatsoever that marijuana in any way is good for you. There's very strong evidence, which you can see for yourselves if you look around, that it damages the brain, that it damages your ability to think, it damages your chromosomes, it damages your immunity system—all of this at a rate of something in the neighborhood of 20 times as rapidly as alcohol.

You owe it to yourselves, to your parents, to your society, to be healthy and intelligent, and to use all your strength in the best way you possibly can. ◇

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Official name of drug	Slang name(s)	Usual single dose	Duration of action (hours)	Method of taking	Legitimate medical uses (present and projected)	Potential for psychological dependence (1)	Potential for tolerance (leading to increased dosage)	Potential for physical dependence	Overall potential for abuse and Toxicity (2)	Reasons drug is sought by users (drug effects and social factors)	Usual short-term effects (psychological, pharmacological, social) (3)	Usual long-term effects (psychological, pharmacological, social)	Form or legal regulation and control (4)
1	Alcohol Whisky, gin beer, wine	Booze Hooch Suds Sauce Juice	1½ oz. gin or whisky, 12 oz. beer	2-4	Swallowing liquid	Rare. Sometimes used as a sedative (for tension).	High	Yes	Yes	High	To relax. To escape from tensions, problems and inhibitions. To get "high" (euphoria), seeking adulthood or rebelling (particularly those under 21). Social custom and conformity. Massive advertising and promotion. Ready availability.	CNS depressant. Relaxation (sedation). Euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Frequent aggressive behavior and driving accidents.	Diversion of energy and money from more creative and productive pursuits. Habituation. Possible obesity. With chronic excessive use: Irreversible damage to brain and liver, addiction with severe withdrawal illness (D.T.s). Many deaths.	Available and advertised without limitation in many forms with only minimal regulation by age (21 or 18), hours of sale, location, taxation, ban on bootlegging and driving laws. Some "black market" for those under age and those evading taxes. Minimal penalties.
2	Caffeine Coffee, tea, Coca-Cola, No-Doz, APC	Java	1-2 cups 1 bottle 5 mg. 30-100 mg.	2-4	liquid Swallowing liquid	Mild stimulant. Treatment of some forms of coma.	Moderate	Yes	No	Very minimal	For a "pick-up" or stimulation. "Taking a Break". Social custom. Advertising. Ready availability.	CNS stimulant. Increased alertness. Reduction of fatigue.	Sometimes insomnia, restlessness or gastric irritation. Habituation.	Available and advertised without limit with no regulation for children or adults.
3	Nicotine (and coal tar) Cigarettes, cigars, pipe tobacco	Fags, Nails	1-2 cigarettes	1-2	Smoking (inhalation)	None (used as an insecticide).			No	High	For a "pick-up" or stimulation. "Taking a Break". Social custom. Advertising. Ready availability.	CNS stimulant. Relaxation (or distraction by the process of smoking.	Lung (and other) cancer, heart and blood vessel disease, cough, etc. Higher infant mortality. Many deaths. Habituation. Diversion of energy and money. Air pollution. Fire.	Available and advertised except for some forms on radio and TV. Only minimal regulation by age, taxation, and labeling of packages.
4	Sedatives Alcohol—see above Barbiturates Amytal Nembutal Phenobarbital Seconal Doriden (Glutethimide) Chloral hydrate Miltown, Equanil (Meprobamate) Quaalude (methaqualone) Vallum (diazepam)	Downers Barbs; Dolls Blue Devils Yellow jackets Reds Phennies Goofers	100 mg. (milligrams) 500 mg. 500 mg. 400 mg. 300 mg. 10 mg.	4	Swallowing pills or capsules	Treatment of insomnia and tension. Induction of anesthesia.	High	Yes	Yes	High	To relax or sleep. To get "high" (euphoria). Widely prescribed by physicians, both for specific and non-specific complaints. General climate encouraging taking pills for everything.	CNS depressants. Sleep induction. Relaxation (sedation). Sometimes euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Relief of anxiety-tension. Muscle relaxation.	Irritability, weight loss, addiction with severe withdrawal illness (like D.T.s). Diversion of energy and money. Habituation, addiction.	Available in large amounts by ordinary medical prescription which can be repeatedly refilled or can be obtained from more than one physician. Widely advertised and "detailed" to M.D.s and pharmacists. Other manufacture, sale or possession prohibited under federal drug abuse and similar state (dangerous) drug laws. Moderate penalties. Widespread illegal traffic.
5	Stimulants Caffeine—see above Nicotine—see above Amphetamines Benzedrine Methedrine Dexedrine Preludin Cocaine	Uppers Pep Pills, Wake-ups Bennies, cartwheels Crystal, speed, Meth Dexies or Xmas trees (spansules) Coke, snow	2.5-5.0 mg. Variable	4-8	Swallowing pills, capsules or injecting in vein Sniffing or injecting	Treatment of obesity, narcolepsy, fatigue, depression. Anesthesia of the eye and throat	High	Yes	No	High	For stimulation and relief of fatigue. To get "high" (euphoria). General climate encouraging taking pills for everything.	CNS stimulants. Increased alertness, reduction of fatigue, loss of appetite, insomnia, often euphoria.	Restlessness, irritability, weight loss, toxic psychosis (mainly paranoid). Diversion of energy and money. Habituation. Extreme irritability, toxic psychosis.	Amphetamines, same as Sedatives above. Cocaine, same as Narcotics below. Widespread illegal traffic.
6	Tranquilizers Librium (chlordiazepoxide) Phenothiazines Thorazine Compazine Stelazine Reserpine (Rauwolfia)		5-10 mg. 10-25 mg. 10 mg. 5 mg. 1 mg. 0.25 mg.	4-6	Swallowing pills or capsules	Treatment of anxiety, tension, alcoholism, neurosis, psychosis, psychosomatic disorders and vomiting.	Minimal	No	No	Minimal to Moderate	Medical (including psychiatric) treatment of anxiety or tension states, alcoholism, psychoses, and other disorders.	Selective CNS depressants. Relaxation, relief of anxiety-tension. Suppression of hallucinations or delusions, improved functioning.	Sometimes drowsiness, dryness of mouth, blurring of vision, skin rash, tremor. Occasionally jaundice, agranulocytosis, or death.	Same as Sedatives above, except not usually included under the special federal or state drug laws. Negligible illicit traffic.

How Drugs C

7	Marijuana or Cannabis Saliva	Pot, grass, tea, weed, stuff, hash, joint, reefers	Variable—1 cigarette or pipe, or 1 drink or confection.	4	Smoking (Inhalation) Swallowing	Treatment of depression, glaucoma, tension, poor appetite and high blood	Moderate	No	No	Minimal to Moderate	To get "high" (euphoria) As an escape. To relax. To socialize. To conform to various subcultures which sanction its use. For rebellion. Attraction of behavior labeled as deviant. Availability.	Relaxation, euphoria, increased appetite, some alteration of time perception, possible impairment of judgment and coordination. Mixed CNS depressant-stimulant.	Usually none. Possible diversion of energy and money. Habituation. Occasional acute panic reactions.	Unavailable for ordinary medical prescription. Possession, sale, and cultivation prohibited by state and federal narcotic or marijuana laws. Severe penalties but becoming more moderate and less enforced. Very widespread illicit traffic.
8	Narcotics (opiates, analgesics) Opium Heroin Morphine Codeine Percodan Demerol Methadone Cough syrups (Cheracol, Hycodan, Romilar, etc.)	 Op Horse, H, Smack, Shit, Junk Dolly	10-12 "pipes" Variable—bag or paper w.5 percent heroin 15 mg. 30 mg. 1 tablet 50-100 mg. 2-4 oz. (for non-medical use)	4 12	Smoking (inhalation) Injecting in muscle or vein Swallowing	Treatment of severe pain, diarrhea, and cough.	High	Yes	Yes	High	To get "high" (euphoria) As an escape. To avoid withdrawal symptoms. As a substitute for aggressive and sexual drives which cause anxiety. To conform to various subcultures which sanction use. For rebellion.	CNS depressants. Sedation, euphoria, relief of pain, impaired intellectual functioning and coordination. For treatment of heroin addiction.	Constipation, loss of appetite and weight, temporary impotency or sterility. Habituation, addiction with unpleasant withdrawal illness.	Available (except heroin) by special (narcotics) medical prescriptions. Some available by ordinary prescription or over-the-counter. Other manufacture, sale, or possession prohibited under state and federal narcotics laws. Severe penalties. Extensive illicit traffic.
9	Psychedelic-Hallucinogens LSD Psilocybin S.T.P. D.M.T. Mescaline (Peyote) Belladonna (Compoz, Domnatal, etc.)	 Acid, sugar cubes, Mushrooms Cactus	 150 *micro*-grams 25 mg. 5 mg. 350 mg.	10-12 6-8 12-14	Swallowing liquid, capsule, pills or sugar cube Smoking Chewing plant	Experimental study of mind and brain function. Sometime enhancement of creativity and problem solving. Treatment of alcoholism, heroin addiction, mental illness, and the dying person. (Chemical warfare)	Minimal	Yes (rare)	No	Moderate	Curiosity created by widespread publicity. Seeking mysticism and consciousness-expansion. Rebellion. Attraction of behavior labeled as deviant. Availability.	Production of visual imagery, increased sensory awareness, anxiety, nausea, impaired judgment; sometimes acute panic or psychotic reactions (bad trip).	Usually none. Sometimes precipitates or intensifies an already existing psychosis; flashbacks.	Available only to a few medical researchers (or to Indian members of the Native American Church). Other manufacture, sale or possession prohibited by state dangerous drug or federal drug abuse laws. Moderate penalties. Considerable illicit traffic.
10	Antidepressants Amphetamines—see above Rialtin Dibenzapines (Tofranil, Elavil) MAO Inhibitors (Nardil, Parnate)		10 mg. 25 mg., 10 mg. 15 mg., 10 mg.	4-6 24	Swallowing pills or capsules	Treatment of moderate to severe depression.	Minimal	No	No	Minimal	Medical (including psychiatric) treatment of depression.	Relief of depression (elevation of mood), stimulation.	Basically the same as Tranquilizers above.	Same as Tranquilizers above.
11	Miscellaneous Glue, gasoline & solvents Amyl nitrite Antihistaminics Nutmeg Nonprescription "sedatives" (Compoz) Catnip Nitrous Oxide		Variable 1-2 ampules 25-50 mg. Variable	2	Inhalation Swallowing	None except for antihistamines used for allergy and amyl nitrite for fainting.	Minimal to Moderate	Not known	No	Moderate to High	Curiosity. To get "high" (euphoria). Thrill seeking. Ready availability.	When used for mind-alteration may produce a "high" (euphoria) with impaired coordination and judgment.	Variable—some of the substances can seriously damage the liver or kidney and some produce hallucinations.	Generally easily available. Some require prescriptions. in several states glue banned for those under 21.

(1) The term "habituation" has sometimes been used to refer to psychological dependence; and the term "addiction" to refer to the combination of tolerance and an abstinence (withdrawal) syndrome known as physical dependence.

(2) Drug Abuse (Dependency) properly means: (excessive, often compulsive) use of a drug to an extent that it damages an individual's health or social or vocational adjustment; or is otherwise specifically harmful to society.

(3) Always to be considered in evaluating the effects of these drugs is the amount consumed, purity, frequency, time interval since ingestion, food in the stomach, combinations with other drugs, and most importantly, the personality or character of the individual taking it and the setting or context in which it is taken. The determinations made in this chart are based upon the evidence with human users of these drugs rather than upon isolated artificial experimental situations and research, or political (propagandistic) statements.

(4) Only scattered, inadequate health, educational or rehabilitation programs (usually prison hospitals) exist for narcotic addicts and alcoholics (usually outpatient clinics) with nothing for the others except sometimes prison.

(4) Hashish or Charas is a more concentrated form of the active ingredient THC (Tetrahydrocannabinol) and is consumed in smaller doses analogous to vodka: beer ratios.

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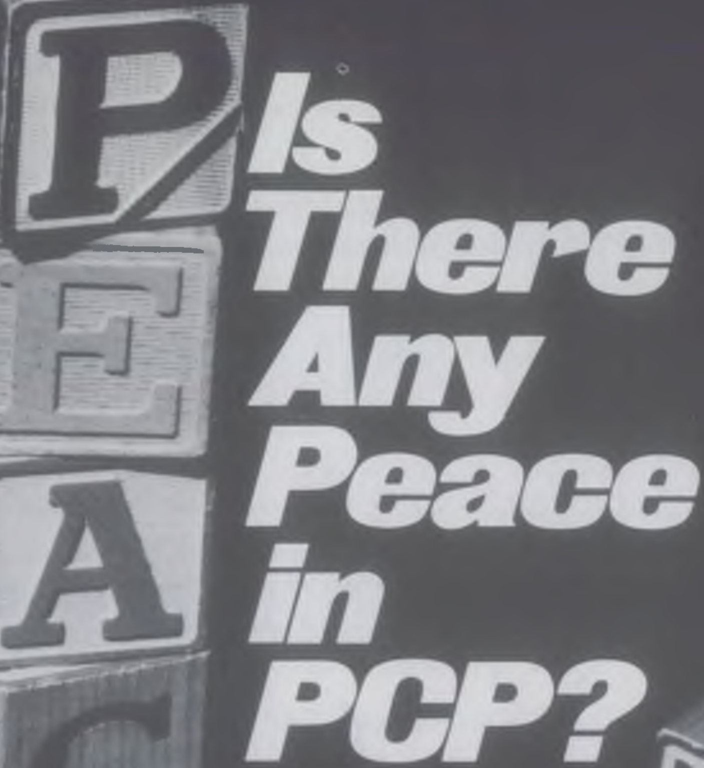
n Attack You

Joel Fort, M.D.



Is There Any Peace in PCP?

Leo Rosenhouse

TO THIS day no one really knows what motivated a nationally read medical columnist to divert from his write-ups of new ways to ease human ills. Instead, he spent an entire column discussing the efforts to tranquilize two large animals at a midwestern zoo in order to relieve one of a serious toothache and the other of a growth on a paw which threatened to become malignant.

The column detailed the surgeries with accuracy, even discussing the medication used to put the two normally aggressive zoo animals into a suspended state of hazy peace so that neither offered any resistance.

Ample amounts of phencyclidine were used, asserted the columnist. They were first injected by dart gun, and then given intravenously.

No sooner had the story appeared than the medical storeroom of the zoo was robbed, the thieves taking all the supply of phencyclidine. Several other zoos across the country also experienced break-ins, with a variety of drugs being taken.

Unintentionally, the well-meaning columnist had motivated addicts to reach toward a new source of the much-desired phencyclidine. And a lot of researchers in drug-abuse clinics flinched when they heard about the incidents, for they knew there would be trouble on the streets of many cities.

An increased number of individuals showed up at hospital emergency rooms and drug-abuse centers, suffering from misuse of PCP.

The drug had its likely beginning back in 1967 when it began to show up among addicts in the Haight-Ashbury district of San Francisco. Then it was known as the "peace pill," so named because of the temporary false effect of inducing a peaceful state of mind, only to be followed by agitation, depression, and other serious effects.

Those who used the drug soon were calling it "angel dust," and preferred it to other preparations because it was still too new to be declared illegal. It could also be sprinkled, dusted, or sprayed on grass and smoked. The high would begin with what promised to be a pleasant trip, but it usually ended up scary or in dire tragedy.

Since 1967 a lot has been learned about PCP, and the news about this hallucinatory drug isn't good at all. It has become rather widespread because too many clandestine laboratories have found it easy to manufacture and have put it out in tablet, capsule, and powder form. Such laboratories call PCP "synthetic marijuana." It has a particular appeal to young people and, surprisingly, to many senior citizens.

Drug pushers used to boast that taking PCP would give a more potent and enjoyable trip than marijuana, and wouldn't cause the serious aftereffects of another popular hallucinogen, LSD. A lot of incidents have occurred to prove them wrong.

PCP was popular for most of 1967 and part of 1968 in the Far West; then it appeared among drug users along the New England coast, where it was called "hog."

It was making itself felt in Europe too. In 1974 Dr. Donald Teare, a professor of forensic medicine at London University, told a gathering of the British Medical Association that he had observed users of the drug acting as if they had become extremely small in size after ingesting the peace pill.

Some addicts said they were tiny enough to hide in crevices and could pass through keyholes and cracks in the wall. Others claimed they achieved a sense of weightlessness, as if there were no gravity at all. Of course there were many who reported that the drug induced a dangerous paranoia in which they had the sensation of dying or wishing to die.

At the turn of the '70's a lot of people talked about the PCP experience and tried to get others to use the drug, saying there was no chance of addiction. But this was also a wrong premise.

The drug-culture society thinks PCP is simply a reasonably safe hallucinogen which has received a lot of bad publicity. They don't seem ready to give it up, mostly because it appears to be cheap and plentiful.

Investigators contend that PCP isn't quite like any of the standard psychedelics. From a pharmacologic standpoint, it belongs to the cyclohexalamines which act on the central nervous system, causing either stimulation or depression. Effects of the drug vary according to dosage taken. A heavy dosage induces complete anesthesia, even though the patient may appear to be awake.

Those who abuse PCP, usually by sprinkling it on parsley, mint, and other herbs and smoking the mixture, begin to feel the effects of the drug within two minutes, and strike a plateau in less than half an hour. The high may go on for as long as six hours, with the user in a fantasy world, unable to communicate.

At the peak of the high, the user may become overly talkative. This is quickly followed by depression and glum silence, and an anxious and unpredictable state may last two days.

Dr. R. Stanley Burns, who is active in the San Francisco Polydrug Project, and his associates believe that the PCP phenomenon is creating many more problems than believed.

In the March 1976 issue of *Emergency Medicine Magazine*, Dr. Burns calls the preparation a Cinderella drug which has become part of the big-time drug scene. In the San Francisco area PCP has become alarmingly more popular, increasing from nineteenth place to fourth as the cause of drug-abuse hospitalization.

PCP was synthesized about 20 years ago and got onto the market in 1963 under the name of Sernyl. It was then meant to be an anesthetic for animal use.

The drug is mainly prepared as a white crystalline solid, which readily dissolves in water and alcohol. Since its initial manufacture it has appeared in all known medicinal forms and colors, and has been given a variety of names—among them crystal, supergrass, peaceweed, rocket fuel, horse tracks, surfer, snorts, cyclone, goon, and Cadillac.

"Another thing that makes it [PCP] so attractive," says Dr. Burns, "is that it's a very potent drug in small doses.... Furthermore, it's a very versatile drug; it can be smoked, snorted, taken orally, or injected."

When taken in small doses, PCP may cause the user to end up in a hospital emergency room or police station, especially if the user has been behind the wheel of an automobile. That's when the police stop and pick the addict up, observing erratic driving or involvement in an auto accident.

Under observation, the user may act confused, agitated, and even euphoric. At times the individual becomes combative and self-destructive.

Those under heavy dosage of PCP will usually be quite stuporous or in a coma, and recovery may take a long time, as much as 15 days.

"Under its influence," says Dr. Burns, "people fall off cliffs and die of the trauma or into the sea and drown. They paddle out to sea on inner tubes or rafts and fall off and drown; they even drown in swimming pools. They die in fires, they die in auto accidents or while walking blindly on the freeway. They don't decide that they can fly and dive out of windows—but they certainly do commit suicide when their comedown depression is severe enough, either by shooting themselves or taking an overdose of anything they can find."

Several homicides have been attributed to use of PCP. Addicts have either killed others or were themselves killed in fights caused by severe paranoia and aggressiveness.

In San Francisco, among a group of 28 chronic users of PCP, three died within a four-month period due to behavioral toxicity. Two drowned in swimming pools, and one burned to death in a fire.

"There's a wider range of people taking PCP than any other drug on the street," states Dr. Burns. "It's incredible; there are users as old as 50—and we even see acute cases at that age."

Unfortunately, children and infants may be indirect victims of PCP, with most getting the drug accidentally, usually when it is left carelessly about by parents.

PCP is continuously touted as a mild psychedelic by users who keep getting strong and dangerous highs from the drug, and the list of addicts appears to be growing. Obviously, it is vital that the use of PCP be stopped.

But more important, people need to realize that there is no way you can experience real peace through a pill. ◇

The Drug That Makes You Crazy!

Irwin Ross, PhD

SPEED KILLS, but it makes you crazy first.

It goes like this. A quarter of an amphetamine tablet called a White Cross tones down the appetite. On half of a pill, you start to feel good. A full tablet, and you won't eat or sleep for a day or more. Depending on your body type, it might give you a euphoric rush.

You've got a real high going when you take two. Speed stimulates the central nervous system, so you'll be hyperconscious and hyperactive, but probably confused.

If you take a couple more to keep the high going, and back them up with alcohol, or maybe a barbiturate to stop your hands from trembling, your mouth will get dry. Spittle will form little balls at the corner of your mouth. But you will feel so good you won't want to stop.

Methamphetamine is the super speed. It gives you that jolt even faster, and keeps it going longer. It's

called crystal on the street, because it comes in a powdered crystal form. It can be sniffed like cocaine. The crystal gets sucked in through the veins of the nose and sinuses.

After a while, the nasal passages become inflamed and painful from sniffing crystal, but methamphetamine is soluble in water, just the same as morphine. You can place it under the skin for a "skin pop," but you might as well mainline the stuff directly into the vein with a syringe.

An atomic bomb is going off inside your head now, and the blast will last five minutes or more. You won't eat or sleep, because your body is burning energy as fast as it would if you were fighting for your life. Shoot it up again and keep the run going, for five or six days.

You'd better watch out, though, when you start to hear horns honking and there aren't any cars around. You'd better be careful when the footsteps down the hall belong to the police or the FBI who are coming to get you. Lock the door and sit back, trembling. Don't worry about that flicker of light or that sudden, moving shape—it's only a hallucination. Just be careful, because that girl who says that she's your wife is a spy or an informer. So's the man who sells you a package of cigarettes.

Now you've got a toxic-drug psychosis, because you're a speed freak. It's paranoia, with all the delusions of persecution and, just after you shoot up, grandeur. Take some more crystal to get the horrors away. When you stop, you'll know what real troubles are.

You just might kill yourself. You just might suffer permanent brain damage. Or maybe you'll be lucky, and only become paranoid enough to be institutionalized for three or four weeks.

Amphetamine is a man-made approximation of adrenaline, which the body produces in response to danger or stress. The drug was invented about 1935 and had some limited medical uses, such as the treatment of narcolepsy, a sleeping sickness.

There is no longer any medical reason why amphetamine should be used in preference to other, less dangerous drugs. Americans, however, will consume about 20 billion of them this year. Some people will use them to suppress appetite and others to stay awake when the body wants to go to sleep, but most people use them just to get high.

Contrary to popular opinion, amphetamine is only the second most abused drug, after alcohol. But amphetamine is the most dangerous.

Amphetamines are as easy to get as jelly beans in most areas of the country. Sometimes the supplier is the physician who writes out prescriptions without asking questions, or the druggist who lets his regular customers buy what they want. It doesn't make much difference how a person gets his speed—the results are almost always the same. Prolonged use leads to dependence and dependence leads to psychosis, deterioration of the brain cells, and death.

You might know some amphetamine types.

The college student may drop speed during his finals to keep awake and make his mind sharp. Sometimes he gets straight A's, but sometimes he just forgets everything, or scrawls across the test paper so fast that his answers aren't readable.

A particularly pathetic amphetamine case is the housewife who doesn't even know that she has a habit. She's been getting fat, so the family physician prescribes speed for weight reduction.

The prescribed dosages kill her appetite for only two or three weeks, because the hunger-killing effects of amphetamines are reduced as the body becomes tolerant to the drug. Soon the housewife finds herself nibbling at toast and doughnuts when she should be fasting. So she increases the dose. Then she increases the dose some more when she feels depressed as the drug wears off.

Her businessman husband may be hooked too. He started taking pep pills when he found himself working 12 hours a day. They gave him the lift he needed. He got them from the company physician, his own doctor, or the druggist he went to college with. He's known as a nonstop worker and idea man, when he isn't too confused or

running around without direction.

But to taper off at the end of the day, he has to have five or six drinks. To get some sleep, he must calm himself down with some barbiturates.

Soon the hand of cardiac arrest will grab his heart and crush it. Amphetamines and alcohol kill a lot of people—more than any of the death statistics show.

It's the easiest habit to get into, says John, a 21-year-old college student who was a speed freak until a few months ago.

John was going to a large engineering college when he started using marijuana, LSD, and amphetamines. He liked speed the best.

"I used to sell speed too," John says. "I had a friend who worked for a large pharmaceutical company, who'd steal 6000 tabs of Dexoxyn a week.

"I didn't really think of myself as a dealer, but as a guy who was just helping out his friends. Everybody wanted it. I'd usually sell about half of the 6000 and just give the rest away to whoever wanted them."

A speed freak like John uses a lot of drugs. He was shooting 20 to 25 melted-down tabs of Dexoxyn into his arms at least twice a day. Each tab contained about 15 milligrams of amphetamine. He started using crystal meth when he went to San Francisco, after spending two weeks in jail there for possession of hypodermic needles.

His weight dropped from 150 to 118 pounds in a couple of weeks; but if he was never hungry, he was always paranoid.

"I was very afraid of everything," he says. "It was affecting the way I thought, altering my judgment. Speed can be a sexual stimulant, but it also turns you off. I went for a long time without any interest in sex."

One of the reasons why people start injecting themselves with liquid amphetamine or heroin is a fascination with the needle. John agrees.

"I really turned into a needle freak," John says. "I would shoot anything, even vitamin tablets. I'd think, 'I'm sticking a needle in my arm.' I really dug it. I really dug putting holes in my arm. People like rituals."

After shooting up, John would lie down for half an hour, and then spend the day walking around or doing some speed things, like rearranging his wallet. Any little thing would make him paranoid.

Some of John's friends were worse than he was. Some shot methamphetamine six times a day or more. "Their minds were gone," he says. "They had retrograde amnesia—they would forget the beginning or the middle of a sentence.

"Words would come out that didn't mean anything, although they made sense in the person's head. The person felt every word in his head, but he'd say only a word here and a word there."

Amphetamines dehydrate the body. When the body runs out of water and glucose, it starts to break down and burn up its fat cells. When the fat cells are gone, the body starts eating itself up. This is called anerobic lycosis.

Doctors helped straighten out John, but it took John about two months to get himself back together.

"I kept having paranoiac flashbacks, and I was really confused," he says. "The symptoms are just like battle fatigue. It's a gross stress reaction. It took me a month or two to get back to the point of reality."

Doctors and police officials are not sure why people want to get hooked on speed. "It makes you high" is the common answer, but paranoia and suicidal depression are not good feelings.

Psychiatrists and psychologists have another answer. Speed addicts live on input. Their parents did everything for them. They take speed for the feeling they get of doing something.

"I had this great opinion of myself based on doing nothing," John says. "Everybody had always done everything for me. Kids are experience-starved—that's why they get into drugs. Finally, they're going out and doing something by themselves."

About one quarter of all narcotics arrests involve amphetamines, usually in conjunction with other drugs. The narcotics police rate amphetamine addiction as worse than heroin, because "speed makes you crazy." ◇

HERONI— Link in Addiction's Chain

THEY'RE called opiates because they're related to opium and are derived from the juice of the Oriental poppy. Since the dawn of history at least some of the opiates have been known and have been used both for medicine and for the pleasure the user may obtain from the drug effect.

Opiates constitute a family, the granddaddy of which is opium. Through its early use in medicine, opium was found to be addictive. Then morphine, another opiate, was developed as a cure for opium addiction, until it was found also to be addictive. Heroin was derived in 1898 as a remedy for morphine addiction. In recent years the chain is lengthened further with the use of methadone to cure heroin addiction. Now other means are being sought to deal with addictive methadone.

The mid-1960s in the United States saw a nationwide increase in the regular use of heroin, the peak coming during the late 60s and early 70s. Then a sharp decline set in, particularly in the East. This led to considerable optimism that the heroin problem was solved once and for all. The number of active cases of heroin use diminished rapidly, and addiction went down virtually to a minimum.

However, the tide began to rise again. A new heroin distribution system developed, especially of the more powerful "brown" opium from Mexico. This tended to offset the drop in use that resulted when the "French connection" was wiped out and Turkey severely restricted its growing of opium poppies.

In recent months, it is evident that the heroin specter continues to grow. Monitor cities are showing greater prevalence—San Francisco, Washington, D.C., and Boston. Verification of the new trend is also coming from Chicago and Detroit.

Especially significant is the spread of heroin use from metropolitan areas to suburban communities and smaller cities in what is seemingly a major upswing in the incidence of heroin cases. Contributing to this is Turkey's decision to resume growing opium poppies, which adds to a heroin supply already available on American streets from the Mexican poppy.

In 1973 the President of the United States said the nation had "turned the corner" on heroin addiction and that it was time to concentrate on other more immediate matters.

Now, instead of "turning the corner," it appears that the graph line of heroin involvement is once again climbing.

It is to be hoped that some of the lessons learned previously in so difficult a manner in evaluating and dealing with the problem can be of substantial help now.

One such lesson is that addicts are people. They are human beings in need of help. They are not vicious demons to be ostracized as beyond all help or reclamation.

At best, the plight of the addict is not easy. He walks a tightrope between dirty needles and hepatitis, between lethal "street bags" and endocarditis, between crime and punishment. Even rehabilitation offers no quick and easy solution.

For our society that is again being invaded by the heroin plague, the best and most effective defense is that of prevention, which consists of accurate, nonemotional education combined with skillful, compassionate care for those caught up in the ravages of the drug.

This will require the close working together of all persons and agencies in the community and the nation to meet the new challenge. Only in this way can addiction's chain be broken. ◇

How to Quit Caffeine

Agatha M. Thrash

WHEN WELL-KNOWN food expert Dr. Jean Mayer of Harvard University looks at coffee, he says, "I wish there was something I could say in defense of coffee, but aside from the taste I'm afraid there is really no good news."

This lack of "good news" is persuading many users of caffeine drinks to look around for a way out.

Caffeine is a member of the same alkaloid group of chemicals as morphine, nicotine, cocaine, and strychnine. These alkaloids are characterized by addictive properties.

There are some simple measures to use to help make the break from caffeine more pleasant.

Don't make the mistake of thinking it will be easy to quit using caffeine. These suggestions for quitting are simple and can be followed by anybody, but there is some effort required.

Follow these steps. Do not omit a single one. Your success or failure may hinge on the one you decide to leave out.

1. Make good use of any leisure time in your daily program. Idleness may produce the opportunity for self-indulgence. It tends to make bad habits harder to break. It may give one a distorted image of his worth.

2. Keep a diary in a notebook, recording your rating on each of these items. Often the very act of writing will have a helpful influence. Do not become discouraged by failure or overconfident by immediate success. This is a serious matter.

3. Caffeine has the pharmacological effect of stimulating the central nervous system. Further, it has the ability to cause addiction. Both of these features give caffeine withdrawal the characteristics of inducing cravings. Diet can be a major factor in handling cravings. For five days after beginning your program to quit caffeine, follow carefully these suggestions in diet: First, overeating, even of the best diet, can cause a continuation of cravings, not only for caffeine, but also for many other harmful substances.

Second, nicotine in tobacco and purines in meat are in the same family of chemicals with caffeine. Using any of these chemicals tends to prolong a craving for any other member of this group.

Third, vinegar, spices, a lot of liquid at mealtime, and hot pepper are irritating to the stomach. An irritable stomach leads to poor digestion, which can cause lack of self-control indirectly from the resulting altered metabolism.

Fourth, alcohol is not only a stomach irritant, but it also directly reduces self-control.

Fifth, high-quality nutriments produce a calming effect on the nervous system.

4. Caffeine use is often tied in with a sugar addiction. For five days all sugar must be strictly avoided. Since shifts in water balance may cause dehydration with the discontinuance of both caffeine and sugar, be sure to get 8 to 10 glasses of water daily. This practice will prevent the all-gone feeling and part of the sensation of hunger and fatigue that results from dehydration.

5. Almost everybody who stops using caffeine will experience drowsiness for a few days. Use a large, fairly stiff brush for a "brush massage" for natural stimulation. Start at the fingertips, then at the toes and take long slow strokes, brushing always toward the heart. Cover as much of your skin as you can reach, avoiding any skin lesions that might be irritated by the brush. Follow the massage with a cool shower.

6. It's rare, but occasionally a person feels stimulation when stopping caffeine. For these persons the advice is to lie for 20 to 60 minutes in a bathtub full of water at neutral temperature, neither hot nor cold. Test it with a drop on the wrist. It should feel neither warm nor cool when the temperature is right. Be very careful to get the temperature correct! Both cool and warm baths are stimulating.

7. Drinking beverages or lots of liquid food with meals dilutes the digestive juices. It is well to learn to take meals without any kind of drink. If one eats fruit or the succulent vegetables in abundance, the stomach inflammation that calls for so much liquid with meals will gradually subside.

8. The person who uses caffeine often has a well-ingrained neuromuscular habit. He will feel uncomfortable without a glass or cup nearby. Such a person can best replace his dependency with a glass of cool water. An occasional herb tea (not regular tea,

which also contains caffeine) is all right, if one does not overdo it.

9. Some of the most annoying symptoms are because of the alteration of the chemistry of the forebrain. Perhaps for years the nervous system has responded to the familiar presence of caffeine. In its absence several unpleasant sensations may develop, such as dizziness, backache, visual disturbances, etc. Time is the best remedy for these. As soon as the biochemistry returns to normal, these symptoms will disappear.

10. The most common withdrawal symptom of caffeine is that of headache. It may have different patterns in different individuals, but it will almost always be relieved with a hot foot bath or a deep-breathing exercise or both. For people who do not have diabetes or known reduction of arterial blood flow to the legs and feet, the 30-minute hot foot bath is a good treatment for headache. Keep a cold cloth on the forehead, face, or throat. The deep-breathing exercise is simple: just take a long, deep breath and hold it to the count of 20, release it, hold it out to the count of 10. Repeat up to 50 times.

It would be helpful for a person going through these steps to have a "buddy" to back him up. If you know somebody in the health professions who has had experience in assisting others to change their life-style, perhaps you would want to make that person your "buddy," at least during the first five days of your program.

Maybe you know someone who has gone through the Five-Day Plan to Stop Smoking, which also has a "buddy" system. Such a person would be helpful to you in this program to quit caffeine.

Each day call that person to report your progress, ask any questions that may come up. Talk over suggestions which would reduce your craving and increase your willpower.

The Five-Day Plan is a community service of the Seventh-day Adventist Church. For information about plans in your area call the church nearest you.

Although it is somewhat of a trial to overcome the habit of using caffeine drinks, it's worth the effort in better general health. ◇

DAILY CHECKLIST WHILE QUITTING CAFFEINE

DAY OF PROGRAM	CHECK THESE COLUMNS IF SUCCESSFUL					CHECK THESE COLUMNS IF NOT DONE				
DAY	#1	#2	#3	#4	#5	#1	#2	#3	#4	#5
Diary kept up-to-date										
"Buddy" called										
Eliminated unused leisure time										
8 to 10 glasses water										
Brush massage										
Cool bath, or neutral bath if indicated										
Herb tea, if preferred										
Hot footbath, if indicated										
Elimination of stimulatory eating habits										
overeating										
spices, hot pepper										
sugar										
vinegar										
alcohol										
nicotine										
Establishment of good eating habits										
set time for meals										
avoid much mealtime liquids										
abundant vegetables, some raw										
abundant fruits, some raw										
whole grain breads and cereals										
avoid overuse of animal products										
Deep-breathing exercise										

“But I’m Not Hooked!

Edith Flowers Kilgo

"I'M JUST not fit to be with other people until I get my morning coffee!"

Sound familiar? Many of us are so accustomed to those steamy, hot cups of morning coffee that we head like robots into the kitchen the moment the alarm clock rings. After a few cups, our eyes begin to stay open and we feel better equipped to face the day.

I used to begin my day this way. I couldn't get dressed, talk to my family, or make decisions until I had my hand wrapped around that cup of energizer.

Coffee was not my only source of caffeine. After my family left for work and school, I drank tea. Before beginning my housework, I poured a tall glass of tea and sat down to recuperate from the morning rush hour. During the day, a glass of tea went wherever I went. I drank about two quarts daily.

Television time meant colas. As I watched my favorite programs, I sipped several glasses.

This had been the pattern of my life since childhood. I can't remember the first time I drank either tea or coffee.

One day I read in LISTEN an article, written by Agatha M. Thrash, about caffeine addiction. It was an interesting article, but it made me mad. How dare Dr. Thrash insist I was an addict! Not me! I don't drink alcoholic beverages, use drugs, or smoke. How could I be an addict? I decided to prove Ms. Thrash was wrong. I would show her!

The first day of my experimental program began like any other. Sleepily I staggered to the kitchen, pulled a cup from the cupboard, and got ready to have my "fix." Then I remembered my plan and grumpily began to prepare breakfast without having any coffee. I decided a big glass of water would probably wake me up. Ugh! It woke me up all right. I couldn't believe anything could taste that bad.

My family left for work and school. By that time I was exhausted. I wanted a glass of tea, but I forced myself to drink water instead. I was so sleepy I could barely move through my household tasks. As the day wore on, I felt worse and worse. By eleven o'clock it seemed my head was going to fall off. The back of my neck and my entire head ached worse than any headache I had ever endured.

I finally had to lie down. Immediately I went to sleep and slept for two hours. Even after I forced myself to get up, I was drowsy. In the afternoon, I began to feel chilled. I wondered if it was really withdrawal symptoms or if I had caught the flu. I was achy, tired, sleepy, and irritable. The thermometer registered no fever, so I began to suspect that caffeine withdrawal was a reality.

The second day I was really miserable. My arms and legs felt so heavy I could hardly move. That throbbing ache still played a drum solo within my head. My family begged me to go back to drinking tea because I was so irritable they could hardly stand me. I just wanted to be left alone. I didn't feel like talking, reading, or hearing any noises. I just wanted to lie still and feel sorry for myself.

Nausea and depression set in on the afternoon of the second day. I couldn't decide if I wanted to be sick or just have a good cry. I never did either, but I surely felt like doing both.

I began to wonder if I had some kind of sleeping sickness. I slept ten hours at night and napped during the day. Then I would fall asleep watching television at eight or nine o'clock.

The first three days my mouth stayed so dry I could hardly talk. I drank glass after glass of water, and I began to get used to its taste. After years of drinking only flavored drinks, it was hard to return to plain water. No matter how much water I drank, I still felt parched.

I discovered I liked the taste of chamomile herbal tea. I drank it each morning to satisfy my need for a warm drink, but I limited myself to one cup. Chamomile is not habit forming, but I didn't want to get myself back into the habit of being psychologically dependent on a warm drink.

When I awoke on the fourth day, I discovered my headache was gone. For the first few hours I moved cautiously, afraid the pounding drums might return if I moved around too much. The nausea was gone too. I didn't feel like running in a marathon, but at least I could get my work done. Since I was still sleepy and thirsty, I continued to sleep as much as necessary and to drink at least eight glasses of water per day.

It took another week to conquer the sleepiness and thirst. In all, it was about two weeks before I began to feel really good. After that, I began to notice some lovely extra benefits. In the morning I was awake and ready to get out of bed when the alarm rang. I could carry on a conversation while I prepared breakfast. I felt more energetic. At bedtime I could fall asleep without any preliminary tossing and turning.

I began my little project simply as an effort to disprove what I had read. I have to admit LISTEN was right and I was wrong, but in this case being wrong was the best thing that could have happened, because it motivated me to give up caffeine.

I am glad now I stuck with it and got rid of my dependence on caffeine. I would have given it up years ago if I had known how much better I could feel without it. ◇

YOUNG LOVE ENDS IN TRAGEDY

The car in which Joanne lost her life as it appeared after the crash.

Mary Madison

Bobby Benton, outstanding athlete during his high school years, excelled particularly in wrestling.

Joanne McFate, known among her classmates as loving and energetic, earned many trophies in sports events. A few of them shown here under a picture of her on her bedroom wall.

HIGH ON a grassy knoll overlooking the Pacific Ocean two Menlo Park (California) teen-agers who loved each other came together for the last time in a joint burial service shortly after school started this year.

Two cremation urns containing the ashes of Joanne McFate, 16, and Bobby Benton, 17, were interred in the same plot, with a common headstone. At Bobby's request, the marker bears the one-line inscription from their favorite song: "Baby, I love your way." It was also Bobby's request that he and Joanne be buried together.

In his final letter to Joanne's parents, Bobby wrote: "I couldn't live without your daughter. When my own carelessness took her away from me, I just couldn't stand to live without her."

His letter to his own parents said, "Put me where Joanne is or I won't be happy."

Less than a year ago Police Sgt. Nelson Benton and Mrs. Benton and Dr. Norman McFate and Mrs. McFate had two super teen-agers who excelled in school work, sports, and personalities that readily made friends. Bobby had won several trophies in wrestling. Last June he had graduated from high school and had enrolled in college, planning on a career in law.

Joanne, about to start her junior year in high school, was looking forward to starring on the swim team, running in track, and skiing. She was excited about her new after-school job in a drugstore. She too had won trophies, hers in swimming and track.

Joanne's mother says her daughter was "loving and energetic" and that "she did so many things so well."

Joanne's 19-year-old sister Patty describes her as "a person out to conquer the world and to master life. Anything she tried for, she wouldn't stop until it was hers."

Mary Madison, the author, is a reporter and copy editor for the Redwood City (California) *Tribune*, and correspondent for United Press International.

Bobby was the same, with his coaches and teachers calling him "gutsy, a natural leader." His mother says, "If he had a goal to reach, he made it by the longest and hardest way, and he always came out on top."

"Both Joanne and Bobby went into events with only the idea of winning," Sergeant Benton says. "It was very hard for them to lose. They had been winners down the line until this happened," he added, referring to the tragedy.

Now the kids and their plans all lie buried in an outdoor setting such as the pair always liked. In their places their parents have only memories and medals.

Joanne died first—killed in a midnight auto crash on Interstate Highway 5 south of Sacramento. She and Bobby were on their way to visit relatives of Bobby's family. Joanne was asleep, and Bobby was driving.

Moving at high speed, the car smashed into the rear of a truck and double trailer rig and was demolished. The speedometer broke at 69 mph at impact, and the car was crushed upside down.

It took an hour to cut the pair from the wreckage, with Bobby yelling constantly for police to get Joanne out. Bobby, who suffered a concussion, didn't realize that she had been killed in the collision.

"Within a week," Bobby's mother says, "his outside scars were gone. But we lost our boy mentally when he found out Joanne had died. Then he said, 'Let me die too.' "

With Joanne gone, Bobby had lost "the thing I loved most in life," as he told the McFates. The couple had been inseparable for a year.

Bobby could find no peace without Joanne, and "the loneliness kept mounting in him," his father says.

Secretly, Bobby then made careful preparations to join Joanne. He wrote letters to special friends, his parents, and the McFates, explaining what he felt he had to do and asking to be buried with Joanne.

Before taking his life, Bobby made one last gesture of friendliness so characteristic of him. He went to a friend's house and helped him with his accounting homework, since Bobby was gifted in math. Then Bobby returned to his own home and killed himself with a combination rifle and shotgun. The Bentons said later that they had never seen the gun before and did not know where Bobby got it.

The McFates and Bentons believe their kids were victims of marijuana and beer, both of which had been sampled just before the accident.

"Bobby told me afterward," says Dr. McFate, a dentist, "that he had drunk three beers and puffed a pipe of marijuana about an hour before the accident. That was enough to slow his reaction time behind the wheel. It was an awful price to pay for that."

The boy's father says, "To me, it looked like he fell asleep driving, woke up, tried to correct the wheel and couldn't do it."

Bobby was charged in court with felony manslaughter and driving under the influence of alcohol and drugs. At his first court hearing, he wanted to plead guilty and was furious when his parents and lawyer wouldn't permit it. A second court hearing, scheduled for a month or so later, never took place.

"I took a human life, and you don't know what that means," Bobby told his family and friends.

The Bentons and McFates agree that neither youngster was a big marijuana user. "They were too athletic for that stuff," Sergeant Benton says.

Dr. McFate says, "They were just trying it out, and they got caught."

After Joanne's death Bobby talked to friends about the hazards of smoking, drinking, and driving. The Bentons know that one friend gave up marijuana because of Bobby's influence.

Bobby also organized an outdoor memorial service for Joanne which was held in a municipal park near the girl's home. He arranged for food, music, soft drinks, and speakers, and specified that no alcohol or marijuana be present.

Outdoor setting in the hills overlooking the Pacific Ocean where Bobby and Joanne lie buried. (The headstone had not yet been erected when picture was taken.)

Mrs. Benton recalls kids coming to their house after the service and saying, "We never realized we could have such a good high without beer and pot."

The two families are scornful of the way they say marijuana was allowed on the high school campus where the kids attended.

The school lowered its flags to halfmast in memory of Bobby and Joanne.

Patty Paulson, one of Joanne's friends, says that for weeks "confusion" was the continuing reaction of students to the two deaths. "We were shaken up to realize that this can happen," she says. "After Joanne died, what hurt Bobby most was his friends still saying, 'It's not going to happen to me.' "

"The thing is, we feel like we want to tell them one more time, 'Hey, Joanne and Bobby, we do love you,' " she says. Patty says the memorial service for Joanne at the park was "so good that no one wanted to leave. But there was an empty space too. Joanne was so alive we couldn't help but miss her."

Mrs. McFate says, "People get away with drinking and driving, of course, but the one time they may need split-second timing, they don't have it."

"I'm going to talk to all the kids and parents I can," vows Joanne's father. "I don't care if I am pushy about it. If one life can be saved, it's worth telling this story."

Newspapers in many states ran the UPI version of the article, and San Francisco's UPI bureau sent the story over the wire twice for wider distribution. The Associated Press rewrote the story from UPI and used it also.

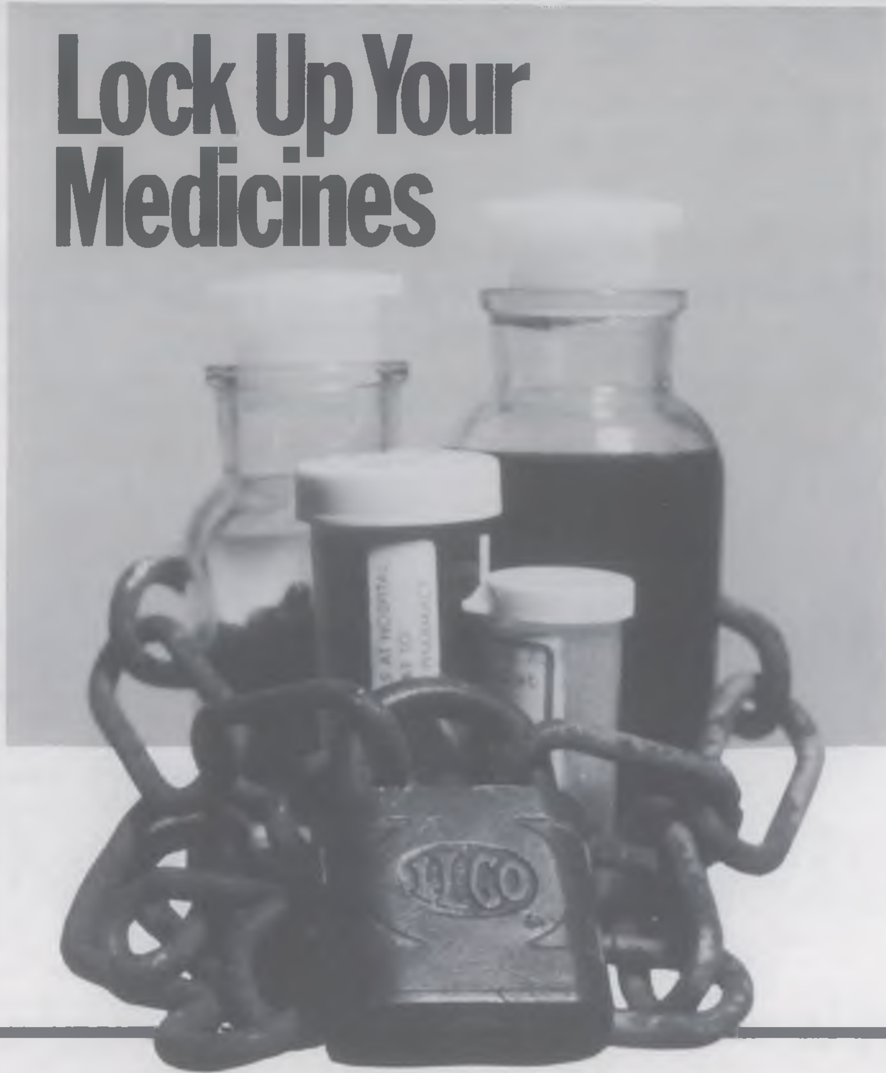
Response to Joanne and Bobby's story has been overwhelming. Their friends and fellow students have called and written newspapers that published it to say, "Thanks for telling what really happened," and, "This is a story that should be told."

In many cases, kids and their parents have talked together about marijuana and alcohol for the first time as a result of reading the story. Several students say they have stopped smoking marijuana because of Bobby and Joanne.

The Sequoia Union High School District Teachers' Association has promised that new efforts to prevent drugs on campus are under way.

If outstanding kids like Joanne and Bobby could lose their lives this way, it could happen to any teen-ager. That is why their story has hit so many readers so hard. ◇

Lock Up Your Medicines



Jean Gatch

A YOUNG doctor friend of mine insists that if every family had only one padlock to use on its personal belongings it should not be used on the silver, the government bonds, or the mink stole—but on the medicine. I'm sure he means this figuratively, because such a "lock up" might contribute to family mistrust and destroy family communication. But he does mean to stress, as strongly as possible, the danger of the unregulated medicine cabinet.

Some dangers are obvious. As medical science has progressed, it has been able to provide better treatment for man's ills, but that treatment often involves a very potent chemical. We have come to expect a drug to cure whatever we are suffering from—and do it quickly—and we often forget how dangerous the substances really are.

The greatest dangers from prescription drugs include their being taken incorrectly or being taken by someone other than the person they are prescribed for. Far too often a parent will give a child a medication prescribed for another child, because "it seemed like the same trouble Billy had." Or one spouse will use a medicine prescribed for the other when the pain is in the "same place." Or the parent may decide that if the one tablet prescribed for the child will help, two will help twice as much!

Medicine is expensive, and it is tempting to keep a prescription "in case we need it again." But that medicine may disintegrate with time and be lethal when you finally use it. This keeping habit often results in small amounts of a drug being transferred to a smaller unlabeled container to save space, leaving it to your memory to determine what the drug is and who should take it and for what brand of misery.

To be safe, don't buy nonprescription drugs in large quantities unless they are really needed. A 1000-tablet aspirin bottle seems more economical than a small size, but aspirin—and many other medicines—deteriorate with time. The average family medicine cabinet, according to the Family Health Council, contains at least three out-of-date prescription medicines for every one currently in use. Throw away old medicines which are a hazard.

It takes very special care to use medicines safely. Even if it's the correct medicine, fresh and safe, and is given to the right patient—careless administration can be very dangerous.

- Never give medicine in the dark. Read the label—every time. Measure carefully. Pour all liquids with the label side up so that spills won't smear the directions. Never use an unlabeled drug.
- Be sure not to leave medicine out when you answer the telephone or the door. Put it away first or take it with you. It takes only a moment for a child to swallow an overdose.
- Always store medicines in a cabinet above the reach of climbing children. A stiff snap catch that takes considerable strength to open will also discourage children.

But your own handling of medicine will provide the main set of clues that your child will follow. If you want to reduce the dangers in your home, here are some "attitude messages" you can send:

- Don't let your child get the vitamin bottle and take his own vitamin. In fact, don't even let him bring you the bottle.

And don't ask him to bring you the aspirin when you are down with a misery. It is inconvenient, but every extra trip you make to handle medicine yourself conveys to your child that pills and medicines are serious business and must be handled with care. Don't glibly offer aspirin to visitors—or take it yourself unless really necessary.

• On prescription drugs, let your child see you read the label and check the physician's directions—every time the drug is used. Be sure your drugs are in childproof bottles, and don't let anyone tell your small child how they work or challenge him to figure them out. Don't make anything relating to drugs into a game.

Candy manufacturers should stop making candy that looks like pills and tablets. And we might be better off if medicine wasn't made to taste good. When you give your children medicine, never refer to it as candy or something they like. They may try to get more of it when they are alone.

It's important to keep track of the quantity of medicines still in your chest. If you have Valium, Librium, Nytol, Sominex, diet pills, muscle relaxants, sinus medications, kidney pills, No-Doze, or any of dozens of other medications in your medicine cabinet, you may find some of them missing from time to time. If you find drugs missing, there's the possibility that some youngster who visits your home may be "borrowing" them.

Pills from home are usually the first source of supply for young experimenters, but the home chest cannot be pilfered too often without making someone suspicious. However, a youngster who visits in your home or perhaps baby-sits for you may collect a considerable assortment of pills in any interesting variety of shapes and colors.

They may be aspirin, or birth control pills, or penicillin. But they may also be potent stimulants or depressants, or simple but outdated drugs that have now deteriorated into a dangerous dose. And it's also possible that the innocent white penicillin tablet may be taken by a youngster who happens to have a fatal allergy to the drug. One of the nightmares faced by every school nurse or drug counselor is the youngster who has taken a drug, but has no idea what it was, how old it was, or how large a dose it contained. Doctors often simply have to wait for symptoms to occur, because to start treatment without knowing the specific drug can be fatal.

Perhaps the greatest drug danger of all is the liquor cabinet. Teen-agers and their visiting friends may take small amounts from bottles and replace the amount with water. They usually mix them together—along with samples their friends have provided—and share the mixture.

And with younger children it is still more dangerous. A drunk third grader was sent to the nurses with an unknown illness—but in rather serious condition. It turned out that his mother had gone to work before he was ready for school and simply told him to eat "what he could find" for breakfast. The most interesting thing he found was a pitcher of colorful punch left over from an adult party the evening before. He required close watching for some time because high alcohol content in so small a body system can be very serious indeed.

Even readily available over-the-counter drugs can be dangerous. Some timed capsules are filled with different-colored pellets to ease headache or sinus. Kids may spend an amazing amount of time sorting the colors to be able to take all "uppers" or "downers" instead of the more balanced dosage intended by the manufacturer. They can, of course, buy these openly at any drugstore. But it takes quite a lot—and that is expensive—so home supplies are popular.

All this is possible because people take far too many pills, keep them for too long, and are far too careless about keeping track of them. And on the other side, more kids are finding it necessary to escape the pressures of their lives—in the same way their parents do—by taking comforting, relaxing, and calming pills or liquids.

It is surprising how many people feel it is quite all right to check the medicine cabinet for aspirin or similar pain medication in a home where they are visiting. And, far too often, mislabeled or outdated medications turn out to be very dangerous indeed.

So what can we do to prevent the misuse of our own medicines by visitors? We can stop misusing them ourselves. We can throw away all those unprescribed but potent drugstore chemicals—and all the outdated prescriptions. We can make sure that needed current medications are clearly labeled and securely capped. Containers of pills should not be put in the garbage, because they may find their way to a garbage dump and be picked up by children. Also a prescription label should be defaced before discarding the bottle so that it cannot be refilled by the finder.

Controlling the medicine chest will not solve the drug problem, but it's one small step. It will reduce the potential supply a bit. Most important, it will convey to your own children and to all others exposed to your action that drugs are serious business and are to be used only under the direction of a qualified person. And it will also prove to you that you can exist with a headache, a bit of constipation, or a few sleepless nights. And that is the best antidrug message you could give your children.

Good sense and open lines of communication are the things that really will help. Perhaps the most valuable of all would be the admission that we take far too many pills and try to solve far too many problems by chemical means. ◇

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Ten Practical Ideas on—

How to Kick Drugs

Francis A. Soper

FOR ANYONE desiring to kick a drug habit, whatever that habit might be, there are a number of simple, practical methods that will be of real help. Briefly, here are ten.

1. The stronger a drug habit becomes, the less confidence the drug user has that he can quit his habit. He comes to feel that there is no use for him to try.

But any such person must be encouraged to make an effort for himself. Individuals or organizations may work diligently for him, but such efforts will not be very effective until he is aroused to help fight the battle in his own behalf.

2. The drug victim needs to understand the force of his own will. This should be the governing power in his life. Each person has the right of choice, of decision for himself. He need not sit back helplessly as the mere victim of circumstances.

"I choose" can be a big boost for someone needing to change habit. Making such a choice can open the way for effective help by agencies or persons working with him.

3. Any drug dependency cannot be thought of as a natural way of life. In order to make a change, there must be a return to simple, basic principles of healthful living. This refers to the fundamental health habits that may seem so easy, but at times are difficult to follow consistently.

Some of these habits include the use of pure water, both inside and out, regular exercise, preferably in the open air, sunshine whenever possible, refreshing rest at proper times, and simple food.

4. Speaking of simple food, this is so essential that it can be noted as a separate category. This is a good time to get away from highly spiced, complicated, rich food and drink. The more nearly food is to its natural state, the better. Choose the most nourishing, wholesome types of food and drink so the body can build up its resistance to drug inroads.

5. Essential also is the condition of the person and his surrounding. Each person should have opportunity for physical cleanliness and clean clothing. This in itself is a great morale booster. Equally helpful is the cleaning up of the immediate environment, insofar as it is possible to do so. Order in the home, a few flowers in the yard, a little paint on the house—all will add to the process of improvement.

6. The person struggling to kick a drug habit need not feel he is alone in the effort. Whether he is a church member, or a religious person as such, he can always call on a Power outside himself.

He should not continually dwell on the power of his habit, nor on his own weakness in kicking that habit, but on the divine power available to him. All this power can be secured merely for the asking. "Ask, and it shall be given you," says the scripture; "seek, and ye shall find; knock, and it shall be opened unto you."

7. Mental attitude is also important. No one can be morose and gloomy and expect to live a serene, happy life. Cheerfulness is a dimension of life that can be a help over many rough spots. The mind should be the controlling factor—the capital of the body. To a great extent, as goes the mind, so goes the body.

8. Many persons become involved with drugs simply because their companions led them into it. When trying to kick such a habit, these victims need to have the advantage of well-chosen, strong companions. This helps to reinforce personal decisions and resolutions. Perhaps this would necessitate a change from their previous companions.

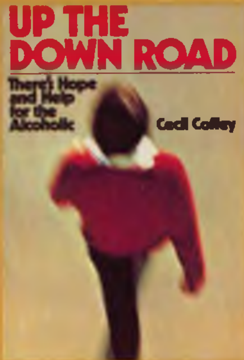
9. Those endeavoring to reform should, more than at any other time, be kept busy with useful employment. As far as possible, they ought to work to contribute to their own support. Where possible, outdoor work such as gardening or yard care is excellent. Occupation of both mind and body is most essential.

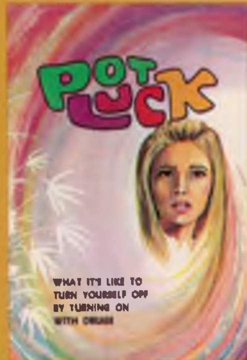
10. Anyone seeking permanent victory over a damaging habit can receive added strength by working for others. The telling of his own experience to those in similar trouble can be a helpful start, followed by active effort to rescue and aid those who may be in worse condition than themselves.

The less a drug victim continues to focus on his own problems, and the more outgoing his life can become, the greater the chance he has to return to normalcy himself and become a more productive part of his home, community, business, church, or society. ◇

LOOKING FOR SOMETHING?

Six books now available on the subjects of sex, drugs, and alcohol.





UP THE DOWN ROAD

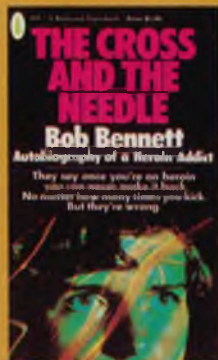
The Alcoholic: He drinks to live and lives to drink. But there is hope and help for the alcoholic. Questions and answers concerning the roads to alcoholism, what it is, who it affects, what the results are, and where to go for help are discussed. Price $.75

POT LUCK

What's it like to turn yourself off by turning on with drugs? Teen-agers speak out about dope, LSD, hash, uppers and downers, and all the rest known to those who have gone that way. A doctor deals with effects of such drugs upon the body. But the ending note from a girl of seventeen packs more punch than any lecture. Price $.75

THE CROSS AND THE NEEDLE

"Here give it to me, man," I said. "I'm not scared of the needle." Someone has said that once you are on heroin, no matter how many times you kick the habit, you can never make it back. This story tells of one who did make it back—with the help of Jesus Christ. Price $2.50



THIRSTY?

This is about drinking—pop wines, beer, any kind of booze. And it's about another kind of drinking. You'll find out about that kind by the time you read the end. Price $.50

UNEASY BREATHER

Fact: There are no good reasons to smoke. Some 49 million people in the United States smoke, but 75 percent of them want to quit. Why? Geared to the youth, this booklet takes a new slant on smoking with suggestions on how to beat the habit and take hold of the breath of life. Price $.50

"I'VE GOT THIS PROBLEM WITH SEX—"

When God created man, He made a being with emotional, intellectual, spiritual, and physical capabilities. This booklet provides guidelines to help deal with individual physical temptations, keep them in balance, and still maintain Christian growth. Price $.50

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