

DOCUMENT RESUME

ED 181 346

CG 014 058

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 TITLE Drug Abuse Prevention For Your Community.
 INSTITUTION Porter, Novelli and Associates, Inc., Washington, D.C.
 SPONS AGENCY National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md.
 REPORT NO DHEW-ADM-79-586
 PUB DATE 79
 CONTRACT 271-77-4509
 NOTE 30p.
 AVAILABLE FROM Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock No. 017-024-00790-1)

EDRS PRICE MF01/PC02 Plus Postage.
 DESCRIPTORS *Community Cooperation; Community Resources; *Drug Abuse; *Drug Education; Guidance Personnel; *Health Education; Parents; *Prevention; Pupil Personnel Services; Resource Materials; *Youth; Youth Problems

ABSTRACT

Drug abuse is not confined to the young, but if a young person between the ages of 8 and 20 can be prevented from abusing drugs, chances are that he/she will never have a serious drug problem. Drug abuse prevention means helping young people develop personal strengths and values to reduce the chance that they will hurt themselves or others by misusing drugs or other chemical substances. This pamphlet can be useful for parents, teachers, students, administrators, guidance personnel and community members. Topics focus on why people abuse drugs and how to develop community drug abuse prevention programs. Facts are provided in a straightforward manner about social drugs, stimulants, depressants, sedatives, narcotics, hallucinogens and inhalants. Resource information is given for nationwide drug abuse prevention programs, with addresses and services available; also provided are names and addresses of the 50 single state drug abuse prevention agencies.
 (Author/BMW)

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National Institute on Drug Abuse

ED181346

Drug Abuse Prevention

For Your Community

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

DRUG ABUSE PREVENTION IN YOUR COMMUNITY

This pamphlet is about drugs and how to prevent their abuse. It was written for you and your community because, to some degree, drugs are a problem in nearly every community in this country. Whether we like it or not, millions of Americans use, and sometimes abuse, a wide variety of drugs every day.

This pamphlet will give you the latest information on commonly used drugs and, most important, information on what can be done in your community to stop drug abuse *before* it starts. *You* can prevent drug abuse. We'd like to show you how.

Karst G. Besteman
Acting Director
National Institute on Drug Abuse

Drug Abuse Prevention

For Your Community

National Institute on Drug Abuse
5000 Fishers Lane

Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Services

Alcohol, Drug Abuse and Mental Health Administration

This pamphlet is part of a series of seven pamphlets issued for the 1978 National Drug Abuse Prevention Campaign by the Prevention Branch, Division of Resource Development, National Institute on Drug Abuse (NIDA). The seven pamphlets in this series are:

- Drug Abuse Prevention For Your Family
- Drug Abuse Prevention For You and Your Friends
- Drug Abuse Prevention For Your Community
- Drug Abuse Prevention For Older Americans
- Drug Abuse Prevention For the Media
- Drug Abuse Prevention (general audience)
- La Prevencion del Abuso de Drogas (Spanish Language)

This pamphlet was produced under NIDA contract #ADM-271-77-4509 to Porter, Novelli and Associates, Inc., 3240 Prospect St., N.W., Washington, D.C. 20007.

DHEW Publication No. (ADM) 79-586
Formerly DHEW Publication No. (ADM) 78-586
Printed 1977 Reprinted 1978, 1979

For sale by the Superintendent of Documents, U.S. Government Printing Office,
Washington, D.C. 20402

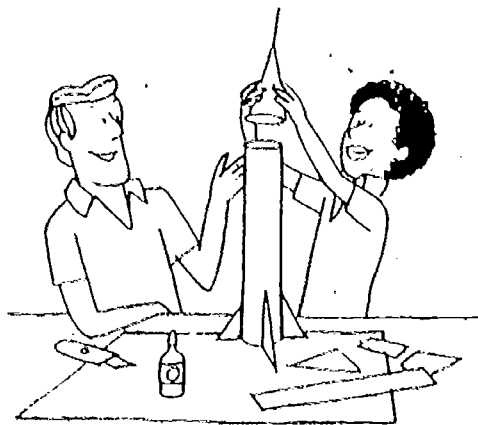
Stock Number 017-024-00790-1

Introduction

Prevention is a familiar idea—stopping a problem before it starts. It is being used widely in the health field—preventive medicine, preventive dentistry. And we've all heard of defensive driving and fire safety which are forms of prevention. Prevention is popular because it works. The old saying that an ounce of prevention is worth a pound of cure is still true, especially for drug problems. The abuse of drugs is certainly not confined to the young, but if a young person between the ages of eight and 20 can be prevented from abusing drugs, chances are that s/he will never have a serious drug problem.

Drug abuse prevention, stated simply, means helping young people to develop personal strengths and values that can reduce the chance that they will hurt themselves or others by misusing drugs or other chemical substances. For parents, prevention means raising children to become thinking, caring adults, capable of making independent decisions on their actions, with knowledge of and attention to the consequences. For persons who work with young people, prevention means giving sound advice and guidance in making the difficult choices young people face in growing up. For your communities, prevention means seeing that young people receive the kinds of attention and experiences that can help them to grow up without the need for drugs.

Prevention is a simple idea, but sometimes difficult to do well. This pamphlet will give you some idea of what community drug abuse prevention can be and help you find resources to give you and others in your community starting points for doing prevention.



The Drug Problem in Your Community

Drugs are all around us. Prescription drugs and over-the-counter medicines abound in our society and are often misused or abused. Some drugs, like coffee, tobacco, and alcohol, are socially acceptable and used by many people. Others, like marijuana and hashish, are illegal, but have been used by a growing number of the population. Finally, there are drugs both illegal and highly dangerous, such as LSD, PCP, and heroin, which—although used by a relative few—have severe effects upon the user. There are probably people in your community who have problems with one or another of these drugs. (More detailed information on drugs and their effects may be found on pages 13 to 19.)

Communities have responded to the drug problem in America in a variety of ways. Law enforcement officials try to limit the availability of drugs and to prosecute drug traffickers. Treatment workers strive to rebuild lives disrupted by drug abuse. And many communities have counseling centers, hot lines, and information programs that give information about drugs, prevention, and treatment.

It is important, however, to make the effort to reach people *before* they become involved with drugs. Resources applied to prevention can pay off by reducing the demands on other services our communities provide and by saving people from the adverse effects of drug abuse, dependence, and addiction.

Why People Abuse Drugs

The reasons people abuse drugs are as different as people are from one another. But people seem to take drugs to change the way they feel. They may want to feel better or to feel happy. They may want to escape from pain, stress, or frustration. They may want to forget or to remember, to be accepted or to be sociable. Sometimes people take drugs to escape boredom, or just to satisfy curiosity. Peer pressure to use drugs can be very strong at certain times during young people's lives.

People often feel differently about themselves when they use drugs, but the effects don't last. Drugs never solve problems, they just postpone them. In the long run, people who misuse or abuse drugs in the hope of solving one problem run the risk of getting trapped in a spiral of increasing drug use that creates new problems and makes old problems worse.

Drug Abuse Prevention—What Is It?

Prevention is a simple concept, but it requires constant work to be effective. Prevention does work. It requires a basic under-

standing and a strong commitment from you and others in your community.

From what we've said about why people abuse drugs, you can begin to see what prevention is and how to do it. Prevention is an active idea—building in a resistance to stop people from abusing drugs before they start. One of the cornerstones of prevention is giving young people the kinds of support they need to resist the temptation to experiment with or to continue using drugs.

Stated another way, prevention means helping to replace the negative feelings people may have about themselves with strong positive attitudes and values. Here are some of the things young people need as they grow up:

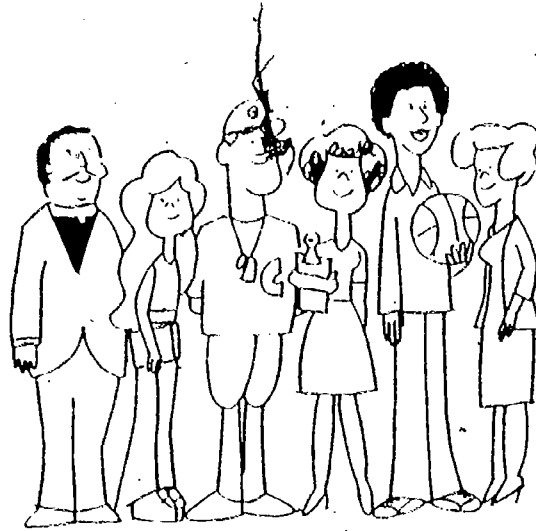
- Love, affection, and attention from adults who influence young people
- Consistent and fair discipline
- Open channels for feelings and thoughts
- Opportunities for successful and exciting experiences at home, in school, and within the community
- Tolerance for mistakes
- Models of strong and thoughtful adults
- Accurate information about the problems of growing up today: sexuality, drugs, crime, and other areas of which young people may be ignorant and fearful.

While this may sound too obvious, consider this: Many studies of serious drug abusers have shown that they failed to receive the kinds of support described above. All of us—parents, adults, friends—need to pay attention to the young people in our community, to care about and try to respond to their needs. And we need to pay attention to each other, as well.

For your community, prevention may be as easy as providing alternative outlets and interesting activities for your neighbors. It may mean improving relationships between the adults and young people in your community. Prevention means getting involved—as a parent and/or as an adult working with youth. Let's take a closer look at prevention for your community.

Community Drug Abuse Prevention

Prevention in the community is a wide range of efforts to help our neighbors, and particularly young people, develop their skills and talents. It is helping them to become confident and to have a sense of their own worth. It is helping them to make wise decisions for their own lives and for those they care about.



Organized prevention programs make use of a variety of prevention strategies. For example, training in parenting skills is an important strategy for both parents and other adults who work closely with young people. A good example of this kind of program is P.E.T. (Parent Effectiveness Training) which stresses the development of better communication and the reinforcement of positive behavior within families. In schools, new programs have been introduced that stress the development of skills which allow the young to cope with life, to solve problems when they arise, and to make decisions based on knowledge of the consequences. Sports, cultural activities, crafts, and other pastimes, both in school and sponsored by youth-serving organizations, give satisfying alternatives to the young and lessen the likelihood of or need for drug use. (See the bibliography and resources section on pages 20 to 22 for more examples.)

Whether in organized programs or on a one-to-one basis, all prevention efforts have something in common: they help people to feel good about themselves. In other words, they try to remove the reasons why people use and abuse drugs. Here are some objectives that many prevention programs have in common:

- Improving decision-making skills
- Improving communication and interpersonal relationships
- Improving health habits and health education
- Providing role models for peers and younger groups
- Providing accurate information about drugs and their reactions, balanced with an understanding of why people use drugs

- Encouraging the young to respect themselves
- Changing environments and settings that can create bad attitudes and behaviors
- Releasing the imagination, curiosity, creativity, and compassion that are natural expressions, especially to the young
- Helping people to learn to deal with anger, grief, and disappointment
- Identifying the resources of our communities—knowledge, skills, generations, heritages, and cultures—to create a strong and cohesive environment
- Changing public attitudes that equate drug abuse with sophistication or maturity, or which are unnecessarily harsh on drug users.

Some of the things described above are best provided by the family. The National Institute on Drug Abuse has prepared another pamphlet in this series describing prevention for the family.



Not all families, however, are able to give their children the close, caring attention that is effective prevention. In such cases, the role of people in your community—teachers, coaches, counselors, and others who work with young people—becomes even more important. Even when families do practice prevention at home, young people spend the better part of their lives interacting with other adults in the community, and it is vital that these people reinforce the positive process of raising young people that is the heart of prevention.

Drug Abuse Prevention Programs

There are a wide variety of drug abuse prevention efforts at work right now in communities all across the country. While no one program is likely to be ideally suited to the unique circumstances in your community, taken together these programs can give you a good idea of how other communities are addressing their drug abuse problems and how your community might begin or expand its prevention. All of the programs described below welcome your inquiries:

The Alameda County Drug Education Center
224 West Winton Avenue
Hayward, California 94544

The Alameda County Drug Education Center assists communities with planning and implementing comprehensive drug education programs. The Center staff works with individuals and groups to plan and implement drug education activities. They also:

- 1) Arrange and provide college extension classes in drug education and values clarification (helping people to understand what they want from life and how to get it)
- 1) Conduct workshops in effective communication
- 1) Provide drug education resource services, such as sample curriculum guides, drug information pamphlets, books, articles, periodicals, etc.
- 1) Provide films for public or private groups
- 1) Train parent workshop leaders.

Central City Multi-Media Center
3400 Melpomene Avenue
New Orleans, Louisiana 70215

The Central City Multi-Media Center provides prevention services aimed at young people six to 20 years old. As a prevention effort, the program offers alternative activities available to both neighborhood youth and organized groups.

The program is geared to involve the total community in the prevention process. A special project has been developed for parents' involvement, as well.

Charlotte Drug Education Center, Inc.
1416 East Morehead Street
Charlotte, North Carolina 28204

The Charlotte Drug Education Center, Inc., founded by the Junior League of Charlotte, offers programs such as Parent

Effectiveness Training Courses, Positive Parenting, a Family Group (an ongoing group to help people realize their own personhood and to reach out to others in the community), and a family referral group.

School programs include those to incorporate healthy self-concepts and good mental health, as well as Teacher Effectiveness Training. Community programs include training courses focusing on communications, relationships, values, and drug abuse for persons interested in volunteering their services to DEFC. Discussion groups, a speakers bureau, and court and employment programs make DEFC a total community effort.

Common Ground, Inc.
1090 South Adams
Birmingham, Michigan 48011

Common Ground is a community program serving greater Detroit. It acts as a resource to young people, the general public, and community organizations by providing direct service to identify and publicize community activities, educational programs, and speakers. Four main programs are offered: counseling, legal consultation, a free medical clinic, and a drug alternatives program. Common Ground was originally founded by young people and youth still take an active role in running the program.

CODAC (Community Organization for Drug Abuse Control)
760 McDowell Road
Phoenix, Arizona 85006

The services available through CODAC are clustered in six areas of community need and address individuals, families, students, teachers and school administrators, business people, industries, churches, community recreation and social organizations, the juvenile justice system, and the general public. CODAC also helps schools become more responsive to the needs of youth and promotes public awareness of the safe use of drugs.

Drew County Drug Education Program
P.O. Box 517
Monticello, Arkansas 71655

The Drew County Drug Education Program provides:
11 *Day Camp* (ages 6-12) to reach children from homes where both parents work or are out of the home regularly

- *Excursions* (grades K-12) to provide new experiences outside Monticello, a relatively isolated community
- *Free Play at Local Gyms* (junior, high-adult) which includes supervised access to ping pong, volleyball, basketball, checkers, etc., in any of the local gymnasiums.

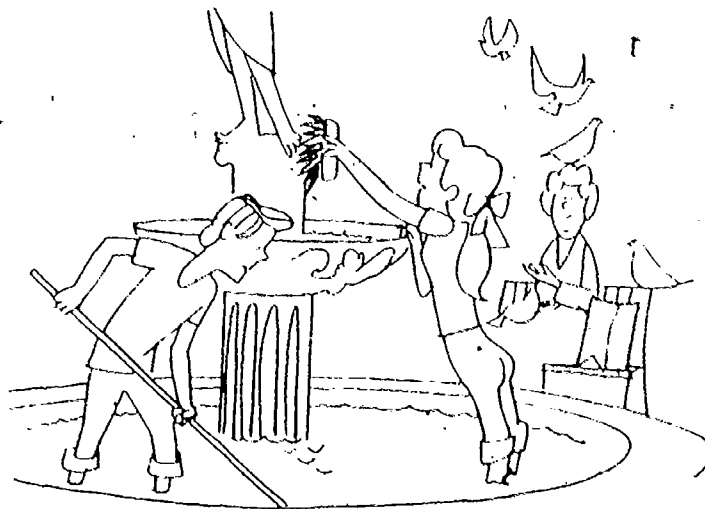
In addition to the above programs, the Drew County Drug Education Council provides educational talks and materials to civic clubs, classrooms, and individuals, on request.

Gloucester Experiment

P.O. Box 15

Gloucester, Massachusetts 01930

The Gloucester Experiment is a community partnership project. Its varied alternative programming includes career exploration, paraprofessional training, revitalization of lost crafts and trades, referrals, counseling, and restoration of local monuments. The focus is on young people between the ages of 16 and 25. Younger participants (who are moving toward paraprofessional status) accept responsibility and help direct the programs and activities.



The Gloucester Experiment is now being copied in a number of communities throughout the northeastern United States, with the support of the National Institute on Drug Abuse and the active cooperation and assistance of the Prudential Insurance Company of America. This pilot project, called *Channel One*, is designed to show local communities how to adapt the prevention strategies that make the Gloucester Experiment

effective to their own needs. It is expected that Channel One and the Gloucester Experiment will become models for nationwide prevention program development within the next few years.

Innovative Youth Services of Racine, Inc.
R.U.S.H.
826 Park Avenue
Racine, Wisconsin 53403

This community program is designed to provide preventive counseling for youth. It offers a positive climate for growth and learning in the areas of problem-solving techniques, constructive team formation, and talent appreciation. In order to meet these goals, it offers a 24-hour hotline, counseling, discussion groups, and peer group activities, referrals, and crisis prevention. The role of the staff advisor is one of support ("the young people *are* the program") and the youth are encouraged to promote their ideas on what they feel the program should be doing.

MANCO (Mexican-American Neighborhood Civic
Organization)
2811 Guadalupe
San Antonio, Texas 78201

MANCO is a prevention program designed to reinforce the values of the Spanish-speaking community. Its heavy emphasis on youth involvement in planning and operations has produced a following among both young people and their parents. Youths participate in cultural programs (arts, mural painting, theater, drama) related to their cultural heritage and community. A sports program emphasizes positive health habits and personal growth, as opposed to competition and physical exercise.

A parent-child forum is held in each neighborhood. Parents are taught organizational skills in order to develop their own consilios ("advisory councils") for grassroots action. They help other parents become aware of and resist the fear created in the barrios by drug pushers.

Other Resources

(1) *Single State Agencies for Drug Abuse Prevention (SSAs)*. Each State has a single agency for the various drug abuse prevention, treatment, and rehabilitation programs within the State. These SSAs are a good place to contact first if you want to find out about programs and services close to your home. They are listed in the back of this pamphlet.

□ *The National Clearinghouse for Drug Abuse Information*, operated by the National Institute on Drug Abuse, provides the latest information on drugs, prevention, and treatment free to anyone requesting it. Contact:

National Clearinghouse for Drug Abuse Information
Room 10A-56
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6500.

□ *The Prevention Branch of National Institute on Drug Abuse* is the focus for all prevention programs and activities within NIDA. Their address is:

Prevention Branch
Division of Resource Development
National Institute on Drug Abuse
Room 10A-30
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-2451.

□ *The PYRAMID Project* is a prevention resource network developed by the National Institute on Drug Abuse. PYRAMID provides assistance, instruction, and support for the development of drug abuse prevention efforts throughout the country. For more information about the PYRAMID Project and for referral to programs in your area, contact:

The PYRAMID Project
Pacific Institute for Research & Evaluation
39 Quail Court
Room 201
Walnut Creek, California 94596
Toll Free (800) 227-0438.

Beginning or Expanding A Drug Abuse Prevention Program in Your Community

You know your own community better than anyone from the "outside" ever will. It would be impossible in a short pamphlet to describe in detail how to initiate a drug abuse prevention effort that would be best for your community's particular needs. This section is a brief overview of ideas for you to consider before joining or initiating a prevention program in your community.

Community drug abuse prevention is a matter of bringing together people, programs, and resources. The way to start is to recognize that a number of networks already exist in your

community which can be used effectively to prevent drug abuse. These "networks" (organizations or groups of people) are based on such common bonds as friendship, employment, recreation, religions, politics, civic or social activities, or any other special interests.

You will probably find that to get a prevention effort underway, you need to draw different kinds of people from several different networks to create your own, new prevention network.

Next Steps – Ideas and Resources

To tailor your prevention program, you need to do an inventory of your community's strengths and weaknesses and the needs of its citizens, particularly the young people.

Answering these questions may help:

- (1) What brought families to your community in the first place?
- (2) What brings them there today?
- (3) Is there much interaction among families in your neighborhood? in your community?
- (4) How do people learn the local news?
- (5) Where do children go to school? Are there enough schools? Is the quality of the schools high?
- (6) Does the community support its schools?
- (7) What kinds of recreational activities dominate? How are they supported?
- (8) In what ways have people in your town or neighborhood communicated with each other in the past? What changes are taking place?
- (9) What are the major religious institutions and social organizations?
- (10) What do the school-aged people in your community want? Have they been given any opportunities to express their goals and aspirations?
- (11) Who are the leaders in everyday affairs?
- (12) What health care facilities are available in your community?
- (13) Are there youth programs developed and run by young people themselves?
- (14) Where can the average citizen go to get information on drug abuse?
- (15) What treatment facilities, clinics, or 24-hour centers does your community have?
- (16) What job training, family counseling, or social service programs are available?

- Are there any projects in your community that involve both young people and parents? young people and the elderly?



Next, you need to find out about existing drug abuse programs. Perhaps there is a prevention effort already in place that you can support or expand. You also need to find out about drug treatment and rehabilitation programs, hot line and counseling services, youth centers, and similar drug-related programs. These kinds of programs can often add a prevention component easily.

You may want to try to interest an existing organization that already works with young people in adding drug abuse prevention activities. These groups include churches, youth service organizations, social organizations, schools, and the like. In addition to organizations, you may want to concentrate your efforts on individuals, such as local government, lawyers, youth leaders, school officials, judges, police officers, and business leaders.

Because drug abuse prevention is a new concept to many people, you will probably want to make contact with the newspapers, radio, and television stations in your community to persuade them to aid you in educating the public about how prevention works and how they can become involved in your prevention program.

It is worth repeating the statement made earlier: Community drug abuse prevention is a matter of bringing together people, programs, and resources. Prevention is something which many individuals and organizations practice without being fully aware of it. It is up to you and to others in your community that you can identify and motivate to spread the

prevention message and to provide a framework for the efforts you put into drug abuse prevention. Drug abuse prevention does work. You, and others in your community, can stop drug abuse before it starts.

The National Institute on Drug Abuse has prepared a comprehensive resource book, *It Starts with People*, which describes what other communities have done to organize prevention efforts. This "how-to" book is available free by writing to:

The National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Room 10A-56
Rockville, Maryland 20587
(301) 443-6500.

SOME INFORMATION ON DRUGS AND THEIR EFFECTS

To deal with a drug problem you must have basic information on drugs and their effects. The following section contains the latest from the National Institute on Drug Abuse and answers the most often asked questions about drugs and drug abuse.

What is a Drug?

A drug is "any chemical substance that brings about physical, emotional, or mental changes in people." Alcohol, tobacco, and even caffeine (in coffee, tea, cocoa, and cola drinks) are drugs. Other less widely used drugs include THC (in marijuana and hashish), amphetamines, barbiturates, tranquilizers, narcotics, cocaine, phencyclidine (PCP), volatile chemicals (glue and other inhalants), and LSD.



What is Drug Abuse?

Drug abuse is the use of a chemical substance, legal or illegal, which causes physical, mental, emotional, or social harm to a person or to people close to him or her.

There are different kinds of drug users:

- 1) Experimental Users may try various drugs once or twice out of curiosity about their effects.
- 2) Recreational Users use drugs to "get high" with friends or at parties, to be sociable or to get into the mood of things.
- 3) Regular Users use drugs constantly to achieve or maintain a desired state, but continue to attempt normal activity (work, school, housework, etc.).
- 4) Dependent Users can't relate to anything but drug seeking and drug taking. They experience extreme mental or physical discomfort when they need drugs and will do anything to obtain them.

Are All Drugs Harmful?

All drugs can be harmful. The effect of any drug depends on a lot of things, including how much is taken and how often, the way it is taken (smoking, taking pills, etc.), whether other drugs are taken at the same time, the user's personality, and the setting (the place and the other people).

Do People Often Take More Than One Drug?

Yes. Multiple drug use is very common and very dangerous. People who use one kind of drug are more likely to use other kinds of drugs too, whether by taking various drugs one after another or at the same time. Greater risks exist when a combination of drugs or a mixture of unknown pills is taken. A good example of multiple drug use is the use of alcohol and sleeping pills together, which can lead to respiratory failure and coma or death.

How Can Parents Tell if Young People are Using Drugs?

You might try asking. Drug use is often hard to pinpoint, especially in the early stages. With good adult prevention practices, communications with young people should be open enough so that they feel comfortable in sharing their feelings about experimenting with drugs. It is usually much better to work on this relationship than for adults to spend their energies as anxious "detectives."

Of course, many of the drugs have similar effects or have different effects at different times. Dependence occurs when

people like drugs or feel they need drugs so much that they can't do without them. Only a few kinds of drugs, like narcotics, can cause *physical* dependence or addiction. But almost any drug, when used regularly or misused, can make a person feel as he cannot function as well without the drug.

Let's take a quick look at three very common drugs. These are usually the first ones young people encounter in our society.

SOCIAL DRUGS

TOBACCO

Nicotine (the active ingredient in tobacco) acts as a stimulant to the heart and nervous system. When tobacco smoke is inhaled, the heart beats faster and blood pressure rises.

Smoking is America's most widespread, costly, and physically dangerous addiction. Dependence on nicotine involves one-third of the population and over the long-term smoking can lead to such problems as lung and heart disease and cancer.

ALCOHOL

Ethyl alcohol is the active ingredient in wine, beer, and liquors. In small doses it has a calming effect, like all depressants. An occasional drink is not harmful and may in fact have some good effects. Taken in larger quantities over long periods of time, alcohol damages the liver, brain, and heart. Misuse or repeated abuse of alcohol can cause permanent brain damage and impaired memory, judgement, and learning. Alcoholism has long been recognized as a major problem in our country. The National Clearinghouse on Alcohol Information provides free information on alcohol abuse to anyone seeking it.

National Clearinghouse on Alcohol Information
Box 2345
Rockville, Maryland 20852.

MARIHUANA AND HASHISH

The smoking of marihuana and hashish has increased greatly among Americans during the last decade. There is still a great deal not known about this drug, but scientists are learning more about its effects. Marihuana ("pot," "grass," and "weed"), hashish, and hashish oil come from a plant named *Cannabis sativa*. The dried, chopped-up leaves are called marihuana. The dark brown resin from the tops of the plant is hashish. "Hash oil" is distilled from hashish.

All the parts of the *Cannabis* plant get their effects primarily

from a drug called delta-9-tetra-hydro-cannabinol, THC for short. Smoking or eating THC brings most of the "high." Although it remains an illegal drug, marijuana use generally continues to increase.

Is Marijuana Safe?

There is still much to be learned about the long-range effects of marijuana. There is good evidence, however, that marijuana can be harmful. Tests have shown that using marijuana impairs ability to drive or perform other complex tasks.

Long-term use is still being studied. Among the major areas of study are:

- Harm to the body's natural defense system.
- Possible reduction in the male hormone testosterone and in growth hormone levels
- Reduction of motivation and constructive energy.

There is reason enough to be concerned about marijuana use in all age groups, but the National Institute on Drug Abuse is especially concerned about its effect on young people. Younger persons are still developing their personalities and might be more sensitive to the long-range emotional effects of using marijuana.

THE STIMULANTS

These are the "uppers" that stimulate the nervous system. They make people more active, alert, and nervous. They usually relieve drowsiness, and disguise the effects of fatigue and exhaustion. The stronger stimulants sometimes produce a temporary "euphoria" (high mood). Using stimulants regularly makes some people irritable and overactive. People who use stimulants over a long period of time and then stop can go through a "withdrawal" and may feel depressed or get headaches or other symptoms.

CAFFEINE

Caffeine is the most popular stimulant. It is the active chemical found in coffee, tea, and cola drinks, often drunk to keep awake or stay alert. Caffeine is also the main ingredient in some pills you can buy over-the-counter in drug stores. Many people will develop symptoms of "withdrawal" when they stop using caffeine.

AMPHETAMINES

Not only illegal drugs are abused. One of America's biggest drug problems involves the misuse of pills that doctors prescribe. Some of these pills, called amphetamines (diet pills and pep pills like Dexedrine® and Benzedrine®), get into the

black market or are stolen from the family medicine cabinet.

Use of amphetamines, especially when taken without a doctor's supervision, can lead to the yo-yo effect of "speed"—high one hour and down the next. Amphetamines can make people psychologically dependent and probably cause physical and mental damage when used for a long period of time.

COCAINE

Cocaine ("coke" or "snow"), usually seen in the form of a white powder, comes from the coca bush found in some tropical climates. An illegal drug, cocaine is often smuggled into the United States from South America. Cocaine is usually sniffed through the nostrils and its stimulant effect comes on quickly.

Cocaine is not addictive, but its continued use can result in severe irritation of membranes in the nostrils, throat, and sinuses. When taken in large doses for a long period of time, cocaine causes sleeplessness, anxiety, and (sometimes) delusions.

Because of its rapid action and powerful stimulant "high," cocaine has a high potential for abuse. Because cocaine is very expensive, most users can't afford to use it in a way that would be likely to produce severe dependence. Even so, cocaine use has been growing. The National Institute on Drug Abuse estimates that eight million Americans have tried it at least once and that one million Americans are current users.

THE DEPRESSANTS

These are the "downers." They depress the central nervous system, make people sleepy, and are dangerous when used in large quantities. There are many drugs in this category, including sedatives (tranquilizers like Valium[®], Librium[®], Butisol[®], and Miltown[®]) and hypnotics (sleeping pills like Nembutal[®], Seconal[®], Amytal[®], and Dalmane[®]).

BARBITURATES

Barbiturates (Amytal[®], Butisol[®], Nembutol[®], and Seconal[®]) are pills prescribed by doctors for a few medical conditions. But they are one of our biggest drug abuse problems. Twice as many people die from overdoses of barbiturates as from overdoses of heroin. Barbiturates (sometimes called "barbs," "downs," or "reds") can cause mental confusion, dizziness, and loss of memory. People sometimes get so confused from barbiturates that they forget how many pills they've taken. Often this confusion results in overdose.

Barbiturates are very addictive. In fact, people dependent on barbs have to be very careful coming off them. Sudden

withdrawal can cause a medical emergency — fear, restlessness, convulsions, even death. To stop taking barbiturates after using them heavily, see a physician first.

Barbiturates and alcohol make each other more powerful when taken together. Mixing even a few sleeping pills with alcohol can easily lead to an overdose and is a frequent cause of accidental death. Never let anyone take any barbiturates, sedatives, or other downers if they've been drinking.

OTHER SEDATIVES

People can buy other kinds of depressants over-the-counter or with a doctor's prescription at their pharmacies that can be taken to help them sleep or to relieve tension.

Minor tranquilizers (like Valium[®] and Librium[®]) are the most prescribed drugs in the world — especially for adult women and older men who complain of anxiety or depression. They are not as dangerous as barbiturates, but all the general cautions about downers still hold. Tranquilizing drugs can create the feeling of needing the drug. Many patients take them too casually, too often, and too much. Young people show little caution when they take tranquilizers to get high. If you have a doctor's prescription for such drugs, use them carefully and only as prescribed. Be sure your children understand that these pills are medicines and store them out of the reach of young hands.

THE NARCOTICS

Narcotics act much like barbiturates. They are derived from opium or are made synthetically, and they are all very addictive. Mainly used medically as pain killers, the narcotics depress the central nervous system and eventually make people physically and mentally dependent. Codeine and Demerol[®] are common narcotics. The "opiates," a more powerful class of narcotics derived directly from the opium poppy, include opium, morphine, and heroin. Heroin, usually injected, creates a temporary high and is always addictive if used daily. Although the medical effects may be no more severe than those of the barbiturates, the great need for heroin often leads to personal desperation and crime in order to gain money to buy this expensive, illegal drug.

THE MIND-CHANGERS

Recently, much public attention has been given to a class of illegal drugs called the hallucinogens. They act differently in the body than stimulants and depressants. They change the way we see and hear the world around us. They produce hallucinations and delusions.

LSD

Probably the best known mind-changer is LSD ("acid"). It is one of the most powerful chemicals known; an amount almost too small to see with the naked eye is enough to cause disorientation for up to 12 hours. Continued use of LSD can result in serious personality breakdown, although LSD does not create physical dependence.

PCP

One serious drug of abuse, phencyclidine, is a tranquilizer for animals. Called PCP ("hog" or "angel dust"), its effects can include a feeling of numbness in arms and legs and hallucinations. Sprinkled on tobacco or marijuana cigarettes or taken in capsules, PCP can create temporary psychosis much like acute schizophrenia. It often leads to paranoia and has been linked with serious violence.

OTHER HALLUCINOGENS

Mescaline is the active ingredient in the peyote cactus. Psilocybin is the psychedelic drug in the so-called "magic mushroom" found in Mexico. Both of these drugs can cause hallucinations — fantasies of the mind. Both can be made in the laboratory but rarely show up in the black market in pure form.

The black market laboratories continue to produce new kinds of synthetic hallucinogens. "STP" is one such drug, which has been found to be very dangerous. "MDA" is another; this one seems to also act like a stimulant.

GLUE AND OTHER INHALANTS

Young children often try to sniff glue or inhale other volatile chemicals — deodorant or hair spray, or even gasoline fumes — to get high. These materials are poisonous and very dangerous. Much of their intoxicating effect comes from cutting off oxygen to the brain or affecting the lungs. Overdoses of these chemicals lead to kidney and brain damage, and death.

Conclusion

Drug abuse is a problem which can be prevented. Prevention is not an easy task, but it is basically a simple one. You and others in your community are probably already practicing drug abuse prevention. We hope this pamphlet has given you a better idea of what prevention is and how you, as an individual, and your community can practice it even more effectively. Finally, prevention rests with you. You can be the motivating force behind your community's efforts to prevent drug abuse. *You can stop drug abuse before it starts.*

RESOURCE ORGANIZATIONS

Alcohol, Mental Health, and Drug Abuse Information

National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
5600 Fishers Lane, Room 10A-56
Rockville, Maryland 20857

National Clearinghouse for Alcohol Information
National Institute for Alcohol Abuse and Alcoholism
9119 Gaither Road
Gaithersburg, Maryland 20760

National Clearinghouse for Mental Health Information
National Institute of Mental Health
Rockwall Building
5600 Fishers Lane, Room 11A-33
Rockville, Maryland 20857

Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane, Room 6C-15
Rockville, Maryland 20857

Drug Abuse Council
1828 L Street, N.W.
Washington, D.C. 20036
(research publications)

National Clearinghouse on Smoking and Health
Center for Disease Control
Building 14
1600 Clifton Road
Atlanta, Georgia 30333

National Coordinating Council on Drug Education
1601 Connecticut Avenue, N.W.
Washington, D.C. 20036

U.S. Department of Health, Education & Welfare
Office of Education
Alcohol and Drug Education Program
400 Maryland Avenue, S.W.
Washington, D.C. 20202

Community Development Information

Funding Sources Clearinghouse
Research Office
2600 Bancroft Way
Berkeley, California 94704

Independent Community Consultants, Inc.
Design and Planning Assistance Center
120 Yale, S.E.
Albuquerque, New Mexico 87106

Institute on Pluralism and Group Identity
165 East 56th Street
New York, New York 10022
(cross cultural communications information)

National Center for Voluntary Action
1785 Massachusetts, N.W.
Washington, D.C. 20036

Prevention Program Information

Prevention Branch
Division of Resource Development
National Institute on Drug Abuse
Room 10A-30
5600 Fishers Lane
Rockville, Maryland 20857

National Association of State Alcohol and Drug Abuse Directors
4211 Connecticut Avenue, N.W., Suite 212
Washington, D.C. 20036
(State drug abuse program information)

PYRAMID
39 Quail Court, Suite 201
Walnut Creek, California 94596
(drug abuse program assistance)

The United States Jaycees
Box 7
Tulsa, Oklahoma 74102
(substance abuse information)

Optimists International
4494 Lindell Boulevard
St. Louis, Missouri 63108

Prevention Training Information

National Drug Abuse Center for Training and Resource Development
656 Quince Orchard Road
Gaithersburg, Maryland 20760

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* — . *A Study of Legal Drug Use by Older Americans*. Service Research Report. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1977.

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* — . *Primary Prevention in Drug Abuse: An Annotated Guide to the Literature*. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1977.

* — . *The Rap Kit - Resources for Alternative Pursuits: Group Development Materials for Community Action Against Drug Abuse*. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1975.

* — . *Questions and Answers About Drug Abuse*. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1975.

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*Single copies available free from the National Clearinghouse for Drug Abuse Information, P.O. Box 1635, Rockville, Md. 20850.

SINGLE STATE AGENCIES

ALABAMA

Drug Abuse Program Section
Division of Alcoholism and Drug Abuse
Department of Mental Health
145 Molton Street
Montgomery, Alabama 36104

ALASKA

Office of Drug Abuse
Dept. of Health & Social Services
Pouch H-011D
Juneau, Alaska 99801

ARIZONA

Drug Abuse Programs
Division of Behavioral Health Services
Department of Health Services
2500 East Van Buren
Phoenix, Arizona 85008

ARKANSAS

Office of Drug and Alcohol Abuse Prevention
Dept. of Social & Rehab. Services
1515 Building
1515 West 7th
Little Rock, Arkansas 72203

CALIFORNIA

California Department of Health
Substance Abuse Division
Room 1592, 741 P Street
Sacramento, California 95814

COLORADO

Alcohol & Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, Colorado 80220

CONNECTICUT

Connecticut Alcohol and Drug Council
Department of Mental Health
90 Washington Street
Hartford, Connecticut 06115

DELAWARE

Bureau of Substance Abuse
Governor Bacon Health Center
Cottage #8
Delaware City, Delaware 19706

FLORIDA

Bureau of Drug Abuse Prevention
Division of Mental Health
Dept. of Health & Rehab. Services
123 Winewood Blvd.
Tallahassee, Florida 32301

GEORGIA

Alcohol and Drug Abuse Section
Div. of Mental Health & Retardation
Department of Human Resources
618 Ponce De Leon Avenue N.E.
Atlanta, Georgia 30308

HAWAII

Alcohol and Drug Abuse Branch
Department of Health
1270 Queen Emma Street, Room 404
Honolulu, Hawaii 96813

IDAHO

Bureau of Substance Abuse
Division of Community Rehabilitation
Department of Health and Welfare
113 Building, Room 327
Boise, Idaho 83720

ILLINOIS

Dangerous Drugs Commission
300 North State Street, 15th Floor
Chicago, Illinois 60610

INDIANA

Division of Addiction Services
Department of Mental Health
5 Indiana Square
Indianapolis, Indiana 46204

IOWA

Iowa Drug Abuse Authority
615 East 14th Street
Des Moines, Iowa 50319

KANSAS

Drug Abuse Unit
Dept. of Social and Rehab. Services
Biddle Bldg.
2700 W. 6th Street
Topeka, Kansas 66608

KENTUCKY

Alcohol and Drug Abuse Branch
Division for Prevention Services
Bureau of Health Services
Department of Human Resources
275 East Main Street
Frankfort, Kentucky 40601

LOUISIANA

Bureau of Substance Abuse
Division of Hospitals
Louisiana Health and Human
Resource Administration
Weber Building, 7th Floor
Baton Rouge, Louisiana 70801

MAINE

Office of Alcoholism and Drug
Abuse Prevention
Bureau of Rehabilitation
32 Winthrop Street
Augusta, Maine 04330

MARYLAND

Drug Abuse Administration
Dept. of Health & Mental Hygiene
Herbert O'Connor Office Building
201 W. Preston Street
Baltimore, Maryland 21201

MASSACHUSETTS

Division of Drug Rehabilitation
Department of Mental Health
190 Portland Street
Boston, Massachusetts 02114

MICHIGAN

Office of Substance Abuse Services
3500 North Logan Street
P.O. Box 30035
Lansing, Michigan 48909

MINNESOTA

Drug and Alcohol Authority
Chemical Dependency Division
Dept. of Public Welfare
402 Metro Square Building
St. Paul, Minnesota 55101

MISSISSIPPI

Division of Drug Misuse
Department of Mental Health
1001 Lee State Office Building
Jackson, Mississippi 39201

MISSOURI

Division of Alcoholism & Drug Abuse
Department of Mental Health
2002 Missouri Blvd.
Jefferson City, Missouri 65101

MONTANA

Addictive Diseases Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

NEBRASKA

Nebraska Commission on Drugs
P.O. Box 94726
State Capitol Building
Lincoln, Nebraska 68509

NEVADA

Bureau of Alcohol & Drug Abuse
Rehabilitation Division
Department of Human Resources
505 East King Street
Carson City, Nevada 89710

NEW HAMPSHIRE

Office of Drug Abuse Prevention
3 Capital Street, Room 405
Concord, New Hampshire 03301

NEW JERSEY

Division of Narcotic and Drug Abuse Control
Department of Health
541 East State Street
Trenton, New Jersey 08609

NEW MEXICO

Drug Abuse Agency
Department of Hospitals & Institutions
113 Washington
Santa Fe, New Mexico 87501

NEW YORK

Office of Drug Abuse Services
Executive Park South
Albany, New York 12203

NORTH CAROLINA

North Carolina Drug Commission
Box 19324
Raleigh, North Carolina 27609

NORTH DAKOTA

Division of Alcoholism and Drug Abuse
Department of Health
909 Basin Avenue
Bismarck, North Dakota 58505

OHIO

Ohio Bureau of Drug Abuse
Division of Mental Health
Department of Mental Health and
Mental Retardation
2929 Kenny Road, Room B207
Columbus, Ohio 43221

OKLAHOMA

Division of Drug Abuse Services
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City, Oklahoma 73105

OREGON

Programs for Alcohol and Drug Problems
Mental Health Division
Department of Human Resources
2575 Bittern Street, N.E.
Salem, Oregon 97310

PENNSYLVANIA

Governor's Council on Drug and Alcohol Abuse
Riverside Office Center
Building #1, Suite N
2101 North Front Street
Harrisburg, Pennsylvania 17110

RHODE ISLAND

Rhode Island Drug Abuse Program
Department of Mental Health and
Retardation and Hospitals
303 General Hospital
Rhode Island Medical Center
Cranston, Rhode Island 02920

SOUTH CAROLINA

South Carolina Commission on Alcohol
and Drug Abuse
3700 Forest Drive
P.O. Box 4616
Columbia, South Carolina 29240

SOUTH DAKOTA

Division of Drugs and Substance Control
Department of Health
Joe Foss Building
Pierre, South Dakota 57501

TENNESSEE

Alcohol and Drug Abuse Section
Department of Mental Health
501 Union Street, 4th Floor
Nashville, Tennessee 37219

TEXAS

Drug Abuse Division
Department of Community Affairs
Box 13166, Capitol Station
Austin, Texas 78711

UTAH

Division of Alcoholism and Drugs
554 South 300 East
Salt Lake City, Utah 84111

VERMONT

Alcohol and Drug Abuse Division
Department of Social & Rehab. Services
State Office Building
Montpelier, Vermont 05602

VIRGINIA

Department of Mental Health/
Mental Retardation
Division of Substance Abuse Control
Commonwealth of Virginia
P.O. Box 1797
Richmond, Virginia 23214

WASHINGTON

Office of Drug Abuse Prevention
Community Services Division
DSHS, OB-43F
Olympia, Washington 98504

WEST VIRGINIA

Division of Alcoholism and Drug Abuse
Department of Mental Health
1500 Washington Street, East
Charleston, West Virginia 25305

WISCONSIN

Bureau of Alcohol & Other Drug Abuse
Division of Mental Hygiene
Department of Health and Social Services
One West Wilson Street, Room 523
Madison, Wisconsin 53702

WYOMING

Drug Abuse Programs
State Office Building West
Cheyenne, Wyoming 82001

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