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AUTHOR Ola, Per; d'Aulaire, Emily  
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ABSTRACT

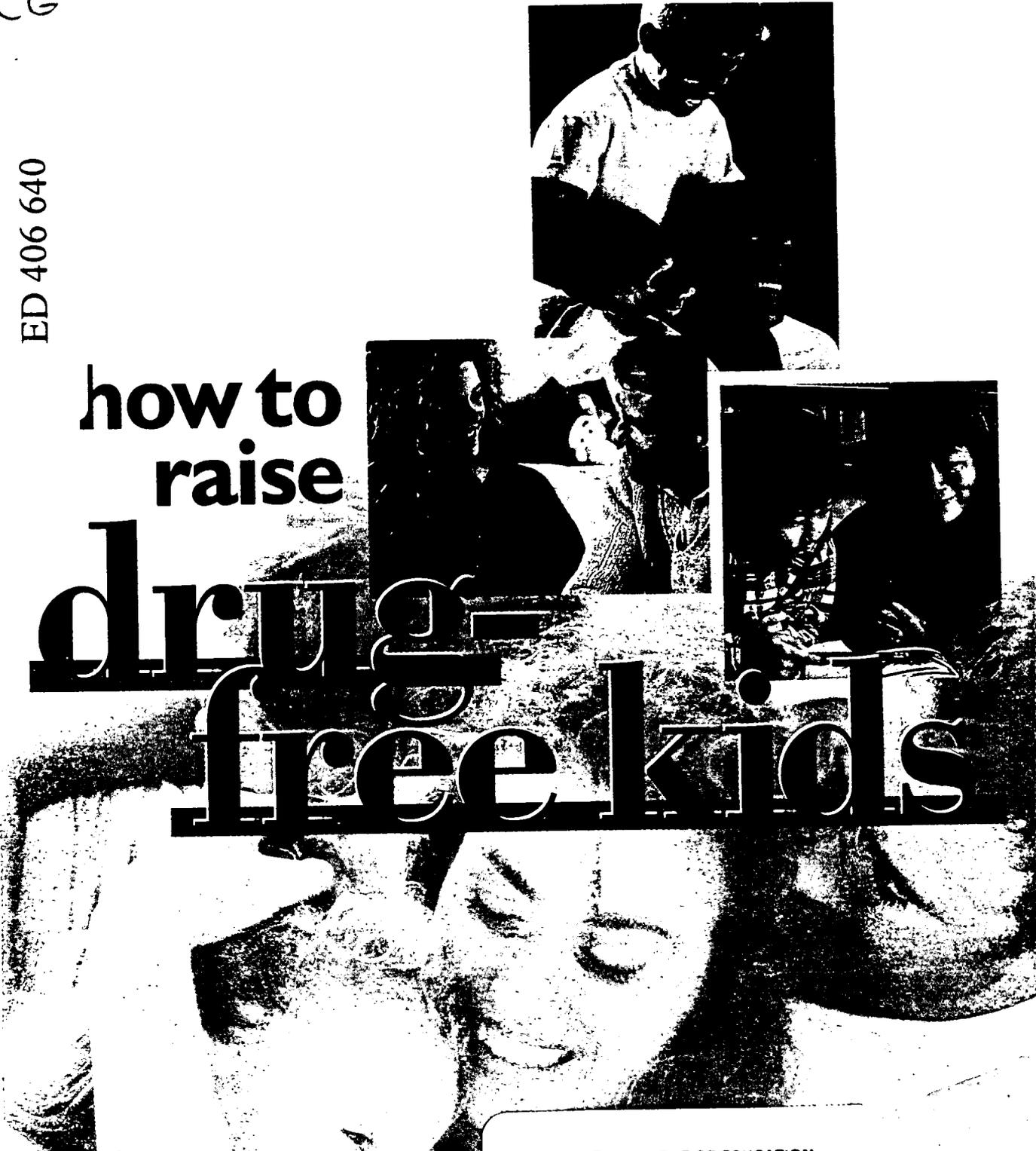
This year at least 2.4 million young Americans will use drugs. Ways in which parents and educators can prevent drug use in youth are presented here. Emphasis is placed on good beginnings. It is recommended that preschool children be taught rules for behavior, and that parents continually remind their children of the potential harm of drug use. In the first few years of elementary school, children learn mainly by experience, so setting good examples is vitally important for this age group. Children should be taught how to make good choices, how to detect danger, and how to escape bad situations. Middle school offers a particularly risky time for drug use due to increased rebelliousness and a desire to experiment. Some of the suggestions for parents of children in this age group include setting limits, giving accurate advice, getting to know the child's friends, monitoring the child's whereabouts, and staying involved in the child's activities. High school students present a special challenge because of increasing freedom and heightened peer pressure. Parents and teachers are advised to be specific about rules, to be consistent, to be reasonable, and to keep listening. Resources for getting help and a glossary of terms are provided. (RJM)

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Dear Reader:

Here is your copy of "How to Raise Drug-Free Kids." Today's generation of young people does not fully understand what addiction can do to the brain and the body, and how it destroys their lives. As parents and caregivers, we must be the ones who teach them—early and often. And it all begins with dialogue in the home.

We hope that the enclosed information, based on what has been learned over the years about the most effective ways to prevent drug use among the young as well as the experiences of real families, is of help to you. It was created through the collaboration of our four organizations and grew from our conviction that we can all help young people lead healthy, drug-free lives.

You have our best wishes.



Hon. Richard W. Riley, Secretary  
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**T**HIS YEAR at least 2.4 million young Americans will use drugs. In a recent survey by University of Michigan research scientists, more than half of high-school seniors admitted to using illicit substances at some point in their lives; the proportion of eighth-graders using illicit drugs has almost doubled since 1991. Gen. Barry R. McCaffrey, director of the Office of National Drug Control Policy, calls the findings nothing short of a “disaster.”

Says Lloyd D. Johnston, who led the study, “Kids know less today about the risks of using illicit substances than they did a decade ago.” The reason: schools, the media and parents have let their guards down. Many came to believe the drug epidemic that peaked in the late '70s was over and drug use was no longer an important threat.

Fortunately for the many parents seeking help, much is known about preventing drug abuse. You can learn what various drugs look like, how they're used, the effects they have on the brain and body—and what the giveaway signs are that your child might be in danger.

What follows is the latest and best information on what you can do to help your child stay drug-free.

## ***a good beginning***

**W**HEN Lauri and Ted Allenbach of Redding, Conn., were married in 1975, they talked about how their kids should be raised. Ted, then 33, had grown up before the drug culture of the '60s. But Lauri, 25, had seen drugs all around her in high school. One girl, high on marijuana, was involved in a near-fatal auto accident. Another got

pregnant while stoned on pot. A single evening of “experimentation” would alter her life forever. Together, Ted and Lauri made a commitment to do whatever it took to raise their children to be drug-free.

**Early Steps.** A parent's actions even before birth are critical to helping a child stay off drugs in

later years. Drugs, including nicotine and alcohol, can damage a fetus as early as three weeks after conception—even before the mother realizes she's pregnant. And some research suggests that babies born to addicted mothers may be at higher risk to addiction later in their lives.

When Dawn, a 26-year-old California woman, conceived in 1994, she was using heroin and amphetamines. Her tiny, helpless newborn was immediately admitted to the intensive-care unit. He screamed incessantly, unable to sleep as he endured the appalling effects of

heroin withdrawal. He recovered, but at 17 months he was still well below normal weight and more susceptible to illness than other children his age.

Dawn's advice to prospective parents: "Don't use any kind of drugs when you're pregnant."

**Essential Element.** From the moment they are born, all babies need love. Experts agree that early loving attention is one of the most important ingredients in a child's developing lifelong self-worth—and that lack of self-worth is a major reason for drug use.

"When cries and babbles and smiles are responded to with warmth and consistency, babies learn to trust in others—and in their own ability to influence the world around them," explains Martha Farrell Erickson of the Children, Youth and Family Consortium at the University of Minnesota.

Erickson and her colleagues studied the effect of early parent-infant attachment on the long-term well-being of children.

**First Lessons.** Long before your children are ready for school, begin teaching them rules for behavior: honesty, fairness, respect for others and for

the law. And be an example: live by those values yourself.

As soon as they're old enough to understand, instruct your children that some things you put in your body can change it in a bad way. Make sure they know that many products found around the house, including cleaners, aerosols and medicines, can be poisonous.

As an adult, Ted Allenbach learned he had diabetes. As part of his treatment, he took several prescription medications. He explained to his children—Danna, born in 1978, and Mark, born in 1981—that though the pills were good for him, they could be bad for them. Drill it into your child: "Don't ever swallow anything new without talking to me first."

realizing it. What they see, however, is very real to them. Though teachers often achieve herolike status, it's what children encounter at home that counts the most.

"With young children, what's important is not what parents say but what they do," says Ruth-Ann Flynn, a grade-school teacher from Ridgefield, Conn. "If children see their parents drinking and smoking, they're more likely to follow that example. We can't tell them their parents are wrong. We can only explain the facts and hope they make the right decisions for themselves."

Most experts agree that it is okay if your kids see you having an occasional drink. But if they see you using alcohol as a regular coping mechanism, it is not. Moreover,

don't let your children be involved in your drinking by hav-

ing them make a cocktail for you or by bringing you a beer.

**Good Choices.** It's important to keep your children involved in

## ***elementary school***

**C**HILDREN five to nine years old still learn mainly by experience. They can slide from fact to fantasy and back again without even

family activities. They should regularly join the family for dinner and be part of family vacations and other activities.

Now is when to begin teaching your children to make decisions on their own, and to impart “don’t be a follower” lessons.

Says Ruth-Ann Flynn: “I try to make children understand that just because someone tells them to do something, that doesn’t mean it’s the right thing to do. If they’re in doubt, they should be taught to ask someone they trust.”

By the late elementary-school years many children know of classmates who have begun to smoke, drink or use drugs. Grades four to six are when choices begin to be considered.

**Sniffing Danger.** Now is also

when kids begin to encounter inhalants: pressurized aerosol products such as paints and cooking sprays, model glue, even gasoline-soaked rags. Children as young as six years old are using inhalants, and it is an under-recognized abuse. Kids inhale these volatile substances in order to experience a high. Sniffing may appeal to kids because it is convenient and cheap. The fact that the momentary “buzz” can cause permanent brain damage, even death, doesn’t occur to these youngsters.

One of the most important lessons parents can teach their children at this age is how to say no. Lauri Allenbach advised her kids to give reasons, such as: “I signed an agreement with my coach that I won’t smoke or drink.” If all else fails, she told Danna and Mark to make her the villain: “No way. My mom would kill me.”

**Escape Routes.** Help kids stay away from places where they may be pressured to use illegal drugs. If there's a party, they should be taught to ask, "Who else is coming?" and "Will your parents be home?" As a last resort, tell your kids if they sense trouble brewing, just get out. Says Viola Nears, a mother of a youngster at an inner-city school, "I tell him if he smells pot in the bathroom at school, leave. Go to another bathroom fast."

Teach your children to be aware of how drugs and alcohol are promoted. Kids nearing their teens are increasingly tuned in to TV, movies and music that bombard them with images of drug and alcohol use. One popular daily comic strip recently featured a sassy-talking marijuana plant.

Donna Bell, a Wichita, Kan., coordinator for the Koch Crime Commission and mother of two drug-free children, kept tabs on what they were watching and listening to. "Just telling me they were going to the movies wasn't enough. My husband and I would ask what movie and check it out. It's work, but you've got to do it."

She also recognized and took advantage of "teaching moments." As she says, "If we were watching Saturday TV together and saw an

anti-drug commercial, I'd use that as a jumping-off point. You can't start talking to your kids too soon—and as long as you're not badgering or threatening them, and you keep your message brief and unpreaching, you can't do it too often."

Advises the Partnership for a Drug-Free America, a national coalition:

- **Just Try.** Don't worry how you start the discussion about drugs with your kids. Just talk. As long as you're trying, they'll get the message that you care about them and their problems, and that you're there when they need you. To a kid, silence can mean acceptance.

- **Don't Get Discouraged.** It may seem as if your kids aren't listening, but don't give up. If you ignore the subject, your kids will hear it only from others—including those who use drugs and those who sell them.

- **Start Anywhere.** Simple non-threatening questions can get the conversation going. "Have you heard about kids using drugs?" "Why do you think they do it?" "How do kids at school deal with peer pressure to use drugs?" "What do you think works best?"

Don't put your kid on the spot by asking if he or she has tried drugs. But be sure to make one thing crystal clear: you feel strongly that drugs are dangerous, and you do not want your child to use them.

## ***middle-school mania***

**T**HIS IS probably the most vulnerable period in a child's life, a time when peer pressure hits with a vengeance. Kids begin pulling away from parents in search of their own identities. Their hair gets longer or maybe disappears. Their clothes are bizarre, their music funky. Hormones bubbling, kids this

age are willing to try just about anything that makes them look cool.

**Expect Rebellion.** A certain amount of such outrageous behavior is a normal part of growing up—kids seeking their own identity. Parents should expect and accept it.

“This is a vital time for parents to keep all lines

of communication open,” stresses Caitlin Sims, science teacher and head of the after-school drug program at Usher Middle School in Atlanta. “Too often parents relax their guard, thinking the kids are on their own now. But rushing them into freedom is a recipe for disaster.”

Sims advises parents to think of the first year of middle school as a new kindergarten. "They're starting over, suddenly thrown in with older, more sophisticated students," she explains. "Keep on top of things even if it means checking their book bags. Ask to see their homework. Let them earn their new middle-school responsibility."

**Facts, Not Fear.** Sims and other educators believe that if kids this age are going to withstand peer pressure and resist the temptations around them, they need to be armed with information—not scare tactics.

"Many messages kids hear are designed to frighten them," notes Lauri Allenbach. "If you drink, you'll become an alcoholic; anyone who does drugs is bad.' Then, guess what? They see a friend smoking a little pot at parties, and she's still getting A's. They see a basketball player take a drink, and he's still playing well. The contradiction makes them question the whole message."

One teen reported coming home after having smoked some pot at a party. "My parents were like, 'You're going to be a drug addict and die.' They didn't have a clue about drugs." Without intending to do so, his parents had closed the door to further discussion.

"We were naïve," the parents concede. "We never talked about drugs with our children. We made assumptions that they were good kids and would do the right thing. We weren't paying enough attention."

Says Alan Leshner, director of the National Institute on Drug Abuse (NIDA): "Most kids today know more about drugs than their parents. That's why parents need to do their own research and speak accurately about what drugs do." Adds Olive O'Donnell, education director of the National Family Partnership, a substance-abuse prevention group in St. Louis: "The truth of substance abuse is bad enough. There's no need to stretch it."

Parents should know the different types of drugs their children might be exposed to and the dangers associated with each; be able to identify paraphernalia used with each drug; know the street names of drugs and what drugs look like; know the signs of alcohol and other drug use; and be alert for changes in their child's behavior or appearance. (See "What to Look For" on page 13.)

**Keep Advice in the Here and Now.** At middle-school age, talking about long-term health threats doesn't have much effect. Kids are concerned with looking good to their peers. Point out to children that cigarette smoking causes bad breath and could give them yellow fingers, or that if they drink, they might become ill and throw up in front of their friends.

**Setting Limits.** Many young people use drugs simply because their friends do. To reinforce a child's ability to resist, the U.S. Department of Education offers the following advice:

- **Get to Know Your Child's Friends and Their Parents.** Work with them to plan chaperoned, drug-free social events and to develop a set of rules about curfews. Make sure the parties your child attends are alcohol- and drug-free.

- **Monitor Your Child's Whereabouts.** If your child is at a "friend's house," know the friend and who the parents are. If your child is at

the movies, be sure you know what film he or she is seeing and at which theater. If there's a last-minute change of plans, have your child check with you first.

Steering children toward the right crowd is not always easy. Declaring a friend "off limits" may only make that person more appealing. Suggests Wichita's Donna Bell: "I always made sure I knew who my daughters' friends were and made an effort to talk to the parents. I advised my girls to choose their friends wisely. 'You lie down with the dogs,' I'd say, 'you're going to get up with fleas.' They'd laugh—but they knew exactly what I meant."

**Keeping Busy.** Research has shown that when teens are unsupervised and have little to do, they are more likely to experiment with drinking and drugs. Keep children involved and busy.

When Atlanta's Caitlin Sims first began teaching, her principal gave a friendly

warning: "If you don't give them something to do, they'll give you something to do."

As Sims recalls, "It was good advice for me, but in truth it's good advice for the parents of any middle-school child." Extracurricular activities and chores at home not only keep kids busy but also add to their sense of responsibility.

When asked about her involvement with drugs and alcohol, one New Jersey teen-ager who had been an avid equestrian realized

that it all began when she sold her horse and stopped riding. Her brother, who had serious drinking problems by the time he was in high school, traced his problems to the ending of his involvement in sports.

**Staying Involved.** “Twenty years of scientific research have shown that direct parental involvement in the life of the child is the most protective factor in increasing the odds that a kid will remain drug-free,” says NIDA’s Alan Leshner.

“Open house at school, Cub Scout meetings, ballet recitals—if you don’t do that stuff and suddenly say no to a request with ‘just trust me on this,’ it won’t work,” says Ted Allenbach. “You earn the right to give your children structure and rules by being involved with their lives.”

Lithangia Murray, an Atlanta mother of two, also puts involvement at the top of her list of ways to raise a drug-free child. “Parents aren’t a key—they’re *the* key,” she says. “You have to be a part of your children’s lives and be aware of any changes in their behavior. You can’t be complacent.” It isn’t always easy. In fact, it takes personal sacrifice—and time. “Sometimes only ten parents show up

for PTA meetings at our school,” Murray says. “I may be tired from a day of work, but I make sure I’m one of them.”

Education Secretary Richard W. Riley urges parents to visit their child’s school and ask questions. The U.S. Department of Education gives 95 percent of all school districts funding for drug- and violence-prevention programs. Talk to teachers and administrators. Find out what you can do to strengthen or improve the programs.

## high-school tests

**P**EEER PRESSURE still holds sway. Being accepted as one of the crowd is a top priority. And though susceptibility to influence may be less than it was during the middle-school years, exposure to drugs and alcohol is even greater—especially once a teen gets a driver’s license.

Kids this age need to be reminded that as bad as drugs and alcohol are for their bodies, what those substances can make them do can be equally dangerous. When kids get high and get behind the wheel, they’re more likely to get into an accident that causes death or injury.

Joseph A. Califano, Jr., former Secretary of Health, Education and Welfare and now president of The National Center on Addiction and Substance Abuse at Columbia University in New York City, warns, "Smoking marijuana is like playing Russian roulette. Some kids are going to get hit with the bullet in the chamber and have their lives permanently affected."

Remind your children, too, that drugs could ruin their chances of getting into college, being accepted by the military or being hired for certain jobs.

A hot question among baby-boomer parents today is: "What can I say to my kids if I smoked pot when I was younger?" If confronted by your children, be open and honest. Author Peggy Noonan, who experimented with pot in college, offers this advice to other parents: "You did it, and it was wrong—be an adult and say so. It's one thing to be ambivalent about your own choices. It's another to be ambivalent about your child's."

To every parent the U.S. Department of Education offers these words of advice: "Setting rules for a child is only half the job. Parents must be prepared to enforce the penalties when the rules are broken." Experts recommend:

- **Be Specific.** Make sure your child knows what the rules are, the reasons for them and what the consequences will be if they're broken. When Mark and Danna Allenbach neared driving age, their father told them, "I don't want you drinking anytime. And if either of you drink and drive, you can say good-bye to anything to do with our cars. There will be no second chances on this one. Once, and it's over. You're too important to lose."

- **Be Consistent.** Make it clear that the "no drugs or alcohol" rule applies not only at home but wherever the child is. "Just saying no" can be as hard for parents as it is for a kid. Sometimes caving in to a persistent request is the path of least resistance. But if the answer to a request should be no, stick to it.

- **Be Reasonable.** Don't add new consequences after a rule is broken, and make sure the punishment is appropriate to the situation. "Consequences are most effective when they fit the infraction," says Olive O'Donnell of the National Family Partnership. "Grounding may be appropriate for a broken curfew, but it's meaningless when applied to something such as not making the bed."

## what to look for

NO SINGLE FACTOR determines who will use drugs, but here are some warning signs that a teen may be using:

**Drop in academic performance.**

**Lack of interest in grooming.  Withdrawal, isolation, depression, fatigue.**

**Aggressive, rebellious behavior.  Excessive influence by peers.  Hostility and lack of cooperativeness.**

**Deteriorating relationships with family.  Change in friends.**

**Loss of interest in hobbies and sports.  Change in eating or sleeping habits.  Evidence of drugs and paraphernalia: pipes, rolling papers, medicine bottles, eye drops, butane lighters.**

**Physical changes: red eyes, runny nose not due to a cold, coughing, wheezing, bags under eyes, frequent sore throats, bruises from falls. (These and other suspicious symptoms of alcohol or drug use may also have other causes. If in doubt, see your family doctor.)**

Don't confront a child who seems under the influence. Wait until the effects of the substance wear off, then discuss your suspicions calmly. Impose whatever reasonable discipline you feel is appropriate for violating the rules. Be firm. Don't relent because the child promises not to do it again.

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**Keep Listening.** According to the Partnership for a Drug-Free America, it's important that parents "don't do all the talking." If you listen carefully to your children and read between the lines, you can learn a lot about what they think about drugs—and help them avoid the pitfalls.

Listening, however, isn't as easy as it sounds because kids at this age aren't always in the talk mode when parents feel like listening. "You have to be ready to drop whatever you're doing and listen when your kids are ready to talk, because it doesn't happen very often," says Lauri Allenbach. "You can't say, 'We

don't have the time to talk about that right now,' no matter how tempting it might be."

**T**O KEEP CHILDREN AWAY from drugs, one thing is clear: schools, community, religious institutions, the police—all of them can help. But no one can replace the family.

Lauri and Ted Allenbach invested a lot of time fulfilling their commitment to raise their children to be drug-free. It has paid off—neither child has been involved with alcohol or drugs. "You have to have control over your life," says Danna, now a freshman at James Madison University in Harrisonburg, Va. Mark, a high-school sophomore, has no interest in drugs. "I'm pretty confident," he says. "I don't think I'm going to fold."

The work parents do is critical. Experts agree it's highly likely that youngsters who make it through

their teens without using illegal substances will not do so as adults.

Talk to your children. Listen to them. Set standards of right and wrong. Remember that they learn by example. Love, support and praise them so they will have a sense of self-worth. Keep them busy. Be involved with—and on top of—their lives. Educate yourself about drugs.

Keegan Smith, a sophomore at Northwest Christian College in Eugene, Ore., now realizes the mistake he made by using drugs. "If I had put as much time into my brain and body as I put into drugs and alcohol, I'd be in a lot better shape physically and mentally than I am today," he admits. Now squared away, the 20-year-old says he wasted so much time and so many years. It left a hole in his life he can never fill.

Parents, don't let *your* children leave a hole in their lives.

## where to get help

IF YOU SUSPECT your child may be using alcohol or drugs, you've got to confront the situation directly. Your doctor, local hospital, school social worker or county mental-health society may be able to refer you to a treatment facility.

A number of helpful national organizations are just a phone call away. If you have a computer and access to the Internet, several also offer valuable information at their World Wide Web sites.

**Center for Substance Abuse Treatment:** for drug and alcohol information and referral, call 1-800-662-HELP.

**The National Clearinghouse for Alcohol and Drug Information:** for pamphlets, publications and materials for schools, call 1-800-SAY-NOTO. Web site: [www.health.org](http://www.health.org)

**American Council for Drug Education:** call 1-800-488-DRUG.

**National Helplines:** for referrals to local treatment facilities, self-help and family-support groups, and crisis centers, call 1-800-HELP-1111.

**National Families in Action:** call 770-934-6364. Web site: [www.emory.edu/NFIA](http://www.emory.edu/NFIA)

**National Family Partnership:** call 314-845-1933.

**PRIDE (Parents' Resource Institute for Drug Education):** call 770-458-9900. Web site: [www.prideusa.org](http://www.prideusa.org)

**Community Anti-Drug Coalitions of America:** for information on current issues or legislation, call 1-800-DRUGS-50.

**Al-Anon/Alateen Family Group Headquarters, Inc.:** call 1-800-356-9996.

**Alcoholics Anonymous World Services:** check the phone directory for your local AA chapter or call 212-870-3400.

**Nar-Anon Family Group Headquarters, Inc.:** call 310-547-5800.

**Cocaine Helpline:** call 1-800-COCAINE.

**Partnership for a Drug-Free America:** web site: [www.drugfreeamerica.org](http://www.drugfreeamerica.org)

**U.S. Department of Education:** web site: [www.ed.gov](http://www.ed.gov)

**U.S. Department of Justice Clearinghouse:** web site: [www.ncjrs.org](http://www.ncjrs.org)

**Reader's Digest and Parent Soup:** hosted web site: [www.drugfreekids.com](http://www.drugfreekids.com)

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Additional copies of the guide may be ordered by calling the Department of Education's toll-free number, 1-800-624-0100, or by visiting the Safe and Drug-Free Schools' web site at [www.ed.gov/DrugFree](http://www.ed.gov/DrugFree).

## Family Guide

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Written by Per Ola and Emily d'Aulaire

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# glossary

<b>type</b>	<b>other names</b>	<b>what it looks like</b>
amphetamines	speed, uppers, ups, black beauties, pep pills, co-pilots, hearts, Benzedrine, Dexedrine, Biphphetamine	capsules, pills, tablets
amyl nitrite	poppers, snappers	clear, yellowish liquid in ampules
barbiturates	downers, barbs, blue devils, red devils, yellow jackets, yellows, Nembutal, Tuinal, Seconal, Amytal	red, yellow, blue or red-and-blue capsules
butyl nitrite	rush, bolt, bullet, locker room, climax	usually liquid in small bottles
chlorohydrocarbons	aerosol sprays or cleaning fluids	aerosol paint cans, spot remover bottles
cocaine	coke, snow, nose candy, flake, blow, big C, lady, white	white crystalline powder
crack cocaine	crack, rock, freebase	white to tan pellets, or crystalline rocks looking like soap
hashish	hash	brown or black cakes or balls
heroin	smack, horse, Mexican mud, brown sugar, junk, black tar	white to dark-brown powder or tarlike substance
hydrocarbons	solvents	cans of aerosol propellants, gasoline, glue, paint thinner
lysergic acid diethylamide	LSD, acid, microdot, white lightning, blue heaven	tablets, blotter paper, clear liquid, thin squares of gelatin
marijuana	weed, pot, reefer, dope, ganja, sinsemilla, blunts	similar to dried parsley, with stems and/or seeds, rolled into cigarettes
MDMA	XTC, Adam, essence, ecstasy	tablets, capsules, powder
mescaline and peyote	mesc, buttons, cactus	tablets, capsules, hard brown discs
methamphetamine	crank, crystal meth, speed, ice	white powder, pills, rock resembling a block of paraffin
methaqualone	Quaaludes, ludes, sopors	tablets
nitrous oxide	laughing gas, whippets	small metal cylinder sold with a balloon, propellant for whipped cream in aerosol spray can
phencyclidine and ketamine	PCP, angel dust, ozone, wack, rocket fuel, peace pill, elephant tranquilizer, special k	white or off-white crystalline powder, tablets, capsules, liquid
psilocybin	magic mushrooms, 'shrooms	fresh or dried mushrooms
tranquilizers	Valium, Librium, Miltown, Tranxene, Rohypnol (roofies), GHB (liquid ecstasy, grievous bodily harm)	tablets, capsules, powder, liquid

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