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ABSTRACT

This booklet attempts to provide clear answers to many of the questions currently being raised about the abuse of drugs, and to assist Americans of all ages to inform themselves about this critical problem. Issued by the Federal Government, it contains statements by President Nixon and Jerome H. Jaffe, M.D., Director of the Special Office for Drug Abuse Prevention, Washington, D.C. A section entitled "The Federal Response to the Drug Abuse Problem" gives attention to the efforts to reduce the supply of drugs and efforts to reduce the demand for drugs. There follow six brief sections devoted to general questions and answers about drug abuse, sedatives, hallucinogens, stimulants, narcotics, and marijuana. (LK)

SPECIAL
ACTION OFFICE
FOR DRUG
ABUSE
PREVENTION

ANSWERS THE MOST FREQUENTLY ASKED QUESTIONS ABOUT DRUG ABUSE

THE WHITE HOUSE

WASHINGTON

Traditionally, during the school year our attention is focused sharply on the young people of this nation as they prepare themselves to carry forward our country's finest hopes and dreams. Unfortunately, the future of many young people today is threatened by the problem of drug abuse. This is why I feel, as I have said so many times, that drug abuse is America's "public enemy number one".

Drug abuse attacks our Nation's most precious resource, our youth; it creeps quietly into homes and destroys the bonds of family, it moves silently into neighborhoods and erodes those ties that make for strong communities. The defeat of this menace should be a matter of highest national priority, not only for government officials but for every American.

The Federal Government is now working to meet the challenge of drug abuse through a balanced and comprehensive program attacking four major facets of this problem. Internationally, we are cooperating with many other governments in a narcotics control program that aims not only at halting the international traffic in illicit drugs but also at ending their cultivation and production. Domestically we have developed strong new laws and tough new law enforcement efforts, backed by more money and greater manpower. We have also emphasized new and more effective treatment and rehabilitation programs for the unfortunate victims of drug misuse and we are rapidly expanding these efforts so that no person seeking treatment will be turned away. Wide scale education programs – of which this pamphlet is one example – are now providing reliable information on drug abuse not only to those young people who may be attracted by dangerous drugs, but also to those who most directly influence young people, including their parents, religious leaders, youth workers, and teachers.

The battle against drug abuse is a complex and difficult one, but there are many encouraging signs that substantial progress at last is being made. A greater proportion of drug victims are under treatment than ever before. More and better methods of treatment are becoming

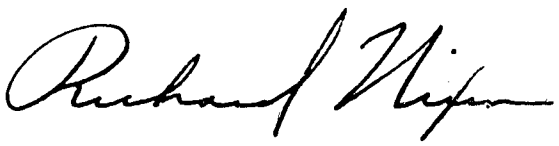
increasingly available. More illegal drugs are being seized; both in this country and abroad. More nations around the world are joining with us in an effort to stop the international drug traffic. Finally and perhaps most importantly, more and more Americans are becoming personally involved in this battle, in their communities, their churches, their schools and their homes.

In the end, our greatest asset in this battle will be the energy and spirit of the American people. One of the most important lessons we have learned in the fight against drug abuse is the immense value of the one-to-one relationship – the bond of trust between the drug victim and someone who cares enough to help that individual.

The deep personal involvement of countless individual Americans is the key to success in the battle against drug misuse. Government programs can provide a means for encouraging such involvement and for providing other necessary resources, but without the concern and commitment of our people in their communities the battle against drug abuse cannot be won.

This booklet provides answers to many of the questions most frequently raised about drug abuse, answers which are based upon the latest information available. It represents one of the ways that the efforts of private citizens can be supported by the resources of the Federal Government.

The Federal Government is now committed to providing leadership in the struggle against drug abuse. But you represent the front-line soldiers in this critical battle. Let us work together then, merging the vast resources of government with the spirit and energy of our people, so that our fight against this threat to our common future will end at last in triumph.



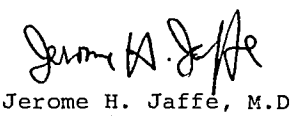
EXECUTIVE OFFICE OF THE PRESIDENT
SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION
WASHINGTON, DC 20506

There are no simple answers to the questions of drug abuse. It is a complex problem, with a number of probable causes and an equally large number of potential solutions.

Those of us who are charged with organizing the resources of the Federal Government to control drug abuse do not expect the problem to be eliminated overnight. We have begun to make substantial progress in a number of areas, however, and some of these are noted in this booklet.

Many of our efforts are directed toward preventing the spread of drug abuse among the Nation's young people. One of the ways to accomplish this is to provide accurate up-to-date information to the youth of this country and to their parents, teachers, and others who need to know the facts about drugs and their abuse.

Information alone cannot eliminate the drug abuse problem in this country, but it is clear that without accurate information we cannot have the sensible public discussion needed to evolve effective solutions. This booklet attempts to provide clear answers to many of the questions currently being raised about the abuse of drugs, and to assist Americans of all ages to inform themselves about this critical problem.



Jerome H. Jaffe, M.D.
Director

THE FEDERAL RESPONSE TO THE DRUG ABUSE PROBLEM

The problem of drug abuse, particularly among young people, has become a major national concern.

The public expects the Federal Government to provide the primary leadership in solving such problems. In response, the Government has developed a number of initiatives during the past year designed to increase the scope and effectiveness of the Federal effort. The overall program is based on the principle that it is necessary to decrease the availability of illegal drugs and to reduce the desire of some people to misuse them, while at the same time reducing the damage from drug abuse by making appropriate treatment and rehabilitation available when and where it is needed.

This new and comprehensive approach includes a number of carefully balanced and coordinated programs which have unified the law enforcement efforts to reduce the supply of illicit drugs available, and have greatly expanded prevention, treatment, rehabilitation, education, training, and research programs at Federal, State, and local levels. Officials from law enforcement agencies, health agencies and the State Department have joined forces to plan and develop a national strategy against drug abuse, and to implement mutual programs linking all facets of the Federal effort.

The initiation of this comprehensive Federal program has required a dramatic increase in funding for drug abuse prevention activities, from $65.7 million in FY '69 to $729.4 million proposed in FY '73.

EFFORTS TO REDUCE THE SUPPLY OF DRUGS

Federal, State, and local law enforcement agencies have embarked on a broad program of close cooperation to decrease the supply of illegal drugs available in the community.

Federal law enforcement efforts fall into five categories:

The Bureau of Narcotics and Dangerous Drugs: BNDD has 1,600 special agents and compliance investigators operating within the United States and abroad. In the U.S., the agency directs its activities against high level drug conspiracies; overseas agents cooperate with foreign anti-

narcotic forces in investigations and seizures. BNDD also trains State and local agents in investigative and seizure techniques.

The U.S. Customs Bureau: Intelligence collected abroad by both Customs and BNDD triggers action at our own borders by Customs agents and inspectors to seize illicit narcotics. They also maintain constant vigilance at our borders through passenger and cargo inspection.

The Office of Drug Abuse Law Enforcement: DALE was created by Executive Order in January, 1972, to combine Federal, State, and local law enforcement efforts in a campaign against street level heroin traffickers. DALE task forces operate in 38 large cities through investigation-prosecution teams and special grand juries which have been empaneled to consider indictments.

The Internal Revenue Service: A special IRS unit initiated in 1971 will soon have over 700 agents doing tax investigations on suspected narcotics traffickers. This unit is designed to reach major narcotics distributors and financiers who make tremendous illegal profits from narcotics but never actually handle the drugs themselves.

The Law Enforcement Assistance Administration: The Federal Government, through grants to State and local law enforcement units, is aiding various localities in their battle against drug abuse. This money provides the flexibility for States and localities to design preventive measures tailored to their individual needs.

The Cabinet Committee on International Narcotics Control is coordinating a Federal effort to control the flow of drugs from foreign sources and has formulated narcotic control action plans to provide direct help for 59 countries. U.S. narcotics agents are assigned to 40 of these countries. In addition, the Federal Government has strengthened international drug treaties and contributed substantially to the United Nations narcotics program.

EFFORTS TO REDUCE THE DEMAND FOR DRUGS

In combination with programs designed to reduce the supply of drugs, a number of Federal agencies are participating in the overall effort to reduce the tragic cost of drug abuse by limiting the demand for drugs and providing treatment for those already enmeshed in drug addiction. This prevention effort takes many forms, ranging from intensive information, education, and training activities to substantially increased treatment and rehabilitation programs and expanded research efforts.

The Special Action Office for Drug Abuse Prevention was established by an Executive Order in June, 1971. Legislation formally creating the Office was enacted by Congress in a unanimous vote, and was signed by the President on March 21, 1972. The basic mission of the Office is twofold. First, it is directed to take immediate steps to reduce drug abuse in the United States within the shortest possible time. Second, it has the responsibility for developing a comprehensive long-term Federal strategy to combat drug abuse.

The Special Action Office is not primarily a funding or operating agency, but rather has the responsibility for directing and coordinating the Federal effort to reduce the demand for illicit drugs. It oversees Federal activities in the fields of prevention, treatment, rehabilitation, education, training, and research.

Training and Education: One example of the increased Federal training and educational effort is the new National Drug Abuse Training Center, which serves as the hub of the national training system [illegible] capability to [illegible] over 16,000 persons a year. Another is the National Clearinghouse for Drug Abuse Information, established in mid-1970 as the national referral agency for all questions relating to drug abuse. Since its inception the Clearinghouse has answered over 4 million inquiries from both private citizens and public agencies and inaugurated broad media campaigns to provide factual and timely information on the dangers of drug misuse.

Treatment and Rehabilitation: The Drug Abuse Office and Treatment Act of 1972 which established the Special Action Office for Drug Abuse Prevention also increased the capacity of the Federal Government to deliver treatment and rehabilitation services nationwide. Emphasis has been placed on the need to rapidly increase the national treatment capacity so that no addict can claim that he was forced to commit crimes because treatment was not available. Since the creation of the Special Action Office there has been an unprecedented growth in Federally-funded treatment programs, from 76 in 1971 to 321 in over 100 communities in 1972. This system is still being expanded and will have the capacity to treat over 190,000 individuals per year by the end of 1973.

In addition to this expansion of existing programs, new approaches and techniques are being implemented. One new approach is the Treatment Alternatives to Street Crime program, aimed at reducing the recurring criminal activity of addicts who commit crime. Under this program, a drug dependent individual is identified upon arrest; for certain types of cases treatment alternatives may be provided for individuals released or bailed subsequent to arraignment, with the objective of breaking the vicious cycle of drug addiction to street crime to jail or back on the street which has prevailed in the past.

Research: Federal funds for research efforts have increased from $18.2 million in 1969 to $90.6 million for 1973. An intensive research effort is underway to develop alternative modes of therapy, including more effective *narcotics antagonists* which block the euphoria and subsequent effects of narcotics. Antagonists could be useful in both rehabilitation programs for addicts and in prevention efforts. Studies are underway to determine the implications of long term use of a variety of psychoactive drugs; new investigations have begun to develop educational techniques to discourage drug experimentation and to find out why some people voluntarily give up drugs; and new research has begun into how drugs affect the brain, what happens to drug users, and how best to treat the problems associated with various forms of drug addiction.

GENERAL QUESTIONS ABOUT DRUG ABUSE

WHAT IS A DRUG?

A drug is a chemical substance that has an effect upon the body or mind. This publication deals primarily with those drugs that have a potential for abuse because of their psychoactive, mind-altering capability. These drugs differ in their potential for physical harm.

ARE ALL DRUGS HARMFUL?

Any drug may be harmful when taken in excess. Some drugs can also be harmful if taken in dangerous combinations or by hypersensitive (allergic) people in ordinary or even small amounts.

The fact that many drugs will produce beneficial results has led some people to feel that pills will solve all problems. Drugs that affect the mind can have subtle or obvious side effects, which can be immediate or may only become evident after long, continuous use.

WHAT CAN A PARENT DO TO HELP A CHILD WHO BECOMES INVOLVED WITH DRUGS?

You can be factually informed about drug abuse. You should talk about it and try to understand why this behavior is taking place. Increased family interest and involvement in the child's daily activities can help.

When the young person is intent upon continuing drug taking, the problem is much more difficult. Solutions must be individualized. Professional help may be necessary, but it often is not successful if the drug user is resistant to change. Arbitrary restriction of the youngster may not work. If he runs away or is apprehended in some illegal act, he should know that the family will support and help him but will also want him to decide to alter his pattern of drug taking and actively seek help.

If the user wants help, the family doctor, clergy, mental health professionals, or school counselors may be contacted. Community groups such as crisis intervention referral services and hotlines can direct users to appropriate programs. Various types of treatment programs are becoming

increasingly available, and these individuals or agencies should be able to provide either services or referrals to an appropriate resource.

IS IT POSSIBLE TO OBTAIN MEDICAL HELP WITHOUT INCURRING LEGAL PENALTIES?

A certified physician or psychologist can generally assure patients that any discussion of drug abuse problems will be kept confidential. Persons actively under treatment are usually assured of legal safeguards relating to the confidentiality of their treatment.

WHAT CAN BE DONE TO CURB THE MISUSE OF LEGALLY OBTAINED SUBSTANCES?

The family medicine chest may be a source of drugs for initial misuse by children. It should not be used as a stockpile of drugs. Physicians and pharmacists must carefully watch the renewal of prescriptions of drugs that can cause dependence. The patient should be warned to use drugs exactly as prescribed and then destroy them when no longer needed. Substances such as model airplane glue, paint thinners and other volatile solvents were obviously never meant to be consumed by man, for they contain a variety of chemicals, all quite dangerous. These produce a clouded mental state that can develop into a coma, and temporary blindness has been reported. Death is known to occur when the solvent is inhaled without sufficient oxygen. Damage to bone marrow, kidneys, and lungs has also occurred.

WHY ARE DRUGS BEING ABUSED THESE DAYS?

Drug abuse is not a new phenomenon. Varying forms of drug abuse have been present for years in the United States and other countries. Many drugs temporarily allow their users to evade frustrations, to lessen depression and feelings of alienation, to escape from themselves or to experience a temporary sense of euphoria. Such use of drugs, of course, does not produce any significant improvement in the problems of the individual or society. There are many reasons that are put forth to account for the current epidemic of drug misuse.

Some of the reasons frequently offered are:

1. The belief that "medicines" can solve all problems.
2. The widespread access to various drugs.
3. The hoped-for enjoyment of drug effects.
4. The "peer pressure" which leads an individual, especially a young one, to conform to current styles in behavior, entertainment—and drugs.
5. The search for different perception and ideas which some persons believe they can obtain from mind-altering drugs.

6. The use of drugs in a role similar to that of alcohol in a social context.
7. The manifestation of some young peoples' dissatisfaction and loss of faith in the prevailing social system, making them feel there is a lack of meaningful alternatives to drug using behavior.
8. The statements of proselytizers who proclaim the "goodness" of drugs.

HOW CAN I IDENTIFY A DRUG OVERDOSE AND WHAT CAN I DO TO HELP?

Overdoses of the barbiturates or narcotics are primarily recognized by stupor or coma along with difficulty in breathing. Medical assistance should be sought immediately. First aid measures that can be taken while waiting for medical help include artificial respiration and doing everything possible to keep the person awake; for example, cold showers, walking him around, etc.

Overdoses of the hallucinogens and stimulants primarily result in the so-called panic reaction. The individual may be hyperactive, agitated, frightened and suspicious, and believe that people are attempting to hurt him. It is very important that all concerned remain calm and reassure the individual that he will be all right. Explaining to the individual who and where he is and that his feelings are drug-related and will subside may be helpful. Help should be sought as soon as possible and is usually available from the community drug hotlines, drug crises or treatment centers, and hospital emergency rooms.

CAN THE EFFECTS OF DRUG ABUSE BE PASSED ON TO THE UNBORN?

The taking of any drugs without careful medical supervision during pregnancy is extremely risky. Some babies born to heroin- and barbiturate-addicted mothers have shown withdrawal symptoms. Not enough is yet known about the long-term genetic effects of drug use and the implications of this upon the unborn.

DO DRUG ABUSERS TAKE MORE THAN ONE DRUG AT A TIME?

Multi- or poly-drug abuse is an increasing phenomenon. Many persons who abuse one kind of drug will abuse other kinds of drugs as well. Some say they are looking for a different feeling or reaction. There are some abusers who will take any drug that is available. There are individuals who will play chemical roulette by taking a combination of drugs or a mixture of unidentified pills. In many instances the supply and variety of available drugs significantly influence which drugs are being abused.

WHY DO PSYCHOACTIVE DRUGS HAVE SUCH A WIDE RANGE OF EFFECTS UPON DIFFERENT USERS?

The effects of mind-altering substances are related to the expectations of the user, the setting in which the use takes place, and the amount of the drug. Mind-altering substances can have vastly different effects upon different people because such drugs can release or distort individual personality traits that are ordinarily controlled. Internal controls may be diminished or eliminated; one person may become angry, another happy, others disoriented, frightened, confused or depressed and so on.

Even the same person taking the same dose of a drug on a subsequent occasion may have an entirely different response. The person reacts to the setting in which the drug is taken, to the people around him and to his mood. As these factors change, they may alter the drug's effects.

WHAT IS DRUG DEPENDENCE?

Drug dependence is a state of psychological or physical need, or both, which results from continuous or periodic use. However, not everyone who uses a mind-altering chemical becomes dependent upon it. Many kinds of drug dependence exist.

WHAT IS HABITUATION?

Habituation is the *psychological* desire to repeat the use of a drug intermittently or continuously for emotional reasons. Escape from tension, dulling of reality, euphoria (being "high") are some of the reasons drugs may be used habitually.

WHAT IS ADDICTION?

Addiction is generally meant to imply both *physical* and *psychological* dependence upon a drug. When used this way its scientific definition includes the development of tolerance and withdrawal phenomenon. As a person develops tolerance he requires larger and larger amounts of the drug to produce the same effect. When use of the addicting drug is stopped abruptly, withdrawal symptoms occur. These vary widely depending on the drug. A compulsion to repeat the use of the addicting drug is understandable because the drug temporarily solves one's problems by keeping the withdrawal symptoms away.

Drugs other than narcotics can become addicting. They include barbiturates, alcohol and certain tranquilizers.

WHY SHOULD GOVERNMENT PASS LAWS RESTRICTING THE USE OF CERTAIN DRUGS?

Most societies are based on the principle that the individual has certain responsibilities to that society, and society has certain responsi-

bilities to the individual. A responsible social system provides its citizens with information about the dangers facing them, including the possible dangers of drugs. When a drug has both a harmful and a beneficial potential, governments appropriately attempt to direct the manner in which that drug is to be used in order to protect the individual and society.

WHAT IS WRONG WITH TAKING ANY DRUGS AS LONG AS NO ONE ELSE IS HURT BY DOING SO?

It is difficult for an individual to do something to himself that has consequences only to himself. Inevitably, the act will have an impact upon those who are close to him, upon those who are dependent on him and upon society. To "drop out" via drugs means that the person may become dependent upon the social structure for a variety of public services. Those who become physically or emotionally disabled as a result of drug misuse are generally totally dependent upon society for their subsistence.

QUESTIONS ABOUT SEDATIVES

WHAT IS A SEDATIVE?

Sedatives are drugs which induce sleep. When taken in small doses they can temporarily modify tension and anxiety in some people. When used without close supervision, the possibilities of taking increased amounts and becoming dependent are present. In street parlance, the sedatives are also called "goof balls," "sleepers," and "downers." The barbiturates constitute the largest group of sedatives.

WHAT ARE THE MEDICAL USES FOR SEDATIVES?

In addition to inducing sleep and relaxing tensions, sedatives are used for psychosomatic conditions such as high blood pressure and peptic ulcers. One barbiturate, phenobarbital, is useful as an anti-convulsant. An ultra-short acting barbiturate, thiopental, is used as an anesthetic.

WHAT KINDS OF PEOPLE ABUSE SEDATIVES?

People who have difficulty dealing with anxiety or who have troubles with insomnia may become increasingly dependent upon sedatives. Therefore people under excessive stress, or those who cannot tolerate ordinary stress, are vulnerable. A few years ago sedatives were drugs of abuse for adults. Now they are being consumed more and more frequently by teenagers and pre-teenagers, which may represent a "fad-like" epidemic. Some sedatives, most commonly the barbiturates, are taken by some heroin users either to supplement the heroin or to substitute for it. Also persons who take stimulants and become jittery may take sedatives to ease their tension.

ARE SEDATIVES TAKEN IN LARGE QUANTITIES DANGEROUS?

Yes. Ordinarily, the person goes into a coma. If the person is tolerant to large amounts, he may remain awake and appear intoxicated. Speech and movements may be uncoordinated. Skilled tasks are performed

sluggishly and without precision. Judgment and perception are impaired. Confusion, slurred speech, irritability and an unsteady gait are often seen in chronic users.

One common mode of suicide is with an overdose of sleeping pills. Accidental deaths due to taking a larger number than intended may also occur.

ARE BARBITURATES PHYSICALLY ADDICTING?

Yes. Tolerance to the effects of barbiturates develops and withdrawal effects occur when use of the drug is stopped. A strong desire to continue taking the drug is present after a few weeks of taking large dosages. Withdrawal from large amounts of barbiturates is usually much more severe than from heroin, and must be done under close, medical attention.

ARE BARBITURATES THE ONLY GROUP OF SEDATIVES WITH DANGER OF ADDICTION?

No. Much that is known about the barbiturates can be applied to the non-barbiturate sedatives and alcohol.

WHAT HAPPENS TO A PERSON DEPENDENT ON A BARBITURATE WHO SUDDENLY STOPS TAKING THE DRUG?

When dependence is severe, sudden barbiturate withdrawal can be an acute medical emergency requiring hospitalization and intensive care. The patient is sweaty, fearful, sleepless and tremulous. He is restless, agitated, and may suffer convulsions; in some instances these convulsions may lead to death. In addition, he may see things that are not there and have delusional confused thoughts. The amount of barbiturates must be decreased carefully, and the patient requires considerable medical and nursing support.

IS IT TRUE THAT THE COMBINATION OF SLEEPING PILLS AND ALCOHOL IS DANGEROUS?

Yes. Taken together alcohol and sleeping pills may be fatal since the dangers of one are enhanced by the other. The person who is intoxicated may take a few sleeping pills and get an effect equivalent to a large number of sleeping pills. Barbiturates when taken with narcotics, anesthetics, and tranquilizers may also produce exaggerated, sometimes fatal reactions.

QUESTIONS ABOUT HALLUCINOGENS

WHAT ARE HALLUCINOGENS?

Hallucinogens (also called psychedelics) are drugs capable of eliciting changes of sensation, thinking, selfawareness and emotion. Alterations in time and space perception, illusions, hallucinations and delusions may be either minimal or overwhelming depending on the dose and the drug. The results are variable, and the same person experiences different reactions on different occasions.

A large number of natural and synthetic hallucinogens have been identified. LSD is the most potent and best-studied of these. Mescaline from the peyote cactus, psilocybin from the Mexican mushroom, morning glory seeds, DMT, STP, MDA and others have somewhat similar effects.

WHAT ARE THE IMMEDIATE PHYSICAL EFFECTS OF LSD?

A person who has taken LSD will have dilated pupils, a flushed face, perhaps a rise in temperature and heartbeat, a slight increase in blood pressure, and a feeling of being chilly. Occasionally convulsions have been noted. These symptoms disappear as the action of the drug subsides.

CAN LSD DAMAGE CHROMOSOMES?

A number of reputable scientists have reported chromosomal fragmentation in connection with LSD exposure in the test tube, in animals, and in man. However, other equally capable scientists have been unable to confirm these findings. The question whether LSD itself can induce congenital abnormalities remains unresolved. Further work is continuing and will help clarify this question.

WHAT ARE THE PSYCHOLOGICAL EFFECTS OF LSD?

The effects of LSD vary greatly according to the dosage, the personality of the user, and the conditions under which the drug is taken. Basically, it causes changes in sensation. Vision is most markedly altered.

Changes in depth perception and the meaning of the perceived object are most frequently described. Illusions and hallucinations can occur. Thinking may become pictorial and reverie states are common. Delusions are experienced. The sense of time and of self are altered. Strong emotions may range from bliss to horror, sometimes within a single experience. Sensations may seem to "crossover," that is, music may be seen or color heard. The individual is suggestible and, especially under high doses, may have a profoundly altered state of consciousness.

IS THERE ANY EVIDENCE THAT HEAVY LSD USE CAUSES PSYCHOLOGICAL DETERIORATION?

In experiments designed to answer this question, some changes in mental functions have been detected in heavy users, but they are not present in all cases. Heavy users of LSD sometimes develop impaired memory and attention span, mental confusion, and difficulty with abstract thinking. These signs of organic brain changes may be subtle or pronounced. It is not known whether these alterations persist or whether they are reversible if the use of LSD is discontinued.

WHAT ARE SOME OF THE MORE HARMFUL EFFECTS OF LSD?

During the LSD state, the loss of control over thought processes can cause panic reactions or feelings of invulnerability. Both of these states can induce behavior that can lead to injury or death. The prolonged harmful reactions include anxiety and depressive states, or breaks with reality which may last from a few days to months. Since a disturbed emotional state may have been present prior to taking LSD, it is debatable whether the drug is responsible for initiating these adverse reactions.

WHAT IS A "FLASHBACK"?

A "flashback" is a recurrence of some of the features of the LSD experience days or months after the last dose. It can be spontaneous or invoked by physical or psychological stress, by medications such as antihistamines, by marihuana, or by stimuli similar to those present during the LSD experience.

Those individuals who have used LSD infrequently rarely report flashbacks; intensive use seems to produce them more frequently. Often a flashback occurring without apparent cause can induce anxiety and concern that one is going insane. This can result in considerable fear and depression and has been reported to culminate in suicide.

WHY DO PEOPLE TRY A DRUG LIKE LSD?

People give many reasons for trying LSD, ranging from curiosity to a desire to "know oneself." After the initial experimentation the over-

whelming majority of people who take the drug again are seeking its mind altering effect.

DOES LSD ENHANCE CREATIVITY?

Some people who have taken LSD say they feel more creative. But whether they are actually more creative is difficult to determine. In studies done to compare individuals' creative capabilities before and after LSD experiences, it was found that no significant changes had occurred. In some cases LSD might diminish creativity because it may reduce the motivation to work and execute creative ideas.

DO YOU REALLY GET TO KNOW YOURSELF AFTER LSD?

The feeling that one obtains insights into one's personality and behavior while under LSD may occur. New and novel perceptions of the body and conceptions of the self, both gratifying and horrifying, are reported to occur, but in illicit and uncontrolled use it is doubtful that these new perceptions and cognitions lead to new knowledge about one's self. Moreover, the extraordinarily threatening ideas about one's self experienced during a "bad trip" may damage the personality.

WHAT IS THE SOURCE OF ILLICIT LSD?

Almost invariably, LSD comes from clandestine laboratories or is smuggled in from abroad. When obtained from illicit sources, the quality of LSD varies. Some LSD is fairly pure; however most street samples contain impurities and adulterants. Generally the user has no way of knowing the quality or the quantity of his LSD.

IS THE USE OF LSD DECREASING?

The use of LSD has levelled off and may be decreasing. Fewer very young people are trying LSD, and many individuals are discontinuing its use. This shift is probably due to the growing knowledge of the side effects, the "flashbacks," or the possibility of chromosomal changes, or simply because users have finally come to recognize the illusory nature of the LSD experience. However, the drug is often disguised as other drugs such as MDA, STP, PCP in "street sales," so precise data on LSD is not available.

QUESTIONS ABOUT STIMULANTS

WHAT IS A STIMULANT?

Stimulants are drugs which increase activity. Their limited medical uses have included the suppression of appetite, the reduction of fatigue or mild depression and, paradoxically, the treatment of hyperactive children.

Many stimulants are known, including: Cocaine, caffeine, amphetamine and methamphetamine. The latter drugs are commonly called "speed" or "crystal." Stimulants are also known as "uppers" or "pep pills." Amphetamines are the most widely abused stimulants.

HOW ARE STIMULANTS TAKEN?

Usually stimulants are taken by mouth in the form of capsules or tablets. Crystal methamphetamine and cocaine can be inhaled or "snorted" through the nose. They can also be injected into veins, in which case the effects are immediate and more intense.

WHAT ARE THE VARIOUS TYPES OF STIMULANT ABUSE?

There is the occasional user who takes the drug to push himself beyond his normal physiological limits. He may want to stay awake to drive, to excel in an athletic contest, or to cram for an examination. This type of abuse rarely leads to serious difficulties, but it may. Instances of death during athletic contests have been traced to amphetamine use.

A second type of abuser takes excessive amounts of stimulants for long periods of time. This individual is drug-dependent.

Another type of abuser injects massive doses intravenously once or up to a dozen times a day, which can produce sudden death.

WHAT EFFECTS DO AMPHETAMINES HAVE?

In ordinary amounts the amphetamines provide a transient sense of alertness and well-being. Hunger may be diminished, and short-term performance may be enhanced in the fatigued person.

When amphetamines are first taken intravenously in large amounts, euphoria occurs which decreases over a few hours. Re-injection of greater amounts is then necessary to reproduce the same feeling. This cycle can go on for days until the person is physically exhausted. Shakiness, itching, muscle pains, and tension states are common; collapse and death have occurred.

Upon withdrawal the chronic user feels depressed and lethargic. Re-injection of amphetamines relieves these symptoms. Since tolerance to high doses develops and withdrawal symptoms occur, large amounts of amphetamines are more and more commonly considered as physically addicting. Small amounts can cause psychological dependence.

WHAT ARE THE PHYSICAL COMPLICATIONS OF AMPHETAMINE ABUSE?

In addition to those diseases which accompany the use of unsterile syringes and contaminated drugs, excessive amounts of amphetamines can cause certain medical problems. Liver and kidney damage may result when large quantities are taken. Brain damage from such quantities has been demonstrated in animals. Abnormal rhythms of the heart have occurred and a marked increase in blood pressure is common.

Many who abuse amphetamines also neglect personal hygiene, which can lead to multiple health problems. Kidney failure, hepatitis, drastic weight loss, malnutrition and vitamin deficiencies are some of the adverse physical complications.

WHAT ARE THE PSYCHOLOGICAL COMPLICATIONS OF AMPHETAMINE ABUSE?

While under the influence of large amounts of amphetamines, the individual may become overactive, irritable, talkative, egocentric, suspicious and sometimes violent. He reacts impulsively. This combination can lead to belligerent or aggressive behavior. A condition resembling paranoid schizophrenia with severe delusions of persecution and hallucinations often occurs in those who use high dosages.

WHAT IS COCAINE?

Cocaine is a substance derived from the coca bush. Cocaine's only recognized medical use is as a local anesthetic. While small doses produce mild stimulation and euphoria, large doses produce violent stimulation, hallucinatory and euphoric effects. Overdoses occur and can cause death from cardiac or respiratory arrest.

WHAT ARE COCAINE'S EFFECTS?

The effect is much shorter than that produced by the amphetamines. The body does not develop tolerance, but marked psychological depend-

ence results. As with amphetamines, severe depression occurs when drug abuse is stopped, impelling the abuser to continue taking the drug.

Chronic use results in nausea, digestive disorders, loss of weight, insomnia, skin abscesses, and occasional convulsions. Prolonged sniffing perforates the septum of the nose. Paranoid delusions, with auditory and visual hallucinations, occur. The mental disturbances often trigger compulsive, violent, anti-social acts.

QUESTIONS ABOUT NARCOTICS

WHAT IS A NARCOTIC?

A narcotic is a drug that relieves pain and induces sleep; it is also addictive. The opiates, which are narcotics, include opium and its active components, such as morphine and codeine. They also include heroin which is a potent chemical derivative of morphine. Narcotics also include certain synthetic chemicals that have a morphine-like action, such as methadone.

WHICH NARCOTICS ARE ABUSED?

Heroin accounts for 90 percent of the narcotic addiction problem in the United States. It no longer has a medical use in this country and all heroin in the U.S. has been smuggled in. Paregoric containing morphine, cough syrups containing codeine, or other narcotics, and methadone are also abused.

WHY DO PEOPLE TAKE HEROIN?

People in physical or psychological pain may turn to heroin for relief, especially if their ability to endure distress is low. Many are introduced to the drug by "friends." Some youngsters follow the behavior of grownups who are addicted. Certain addicts derive gratification from turning others on.

Many believe, "It can't happen to me." They think they can use heroin occasionally and not get hooked. These are often weekend "joy poppers." Many of these individuals eventually become addicted.

WHAT DOES THE HEROIN ADDICT LOOK LIKE?

He may appear normal. However, some of the acute symptoms associated with heroin are flushing, drowsiness and constipation. Contracted pupils are typical of opiate use. Some addicts may have an unhealthy appearance because of poor diet and neglect of personal hygiene.

Heroin addicts appear at hospitals with blood infections, hepatitis, symptoms of overdose, and occasionally tetanus or lockjaw.

Abscesses, needle marks and "tracks" (discolorations along the course of veins in the arms and legs) are evident during an examination. Urinalysis can reveal heroin use and other forms of drug use.

IS THERE AN ADDICTIVE PERSONALITY?

Anyone can become physically dependent if he takes opiates regularly for a few weeks. However, certain kinds of people are more likely to become involved with heroin than others under similar life situations. Some of these individuals have a low frustration tolerance and great dependency needs; impulsive, immature, inadequate individuals are likely candidates. Many seek immediate gratification without regard to future consequences. Some have character disorders that permit deviant behavior without guilt feelings. But in some cases the problem arises when an average individual uses drugs to please his friends.

WHAT DOES IT FEEL LIKE TO INJECT HEROIN?

Generally, there is a feeling of relaxation and of euphoria. This is accompanied by a dreamlike state. These effects will usually last from 2 to 4 hours. The euphoria generally decreases as physical dependence develops. The addict requires heroin to avoid the pains of withdrawal. In other words, at this point he is using heroin to avoid getting sick.

WHAT ARE WITHDRAWAL SYMPTOMS LIKE?

After addiction to heroin develops, stopping the drug provokes withdrawal sickness some 12 to 16 hours after the last injection. If the degree of dependence is substantial the addict yawns, shakes, sweats, his nose and eyes run, and he vomits. Muscle aches and jerks occur along with abdominal pain and diarrhea. Chills and backache are frequent.

WHAT ARE THE PHYSICAL DANGERS OF NARCOTIC ADDICTION?

The physical complications depend to an extent on the specific drug, its source and the way it is used. An overdose that can result in death occurs when someone unknowingly takes too much of a narcotic. If, for example, he obtains pure heroin and is not tolerant to the dose, he may die minutes after injection. Infections from unsterile solutions, syringes, and needles cause many bacterial diseases. Viral hepatitis can be epidemic among addicts who use needles. Skin abscesses, inflammation of the veins and congestion of the lungs are further complications. Most medical complications are caused by the uncertain dosage level, unsterile use, contamination of the drug, or simultaneous use of other drugs rather than by heroin itself.

The life expectancy of the intravenous heroin addict is much lower than that of the non-addict. Addicts of both sexes are generally less

potent. Infants born of addicted mothers may suffer withdrawal symptoms.

WHAT ARE THE SOCIAL IMPLICATIONS OF NARCOTIC ADDICTION?

The life of most heroin addicts is socially non-functional. Their daily activities are centered around committing crimes to obtain money for heroin, making a "connection" with a dealer, and trying to avoid withdrawal pains. The activities that an addict will resort to in order to obtain money to purchase heroin are usually harmful and destructive to himself and those around him. A career of heroin addiction may lead to destructive changes in personality or impaired emotional maturation.

IS THERE A RELATIONSHIP BETWEEN HEROIN AND CRIME?

The opiate induced state is one of passivity rather than aggressiveness, and addicts who are sufficiently affluent to buy heroin will not commit aggressive criminal acts. Some individuals become involved in crime before they become addicts. However, since large sums of money are needed to support a "habit," there is often a direct relationship between heroin use and criminal activity, even among people who prior to their drug use were law-abiding. Shoplifting, pimping, prostitution, peddling drugs and car thefts are some of the more common crimes to which the addict resorts. When he is feeling desperate, because of withdrawal symptoms, he may commit more violent crimes in order to obtain his drug.

WHAT ARE THE ORGANIZED CRIME ELEMENTS THAT DEAL IN HEROIN?

Trafficking in heroin is usually undertaken by organized criminal elements based in major metropolitan areas throughout the country. These organizations have the manpower, financial ability and international connections with which to procure and successfully smuggle large quantities of heroin into the U.S.

WHAT TYPES OF TREATMENT ARE AVAILABLE TO THE HEROIN ADDICT?

Taking the addict off heroin is not too difficult, but keeping him off is. In addition to withdrawal from heroin, an addict usually needs treatment, counseling, job training, and other rehabilitative support services. An increasing number of narcotic addict rehabilitation centers are coming into existence at the community level.

There are several types of treatment approaches available to the heroin addict: These include methadone maintenance programs and abstinence programs. Methadone maintenance is generally an outpatient program in which the addict receives daily doses of methadone, a synthetic narcotic, and a wide range of social support services to help in the rehabilitation process. Abstinence or drug free programs may consist of outpatent programs providing a wide range of rehabilitative support services or therapeutic communities. Therapeutic communities are residential, highly structured environments that seek to develop an alternate life style to that of drug use. In addition there are programs that gradually withdraw patients from methadone over a period of time.

No single treatment approach appears to be successful for all addicts. Increasingly, programs provide a variety of these treatment approaches, selecting for each patient that treatment approach which offers a good chance of success.

WHAT IS METHADONE?

Methadone is a synthetic narcotic that is being used as a supportive device in the treatment of heroin addicts. It relieves the physical craving for heroin, has a longer duration of action in the body than heroin, and thereby enables the addict to work and lead a relatively normal life, without engaging in criminal activities to support a heroin habit.

Since methadone is itself physically addicting, it is administered under strict Government regulations. Methadone programs dispense the drug as an oral medication, usually in liquid form. Those admitted to methadone treatment are usually over 18, with a long history of addiction. Once the addict succeeds in the rehabilitative process, many program directors feel he should be provided opportunities to withdraw from methadone treatment. Research is underway to develop longer-acting methadone, and to measure the implications of long-term use.

Most deaths from overdoses of methadone occur when individuals take it who are not already tolerant to its effects.

WHAT ARE NARCOTICS ANTAGONISTS?

Extensive research is being conducted into chemical compounds called narcotics antagonists. These drugs block the euphoria and subsequent effects of narcotics. Present use is limited by short duration of effect and adverse side effects. Testing of longer-lasting antagonists is underway, with the objective of developing antagonists for use in rehabilitation and in prevention.

WHAT ABOUT THE "BRITISH SYSTEM" OF DEALING WITH HEROIN ADDICTION?

Until recently, English heroin addicts were able to obtain heroin by prescription after registering with an individual physician. During the

past decade, however, the number of known heroin addicts rose from a few hundred to several thousand. The number of known addicts under 20 years of age increased from one in 1960 to 1,016 in 1969. (These figures are regarded as under-estimates, since many addicts do not come to official attention.)

As a result of this increase, the "system" was changed in 1968. Individual British physicians no longer prescribe heroin. Instead, rehabilitation centers have been established for the treatment of drug addicts. In cases where total abstinence is not possible for an addict, methadone is usually prescribed, though in some instances heroin is still used. The British system has been modified to meet the increasing problem of heroin addiction.

QUESTIONS ABOUT MARIHUANA

WHAT IS MARIHUANA?

Marihuana is the Indian hemp plant (*Cannabis Sativa*). Delta-9-tetrahydrocannabinol (THC) is the principal psychoactive ingredient in marihuana. The parts with the highest THC content are the flowering tops of the plant.

Hashish (hash) is the dark brown resin that is collected from the tops of potent *Cannabis sativa*. It is much stronger than crude marihuana since it contains more THC. The effect on the user is naturally more intense, and the possibility of side effects is greater.

DOES MARIHUANA VARY IN STRENGTH?

Yes. Some marihuana may produce no effect whatsoever. A small amount of strong marihuana may produce marked effect. The THC content of the plant determines its mind-altering activity. Because THC is somewhat unstable, its content in marihuana decreases as time passes.

The plant strain that grows wild in the United States is low in THC content compared to cultivated marihuana, or the Mexican, Lebanese, Southeast Asian or Indian varieties. Plant strain, climate, soil conditions, the time of harvesting and other factors determine the potency.

IS MARIHUANA A STIMULANT OR A DEPRESSANT?

The effects of marihuana vary so widely that it can be either a stimulant or a depressant. THC is generally considered a hallucinogen with some sedative properties.

DOES MARIHUANA HAVE ANY MEDICAL USES?

Marihuana has no general medical use in the U.S. at the present time. However, researchers are attempting to determine whether THC and other components may have appetite-enhancing, anticonvulsant, antidepressant, or other capabilities which may be clinically useful.

WHAT ARE THE IMMEDIATE PHYSICAL EFFECTS OF SMOKING MARIHUANA?

Reddening of the whites of the eyes, increasing heart rate, and coughing due to the irritation effects of the smoke on the lungs are the most frequent and consistent physical effects. Hunger or sleepiness is reported by some individuals.

HOW LONG DO THE EFFECTS OF MARIHUANA LAST?

This depends upon the dose and the person. A few inhalations of strong marihuana act quickly and can affect a person for several hours. Weak marihuana may produce minimal effects for perhaps an hour. When a large amount is swallowed, the effects start later but persist longer than when the same quantity is smoked.

WHAT ARE THE LONG-TERM EFFECTS OF EXTENDED MARIHUANA USE?

The Report of the National Commission on Marihuana and Drug Abuse indicates that very heavy users show clear cut behavioral changes and that, furthermore, there is a greater incidence of physical injury the longer they use the drug.

DOES THE INDIVIDUAL'S TOLERANCE TO MARIHUANA VARY WITH REPEATED USE?

Studies in animals show that tolerance to marihuana does occur. While tolerance does not seem to develop in the occasional user, the heavy user seems able to take large amounts without the expected effects. Interestingly, there is reason to expect that some recurrent users may begin to require less marihuana in order to obtain the desired effect. This may be a matter of learning how to smoke the drug, and of learning what effects to look for.

DO HEAVY USERS SUFFER PHYSICAL WITHDRAWAL SYMPTOMS LIKE THE NARCOTIC ADDICT?

As ordinarily used in the U.S., marihuana does not lead to physical dependence; therefore it cannot be considered addicting. Furthermore, it is not a narcotic. Chronic users may become psychologically dependent upon the effects of marihuana. Thus, it is classified as habituating. The fact that a drug is not addicting does not mean that it has no potential for harm, since dependence, whether psychological or physical, is a serious matter.

Sudden cessation of use may provoke restlessness and anxiety in some persons who daily smoke large amounts, but withdrawal symptoms as seen in the heroin addict do not develop.

IS THERE ANYTHING IN MARIHUANA THAT LEADS TO THE USE OF OTHER DRUGS?

There is nothing in marihuana itself that produces a need to use other drugs. Most marihuana smokers do not progress to stronger substances, but some do. Surveys supported by the National Institute of Mental Health show that the chronic users tend to experiment with other drugs. Hashish is frequently tried, and large numbers of chronic users also try strong hallucinogens, amphetamines, and occasionally, barbiturates. Some try opium and heroin. It may be that the very act of experimenting with one mind-altering substance makes people a little less hesitant about experimenting with others.

WHAT ARE THE PSYCHOLOGICAL EFFECTS OF MARIHUANA?

The psychological effects of marihuana are quite variable. They include distortions of hearing, vision and sense of time. Thought becomes dreamlike and the belief that one is thinking better is not unusual. Performance may be hampered or unchanged. Illusions (misinterpretation of sensations) are often reported but hallucination (experiencing nonexistent sensations) and delusions (false beliefs) are rare except at very high doses. Inexperienced users may develop unfounded suspicions which may be accompanied by anxiety. In some cases the individual tends to withdraw into himself. Marihuana also appears to interfere with short-term memory.

WHAT KINDS OF EMOTIONAL AND PSYCHOLOGICAL PROBLEMS CAN RESULT FROM THE USE OF MARIHUANA?

Anxiety reactions and panic states have been noted. Accidents have occurred due to impaired judgment and time-space distortions. The user, especially if he is inexperienced, may become suspicious of people and take action that leads to injury. A toxic psychosis consisting of mental confusion, loss of contact with reality, and memory disturbances has been recorded; however, such extreme reactions are relatively uncommon.

DOES THE HEAVY USE OF MARIHUANA AFFECT THE PERSONALITY DEVELOPMENT OF THE YOUNG PERSON?

A number of researchers believe that it can. By making marihuana use a significant part of his life style, the young person may avoid normal life stresses and the problems that are an intrinsic part of growing up. He therefore can miss the opportunity to mature to his full physical and mental potential.

Recently, heavy chronic marihuana use in the United States has sometimes been associated with a type of social maladjustment called

the amotivational syndrome. This syndrome has been described as a loss of desire to work, to participate, to compete and to face challenges. As the interests and major concerns of the individual become centered around marihuana, drug use becomes of paramount interest.

HOW ARE TEENAGERS INTRODUCED TO MARIHUANA?

In general, adolescents are introduced to marihuana by others in their group. There is little evidence to confirm the belief that it is usually a pusher who introduces the nonuser to marihuana.

IS MARIHUANA LESS HARMFUL THAN ALCOHOL?

The results of intoxication by either drug can be harmful. We know that alcohol is a dangerous drug physically, psychologically and socially for millions of people. There is not enough information to estimate the adverse effects of marihuana if it were to be used on the same scale as alcohol.

IF ALCOHOL IS LEGAL, WHY NOT MARIHUANA?

Only during the past 5 years has systematic, scientific study of marihuana been underway. Whether another intoxicant of unknown long-range health consequences should be accepted into the culture is the basic question. Since it seems to be true that once a drug becomes an accepted part of the social fabric it is almost impossible to prohibit its use, many concerned citizens feel it is prudent to await the results of ongoing and planned studies before treating marihuana in the same way as alcohol.

WHAT RESEARCH IS BEING DONE ON MARIHUANA?

In current research, studies are being conducted to:

1. Ascertain the consequences of long-term use of marihuana in humans;
2. Determine the effects of marihuana on acts requiring physical and mental skills;
3. Determine in greater detail the pharmacological properties of marihuana, its toxicity, and its effects on the body and behavior of animals and humans.

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