This guide was developed as a source of information for young people who are faced with making decisions about drugs. Written in a "catchy" yet informative style, the materials presented address the following areas of concern: (1) definitions and effects of various drugs, including alcohol, tobacco, and narcotics; (2) physical and psychological effects of drugs; and (3) exercises designed to facilitate self-knowledge, awareness, and attitudes toward drug use. The format of this guide is self-instructional in nature, permitting individual users to explore drug use issues at their own pace. (Author/HLM)
THIS SIDE UP

Making Decisions About Drugs

National Institute on Drug Abuse
Office of Communications and Public Affairs
5600 Fishers Lane
Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse and Mental Health Administration
This Side Up was developed as a source of information for young people who are faced with making decisions about drugs.

Authors: Maureen H. Cook & Carol Newman
Artist: Cim Anderson
Contributors: Robin Arquette, Gayle Bourke, Peter Clark, Allen Levit, Dennis McGuire, J. Burke Moody

This publication was prepared for the National Institute on Drug Abuse by Research for Better Schools, Inc., 1700 Market Street, Philadelphia, Pa., under Contract No. 271-76-5502.

DHEW Publication No. (ADM) 78-420
Printed 1978

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 017-024-00776-3
A DRUG IS A SUBSTANCE THAT WHEN PUT INTO YOUR BODY CAN CHANGE THE WAY YOUR BODY WORKS. OF COURSE, NEARLY EVERYTHING YOU PUT INTO YOUR BODY CHANGES IT SOMEHOW...

If you breathe the air that is polluted, you react.

But when most people speak of drugs, they mean medicines.

If you have a terribly sore throat and your ears ache, you might go to the doctor. The doctor might give you a prescription for a certain medicine to be filled at the pharmacy.

These ways of taking drugs are legal and necessary. This is called licit drug use.
THERE ARE
OTHER
SUBSTANCES
BESIDES
MEDITECINES
THAT ARE DRUGS.

Many drugs can change your feelings, your perceptions and your behavior. ALCOHOL is one of these drugs.

Coffee, tea and colas all contain small amounts of caffeine (a stimulant). There is nothing illegal about drinking a cup of coffee or a glass of cola.

It can make a person feel relaxed... easy going...

But, it can also make a person lose control.

Drugs that change your feelings, your perceptions and/or your behavior are called PSYCHOACTIVE DRUGS. And these are the drugs we are talking about.
PYCHOACTIVE

A psychoactive drug brings about a chemical action in the brain that affects feelings, thinking, or behavior.

BY EFFECT:

MARCOTICS are drugs usually used as painkillers. Opium was one of the first painkillers people used. Not only was opium used to reduce pain, but it was found to produce feelings of pleasure and to bring on sleep. Opium and its derivatives—morphine, heroin, and codeine—come from a natural substance (the opium poppy). Methadone is a synthetic narcotic. It is made in a laboratory with chemicals similar to the natural chemicals of morphine. (More on pages 22, 26 and 27-31.)

SEDATIVES Small doses of a sedative will relax the user; larger doses will produce sleep. Barbiturates and tranquilizers are two kinds of sedatives that are produced in the laboratory. (More on pages 18-19 and 26.)
speed up the body's action. A user becomes alert and excitable. **Cocaine** is a strong stimulant that comes from the coca plant. **Caffeine** is a stimulant that also comes from a plant—but it has a much milder stimulant effect. **Amphetamines** (pep pills) and **methamphetamine** (speed) are the most common laboratory-produced stimulants. (More on pages 16-17 and 26-27.)

**These drugs affect a person's perceptions, awareness, and emotions.** They are often called psychedelic drugs. Hallucinogens that come from plants are: **mescaline** from the peyote cactus and **psilocybin** found in certain Mexican mushrooms. **LSD, MDA, and STP** are a few of the many laboratory-produced hallucinogens. (More on pages 20-21.)

In this group are substances that are abused because of the psychoactive effects they produce, but they are not usually thought of as drugs. They are grouped together because of the way they are taken into the body—by sniffing or inhaling. **Glues, aerosols, spray paints, lighter fluid, gasoline,** and **nail polish** are some of the household products used as inhalants. **There are a few inhalants--amyl nitrite or "poppers" and nitrous oxide--that do have some medical purpose.** (More on page 23.)

**Human beings tend to hang out together.** When they do, certain drugs are often used as part of a group situation. **Alcohol, tobacco,** and **marijuana** are three social drugs. Two of these social drugs, tobacco and alcohol, are so widely accepted that it's easy to forget that they are psychoactive drugs, too. On the following pages you'll find information about the social drugs.
I'm not going to mess with drugs. I'll stick to drinking.

Most people think nothing about drinking a glass of beer or wine or having one or two cocktails at a party. In fact, most people do not think about the fact that they are using a drug when they drink alcohol.

Alcohol is a mind-altering drug. It works as a sedative.
Most people claim they feel alert after a few drinks. Some people become quite talkative; others more relaxed. But no matter how they think they feel, drinkers are less able to do things that require some degree of skill and attention. Driving is a good example of how a skill can be affected by drinking. And, drinkers are less able to make good judgments. Embarrassing behavior, fights, accidents, and crimes are more likely to happen when a person has been drinking.

When someone has a drink, the alcohol is absorbed through the digestive system into the bloodstream and reaches the brain quickly. It begins to slow down the parts of the brain that control thinking and emotion. The person feels less inhibited, freer.

What effects alcohol has and how long these effects last depend on three conditions: how much a person has drunk, how much a person weighs, and whether there is food in the stomach. The effects of one shot of whiskey or one can of beer can last for a few hours. The more alcohol a person has drunk, the longer the person will be affected by it. As more alcohol in the bloodstream works on the brain, the person becomes drunk.

A person can develop a strong psychological dependence on alcohol. Drinking for many people is a way to escape emotional problems, pressures, and decision-making. If that person has a problem that can’t be solved, he or she takes a drink or two or three every day for a number of days. If that person continues to drink in this way, the body develops a tolerance to alcohol. That means the person needs more and more alcohol to get the same effects. In some cases physical dependence, or alcoholism, occurs. When the person cannot get alcohol, severe physical problems occur. These physical problems are known as withdrawal symptoms.

Alcoholism is a serious problem. It touches just one of every 10 Americans who drink. That means there are more than 9 million alcoholics or problem drinkers in this country.

Teenagers can have drinking problems. In fact, alcohol abuse is the number one drug problem of American teenagers and children. At some point in growing up, alcohol becomes an “in” thing among many groups of kids. Friends will get into drinking alcohol regularly and almost anywhere.

Recent research has shown that women who drink heavily during pregnancy run greater risk of having smaller or deformed babies than women who drink rarely or moderately.

* What is a dependence? See page 15.
Some kids begin smoking at junior high school age. Often it's just to see what it's like to puff on a cigarette. Other times it's because their friends are smoking, and nobody wants to feel left out.

Once you start to smoke regularly, it is very hard to stop. People develop a psychological dependence on tobacco, and it's a very strong dependence. You have probably heard people say, "Oh, I can quit anytime—if I want to." But they don't quit. Or if they do, it's only for a short time. As soon as there is a period of stress, they are smoking again—and sometimes even more than before they stopped.

Most smoking and drinking are done in a group. You see someone light up, and, next thing, you're lighting up. Someone has a drink, you have a drink. Cigarettes and alcohol go hand in hand in the minds of most people.

There are some immediate physical reactions to smoking tobacco that the smoker may not be aware of. The smoker's mouth, tongue, throat, and lungs become irritated. Appetite can decline and breathing can become difficult.

Even more dramatic are the respiratory problems that can develop after smoking for some time. The tar in tobacco is important in the development of cancer of the lungs and throat. Emphysema (em-pha-SEE-mah) is more common among smokers than nonsmokers. It causes serious breathing difficulties. Women who smoke during pregnancy run greater risk of having smaller babies or babies born dead than women who don't smoke.
Most people know about the problems and dangers of smoking. Most people know that the nicotine in tobacco is a drug (it’s a stimulant). They know you can become dependent on tobacco. Yet many people begin smoking and continue to smoke anyway. The feelings they get from smoking must be very important to them. Everyone has his or her reasons for continuing to smoke.

For Instance:

I can always quit later on.
If you start smoking when you’re young, and continue smoking, studies show you’ll have a harder time quitting.

Smoking makes me feel grown-up.
Look at kids your age who smoke. You know they’re not grown-up, and so does everyone else. Besides, how mature is it to invite a psychological dependence into your life?

All my friends smoke.
You have to do what’s right for you. Your friends can’t make important decisions for you. If you just slide along following their example, you’re not doing much for yourself as a person.

I don’t even inhale.
Maybe. But you probably inhale more smoke than you realize. Besides, tar and nicotine can be absorbed into the mouth and this is related to cancer of the mouth and lips.

I smoke cigarettes that are low in tar and nicotine.
That’s a step in the right direction. You still have to put up with side effects like shortness of breath, yellow fingers and teeth, and bad-smelling breath. The “best” cigarette is the one you never smoke.

Cigarettes may be expensive, but I’d just spend the money anyway.
On what? A stereo, travel, a 10-speed? Spending money that way sounds fun. Do you really want to buy bad health?
Marihuana is a common wild plant that grows in almost any temperate climate. People have known for 3,000 years that the dried tops and leaves of the marihuana plant produce a state of relaxation when smoked or eaten.

Not too long ago, scientists identified THC—the complex chemical in marihuana that produces psychoactive effects. The amount of THC in a marihuana plant varies, depending on the type of plant, where it's grown, and the growing conditions. Marihuana from the South American countries and the Near and Far East is usually stronger in THC than marihuana grown in this country. Hashish or "hash" is a dark brown resin from the tops of the marihuana plant. It contains more THC than the dried plant itself.

A person who smokes one joint (marihuana cigarette) usually experiences a dreamy feeling. Some people who smoke marihuana become talkative and giddy, others become quiet. All five senses seem sharper. Music, smells, and colors appear to be more vivid, but in reality are not. Thoughts become disconnected. Time seems to pass more slowly. Surroundings and people sometimes seem strange or unreal.

The immediate physical effects of smoking a joint are an increase in heart rate and a reddening of the eyes. Remembering things and doing intricate tasks become difficult.

* Also known as "pot" or "grass."
You know, the government can't decide how to classify marijuana.

Give them some slack! They're still trying to decide how to spell it!

Paranoia and "pot panic" being afraid of what's happening in your mind are common reactions to marijuana. Inexperienced or nervous users are more likely to have these reactions. Marijuana is being smuggled into the United States now bringing stronger marijuana. Drug authorities believe stronger marijuana makes people more likely to have paranoia and "pot panic."
Here's a question for you:
There are many kinds of stimulants. The most common everyday stimulant is caffeine. Caffeine is found in popular drinks—coffee, tea, and colas. People use these drinks as "wake-me-ups" and "pick-me-ups." And caffeine is found in many non-prescription, sleep-preventative medications.
Amphetamines  

Amphetamines, a much stronger kind of stimulant, are usually taken in pill form. They are being prescribed less and less by doctors. Most amphetamines are obtained and used illicitly. Users take amphetamines to push themselves beyond their normal limits:

- Athletes trying to play faster.
- Broadcast and business personalities trying to brighten up.
- Truck drivers trying to stay awake.
- Students trying to cram for an exam.

Amphetamines can cause a strong psychological dependence. Infrequent or "special occasion" use does not usually lead to a dependence, but it can. A person who takes an amphetamine feels as if he or she could go on and on without any rest. But the body is not prepared for "no rest." So when the "up" feeling begins to fade, the body reacts through extreme tiredness. Often the user becomes depressed. To prevent "crashing" (coming down from the drug), the person takes more amphetamines.

In addition, tolerance can build up, as the user needs an even larger dose to get the same effect. This kind of use can lead to psychological dependence.

The stimulant methamphetamine (speed) produces great rushes of high feelings when it is taken intravenously. When tolerance to speed develops, the user must inject a dose every few hours. This kind of use can be fatal.

Cocaine  

Cocaine is a white powder that is made from the coca bush which grows in South America. For centuries natives of Peru and Bolivia have chewed on coca leaves to ease hunger pains. Medically, solutions of cocaine can be used to numb areas of the body during surgery, but other drugs, like procaine, are now often used.

Cocaine is usually "snorted" (inhaled by sniffing) when used illegally. The drug enters the bloodstream through the membranes of the nose. Continued snorting can damage nasal membranes, leaving the user with a continually runny nose. Sometimes cocaine is injected

A cocaine high is much like the high from a large dose of amphetamines. The user becomes over-alert, talkative and feels surges of power and joy. The high doesn't last long, and the user may crave more of the drug to combat crashing.

Users of cocaine do not seem to become physically dependent on the drug. However, the psychological dependence is very strong.

What's the difference between a

KOLA NUT TREE

Cacao Tree

- His leaves are used to make cocoa.
- His root makes chocolate.
- The coca bush which grows in South America.
- The cola nut tree.

Coca leaf goes into many soft drinks.

Chocolate and cacao come from the seeds kernels.
A sedative is a drug that relaxes the body's muscles, relieves feelings of tension and worry, and brings on sleep. There are two main groups of sedative medications: barbiturates and tranquilizers.

*Sedatives are sometimes called DOWNS.
Since the turn of the century, doctors have been prescribing drugs called barbiturates to patients so they can fall asleep and stay asleep. It was soon found that taking smaller doses of barbiturates brought about feelings of drowsy well-being while still awake. These feelings are similar to those produced by alcohol.

Because barbiturates produce pleasant feelings, they are often used by people who don’t need them and are often overused by people who do. Overdose with barbiturates is common. If it takes 1 pill to produce sleep, it might take 5 pills to produce a coma and only 10 pills to cause death. This is a narrow range of safe use, making it important to follow the doctor’s instructions on dosage.

An intoxicated “down head” acts like a drunk. He or she slurs words and has trouble with simple physical movements, like walking. This person may suddenly become sleepy and “nod-off.”

Many abusers of narcotics turn to barbiturates when they can’t get enough narcotics to support their habit. Abusers of stimulants and hallucinogens sometimes take barbiturates to help calm drug-related tension.

Regularity using more barbiturates than a doctor prescribes can lead to psychological and then physical dependence. A physical dependence on “downs” is just as severe as heroin dependence, and withdrawal is even more physically dangerous. Without medical supervision, barbiturate withdrawal can lead to death.

Tranquilizers are sedatives used to quiet or calm a patient’s emotions without changing the patient’s ability to think clearly or stay alert. They do not have as strong a sedative effect as barbiturates, but they can relax a nervous patient so that sleep is possible.

Within the past 20 years, tranquilizers have been prescribed freely by doctors to help patients handle nervous feelings. These are not drugs to be taken lightly. Overdoses can happen—a result of taking many tranquilizers at one time. Also, it is possible to develop both a physical and psychological dependence on them.
The effects of an hallucinogenic drug are strongly influenced by the thoughts, environment, and people who are with the user when the drug is taken. Vivid change, in color and form occur. Sometimes the user becomes disoriented—loses sense of time, place, and identity—or has sensations of knowing and feeling what everything in life (and life itself) is all about. Emotions—past, present, and future—flood the user's mind. For some, these experiences seem to be revealing or enlightening—for others, frightening.

The natives of Mexico and South America are thought to have used over 40 plants to produce hallucinations. Long before the Spanish conquerors came, many tribes, including the Aztec Indians, were using "sacred" mushrooms in their religious ceremonies. They called these mushrooms Teo-nanancatl—the flesh of the gods. Today, psilocybin (sigh-lo-SIGH-been), a hallucinogenic drug, is produced from these kinds of mushrooms.

Peyote (pay-OT-ee) is another hallucinogen that the people of the Americas were using when the early explorers came. Peyote comes from the top of a peyote cactus. Mescaline is the drug (chemical) made from peyote. Because of the extreme visual and kaleidoscopic hallucinations produced by peyote, the natives were certain they could communicate with their gods without the need of priests. Today, in Mexico and North America, the only legal use of peyote is in the religious services of certain tribes. Within the confines of their church, it is used with respect, reverence, and care.

During the 1960s, great interest developed in hallucinogens. People became familiar with laboratory-produced hallucinogens, such as LSD (the best-known one). Some people were quick to experiment with these "new" mind-altering drugs. Some found an LSD "trip" new and exciting. Others had trips with panic reactions which were extremely frightening and unpredictable.

Some people experienced these reactions long after taking the drug. These drugs began to fade from popularity when it was feared that LSD might alter the body's chromosomes. (Chromosomes determine characteristics an unborn child will have.) Additional studies have not come up with this conclusion.

Another reason was that hallucinogens fell out of favor when users became aware that the drugs were being cut (mixed) with unknown and often dangerous substances. At the present time, the use of all hallucinogens, except the religious use of peyote, is illegal.
Narcotics relieve pain anywhere in the body, and they calm a person in pain so he or she can get a soothing sleep.

Most of the narcotics are processed from the opium poppy. They are valuable prescription drugs for the physician.

*Morphine* is a painkiller. *Codeine* is used in cough medicines because it helps stop severe coughing. *Paregoric* (that's opium dissolved in alcohol) is used to stop diarrhea and teething pain.

As useful as narcotics are, there are problems and dangers. One of the most serious dangers is dependence (addiction). Users first become dependent on the feelings of pleasure that narcotics produce. In a relatively short time, their bodies can become dependent on the drug.

One narcotic—heroin—is illegal even for doctors to prescribe or use. Heroin can be bought only from a pusher or a dealer in the form of a white or brown powder that can be sniffed, injected, or swallowed. It is often mixed (cut) with other substances that look like it—starch, white or brown sugar, powdered milk, cocoa, quinine, and even strychnine. Users can rarely be sure of what they are buying.

A person beginning to use a narcotic regularly (even heroin) may not act any differently than usual. After awhile, however, the user will develop tolerance and will need more of the drug in order to get the same high. If the user doesn’t get the drug, withdrawal symptoms begin.

Depending on the extent of physical dependence, the symptoms can be minor or severe. The person shakes, sweats, and vomits. Eyes and nose run. Muscles ache. Chills, abdominal pains, and diarrhea develop. The fear of experiencing terrible withdrawal symptoms is part of the reason for not “kicking the habit.”

To prevent withdrawal, the drug user must have a steady supply of the narcotic. Heroin is illegal, so it’s expensive. A dependent user needs from $50 to $100 a day or more to maintain a habit. After some time, and without medical treatment, the addict begins to live for the drug only. He or she will do almost anything to get money for the habit.

---

<table>
<thead>
<tr>
<th>Effects of Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies born to mothers who are heroin addicts are born physically dependent.</td>
</tr>
<tr>
<td>Heroin is a strong sedative.</td>
</tr>
<tr>
<td>Injections from using unsterilized equipment are common and can be fatal.</td>
</tr>
<tr>
<td>The user may die.</td>
</tr>
<tr>
<td>If the narcotic is taken in too large a dose or a dose the user is not used to,</td>
</tr>
<tr>
<td>There are other dangers for both users and experimenters:</td>
</tr>
</tbody>
</table>
Inhalants

- Glues (especially airplane glue), spray paints, aerosols, paint thinners, and gasolines are common household products that are used as inhalants. If the fumes of these products are sniffed and inhaled, they can produce a mind change similar to a hallucinogenic high.

- An inhalant high usually lasts for a much shorter amount of time—only about an hour.

- Because inhalants are cheap and easy to come by, they are abused by children. Luckily, most young people who try an inhalant do not go on to use it regularly. Inhalants are unpleasant to use and can be deadly.

- A person who is sniffing an inhalant has trouble keeping his or her balance, has a glassy stare, and finds it hard to talk. The user feels drunk and dream-like. Good judgment becomes clouded. (Some users feel they can fly.) Clowning around under the influence of an inhalant has caused accidental deaths. Other deaths have happened when a user breathes too deeply and inhales enough chemical fumes to pass out. If the person inhales a substance out of a plastic bag, there is danger of death by suffocation.

- Heavy use of inhalants over a long period of time has caused severe physical problems. Weight loss, liver and kidney damage, bone marrow changes, and even permanent brain damage have been found in young users.

- People have taken steps to prevent inhalant use. The manufacturers of one kind of airplane glue have added a foul-smelling ingredient to their product to discourage sniffing. Local laws prohibit the sale of some inhalants like glue to minors.

**WHAT IS A POPPER?**

- A Birthday Party Favor
- A Medication For Heart Disease
- A Hippie Father
Each psychoactive drug may have a different effect on every user. For instance, marihuana makes some users act outgoing and talkative; other users become self-contained and quiet. Even the same user taking the same amount of a drug can react differently than he or she did before. Why? The psychoactive effects of a drug depend on four things:

**The Person's Body**

Each person is different. Reactions to a drug may be different depending on how large or small a person is. It takes more alcohol for a large person to become drunk than for a small person. Food a person has eaten may slow down or speed up the effects of some drugs. Other qualities of the body can change how rapidly or how strongly a drug affects it. If someone has used a drug regularly, his or her body may require more of the drug to produce the desired effect. Very experienced users may be able to take a dose of some drugs that would kill an inexperienced user or cause the person to become very ill.

**The Route**

How is the drug being taken?

A drug can be swallowed, inhaled, or injected. The quicker it gets into the bloodstream, the quicker it gets to the brain and the nervous system to produce its effects.

The quickest way into the bloodstream is by injection—the drug is injected directly into a vein with a needle. Inhaling is quick, too. The drug enters the bloodstream through the thin blood vessels of the nose or the lungs. When a drug is swallowed, it is absorbed into the bloodstream through the walls of the stomach or small intestine.

How quickly does it wear off?

Drugs lose their effects and leave the body through the kidneys, bowels, or lungs at different rates of speed.

**The Dose**

How much of the drug is being taken? How strong is the drug?

It is very hard to tell the exact strength of a drug. Drugs may become weaker over a period of time because of chemical changes within the drugs. Where a drug is manufactured or grown will influence its strength. LSD manufactured in a street laboratory may be very strong or very weak. Marihuana comes from different countries and varies in THC content.

**Set And Setting**

Someone who tries a drug usually has a number of ideas as to what is going to happen. This is called a mind set. These ideas are usually based on what the person has heard or read, previous experiences with drugs, and the mood the person is in. The setting or environment in which the drug is taken also affects what happens.

A user who is very anxious about a drug experience may be more likely to have a panic reaction than someone who is not. Sometimes having a definite idea about what will happen can cause a reaction even when the drug itself wouldn't have caused it. For example, if a person is told that a certain drug will make him or her see blue butterflies, he or she will tend to see blue butterflies.
“Oh, what a throbbing headache.”

Morphine worked quickly and without any apparent side effects. It was the “wonder drug” of the Civil War. Doctors who treated wounded soldiers could give them an injection of morphine (the hypodermic syringe had been invented by this time) to relieve suffering as never before. Doctors could leave an amount of morphine and syringes with their patients to be used when ever needed. This meant that doctors could attend to many more patients in a day.

About the same time morphine was discovered, the hypodermic syringe and needle were invented. The needle was so thick that a person’s skin had to be cut before it was inserted. As uncomfortable as this was, it meant fast relief.

With all the talk on television about headache, neuritis, and neuralgia, you would think we just invented pain and all the medicine to cure it. But even the cave dweller must have had “the pain of arthritis,” the “throbbing headache,” and the “nagging backache.” And you can almost be sure that they, too, tried to find something to kill pain.

Alcohol was probably one of the first “drugs” used. Crude opium was an early painkiller, too. It was used mainly in the countries where opium poppies grew—ancient Turkey and Iran. As soon as explorers and travelers started crisscrossing Europe and Asia, opium routes and drug traffic were established.

There was and always has been experimentation going on to find new and better ways to kill pain. But it took until 1803 for a “good” painkiller to be made. That was morphine—an extract of opium.
Civil War Hospital Ward, Alexandria, Virginia.
During the Civil War, doctors left amounts of morphine, needles and syringes with injured soldiers so that the soldiers could "treat" themselves.

Morphine provided such relief that the drug became a cure-all for everything. It was used for nearly every painful and bothersome physical condition from stomachaches to toothaches. By the end of the Civil War, doctors were becoming aware of a new condition which seemed to affect people who used morphine a lot. This condition was called morphinomania (mor-fein-o-MAY-nee-ah). In today's terms, that means being dependent on morphine. Doctors weren't very concerned about this. At the time, everyone was willing to put up with the problem because of the drug's many benefits.

Heroin could be found in many medicines made and sold in the 1900s—especially cough medicines.

They were more concerned with the use of opium. On the west coast, opium was big. Chinese immigrants had brought with them opium and the knowledge of how to use it. Places sprang up where you could purchase opium and smoke it—"opium dens." And all this was rapidly spreading to other areas of the country. Doctors were not prescribing much opium, and it wasn't being taken by people who needed it for medical reasons only. It was being used by people who wanted to experience a "good time." And it was being sold and distributed by gangsters and racketeers. "Street use" of a drug started with opium.

People would go to opium dens (like this one in San Francisco) to buy and smoke opium.

In 1875, San Francisco passed a law banning opium and everything associated with it, including opium pipes and dens. Other States and localities began to pass similar laws. Opium use declined.

The time was 1898 and a new wonder drug arrived on the scene. Heroin was one of the first semisynthetic drugs to be produced. It was even thought of as a possible cure for morphinomania. People who had used opium were willing to try heroin. When they did, they experienced "better and stronger highs."

Underworld drug dealers were off and running. Here was a drug they could produce in their own homemade labs. It was easy to conceal, and a very good profit could be made from its sale.

As a medication, heroin was an ingredient in many prescriptions and over-the-counter medicines. For about 10 years, it was quite popular as a cough suppressant.
Cartoons like this one were used in an early 1900s campaign to get the States to adopt a uniform narcotics law.

During this time, however, it became evident that this wonder drug was perhaps not quite the wonder it was expected to be. Studies established that it was addictive, and it was twice as powerful as morphine. The public became extremely concerned over the spread of heroin. Localities and States began to draw up laws to prohibit the street use and spread of heroin. There were no nationwide laws regulating drugs until 1906.

That was when the first big piece of drug legislation was passed—The Pure Food and Drug Act. This act required that all preparations containing habit-forming drugs be so labeled. But this didn’t stop the street use of heroin. Most people felt that the best way to control the distribution and use of all drugs was through more laws.

This kind of public pressure forced two more pieces of legislation into effect. They were the Harrison Act of 1914 and the 18th Amendment to the United States Constitution. The 18th Amendment established Prohibition in 1920. From 1920 to 1933 (when Prohibition was repealed) it was illegal to manufacture, sell, or use alcoholic beverages in the United States.

The Harrison Act had much to do with what people thought about drugs and the use of drugs. In the early 1800s narcotics were defined by the way they worked scientifically—drugs which killed pain and produced sleep. The Harrison Act redefined narcotics as any unfamiliar drug that was used or introduced on the street rather than through the medical profession. This was a social definition of a drug. A drug was considered habit forming if it was used on the streets or by people considered minorities.

Marihuana was introduced into the United States by Mexican laborers (a minority). So, it became known as a habit-forming drug. Peyote was used by Indians of the Southwest (another minority). These two drugs were added to the socially defined narcotics list and were called narcotics.

This poster was used during the 1960s by the Government to let people know what marihuana looks like.
Beginning with the 1960s, and even today, the drug scene is changing. There are no economic, social, or age distinctions among drug users. Children of the middle and upper classes are users. Amphetamines and barbiturates have been making their way from the laboratory, the pharmacy, and the medicine chest to anyone—drug dealers, parents, kids.

Drug distribution and abuse are not just problems for people in the United States. They are world-wide problems. People have begun thinking that perhaps the way to approach the drug problem is by stopping a drug before it reaches its destination.

This means that countries with drug problems and countries where the drugs are manufactured have to work together. Illicit labs and drug rings exist in nearly every country. There is:
- The Golden Triangle (northern Thailand, Burma, and Laos), where narcotic traffic begins for much of the world.
- The Latin American Connections which deal in narcotics, marihuana, and amphetamines.
- And large drug rings dealing in amphetamines, barbiturates, and hallucinogens in Europe, Canada, and the United States.

Drug enforcement officers from many countries are concentrating on stopping illicit drug traffic as a means of controlling drug use and abuse.

In 1971 drug officers from Turkey, France, and the United States began working together to break up the well-known Turkish-French Connection. Turkey agreed to stop growing the opium poppy. The labs in France where the poppies were sent to be processed into heroin were found and destroyed. This has slowed down the flow of heroin into the United States. In 1974 Turkey lifted its ban on growing opium poppies. It is now allowing crops of poppies to be grown so there will be enough narcotics for medical use.

This photo of workers harvesting opium poppies was taken somewhere in Asia during the mid 1800s.
IN SEARCH OF BROWN SUGAR
WHY SOME PEO
"Hey Brian!"

The last class bell had sounded, and Brian was on his way out of the school building to enjoy what was left of a sunny afternoon.

"Brian! Wait a minute!"

Brian turned to see Joe trying to catch up with him.

"Hey Joel! What is it?"

Joe slipped up beside him and broke into an excited whisper.

"Randy got some grass! His brother gave him a joint last night and he wants us to smoke with him."

"No kidding?"

"Nope. He's waiting outside. Let's go."

And there he was. Just as Joe had said. Randy was sitting on a step by the school entrance throwing pieces of an abandoned cupcake to some sparrows. He stood up as Brian and Joe pushed the door open.

"Come on," said Randy, with a cool grin. "Let's walk around to the other side of the gym."

He didn't seem nervous at all. He picked up his books and scattered the sparrows with the last piece of cupcake.

Brian had thought about trying grass. He was curious to see what it was all about, but he was still a little unsure about it. On this afternoon he wasn't comfortable at all. Suddenly the whole thing was happening right now. This minute. He felt that if he said no, Randy and Joe would think he was a creep. They were really excited about the idea. Brian wished this wasn't happening.
What could Brian say?

He could throw them a curve

"Is it a low-tar joint? I only smoke low-tar joints."

"I don't think I should. I got an overdose of marker fumes in art class today."

"No. I can't believe this is happening. All week I kept thinking how nice it would be to smoke a little weed after school. And the one day I'm offered a joint, I have to go home and reorganize my sock drawer."

"I can't today. I'm taking the pilot's test for my blimp license."

"I'd better not. I just did five raisinettes."

He could give it to them straight

"No thanks, I don't want to smoke."

"I don't feel like getting high this afternoon."

"I'm not into body pollution."

"I'm kind of depressed, so I don't think I should try it today."

"Not today."

"I really don't think I want to get into grass until I can afford my own."

"Nope, don't want the hassle."

REMEmber...

Turning down the chance to use a drug (tobacco, alcohol, marihuana, or anything else) is your right. Any friends who lean on you about your decision are chipping away at your rights as a free individual. You can remind them of that if they get on your back.
To take a risk is to expose yourself to danger... or failure... or rejection. Taking a risk can also expose you to:

- A new experience
- A new friend
- A new skill
- A new idea
- A new achievement

For example, suppose you see somebody who appeals to you. You'd like to spend some time with that person, be welcome in the circle around his or her life.

If you don't risk being rejected, you'll never get accepted.

Risking rejection = risking acceptance
REASONABLE RISKS

A reasonable risk is putting yourself in a situation where you stand to gain something positive if you take a chance and succeed.

HERE ARE SOME REASONABLE RISKS:
- risk buying an album by a musician you've never heard before
- risk exploring a new part of your city, town or county
- risk asking someone what he or she likes (dislikes) about you (almost all relating to people risks are reasonable)
- risk starting your own business, right now
- risk not going to college if you're a good student
- risk going to college if you're not a good student

UNREASONABLE RISKS

An unreasonable risk is putting yourself in a situation where you stand to:
- GAIN NOTHING POSITIVE
- LOSE SOMETHING OF VALUE WHICH CAN'T BE REPLACED
- CAUSE SERIOUS PHYSICAL OR MENTAL HARM TO YOURSELF OR ANOTHER PERSON

HERE ARE SOME UNREASONABLE RISKS:
- risk taking so much of anything that you develop a psychological dependence on it (cigarettes, alcohol, food)
- risk not going to the doctor when you're really sick
- risk stealing
- risk driving a car while drunk, or riding with a drunk driver
- risk using hostility to get what you want
- risk going to the doctor when you're really sick
- risk stealing
- risk driving a car while drunk, or riding with a drunk driver
- risk using hostility to get what you want

Can you see that:
People who are afraid to take reasonable risks are rejecting success.
People who are always taking unreasonable risks are rejecting themselves.

WHAT ARE THREE REASONABLE RISKS THAT YOU MIGHT ATTEMPT NEXT WEEK?

1. __________________________
2. __________________________
3. __________________________
to love more than you are loved
to be loved more than you love

Running away isn't the big-time thrill it starts out to be. If you've already taken off, or if you or a friend are seriously considering it, the phone numbers below offer help at the other end of the line. You don't have to give your name or location. You won't get police or parents onto you. The phones are answered 24 hours a day by understanding counselors and the numbers are toll-free. You'll even get your last dime back.

National Runaway Switchboard

People to help you think things out. They can connect you with the nearest runaway center or suggest other places you can go if you need help.

In Illinois: 800-972-6004
Anywhere else in the country:
800-621-4000

Peace of Mind

They'll refer you to a runaway center and will even take a message to your parents without giving them your location. You can call them back for a message from your parents.

In Texas 800-392-3352
Anywhere else in the country
800-231-6946
Everyday you have to make choices, mostly about little things. The choices you make say a lot about what's important to you. The things that are important to you can tell you a lot about who you are. The questions below have no right or wrong answers—there are no scores. They are questions that make you think about yourself. Read them and make a choice. If none of the printed choices seems to make sense to you, write your own choice on the blank line.
What would you do if someone who was supposed to be "weird" wanted to be your friend?

If you could take a trip to anywhere you want, where would you go?
What is most important?

- [ ] to set a goal and try to reach it
- [ ] to love and be loved
- [ ] to enjoy yourself

When was the last time you admitted you were wrong?

- [ ] If you were against an issue (like war, abortion, or trying drugs) and found out your friend supported it, what would you do?
  - [ ] try to change your friend’s mind
  - [ ] forget about the difference
  - [ ] end the friendship

Which do you think is most harmful?

- [ ] cigarettes
- [ ] marihuana
- [ ] alcohol

When you fall a test, whom do you worry about most?

- [ ] yourself
- [ ] your parents
- [ ] your teacher

Is there something you believe so strongly that you can’t imagine ever changing your mind about it?

- [ ] pull my mind

What would you do if someone came up to you on the street and hit you?

- [ ] walk away
- [ ] tell a police officer
- [ ] hit back
Which is the worst?

☐ to be punished by the teacher

☐ to have friends make fun of you

☐ to get a failing grade on your report card

What would you rather have your brother or sister give you for your birthday?

☐ $5 to buy yourself something

☐ a $5 gift that he/she chose for you

☐ something she or he made for you

Is it hard for you to tell someone you like him or her?

Which is hardest for you to do?

☐ write poetry

☐ make people laugh

☐ do gymnastic stunts

☐ play a guitar

What two new things have you learned about yourself?

What would you like to be able to do really well?
1.

Make a list of all those things, people, and happenings you love right now. Tack the list up on your wall. After a month goes by, sit down and write a new list. Compare it to the first list. Are there any differences? Do this for a month (or 6 months, if you've got the time). Are you still loving the same things after the month has gone by? Are you adding to the original list? Do you not love some things anymore? Why?

2.

3.

4.
WHEN SOMEONE TRIES TO PUSH ME AROUND.

WHEN I FORGET SOMETHING AFTER REMINDING MYSELF TO REMEMBER.

WHEN I GET THE "CAFETERIA SPECIAL."

WHEN SOMEONE WON'T LISTEN TO ME.
WHEN SOMEONE COPIES FROM MY PAPER.

WHEN I HAVE NO MONEY AT ALL.

WHEN I GET PUNISHED FOR SOMETHING I DIDN'T DO.

WHEN I'M THE PUNCH LINE OF A PRACTICAL JOKE.

WHEN I'M GIVEN SOMETHING I DON'T REALLY WANT.

Does something or someone make you angry or uptight? Rid yourself of uncomfortable anger! Become aware of what is making you mad and then get it off your chest. If yelling seems silly and talking is too hard, try a Mad Mile.
Pat:
I asked you not to tell anybody that I want to go to the class party with Allen. You were the only person I told. Well, how come both Joan and Terry teased me about it today? I won't trust you to keep a secret again.

Sally,
My dad is getting pushed out of shape because you're late for your ride to school everyday. We sit in front of your house and my dad honks the horn and yells at me. Do me a favor - be on time. My mornings haven't been starting out too well lately.

Mike

Hank,
Shut up about Cheryl and me. I walk home with her everyday because I like her. Your jokes all the time make me feel funny and they make you seem really stupid. I'm cool you haven't heard, liking girls is where it's at.

Richard
Mom,

I have some
time that is making me
mad. I know it's
time to pick up the
other phone when
I'm on the line.
That's really embar-
assing and I wish
you would stop it.
I'll tell you who I'm
talking to afterward
if you really want
to know. If you want
to make a call just
walk up to me and sa
so and I'll hang up. It makes me
feel really creepy
when you do it, so
please stop.

Anne

Manager of Beltons Department Store

Dear Manager,

Yesterday my friend and I went to your
store after school. We bought a pair
of jeans and some tops. When we were
leaving a man in regular clothes
stopped us and said he was a guard and
that he would have to show us what
was in our package. We took everything
out and showed him. He said, "Okay,
girls," and walked away.

He didn't look in any other person's
packages. He stopped us just because
we were young. We didn't do anything
to make him think we shoplifted. He
didn't apologize for his mistake or
anything. If that's the way you treat
kids in your store, my friends and I
will stop shopping there.

Truly,
Linda D'Amico

Mr. Clark,

I am returning my term paper
you requested. I did the work
and it is complete. I hope
you agree. I don't understand why
you gave me a "C" for not follow-
ing instructions. Everything you
wanted us to include, I did in
the introduction, conclusion, and lib-
tary. I hope you will agree.

Bill

Nat, I asked you to
pay me two weeks
page for the bike parts
page I bought when I paid
your bike last month.
I don't want to wait
any longer! Please pay
me the eight dollars
tomorrow.  Bill

Suzanne Bennett
What can you do when something about school makes you miserable? Just sit there and put up with it? Maybe not. A group of students can take reasonable action to make changes and improvements. Here's how:
There may be other students who don't share your views on the problems or who don't agree with your solutions. Don't put any pressure on their right to disagree with you.
All you need for a journey to stereo heaven is:

- One oven rack (or refrigerator rack if your oven rack is too grubby to associate with).
- Two pieces of string, about 3 to 4 feet in length.
- One or two friends, about 5 feet in length.
- A bunch of assorted kitchen utensils, like a wooden spoon, soup ladle, wire whisk, fork, etc.

Tie one end of each string to a corner of the rack as shown. (An illustration has been thoughtfully provided for you.) Now take the free ends of each string and wind around the top part of each index finger. Four or five wraparounds will do. Insert your fingers (gently) into your ears.

At this point your assistants should start playing the rack by striking it with the kitchen utensils or their hands. All they will hear is a lot of clanging. The sounds you'll hear are a delight. It's as if you've shrunk to about 6 inches tall and are doing a tumbling routine inside a grand piano!

LOOK HARD AT THIS:

IS WHAT YOU SEE REAL OR UNREAL?
Levitation is the act of floating something or someone in the air. When something levitates, it seems to defy gravity.

This activity is more of an exercise in physical trickery than a natural way to get high. However, you may find that the strange results of levitation will make you aware of mental powers you never knew you had.

To start, you will need a chair and four people to assist you. One person places the chair in the middle of the room. Another person sits down in the chair. The other four people stand around the seated person, two at the shoulders and two at the knees. Each standing person clasps hands together with the index fingers outstretched, as shown. The two at the shoulders should place their index fingers under each arm of the seated person. The other two then place their fingers under each knee.

Try to lift. You may not be able to raise the person more than a foot. Probably only a few inches.

Lower the person back into the chair.

At this point everyone places one hand at a time, alternately, over the seated person's head. You start by placing your right hand over the head. The person to your left will place her right hand over your hand, and so on, for all four people standing. Make sure your hands do not touch. Continue this with the left hand until all eight hands are in the air above the seated person's head.

After a second or two, remove the hands one at a time, starting with the top hand. Again clasp hands together and insert the outstretched fingers under the seated person's arms and knees. Lift.

The person should rise about 3 feet. (If not, perhaps one of you is standing on the subject's foot.) Remember that you must remain completely silent through the whole procedure. If someone speaks, laughs, or gets confused, start over.

What makes this work?
DIRECT
CONCENTRATION

Direct concentration on something is sometimes called meditation. Meditation can help you become more aware of your surroundings and sometimes you can experience a kind of high. Here are some ways to meditate:

Find a flower. Find a comfortable, relaxing place to sit. Hold the flower about 6 inches from your face. Look at it. Concentrate on its shape, its fragrance, its color. Think what it would be like to go down into the middle of the flower, to lie on the soft petals.

After about 5 minutes, the edges of the petals will disappear into the background. If you are really concentrating, you might notice faces and movements in the petals that really aren't there.

Find a quiet spot on a hillside or a rooftop. Lie down in the warm sun and look at the sky. Concentrate on the movements of clouds across the sky. After awhile you'll feel like you're floating.

Transcendental meditation (TM) is a simple and popular way to meditate. To practice TM, sit in a comfortable position, making sure your neck and spine are straight. Fix your eyes on a certain area in the room, but don't stare.

Center your attention on your mantra. Usually a mantra is given to you by the person who teaches you to meditate. It is a word or syllable that can be focused upon or repeated over and over. The most sacred mantra is OM, which the Hindus believe is the sound of God. You can make your own.

In TM you can think other thoughts while you are meditating. Guide your mind back to your mantra after each thought. Those who are into meditation say that after just 20 minutes of meditating they can achieve a high level of relaxation and a definite "up" feeling. And, you can't be busted for possessing a mantra.

DANCE-A-THON

Stop reading and go dance. Dance and spin and jump until the "you" is lost. Choose an animal and dance it. Choose a feeling and dance that. Dance with music or without.

Dancing allows you to experience all the parts of your body and at the same time to express the feelings inside your mind. Be aware of how you move. Dancing this way is a good insight into your personality.

If you dance by yourself, you can really let go and try movements that you might be afraid to try with other people around. No dance "steps." This is your dance.

Dance until you're exhausted.
I've got something to show you, Pam.
Come here.
What do you have, Sheila?
Some peaches.
What?
Peaches.
What are they?
They're pills that make you feel high.
What do you mean, high?
You know, an up feeling, excited.
Where did you get them?
From Al. He lives in Northampton.
He used to live here, didn't he?
Yeah, he moved last summer.
How do you know they're not poison?
Al said he takes them. They make him feel excited and full of energy. He takes them on the weekends, at parties and stuff.
What are you going to do with them?
I'm going to try a couple. They won't kill me. I want to see what happens.
When are you going to take them?
Tomorrow probably. Yeah, tomorrow, Saturday.
(Pause)
Why don't you come over, Pam, and we'll try them together?
Maybe. Peaches?
That's what Al calls them.
2.

Don't worry, Mr. Tabor.
See you around.

3.

Must help you.
Yes. We've gotten some drug information.

What kind of drug information do you need?
Well, we need to find out about some names of pills.

That's not much to go on. Do you know what the pills look like?
Yes.

Alright. If you know what the pills look like, you can find them in the picture section. Then, look-up the name in the reference section and read what's written there.

Thank you.

There they are. That looks like them.
Yeah. What does it say?
They're benzedrine.
You mean they're benzedrine.
I guess so. Hold on. I'll look it up. Gee, this is complicated.
Let me see. (Pause) It sure is.

Yeah, but at least we know the pills aren't fakes or poison, or their picture wouldn't be in here.
Are you going to take them?
Yeah. Tomorrow—come over to my house tomorrow morning. I'll give you two.

SETTING: Town library
TIME: 4:00, Friday afternoon

WARNING! NOT EVERYTHING YOU READ IN THESE CONVERSATIONS IS CORRECT.
4.

5.

WARNING: THE FOLLOWING QUESTION AND ANSWER SERVES AS A MODEL FOR HOW TO THINK ABOUT AMPHETAMINES. DO NOT USE THEM AS A DIRECTIONS ON HOW TO USE AMPHETAMINES.

¿If you take them regularly and develop a feeling of having to have them, but not if you try them just once? You don't become dependent on them.

¿Will they damage my brain?

Not unless you take a dangerous amount of amphetaamines.

You mean you'd try them yourself?

¿Who would you take them?

My friend and I get some patches. We were going to try them tomorrow and see what happens.

¿Could you do that?

¿Aren't you going to tell me not to take them?

That's up to you.

Yeah. I guess you're right. Thanks.
Here is a list of statements. Some are facts and some are opinions. Which is which?

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>FACT</th>
<th>OPINION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It's against the law to possess marihuana.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Marihuana will be legal someday.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. People who mess around with drugs ruin their lives.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. There are more heroin addicts being treated now than 10 years ago.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. People who use psychoactive drugs are unhappy people.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Buyers of illicit drugs ought to be given jail sentences.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Most heroin now comes into the United States from Mexico.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Barbiturate withdrawal is the most severe withdrawal.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Incorrect Statements:
- Cindy said that the pills were just like marihuana. She also said that even though Mighty Meyers took pills before every game, he was not a druggie. When she said this, she was implying that a person could not become addicted to the pills.
- Mr. Tabor said that psychoactive drugs cause brain damage and that LSD destroys body chromosomes.

If you need to refresh your mind about the facts on drugs, go back and read pages 4–26.

Who was biased?
- Mr. Tabor and b. Cindy
- 6 are facts; 2, 3, 5, and 6 are opinions.
All statements which offer facts are not correct. Facts about psychoactive drugs are complicated chemical information. People can mix up the facts and give incorrect information, even when it seems they know what they’re talking about. What incorrect statement about pills did Cindy make?

Sometimes people have information that’s old. There is a good deal of drug research going on right now. New facts about psychoactive drugs are being uncovered by scientists. Often the facts from one study disprove the facts from a former study. Mr. Tabor gave Pam some old information that has since been disproved. Find the incorrect information.

One of the worst situations for young people who are seeking facts is to find information they cannot understand. Pam and Sheila could have asked the librarian for help in understanding the information in the books she gave them. Instead of leaving the library the way they did, they might have been able to take the name of the drug and find out more about it in a book or pamphlet that had an easier explanation of the facts.

BIAS

When looking for facts and explanations, you sometimes need to know if the person you’re talking with has a biased opinion. A biased person has already formed an opinion about an issue and may use only those facts which tend to back up that opinion. Sometimes this is easy to spot. Sometimes it’s very difficult. Which of the following people were biased?

- a. Mr. Tabor
- b. Cindy
- c. Librarian
- d. Hotline Counselor

(Do you know any people who are totally unbiased?)

Good Sources for Facts About Psychoactive Drugs:

- National Clearinghouse for Alcohol Information
  P.O. Box 1156
  Gaithersburg, MD 20760

- National Clearinghouse for Drug Abuse Information
  P.O. Box 1904
  500 N. Washington St.
  Rockville, MD 20850

- Center for Disease Control
  Bureau of Health Education
  National Clearinghouse for Smoking and Health
  Bldg. 14
  Atlanta, GA 30333
How do you break a world record? First, get yourself a copy of Guinness Book of World Records.

1. Pick your attempt. Plan carefully. Practice in advance. Make sure you have someone to provide you with the necessities for your feat—things like food and water, shoes and socks, or anything else you may need.
2. The local newspaper, radio or TV station should know what you’re up to. When you feel ready, let them know. They may do a writeup or take pictures.
3. You must have one or two adult observers to witness your actions all the time. The observer cannot be a parent, relative, or friend.
4. The adult observer must write and sign statements about your feat.
5. Send the signed statements from the observer, the writeups or pictures, or any formal public announcements of your feat to:
   - Guinness Superlatives Ltd.
   - 2 Cecil Court
   - London Road, Enfield
   - Middlesex, England
6. The Guinness editors will respond to your letter if they think your claim is valid.

Here are some records from the 1976 edition.

Two teenagers, Peter Gollnow and Rod Bennet of Australia, built the world’s smallest bicycle and rode it (one at a time, of course).

Haven’t got enough wheels for a bicycle? Try a unicycle. In fact, you don’t have to build one—just buy or borrow one or three. If you want to break the record set by Michael Boss, 12, and Richard Nock, 14, Richard Nock, a unicycle marathon, that went for 81 miles in 21 hours. That was in Fairview Park, Ohio, in August 1974.
How many high school students does it take to leapfrog 100 miles? It took 14 from the Copperas High School in Texas to leapfrog 100 miles. There was an average of 42 leaps for each of 400 laps. It lasted 23 hours and 11 minutes.

How far can you throw a fresh hen's egg without breaking it? David Barger and Craig Finley, high school students in Missouri, threw one 316 feet and 5 3/8 inches on their 11th toss.


1006 people played the longest must-chains game on record in April 1975 in the Usses S. Grant High School at Van Nuys, California. They used 800 chairs, and the last chair was sat by Peter Tobynson.

Remember: you're either for us or a Guinness.
This is a photo of a horse in a stable. Before the show, I work straight through; I can be trimmed by 9:30 or 10:00. In the morning, I bandage the legs. If I'm going to be jumping, then I polish the hooves.

When was her first show? It was 11, and I got two first-place ribbons. It was so happy to do that in my very first show.
If you like a person, it's only fair of you in
return, it's only fair to do every reasonable
thing to attract that person's affection. If he
or she doesn't respond after a matter of time,
then admit that this time you better look
elsewhere.

If you feel that no one will ever be attracted to
you, you're wrong. Someone will love you
sooner or later, as long as you don't close
yourself off to the idea of being loved. Expect
to be loved.

An absolute truth: You are going to change.
Over a matter of months or weeks you'll be
able to notice some differences. All your
friends will be changing, too. New things will
happen.