

Hard Drugs Can Ruin You

VANCE FERRELL

Here are the facts you need.

Whether it be marijuana, cocaine, ecstasy, or over 40 other hard drugs—they are all explained here. Plus all the reasons you should totally avoid them.

Warnings about certain other dangerous drugs are also given: Ritalin, Prozac, steroids, and human growth hormone.



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Hard Drugs Can Ruin You

by Vance Ferrell

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Preface

Hard drugs give more than kicks—they give disease, mental damage, and death.

This book explains the hard drugs, one by one, in an easy-to-read style for you and your loved ones.

Here you will learn the dangers—why you must avoid them entirely.

There is no living horror like being on drugs. Life can be pleasant without them—but heartbreak and terror with them.

Dope-out is no halfway business. Either you stay clear away from it—or unpleasant things happen. And they do not stop happening.

In this book you will learn the names and effects, and how to identify them. And you will discover warning signs: what to look for in detecting their use by others.

Read this book - Share it with others - Leave copies where they will be found.

—for they need the information also.

How to Use this Book

Americans now consume 60 percent of the world's production of illegal drugs. Think about that fact a moment and you will see why you and your family need this book. Right now an estimated 20 million Americans are regular users of marijuana, 4 to 8 million are on cocaine, and half a million are hooked to heroin.

We are in the midst of a tidal wave of drug pushing. It is invading the communities, schools, and businesses of our nation. This year alone, more than 12 tons of heroin, 65 tons of marijuana, and 150 tons of cocaine will

spread across the land. From the biggest cities to the smallest towns, drugs are becoming the big thing among the youth of America.

Illegal narcotics is big business also. Sales currently total \$100 billion annually. This is more than the net total sales of any of our largest corporations (General Motors, IBM, ITT, etc.). Yet it is a business that is sickening the minds and killing the bodies of people in record numbers.

Between 1981 and 1985, cocaine-related deaths alone in 25 major metropolitan areas more than doubled and cocaine-related emergency-room visits tripled.

Extensive studies by the National Institute on Drug Abuse has disclosed that 30 percent of all college students will use cocaine at least once before they graduate, and that up to 80 percent of all Americans will experiment with illegal drugs by their mid-20s. By the end of high school, two thirds of our teenagers will have used illicit drugs.

The NIDA report summarized it this way: "This nation's high-school students and other young adults show a level of involvement with illicit drugs greater than can be found in any other industrialized nation in the world."

And now, in the new century, these drugs are becoming far more plentiful, less expensive, and of greater chemical purity. This means more addicts and more frequent deaths (since greater purity means more concentrated strength in each dose).

Just one drug trip can cause great damage and possible lifelong addiction. The new, purer doses are more addictive and lethal than before. Cocaine, heroin, and a rapidly increasing list of synthetic drugs can threaten the life of even a first-time user.

Hard drugs are something to fear, not play with. The morgues and emergency rooms of America are working overtime with the results of such experimentation. Heroin, once the leading illegal killer drug, was the cause of at least 1,263 deaths last year; but cocaine is the new big-time death dealer. Between 1981 and 1985, the number of cocaine-related emergency-room admissions rose more than 300 percent to 9,946 in 1985. Deaths from cocaine are generally caused by cardiac arrest, respiratory failure, or brain hemorrhage.

Fifteen years ago, the average heroin addict measured a shot of the white powder, based on 6 percent purity of this street drug. But now heroin is averaging 14 percent—and can be as high as 99 percent pure opiate.

Fifteen years ago, an entire marijuana joint was needed to produce drowsy euphoria. But today, as a result of hybrid seeds and modern cultivation techniques, marijuana contains nearly three times the active agent (THC) than it did 10 years ago.

And cocaine purity has jumped to 80 percent higher in recent years. The book you now have in hand deals with the majority of the dangerous drugs that are now being used in North America. This is information that you need,

for knowledge is prevention. In the information given, there is an emphasis placed on the dangerous effects of each substance. This booklet is a deterrent—to keep your loved ones from getting started. Read it, save it. Near the back you will find information on danger signals and common signs that might indicate when drug abuse is near or is being indulged.

And more trouble is ahead. The drug epidemic grows every year. And new forms are continually being discovered or developed. Already epidemic in four South American countries is the use of coca paste, the crude extract of the coca leaf used to make cocaine. Because it is as pure as freebase cocaine, it is as addictive, powerful, and cheap. It is certain to come to America soon. Just now, “crack,” (precooked cocaine) is the latest fad; but Ronald Siegel, of the Neuro-psychiatric Institute at UCLA, warns that if paste-smoked coca hits America, it will make crack “look like a garden party.”

America is in big trouble now because of hard drugs. Bigger troubles are ahead. This book can give you information you need. Read it, loan it out, refer to its pages later.

In the 1990s, several new forms of addiction were introduced. These include black heroin, methamphetamines, ecstasy, club drugs, GHB, ketamine, inhalants, ritalin, rogygnol, and steroids. These are also discussed in this book.

What about tobacco and alcohol? These are the only two very notorious, dangerous drug substances not included in this present book. Each one is covered in remarkable detail in companion books:

YOU CAN QUIT TOBACCO—*The book that can change your future. One of the most complete books on quitting tobacco you can find. And it is all carefully and simply explained. Reasons you must quit - Step-by-step how to quit - Ways to help you carry it through to success - Nutritional information that will help eliminate cravings - Weight control helps - More.*

YOU CAN QUIT ALCOHOL—*Another invaluable book. You may only be a social drinker, but don't take it for granted. Liquor is something to get rid of! This book will tell you how to do it. Step-by-step ways to quit, plus nutritional information that can help eliminate the craving.*

Glossary

Describing the Misery

The vocabulary of druggies does not need to be large. Just big enough to name the poison they want to take next. And what goes wrong when they take it.

A BAG - A packet of drugs or a single dose of an opiate. The amount of the drug in the bag is denoted by price: A “nickel bag” is \$5; a “dime bag” is \$10.

A FIX - One injection of an opiate, usually heroin.

A HIT - An injection of drugs.

COLD TURKEY - The withdrawal symptoms that occur after taking a drug.

CRASHING - Withdrawal from amphetamines, which is a swift descent from a high to the severe low of a depression.

DROP - To take any drug orally. For example, to take LSD, is to “drop acid.”

FLASHBACK - The later sudden and totally unexpected return to an LSD trip weeks or months later.

HEAD - Someone who uses drugs frequently.

JUNKIE - An opiate addict.

MAINLINING - Also called “to shoot up,” this is injecting a drug into a vein.

ON THE NOD - Or “nodding.” The sleep-like state produced by taking opiates.

RUSH - The brief heightened state of exhilaration at the beginning of a high.

SKIN POPPING - To inject a drug under the skin.

STONED - The partial or totally “knocked out” intoxication produced by any drug or alcohol.

TRACK - Scars on the skin from the repeated injections of opiates into the veins.

TRIP - The nightmare experience caused by a psychedelic drug. A **Bummer** is an especially bad one.

WORKS - The apparatus for injecting a drug. It may include a needle and a bottle cap or spoon for dissolving the powdered drug.

Chapter One

Marijuana

Call it hemp, J, Mary Jane, grass, reefers, or whatever; marijuana is the drug that a lot of people use to get them started down the wrong street. Come on; face it: Marijuana can damage you! Pot's shot! Here are 21 reasons to stay away from it.

GOING TO POT TWENTY-ONE WAYS—Yes, twenty-one. Put your eyeball through them for a moment. All twenty-one are the real stuff.

BRAIN, TESTES, AND OVARIES—Pot has its preferences and these three are it. It puts a drag on them and dulls them for regular use.

Marijuana has 61 spectacular chemicals. They are called cannabinoids, for they are found only in the cannabis plant. Each one is soluble in fat. This means they like to go to the fatty organs of your body and stay there. It takes 5 to 8 days for half the THC in one joint to clear out. The remainder hangs around for months; some of it for years.

The human brain, testes, and ovaries are especially high in fat content. So grass goes there, and much of it stays. Gradually, as it builds up, the memory begins to suffer; normal thinking becomes more shallow. When not up on a Jay, the happy feelings of life seem drained out. The emotions don't seem to work right. Life becomes a bummer.

NERVE CELL CHANGES—Pot changes brain cells. It changes them structurally; it changes how they act inside you.

Due to a number of interlocking effects of reefers, Marijuana works earnestly to put your mind back to that of a seven-year-old. It may not do it very fast, but it keeps working at it. In most cases it requires a number of months before the gradual changeover is obvious to others. But you won't know about it, for you are part of the change. You probably will deny it is taking place.

WIDENING OF NERVE GAPS—Did you even know you had any? Well, they're there. Here is what is taking place inside you:

Nerve impulses travel from nerve cell to nerve cell across little spaces called "synoptic clefts." This space widens after taking marijuana. And more: The smoke from the weed slowly lays down abnormal deposits of solid material into those spaces.

DAMAGE TO CHEMICAL ACTIVATOR SACS—More big words; but the damage is still there, and it isn't pleasant:

Each nerve cell in your body has attached to it several endings, or little threads. It is inside these endings, in little sacs, that the chemical activators for your brain are located. Without them your mind cannot work right. The cannabinoids you breathe in when you smoke marijuana do strange things to these small sacs. They begin clumping together. And then they start malfunctioning. Doesn't sound too good, does it?

LOADED NUCLEI—The heart of each nerve cell in your body is its nucleus. And the nucleus has to stay clean in order to organize its work load:

But that grass smoke that people take into their lungs is pretty big stuff. The 61 chemicals travel to each and every nerve in their body and carry with them foreign matter into the nerve-cell nucleus, and then leave it behind as the cannabinoids gradually dissipate over the coming years. It is like handing the key over to a man to unlock the door of your house each day so he can dump garbage inside. But when he leaves, he takes the key with him. And how you are going to get all that rubbish back out is quite another matter. Let's face it; those 61 cannabinoids are smarter than you are. They can tear things up in ways that you cannot easily undo. A good plan is to lay off the weed now; the mess in your body will only be worse tomorrow.

SHORT-TERM MEMORY DAMAGE—Well, you say, "What does a person need short-term memory for?" Let me tell you: It comes in very handy—every minute of the waking day. Short-term memory enables you to recall what you did half a minute ago, or on up to several days ago. Long-term memory is your memories of a number of years back. But the last 5 or 10 minutes can be the most critical for short-term memory loss. Short-term memory is more crucial than long-term in day-by-day work. Chronic pot smokers gradually lose short-term memory. Many have to drop out of school. They have to give up employment in which thinking and decision making is required of them—because they cannot recall the decision long enough to make sure it is carried out.

WANDER SYNDROME—Over a period of time on Marijuana, the mind becomes disoriented enough in relation to feelings, enjoyments, and regular living; so that many do not want to return to normal living.

They just start wandering. First, they wander around town. Never really knowing what they want to do or who they want to be with. No fixed purpose; no goals; and no real happiness. Just time for another stick, and off again down the road. Then the road lengthens and they leave home base for other lands. But they take themselves with them. Yet they have nothing. You know people who are living this way. Is this what you want for your life?

JUDGMENT AND COORDINATION IMPAIRMENT—There is no question that high doses taken frequently will impair mental judgment and coordination.

It is the THC in pot that does this. The principal psychoactive, or mind-altering, cannabinoid in marijuana is a chemical by the name of 9-THC. What 9-THC does to your mental ability and coordination is no laughing matter.

But because it works quietly, insidiously and slowly, you are not alerted to what is taking place within you. Radioactive tracing of 9-THC reveals that it normally requires 5 to 9 days for just half the 9-THC in a single marijuana cigarette to clear out of the body. The rest hangs around for a long time after that. And a sizeable amount of it can stay with you for years. But research has proven that the damage can remain, even though the THC residue has finally been expelled.

DANGEROUS CONDUCT—Outward conduct as a result of marijuana inhalation is much more unpredictable than is the inner physical degeneration that takes place.

But dangerous conduct can and does occur. Who wants to go to prison because he gunned down a friend while under the influence? Because of the vivid hallucinations and exhilaration which often result from pot smoking, men and women occasionally lose all restraint and act in a manner that is both dangerous to themselves and to others. Antisocial behavior, stemming from the weed, can be the forerunner of the use of harder drugs.

ACCIDENT PRONENESS—While under the immediate influence of marijuana, a person has a tendency to disorientate in relation to time and space around him.

People have been known to fall off cliffs and out of buildings because of reefers. Highway accidents have been traced to this source. Do not think you can muffle part of your brain for a while and always come out of it safely?

GLANDULAR CHANGES—Important changes in major glandular functions take place over a period of time because of the continued use of marijuana.

In the limbic area of your brain is a small piece of tissue that hangs down into the center of your skull: the hypothalamus. Just below it is one of the most important ductless glands in your entire body: the pituitary. It only takes one-billionth of a gram of THC to touch off a new output pattern in the hypothalamus. Signals are sent both to the pituitary (which regulates all physical endocrine function) and to the reproductive hormones (which regulate sexual function and the entire reproductive process). Inability to have children, inability to carry them to full term, inability to produce milk to nurse them—all these are problems facing pot-smoking women.

SEXUAL MALFUNCTION AND IMPOTENCE—Men and women who stay with marijuana eventually lose their sex drive. Sexual activity falls off and fewer orgasms take place. This pattern is best seen in men and women who have been smoking pot for five years or more. Research has shown that, in men, a lowered sperm count occurs. This is frequently accompanied by a larger number of abnormally shaped sperm. Another ominous factor is that the majority of the sperm move slower and appear weaker. Is this what you want for your future? degenerate children?

OVARY DAMAGE—If you are a woman and wish to have healthy children someday, then consider what marijuana can and will do to your ovaries—

stay away from this powerful drug.

Radioactive tagging of THC reveals that it accumulates in the ovaries, as well as in other organs in the body. A woman only has a certain number of eggs (about 400,000). Once damaged, nothing can be done to restore them to their original condition. And research has proven that marijuana damages the ovaries and the ova (eggs) within them.

Rhesus monkeys were selected because their reproductive systems so closely resemble those of humans. Through careful analysis of THC blood levels, researchers are able to very accurately ascertain a “monkey equivalent” of the amount of THC a human would obtain in a reefer.

Those monkeys in the control group received no THC; the other group received a monkey equivalent of two cigarettes a day. Result: 44 percent of the THC mothers produced dead or dying young.

Pathology tests on the dead offspring revealed subtle developmental abnormalities in the tissues and organs. The babies that did not die were observed and found to behave differently than normal babies. Behavior was erratic, and seemingly with less self-control. The attention span could not be as readily maintained. All this is symptomatic of marginal brain damage prior to birth.

DNA DESTRUCTION—DNA is the genetic material that is the heart of every cell nucleus in the human body. If it is not present in the correct chemical arrangement, normal cell functioning and division cannot take place.

Dr. Gabriel Nahas of the Medical School at Columbia University has done extensive research into marijuana for decades. In 1974 he discovered that marijuana injures DNA content and placement. He found that THC intrusion into cell nuclei reduces the ability of the individual cells to maintain life functions in accordance with the genetic code that is built into cellular molecules. This is because THC interferes with the formation of DNA in cell nuclei. The result is cellular death or abnormality. Without DNA coding, the cell mutates into new patterns.

MIDDLE AND OLD AGE PROBLEMS—Yes, it’s all yours if you want to smoke pot. You can start having them now.

Here is part of what this friendly drug will hand you as a free gift: severe chest pain, certain respiratory conditions, short-term memory loss. All these are factors that normally only the elderly have trouble with. Why get old while you’re still young? Get off the junk weed and get back into real life.

RESPIRATORY PROBLEMS—A whole list of chest troubles can be yours if you will take the time to stick by marijuana: Research studies were made of U.S. Army men stationed in West Germany. It was discovered that heavy marijuana smoking produced bronchitis, asthma, sinusitis, pharyngitis, and a number of other respiratory diseases. And it was found that any of these conditions could occur within less than a year or so after starting on pot. The extent of the problem was far more severe among users of marijuana than among men who had been heavy smokers for over ten years.

LUNG DIGESTION—Sounds pretty disagreeable, doesn't it? Here are some of the details:

It was found that a major reason marijuana users are so prone to lung disease is due to "airway resistance." Marijuana increases, by 200 percent, the occurrence of certain enzymes that occupy themselves with eating, or digesting, the walls of the thousands of passages in the lungs. This results in lung malfunctions of various kinds.

REDUCED OXYGEN INTAKE—We all need oxygen to keep going. Consider the problems of those who try to climb Mount Everest if you think you can do without a proper amount of it. But on a pot diet you are headed for oxygen trouble—that may last the remainder of your earthly life.

This problem of "airway resistance" results in a reduced amount of oxygen to the lungs. If you stay with hemp, the day is coming when you will live in semi-oxygen starvation all the time. Not so good. Not only is less oxygen available to your body, but excess carbon dioxide is retained. Carbon monoxide in the smoke replaces still more oxygen. You feel all "done in" and don't know why. Your initiative seems collapsed. Try quitting grass while you can still get air.

CANCER PRODUCING—Yes, cancer producing! A number of separate research studies are all pointing the same way: The use of marijuana is cancer-producing.

The mechanics of this is similar to cigarette smoke and lung cancer. An unfiltered tobacco cigarette contains about the same amount of carbon monoxide, benzene, acetone, and ammonia. These are all highly irritating and dangerous. But the two important cancer-producing chemicals, benzathracene and benzoparene, occurred in a 55 to 70 percent greater concentration in the smoke of marijuana.

Both tobacco and marijuana will produce cancer. Both produce squamous-metaplasia cells in test persons. Both condensates produce cancer tumors. But marijuana smoke is more harmful to the lungs than is tobacco smoke, and it will produce lung cancer more quickly.

HEART PROBLEMS—Anyone with heart trouble—or who wants to avoid it—should stay away from reeferers.

The heart rate is increased by 30 beats per minute, putting a strain on it in a resting position. But the heart now needs additional oxygen to handle the increased load; yet it is denied that.

HEART ACTION REDUCED—Here is a way to stop your heart a little earlier: Start using pot.

Marijuana directly weakens the heart muscle, through a reduction in its ability to pump blood: A complicated series of factors underlies this problem. But take it from me: Get far away from pot before it gets you.

The smoke of marijuana also weakens the heart in two other ways: At the very time a person is smoking the drug, he is taking surprising amounts of

carbon monoxide into his body. But the CO¹ damage is multiplied in two ways: First, the carbon monoxide chemically replaces oxygen in the body, greatly weakening all of its functions. Second, the marijuana smoke itself also contains factors, not as yet fully understood, that keep oxygen from the body. These two factors combine into an insidious combination to slowly, but permanently, weaken physical functions and, at the same time, aid in the work of organic brain damage.

POP TALK—Here are thirty-five aliases for the stuff:

Acapulco Gold, Broccoli, Bush, Dry High, Gage, Ganga, Grass, Giggle-smoke, Griffio, Hay, Hemp, Herb, Indian flay, Herb, J, Jay, Jane, Joints, Locoweed, Mary Jane, Mohasky, Mooter, Mota, Mu, Mutah, Muggles, Panama Red, Pod, Pot, Reefer, Sativa, Smoke, Stick, Tea, Weed. This jumble all means the same thing: marijuana.

POT IS WAY OUT - EIGHTEEN WAYS OUT—Some people think their pot luck is pretty good. But look at this:

“Today’s pot smoker may not only be damaging his own mind and body, but may be playing genetic roulette and casting a shadow across children and grandchildren yet unborn.”—*Dr. Gabriel Nahas, Columbia University College of Physicians and Surgeons.* Dr. Nahas has done extensive marijuana research into its effects for years.

Pot is poor pickings to Lebensohn, another researcher:

“Marijuana is not the innocuous drug many would have us believe . . . All agree that it is a drug which acts on the brain. In sufficient doses this drug induces confusion, disorientation, hallucinations, and delusion. In my long experience working with Peace Corps returnees and other patients in their teens or early twenties, marijuana, in sufficient doses, has the capacity to trigger serious mental illness in susceptible persons.

“These psychotic episodes, some of them lasting for months, would never have occurred had the person not been exposed to substantial amounts of marijuana . . . The emotionally unstable young who use it are playing Russian roulette.”—*Dr. Zigmund M. Lebensohn, Emeritus Chief of Psychiatry at Sibley Memorial Hospital in Washington, D.C., and Professor of Clinical Psychiatry at Georgetown University, School of Medicine.*

The experts say it’s time to stop being a crackpot:

“The THC exposed babies that survived [marijuana taken by their mothers] acted differently from the others. They didn’t seem to have normal ‘brakes’ on behavior. They showed deficits in attention. This kind of subtle behavioral difference is characteristic of marginal brain damage in early development.”—*Dr. Ethel Sassenrath, researcher at California Primate Research Center, University of California at Davis.*

If you don’t break pot, it will break you later on:

“I saw chronic bronchitis and emphysema—generally found only in 45- or 50-year-olds—in hashish-smoking soldiers who were only 18 years old.”—

Dr. Forest S. Tennant, Jr., former director, U.S. Army Drug Abuse Program in West Germany.

“We never used to see teenagers with chest pain. In fact, we hardly used to see teenagers in here at all; they’re over the childhood diseases and usually in the prime of health. But now young pot smokers show up with a variety of symptoms—like severe chest pain, certain respiratory conditions, and short-term memory loss—which are normally associated with middle and old age. Many pediatricians, and I am one of them, are convinced marijuana is the single most dangerous health hazard facing American youth today.”—*Dr. Ingrid Lantner, clinical pediatrician, Cleveland, Ohio.*

“Our study shows that in the case of youngsters who abstain completely [from taking any more marijuana] for an average of six months, there is often a return of concentration (attention and memory) to expected levels.

“This is not true for older marijuanaholics. In respect to short-term memory loss, in some cases, they do not appear to come back all the way. Furthermore, because older users are usually long-term users, they have made subtle changes in their lives that are hard to undo. For example, they slide into less-demanding jobs.

“Even if off the drug for a year, one or two joints can send them on a pot binge, and they relapse quickly into their former use patterns. And although it may have taken two years to reach their prior seriously disabled state, it may take only two weeks of renewed pot smoking to revert to the same level.”—*Dr. Mark Gold, director of research, Fair Oaks Hospital, Summit, New Jersey. (Dr. Gold received the American Psychiatric Association’s 1981 Foundation Prize for Research in Psychiatry.)*

Pot doesn’t look like such a smooth ceramic after all, does it?

“By increasing either the heart rate or blood pressure, you increase the amount of oxygen needed by the heart muscle. With ten puffs of pot you increase both simultaneously. But that’s not all. Marijuana increases the amount of carbon monoxide in the blood as well, thereby reducing the amount of oxygen delivered to the heart muscle.

“Not only could marijuana precipitate a heart attack or cause sudden death in patients with known coronary disease, but people who might have sub-clinical heart disease—without symptoms—could also be taking a risk. Remember that nearly 25 percent of persons dying suddenly from coronary heart disease have had no prior recognized symptoms of heart disease.”—*Dr. Wilbert S. Aronow, professor of medicine and chief of cardiovascular research, University of California at Irvine.*

It’s time to get off the pot sticks:

“Five years ago I testified before the [California] State Legislature that marijuana was harmless. I have changed my mind. At that time my experience with users was limited and literature was sparse. Most of what I had read and heard led me to the conclusion that there was no proof of long-term harm.

“But the Psychiatric Clinic in Berkeley sees approximately three thousand students a year. My thinking began to shift as I noticed that formerly bright students were finding it difficult to concentrate, to memorize and to think straight. They would insist that they were feeling things more acutely, getting unusual insights into situations and loving humanity more. But I could see no evidence that any of this was true when those students spoke to me. I heard patches of lucidity and sometimes brilliance. Suddenly they would fall into a hole of confusion and be unable to extricate themselves. A common statement from such a student is “I am lost” or “I forget what I am trying to prove.”

“I have now come to believe that the effects of marijuana are cumulative, that after a period of prolonged use, say, six months or a year, if pure marijuana is used in frequent dosage, chronic changes can occur which are similar to those seen in organic brain disease.”—Dr. Harvey Powelson, chief of the Department of Psychiatry, University of California at Berkeley.

Too many are getting potted out and can't get back:

“A sizeable number of our young people will not mature as they should. Instead, we can look forward to a growing population of immature, under-qualified adults, many of whom will be unable to live without economic, social, or clinical support.”—Dr. Mitchell Rosenthal, psychiatrist and director of Phoenix House, New York City (Phoenix House is the largest residential drug-treatment facility in America).

Too many are deciding that it's not all such a potting good time:

Consistent inhalation of marijuana can trigger a condition in men known as ‘gynecomastia,’ which is the development of female breasts in males. THC is chemically similar to the female hormone, estradiol. In high doses over a period of time, it exerts a feminizing effect on males. In one instance, a young man asked to have two and one-half inch breasts removed. When biopsied they were found to be exactly like female breast tissue in every respect, including milk sacs (Newsweek, April 2, 1973, p. 65).

“Careful research into effects of marijuana revealed that pot damages chromosomes in both men and women. And it was noted that this damage occurred irregardless of whether they were light or heavy smokers of marijuana.”—Dr. Morton A. Stenchever, professor of obstetrics, University of Utah.

“Not Pot!” is the cry of a growing number of experts.

“The most obvious impairments caused by chronic marijuana use are in the area of Organic Brain Syndrome. These include impaired short-term memory, emotional flatness, and the amotivational—or dropout—syndrome. This can progress from dropping of sports, to dropping out of school, to dropping out of the family.”—Dr. Harold Voth, Menninger Foundation's School of Psychiatry and chief of staff of the Topeka Veteran's Administration Medical Center.

Pot is junk in more ways than many:

“No other drug has the staying power and broad cellular actions on the body that cannabinoids [the chemicals in marijuana] do.”—Dr. Carlton Turner, director of a research project at the University of Mississippi, conducted under the auspices of the National Institute for Drug Abuse.

It’s either a broken pot or a broken you.

British doctors have discovered that pot may cause cerebral atrophy. This is a condition in which an excessive destruction of brain tissue has occurred. Aside from cerebral atrophy, these doctors have also noted the effects of marijuana in causing narcissism, loss of memory, pessimism, diminished clarity of thought, lessened capacity for work, and inability to focus on future goals (from a report in the British medical journal, *Lancet*).

The wise ones drop pot; the others will wish they had later on.

Doctors at the Reproductive Research Foundation in St. Louis have found that the blood concentration level of the male sex hormone, testosterone, among pot users was 44% lower than a control group. In a pre-adolescent boy, this hormone imbalance can delay or severely disturb the normal course of puberty. They found that the use of marijuana can induce temporary sterility and impotency in males. And, because of this factor, a pregnant woman carrying a male fetus can damage his sexual development if she smoked marijuana during gestation (*Report of the findings of the St. Louis Reproductive Research Foundation*).

Some may be pot-happy for a while, but others recognize its long-term effects:

The latest headlines tell of how the immune systems of a growing number of homosexuals and drug addicts are going haywire. But back in 1914, it was reported that researchers at Columbia University had discovered that the use of marijuana was laying the foundation for immune system trouble ahead. It was found that marijuana depresses the body’s immune system, so that it cannot fight invading organisms. The ability of the white blood cells to resist foreign substances was 40% less among pot smokers. This makes them more susceptible to disease than the general population (from a research report by a team at Columbia University College of Physicians).

Here are more pot shots:

“If someone smokes [marijuana] twice a week or more, sobering up—in a total sense—never occurs. Even when not high, he or she remains in a state of sub-acute intoxication; in most cases, without even recognizing this ‘hold-over’ effect.”—Dr. John Meeks, medical director, Psychiatric Institute of Montgomery County, Maryland.

Well, there’s not much left in the pot after all that!

“The inescapable fact is that unless our current pot-smoking habits are reversed sharply, Marijuana will have drastic long-term physical and psychological health effects on our young people and, therefore, on the future of our families and our nation.”—Dr. Carlton Turner, director of the National Institute on Drug Abuse, Marijuana Research Program, University of Missis-

sippi.

POT'S GOING WILD—At least the people who are trying to get it to you are. Not because they care about you. They just want your money.

America has entered a drug epidemic. And much of it is keyed to marijuana. Millions all over the land are turning to pot as the answer to their problems. Instead, they will find that it is going to give them a whole potful of new problems.

In 1962, only 4 percent of adults age 18 to 25 had ever smoked marijuana. By 1982 that figure had risen to 64 percent. Among the 182.5 million Americans who are 12 or older, more than 57 million—a whopping 31.3 percent—have tried marijuana.

Studies reveal that in just one month in 1983 (April), 2.6 million teenagers smoked pot. Included in that figure are 29 percent of high-school seniors who admitted having used marijuana that month. Among adults 26 and older, about 8.4 million smoked pot that month.

About 75 percent of the marijuana coming into the U.S. is channeled through Colombia. But the more stringently efforts are made to control its import, the more we have on our streets. America is sprouting into a marijuana garden. Thousands are entering the business of planting for potheads. From Northern California to the Carolinas—pot is going wild, but not growing wild. Carefully cultivated, it is being planted in backyards and national forests, with secret harvests and many arrests.

Guns are being used to protect it; and trouble is ahead for all America, unless something is done soon. It is now recognized that organized crime is moving into the field, in an attempt to control the wholesale outlets of the crop. This will mean quiet murders for the middlemen in the business who resist selling their pot through the proper outlets. Marijuana is now the second largest cash crop in Kentucky and one of the largest in Hawaii.

And yet, as you have been reading above, marijuana can be one of the most dangerous investments you have ever put into your body.

With 16 million Americans currently taking marijuana, major damage is taking place in our population. But keep in mind old China. That powerful civilization crumbled in the nineteenth century when its hard-drug levels rose to more than 30% of the population. The United States is gradually nearing that level.

MORE ON MARIJUANA—Over 300 scientific studies into the harmful effects of marijuana have been published in scientific journals since 1975. These effects include personality damage; abnormal cell nuclei in both size and development; injury to sperm and ova; disorganized protein production; reduced oxygen and heightened carbon monoxide content in tissues; irregular cell division; cancer; and heart, lung, glandular, nerve, and brain damage.

All marijuana comes from a single plant: the *cannabis sativa*, commonly called “Indian hemp.” *Cannabinoids* are the chemicals found only in this plant. There are 421 currently identified chemicals in the cannabis plant. The

most active of the cannabinoids is THC (*tetrahydrocannabinol*).

Hashish, prepared from cannabis in a different way, is much stronger than marijuana. Marijuana is smoked in pipes or cigarettes. Hashish is taken orally or mixed with a food and eaten.

Both are illegal. You only need to have to either one in your possession in order to receive a stiff prison sentence. Fines and even heavier sentences are doled out for transporting cannabis or giving or selling it to another. For example: If a person over 18 sells marijuana to a minor under 18, he is subject to a fine of up to \$20,000 and/or 10 to 40 years in prison for the first offense, with no suspension of sentence probation or parole. So leave cannabis alone. A long way alone.

MORE POWERFUL THAN POT—It's too late to be cracked on pot. Here is something far better.

Marijuana is not your friend. It is a silent enemy. Once inside, it spends its time trying to injure, cripple and destroy your mind and body. Here is how to solve the problem:

First, decide that from now on you will choose only those people as friends who really desire your best good. Settle it in your mind that you will drop the hangers and stay away from those who just want to use you, get your money, wear you out, and get you into trouble.

Second, go by yourself alone. Make sure you have a couple extra hours to spare. Get on your knees and ask God for help! And be serious about it. For the truth is that you desperately need help, and He is the only One who can give it to you. Talk to Him out loud. Tears won't hurt at all. Tell Him the mess your life is in. Ask Him for forgiveness. Stick with it. Ask Him to forgive your sins. Tell Him that, with His help, you choose not to go back to your old ways.

Get hold of a Bible. Read John, chapters 18 through 21. Talk to God about what you read. It was written for you and about you. Peter fell just as you did. And Christ forgave him, too. Then read John 14 through 17. Tell Him that you have sinned against Him and you want peace with Him. Tell Him that you want to give your life to Him and obey what He tells you in the Bible. Then, believe that He has forgiven you and that He will help you obey Him. By this you shall know it: The peace of forgiveness and acceptance with God will come into your heart.

Third, from that point onward, every day of your life must begin with time for God, in prayer and the reading of His Word. All through the day you must cling to His hand and send up silent prayers for help and thankfulness. Expect Satan to try to give you trouble through everyone and everything around you. But you are strong as long as in your weakness you hold Christ's hand tightly.

We live in a world in rebellion against God and His Ten Commandment Law. Determine that you will be different. With the help of God, you will be loyal to Him, to high standards of conduct, to right living. Settle it that you

will spend your time trying to help others instead of merely living for amusements and selfish indulgences. Decide that you will care for your body, so you can better serve God and help others.

And write me, so I can send you other materials that will help you in your daily walk with God. A wonderful future is about to open up before you, as you begin the three steps described above.

Chapter Two

Over Forty

Other Dangerous Drugs

Drug abuse has gone wild. Here is more about a variety of cousins, in-laws, and outlaws of the drug abuse family.

Read through the list. In the long haul, every one of them is extremely dangerous.

SECTION ONE CHEMICAL HALLUCINOGENS

Hallucinogens are the first living horror on the list. These are drugs capable of producing mood changes which are frequently of a bizarre character. This includes a disturbance of sensation, thought, emotion, and self-awareness. It also includes an illusionary change in time and space. But, with the passing of time, the illusions and delusions brought on by the hallucinogens threaten to dominate and destroy the mental fabric.

Hallucinogens are also known as “psychedelics.” The most important hallucinogen has a long name: *lysergic acid diethylamide*. The common term for it is LSD. Some other hallucinogens are mescaline, psilocybin, certain plant extracts, and a number of synthetic substances.

None of the hallucinogens are legally available, so all of it must be obtained through the illicit drug trade. People who take these things will go on a spree and load on them, taking them several times in a week. Then they will try to avoid them for awhile, simply because the aftereffects were so terrible.

While an actual physical dependence does not develop, the psychic drive that is aroused to keep repeating the experience can be just as gripping. The effects may often seem immediately pleasurable and rewarding, yet they will at unpredictable times yield the stark terror of a “bad trip”—that drives some to suicide.

In general, the psychological effects of taking any of the hallucinogens is highly variable and unpredictable. Ideas, feelings, pictures, and various other sensory impressions will be perceived within the mind. Changes in sensation, perception, and touch may be experienced.

It is of deep significance, that when these individuals later relate their experiences—which at the time seemed so profound, marvelous, and sensational—they are obviously little more than the kinds of things you experience in dreams of the night, only more intensified. A “profound, very creative new thought” will be grasped while under the drug; but, when later related, it is seen to be of no particular consequence.

In other words, while under the hallucinogen, everything perceived is thought to be very great and wonderful—when it really isn’t after all.

But, let me assure you: The physical and mental damage, the bad trips, and the freak-outs are simply not worth the fun of imagining that nothing special is something great.

In the bad trips and freak-outs, there is an intense experience of horrible terror, a nightmarish fear that grips to the point of utter panic. Other undesirable effects of taking hallucinogens are these: complete loss of emotional control, paranoid delusions, hallucinations, profound depression, tension, and anxiety.

Although first experienced while under the influence of the drug, the severe problems described in the above paragraph begin cropping up in the daily life. If the taking of hallucinogens is not terminated, the passing of time will soon make all of life something of a bad trip. And that isn’t what you want for your future, is it? You want a better life than that.

Disordered social behavior may also occur. Because of the delusions and disordered sensations, the user may think he is immune from harm—and begin to try to do very dangerous things. Perhaps he may decide to fly out a nearby window and land on some distant building. Instead he falls to his death on the street below. This is how Dianne Linkletter, Art Linkletter’s attractive and talented daughter, died. Suddenly one day, particles of a hallucinogen that she had taken some time earlier threw her into an instantaneous trip; and, thinking she could fly, she jumped through the nearby window of a high building.

What happened to Dianne Linkletter was a “flashback,” or sensory replay of a previous drug trip. These can take place months after taking a hallucinogenic drug, such as LSD. These flashbacks maybe severe, simply a feeling of dizziness, or a temporary blackout. But if you are driving a car down the road when it happens, you do not even want to experience a dizziness flashback, much less a worse kind.

If you meet a person on a hallucinogenic trip, good or bad, give him careful attention, reassurance, and protection from bodily harm. Talk him down from his disturbing experience in quiet and safe surroundings. Get him to someone qualified to help him. Preferably, two persons should accompany him in going there.

1 - LSD—LSD is the abbreviation for *d-Iysergic acid diethylamide* (*lysergic acid diethylamide*). But it is better known in the trade as “acid.” Because of the unpredictable and terrible things that it brings into people’s

lives, it has become one of the most written and discussed of all the synthetic hallucinogens.

A powerful man-made chemical, LSD, was first developed in 1938 as a research drug. It turned out to be an unusual one. A single ounce of the substance is enough to yield three hundred thousand doses. A dose as low as 25 micrograms can actively affect the mind. And that amount is equal to one-twenty-five thousandth of a single gram!

LSD is odorless, colorless, has a slightly bitter taste, and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small decorated squares, with each square representing one dose.

The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self changes. Sensations may seem to "cross over," giving the user the feeling of hearing colors and seeing sounds. These changes can be frightening and can cause panic.

It is impossible to obtain LSD legally, so all of it is obtained from illicit drug pushers. Some people decide that all they want is the unreal world of LSD. Known as "acid heads" by the drug trade, these people are searching for some way to abandon the world of logic, reason, and common sense. LSD is the perfect answer. Yet the trouble that it brings with it should stand as a warning to the rest of us: Don't recklessly throw your life away on dangerous chemicals. That is a poor way to live and a miserable way to die.

And then there are the "bad trips." This is one of the gifts that LSD can bestow upon you. As mentioned earlier, weeks after taking d-lysergic acid, a person can suddenly find himself in the midst of a "bad trip." He may decide he is a bird and leap out the nearest window, intent on flying off into the clouds, or he may jump in front of a passing car because he is instantly convinced he is armor-plated and can no longer be injured by anything.

A five-year-old girl accidentally swallowed some food soaked in LSD. She was still suffering "bad trips" nine months later. It was five months before her IQ returned back up to normal.

Bad trips and flashbacks are only part of the risks of LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. It is difficult to determine the extent and mechanism of the LSD involvement in these illnesses.

There are stories in the news about LSD: There are the women who use “acid” so much they imagine they can “see music and hear pictures.” How delightful, they think—until they later give birth to damaged babies with grotesque physical characteristics.

The problem is that LSD damages and breaks chromosomes in the unborn. Disfigured children are the result. The experts tell us this chromosome damage may then pass on to the children’s children as well. This is because heredity passes the chromosome separation along to the next generation. Chromosomes, and the genes strung out on them, contain the blueprint for the entire body. You are doing something very serious when you injure chromosomes.

LSD is one of the most dangerous drugs to be found anywhere. And yet all the “marvelous” things that it does in the mind—are nothing more than this: Experiments with LSD reveal that it blocks out the brain’s normal screening-out process, so that the mind becomes flooded with random sights and sounds.

Really now, is a bunch of random sights and sounds in your mind—worth all the terrible results that LSD will bring into your life if you take it?

2 - PHENCYCLIDINE (PCP or ANGEL DUST)—This is one of the strangest of the drugs. Variously known by many names (such as “angel dust, killer weed, supergrass, crystal cyclone, elephant tranquilizer, hog, Pea-cee pill, or PCP), it is not only different, but also dangerous.

Phencyclidine first appeared in San Francisco in 1967, but was soon rejected by many street dusters because of its unpredictably miserable effects. Yet it is coming back again, this time as an additive to other drugs or a substitute for them.

Because it is so inexpensive to make, it is often sold as LSD or THC. (THC is the active ingredient in marijuana, but is rarely available by itself.) Many drug takers swallow PCP without really knowing what it is they are taking.

Available as a tablet, powder, or varied-colored capsule, PCP is most frequently smoked in a “joint” along with some parsley or marijuana. When taken in tablet, capsule, or powder form, a stronger dose is absorbed into the body. But even in smoking it, one takes in an unpredictable amount of a very unpredictable chemical.

Phencyclidine (PCP or angel dust) takes one into a temporary fantasy world that may be pleasant—or a nightmare. Immediately afterward, a mood depression, irritability with others, and a sense of alienation from life is felt.

Yet if somewhat larger doses are taken (which can easily happen by accident), the takers become confused and agitated, with a blank, startled look on their faces. They can become so uncoordinated that they seem to be drunk. Both their thinking and remembering depart. Some may become violent and aggressive while others will appear silent, withdrawn, and unwilling to talk.

If the dose is higher still, the victim may lapse into a stupor or coma which could last for days or weeks. Still more and they die.

Unpredictable doses can bring unpredictable results. More PCP users die from accidents that were brought on by the strange behavior produced by the drug than by the chemical effects of the drug. PCP users have been known to drown in shallow water—because they could not figure out which way was up. Others have died in auto accidents, fallen off roofs and out of windows. Some have died in fires because they could not feel the fire or know how to move away from the flames.

PCP can bring murder or suicide, when its users become violent. Last but not least, the effects of PCP can reappear for months and years afterward. Regular disturbances in memory, judgment, concentration, and perception can face them for years to come. And with these, recurring bouts of anxiety and depression may occur. Sporadic outbreaks of violent behavior are commonplace. PCP-induced psychosis (insanity) is sometimes the result.

Which nightmare do you want? You have just read about phencyclidine, otherwise known as PCP or angel dust. The other sections in this book are full of additional nightmares.

Why not, instead, just leave all the narcotics and street drugs totally alone. You will have a much happier life.

3 - EMBALMING FLUID—Since the 1970s, PCP has often been called “embalming fluid,” but the real thing is now being used on the street.

By 1998, druggies began stealing the stuff from funeral homes. It is a mixture of formaldehyde, methanol, ethanol, and other solvents. Users, generally in their teens or 20s, spend about \$20 for joints or regular cigarettes that were soaked in it, then dried. The product is called “wet,” “fry,” and “illy” and is sometimes mixed with TCP. Somehow, the idea of real embalming fluid appeals to people on the fast track toward a quicker death.

Hydrol Chemical, an embalming fluid supplier, has warned funeral homes to store their product more securely. But we live in an age when anything goes—literally.

The chemical mixture is gaining popularity despite often violent and psychotic side effects. According to a 1998 study by a Texas commission, users report a host of miseries from the high, which may last from six hours to three days. These include hallucinations, euphoria, a feeling of invincibility, increased pain tolerance, anger, forgetfulness, and paranoia. Experts say more dangerous reactions may include coma, seizures, renal failure, and stroke.

4 - KETAMINE—*Ketamine hydrochloride*, or “Special K,” is a powerful hallucinogen widely used as an animal tranquilizer by veterinarians.

Ketamine is a powder. The drug is usually snorted, but is sometimes sprinkled on tobacco or marijuana and smoked. Special K is frequently used in combination with other drugs, such as ecstasy, heroin, or cocaine.

Liquid ketamine was developed in the early 1960s as an anesthetic for surgeries, and was used on the battlefields of Vietnam as an anesthetic. Powdered ketamine emerged as a recreational drug in the 1970s and was known as “Vitamin K” in the 1980s. It resurfaced in the 1990s’ rave scene as “Special K.”

Users sometimes call ketamine “K hole,” because it feels like helplessly falling into one. They describe profound hallucinations that include visual distortions and a lost sense of time and identity. The high can last from a half-hour to 2 hours. The Drug Enforcement Administration reports that overt effects can last an hour, but the drug can still affect the body for up to 24 hours.

Use of Special K can result in profound physical and mental problems—including delirium, amnesia, impaired motor function, and potentially fatal respiratory problems.

Damage to the mind can continue. Do you want your mind weakened for years to come?

5 - OTHER HALLUCINOGENS (MMDA, DET, Psilocin, 68, and STP)—There are several other hallucinogens (“psychedelics”) which are similar to LSD in effects and dangers: These include **MMDA, DET, psilocin, 68, and STP** (This “STP” is not the additive put in auto crankcases.) Like all other hallucinogens, the consumption of these substances is dangerous and can result in suicidal reactions as well as certain physical discomforts.

SECTION TWO PLANT HALLUCINOGENS

Peyote, mescaline, psilocybin, DMT, MMDA, DET, psilocin, 68, and STP are substances that have effects similar to those of LSD. All of these substances are hallucinogenic and are classified as hallucinogens (“psychedelics”).

1 - PEYOTE—comes from a cactus plant and consists of chopped cactus buttons which have been brewed with tea or chewed while drinking wine or some other highly flavored drink. That is done because it tastes so terrible, that it could not otherwise be swallowed.

Also known as “moon,” “the bad seed,” and “P” peyote has mind-bending effects—and harmful effects similar to those of LSD. Read the earlier sections in this book on LSD and the hallucinogens, and you will be convinced that you had better leave peyote and its relatives totally alone.

2 - MESCALINE—also comes from a cactus plant. Experiments indicate that its immediate mental effects and later harmful physical effects are almost identical to those of LSD. So powerful is mescaline, that it brings ten-hour trips. That is ten hours of dreams that turn into nightmares. This is not something you want to experience.

“Mesc,” or “big chief,” as this drug is known, is generally eaten or taken as a drink, but sometimes it is shot into the arm. Mescaline tastes just as bad as peyote, so it is also mixed with something else in order to get it down.

3 - PSILOCYBIN—comes from a Mexican mushroom and is usually eaten along with something else. The experts tell us that all of its effects (immediate and later) are remarkably similar to those of LSD. Read the chapter in this book on LSD in order to better learn about the nightmare that peyote, mescaline, psilocybin, and DMT can bring into your life.

4 - DMT—Small doses of DMT will provide a much quicker trip than LSD, but regular doses yield nearly identical effects. Certain plants that grow in the Caribbean and South America produce the seeds from which DMT is manufactured. But more frequently, DMT is obtained from a synthetic derivative of *tryptamine*.

SECTION THREE NATURAL NARCOTICS

1 - OPIUM—The Asiatic poppy is the source of the non-synthetic narcotics. The plant was grown in the Mediterranean region as early as 300 B.C. At various times it has been produced in Hungary, Yugoslavia, Turkey, India, Burma, China, and Mexico.

It was not until the early 1900s that restrictions were placed on the importation or use of opium in the United States. Back in those days, patent medicines often included opium, without any mention or warning on the label. People became addicted to these dangerous “medicines.”

At the present time, state, federal, and international laws so control the opium traffic that there is little problem with opium use or addiction in this country.

There are at least 25 different organic substances which can be extracted from opium. All are alkaloids and fall into one or the other of two categories, each with different effects:

The first of these includes morphine and codeine, both of which are used as pain deadeners (analgesics) and also in cough suppressant mixtures.

The second includes papaverine, which is an intestinal relaxant, and noscapine, a cough suppressant; these have no significant influence on the central nervous system. Neither of these drugs are regulated.

Each year, about 250,000 kilograms of opium are legally imported into the United States. Most of it is processed by U.S. pharmaceutical and chemical firms for the manufacture of morphine and codeine, but a small amount is placed in anti-diarrhea preparations, such as paregoric.

But, whether in morphine, codeine, or paregoric—it is still opium and can bring a terrible addiction if used very much.

The Asiatic poppy, *Papaver somniferum*, yields three natural narcotics and four semi-synthetic ones. Here they are:

Natural narcotics: opium, morphine, and codeine.

Semi-synthetic narcotics: heroin, hydromorphone, oxycodone, and etorphine and diprenorphine from thebaine. All of these poppy extracts or derivatives are discussed in this book.

2 - MORPHINE—Morphine is the second of three natural derivatives of the Asiatic poppy, *Papaver somniferum*.

Opium is extracted from the raw unripe poppy seeds. Morphine, which is about 4% to 21% of opium, is extracted from it. Morphine is one of the most effective pain killers known to man. It is sold to hospitals and physicians in the form of injectable ampoules, white crystals, and other injectable preparations. Morphine is odorless, bitter tasting, and darkens with age.

People who take several morphine injections very quickly develop a tolerance and addiction to it. "Tolerance" means that they must keep taking ever-increasing doses in order to achieve the same results.

Much of the morphine manufactured in the United States is converted into codeine.

Morphine is dangerous. It is highly addictive, and an ever-increasing amount is needed to satisfy the addict. People who take it generally move on up to cocaine or directly to that living horror, heroin. And heroin addicts, when they cannot obtain it, will try, without much success, to use morphine or cocaine to satisfy their terrible physical craving.

3 - CODEINE—Codeine is about one-tenth as powerful as morphine and is found, along with alcohol, in cough medicines.

That which is first extracted from the poppy is raw opium. Codeine is found in raw opium in concentrations that range from 0.7 to 2.5 percent. It was first isolated in 1832 as an impurity in a batch of morphine. Although it can be separately derived from plant substances, most of the codeine produced is extracted from morphine.

Comparing the two, we find that codeine produces less analgesia (pain relief), less sedation (relaxant and sleep inducer) and respiratory depression (slowing of breathing).

Codeine (in the form of codeine tablets or combined with other substances, as in Emperin Compound or APC) is used for the relief of moderate pain. It is also to be found in liquid codeine preparations for the relief of coughs (antitussives), under such titles as Robitussin AC, Cheracol, and elixir of terpin hydrate with codeine. Codeine is also used in injectable form for moderate pain relief.

Along with morphine and cocaine, codeine is being used by dope addicts. The primary danger is that anyone taking codeine for "kicks"—will soon move on up to morphine or cocaine, and then to heroin. Therefore, leave codeine totally alone. Don't start climbing the narcotic ladder!

SECTION FOUR SEMI-SYNTHETIC NARCOTICS

1 - HEROIN—There are over 100,000 heroin addicts in America alone, yet more than half live in New York State. Recent estimates indicate that over half of all heroin addicts are under thirty years of age.

One night a young father left his cheap apartment in New York City, where his seven-month-old baby would soon awaken and begin crying for food. With the money needed by the family, he purchased on the street a small cellophane bag of heroin. Alone again, he began to dissolve heroin in a hot spoon and then shakily injected it into his arm. Shortly afterward, he was found dead from an overdose.

Heroin is five times more potent than morphine and brings a life of living horror to those who are addicted to it.

Street names associated with heroin include “smack,” “H,” “skag,” “Harry,” “R,” “boy,” “white stuff,” and “junk.” Other names may refer to types of heroin produced in a specific geographical area, such as “Mexican black tar.”

One reason for such a high mortality rate is the way in which heroin is bought and sold. Dealers cut the heroin down to weakened units with milk and sugar. But, in the process, some of it does not get “cut,” and almost pure heroin is sold on the streets. Its use will prove fatal.

Another reason for heroin fatalities is the inability to properly judge how much heroin to inject. Too much of this powerful powder brings almost instant death. Then there are those who have been jailed for a while. Upon being released, they take a normal dose of heroin, but their bodies are not conditioned for it. Death results.

Authorities estimate that one heroin addict dies every day from an overdose.

It is reported that heroin addicts steal over \$1 billion worth of goods each year in an attempt to support their extremely expensive habit. The stolen merchandise is sold to a “fence” who pays only about a fifth of its value. So it requires a lot of theft to finance a \$50 a day habit.

Although heroin is generally “mainlined” (injected into a vein), it may also be taken orally or inhaled. It is of interest that some of the workers who mix and package heroin regularly become addicted to it—simply by inhaling small quantities of the dust for several days.

Young people who snort or smoke heroin face the same high risk of overdose and death that haunts intravenous users. Yet 40% of high-school seniors polled do not believe there is great risk in trying heroin.

Recent studies suggest a shift from injecting to snorting or smoking heroin because of increased purity and the misconception that these forms of

use will not lead to addiction.

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria (“rush”) accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes “on the nod,” an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system.

Reports from the Drug Abuse Warning Networks (DAWN) Annual Medical Examiner Data from 1997 show that heroin/morphine was the top-ranking drug among drug-related deaths in 14 U.S. major metro areas. It ranked second in another eight.

According to DAWN’s Year End 1998 Emergency Department Data, 14 percent of all emergency department drug-related episodes had mentions of heroin/morphine in 1998. From 1991-1996, the number of heroin/morphine mentions more than doubled.

First synthesized from morphine in 1874, heroin was not extensively used in medicine until the beginning of this century. Pure heroin is a white powder with a bitter taste. Illegal heroin may vary in color from white to dark brown because of various impurities. But, as mentioned above, white heroin may be far from pure, having been “cut” several times by mixing it with milk and sugar, white sugar, starch, powdered milk, or quinine, all of which are also white. The “cuts” range from 10 to 1 to 100 to 1.

The Asiatic poppy, from which heroin is extracted, is primarily grown at this time in Iran, Iraq, Turkey, Pakistan, and Afghanistan.

In an interview, a woman in her mid-forties, who had been dependent on heroin for over 20 years, told how the drug had ruined her life, destroyed all her family relationships and other friendships. Discussing how addicts must continually steal and shoplift in order to pay for the heroin, she told of the miserable experiences she had been forced to undergo as a prostitute for most of her life in order to keep obtaining heroin.

One newspaper article told of a Korean War veteran who accidentally got hooked on heroin and spent the following years in and out of jail, because of his habit of stealing up to \$2,000 worth of merchandise a day to support his daily heroin needs.

The best-known heroin treatment center is a federally owned hospital at Lexington, Kentucky. But in the majority of cases, the end of a heroin addict’s life will not be cure, but death by overdose.

Studies show that the life span of the average heroin addict is shortened 15 to 20 years, and he spends most of his time doing something illegal. As with all of the other illegal drugs, the sale of heroin can bring stiff fines and imprisonment up to 20 years.

Summarizing some of the health hazards of heroin, first there are the irreversible effects: Heroin abuse is associated with serious health condi-

tions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis.

Then there are the long-term effects. Long-term effects of heroin include collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

There is also infection. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

2 - HYDROMORPHONE—The unripe seeds of the Asiatic poppy is the source of natural narcotics (opium, morphine, and codeine). But several semi-synthetic narcotic extracts are also derived from this poppy:

These semi-synthetic narcotics are heroin, hydromorphone (Dilaudid), oxycodone (Percodan), etorphine, and diprenorphine.

Hydromorphone is manufactured under the name Dilaudid; and, after heroin, it was the second semi-synthetic derivative of morphine to be extracted. It is two to eight times stronger in its pain-relieving effects than is morphine. It also acts more quickly and is more relaxing. Available only by a physician's prescription, it is still being misused.

Oxycodone, etorphine, and diprenorphine are synthesized thebaine, another constituent of the Asiatic poppy.

3 - OXYCODONE—is similar to codeine in its effects, but more powerful, and with a higher addiction factor. Sold by prescription under the name Percodan, it is used for the relief of pain. But dope addicts take it also.

4 - ETORPHINE—is more than a thousand times as powerful as morphine in all of its effects. It is so powerful that it is not given to humans; since, like heroin, it so quickly brings intense addiction. But it is sold to veterinarians under the name Etorphine Hydrochloride (M99) so they can quickly immobilize large wild animals.

5 - DIPRENORPHINE—is sold under the name Diprenorphine Hydrochloride, or M50-50. Also extracted from thebaine, it acts as a contrast agent, or antagonist, to the effects of etorphine.

All of the semi-synthetic narcotics are strictly regulated by government; these are only available, legally, to physicians and hospitals.

6 - FENTANYL and MEPERIDINE—These are two of the newer synthetic narcotics. They are often sold as heroin to unsuspecting users. Because they are stronger than heroin (fentanyl alone can be up to 1,000 times more potent!), they increase the risk of overdose, heart failure, and sudden death. Meperidine is occasionally contaminated with a powerful neurotoxin that causes irreversible brain damage with symptoms similar to Parkinson's disease. Life is too wonderful to ruin it with substances like these.

7 - ROHYPNOL—Rohypnol has been a concern for the last few years because of its abuse as a “date rape” drug. People may unknowingly be given the drug which, when mixed with alcohol, can incapacitate and prevent a victim from resisting sexual assault. Also, rohypnol may be lethal when mixed with alcohol and/or other depressants.

Rohypnol produces sedative-hypnotic effects including muscle relaxation and amnesia. In Miami, one of the first sites of rohypnol abuse, poison control centers report an increase in withdrawal seizures among people addicted to rohypnol.

Rohypnol is not approved for use in the United States and its importation is banned. Illicit use of rohypnol began in Europe in the 1970s and started appearing in the United States in the early 1990s, where it became known as “rophies,” “roofies,” “roach,” “rope,” and the “date rape” drug.

SECTION FIVE COCAINE

Cocaine is rapidly becoming one of the most dangerous hard drugs of our time. Cocaine can be injected. The freebase form of the powder is pre-cooked. The powder can be “snorted” (sniffed) up by the nose. Coca paste is the crude extract of the leaf. Crack is the powder heated into stones and then smoked. In this chapter, we will consider all of these forms.

1 - COCAINE—Cocaine is a powerfully addictive drug of abuse. Individuals who have tried cocaine have described the experience as a powerful high that gave them a feeling of supremacy. However, once someone starts taking cocaine, one cannot predict or control the extent to which he or she will continue to use the drug. The major ways of taking cocaine are sniffing or snorting, injecting, and smoking (including freebase and crack cocaine).

Also called “the leaf,” “snow,” and “speedballs” (when mixed with heroin), cocaine is one of the leading narcotics in America today.

Extracted from the leaves of the coca bush, it is a white, odorless, bitter tasting, fluffy powder that looks like crystalline snow.

Although legally classified as a narcotic, cocaine is a central nervous system stimulant, with effects that are quite similar to those of the amphetamines. Cocaine also has some anesthetic properties, for it numbs the mucous membranes of the nose, throat, and mouth, as it is inhaled or swallowed.

The immediate effect of taking cocaine is a brief but intense euphoria, characterized by a strong sense of energy, restlessness, talkativeness, and self-confidence. But continued usage leads to body tremors, nervousness, irritability, loss of appetite, and profuse sweating. This increases as the cocaine continues to damage sensitive nerve tissue.

And continued use brings even more serious side effects: Because cocaine

is a powerful stimulant, the use of it severely strains the heart, disrupts blood pressure, and causes insomnia and weight loss. Cocaine is also a powerful anesthetic; so it constricts the blood vessels, especially in the nose. Continued use damages tissues and induces a diseased state in them. Respiratory depression and cardiac arrest—causing immediate death—is but another result of taking cocaine. It is the single large dose that will bring instant death, but the doses available on the “street” contain unknown purity; therefore, if one that is too pure is taken, quick death can result.

The heavy psychological dependence caused by taking cocaine is nearly as powerful as the physical narcotic addiction. A deep depression and craving is excited in the mind for another dose of the white powder. When the drug is easily obtainable, users tend to keep taking larger and more frequent doses. This leads to a full-scale psychosis (insanity) that exhibits itself as extreme paranoia, compulsive behavior, delusions, and vivid hallucinations.

Cocaine has been glamorized as the great solution to all of one’s problems. But all it does is make problems. At first it seems, to the taker, to increase mental performance and physical sensitivity. But two or three doses quickly levels the addiction to a slowing of mental ability and alertness, and a dulling of physical sensation. Yet, despite these facts, the glamorization continues in order to sell more of this vicious plant extract.

Health risks exist regardless of whether cocaine is inhaled (snorted), injected, or smoked. Smoking allows extremely high doses of cocaine to reach the brain very quickly and results in an intense and immediate high. The injecting drug user is also at risk for acquiring or transmitting HIV infection/AIDS if needles or other injection equipment are shared.

Here is a summary of other cocaine health hazards:

Physical effects: Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Some cocaine users report feelings of restlessness, irritability, and anxiety while using and between periods of use. An appreciable tolerance to the high may be developed; and many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure.

Paranoia and aggression: High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they may become depressed. This depression causes users to continue to use the drug to alleviate their depression.

Long-term effects: Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Added Danger: When people mix cocaine and alcohol, they are com-

pounding the danger each drug poses and unknowingly causing a complex chemical interaction within their bodies. Researchers have found that the human liver combines cocaine and alcohol to manufacture a third substance, cocaethylene, which intensifies cocaine's euphoric effects and possibly increases the risk of sudden death.

2 - FREEBASING COCAINE—Freebasing is a more recent development. A base solution and a solvent, such as ether, is applied to standard cocaine. The result is a crystalline flake instead of a granule. The flakes are then smoked in special pipes. The effect is the same as injecting regular cocaine into the bloodstream: a quick-acting, short-term “high” is experienced. It is all over in two or three minutes. And then follows the strong depression until another dose of cocaine is taken.

Strictly speaking, cocaine is not physically addicting, but the intensely depressive feelings that follow it induce a craving to go back for more. And this craving grows over a period of time as it is used.

What neither drug nor drug paraphernalia dealers talk about are the scary side effects. “When you smoke cocaine, it has a reinforcing effect, but it does so in a way that makes you keep wanting more and more all the time,” says Dr. Charles Wetli, assistant Dade County (Miami) medical examiner. “It can lead to mental aberrations and paranoia. Cocaine just starts to exclude everything else in your life.”

Wetli says he recently spoke to a group of students at the University of Miami about drugs; “and, afterwards, they were all telling me that freebasing is the big thing now.” About the only good news about freebasing is that it is too expensive to become too widespread.

3 - COCA PASTE—The use of coca paste in the United States became a highly dangerous hard drug fad in the late 1980s.

Already epidemic in four South American countries, coca paste is now here. The leaf of the coca plant is used to make cocaine. Coca paste is the crude extract of this leaf. It is as pure as freebase, provides a similar high when smoked, has no odor, and is every bit as addicting and damaging to the body and mind.

4 - SNORTED COCAINE—Sniffing cocaine through the nose can cost hundreds of dollars; freebasing it (through smoke) can cost thousands, because so much more cocaine is needed to make the paste. “You’re not going to go through the process with a gram of coke (cocaine), because that costs \$100, and you still wouldn’t have enough to freebase anything,” says the Coconut Grove drug abuse information center.

One former freebase smoker described it this way: “People who really get into it are like junkies. I’ve seen them totally change personalities in a week or two. It’s a different kind of high when you smoke cocaine. It hits immediately because it’s going straight to the lungs. And then it fades fast too and you become mentally depressed and anxious for another hit every few minutes.” There is so much down time for every up minute—and the down time

is terrible to live through. But that is really the story with all of the narcotics described in this book.

Before you began, life was enjoyable and interesting; but after going on the narcotic—craving and taking it became all the meaning that life had to offer. Nothing else matters: friends, family, children, wife, employment, skills, goals, or ambitions.

You end up a narcotics-addicted animal, living only to provide lots of money for the pushers.

5 - CRACK COCAINE—There is also another form of cocaine that only came into prominence in the 1980s. This is “crack cocaine,” or “crack.” As part of the processing of cocaine in small laboratories (primarily in South America), cocaine powder is heated, purified, and transformed into small white stones. Sold in the U.S., these are then smoked. But crack is amazingly dangerous. Because this smokable form of cocaine delivers 10 times the impact of snorting the powder, even the most casual use can cause death from heart or respiratory failure. Crack smokers also run an increased risk of addiction and paranoid psychosis. Only a few years ago, street cocaine was only 20 percent pure, now it is up to 80 percent pure. This is resulting in a far higher number of fatalities as a result of just one dose.

SECTION SIX OXYCOTIN

1 - OXYCOTIN—This is the latest narcotic drug; now, in the twenty-first century, it is taking the country by storm. Under the brand name, OxyContin, it is normally prescribed for severe back pain, joint pain, or pain in terminal cancer. Street names for it are “Oxy” and “OC.”

The claim is made that, because it is a time-release medication for pain relief, the drug is not addictive unless its casing is broken. But, after broken and chewed, it becomes a high which can produce instant addiction. If crushed and swallowed fast, it can lead to death through cardiac arrest.

If taken as prescribed, Oxycotin relieves pain. Here is the web comment of one person with a knee injury, who took the pills for pain relief for several months, exactly as prescribed, without breaking them: “I’m trying to wean myself from the Oxycotin. I’ve been taken to the ER twice, thinking I was having heart attacks. I’ve been having shortness of breath, chest pains, headaches, anxiety attacks, and vomiting.”

Then there are those who break the tablets for a high. The person feels supremely good for a time. But as the letdown begins, a strong need is felt to take still more of it.

The withdrawal symptoms are absolutely horrible. After being happy for several hours, there is nodding off. Then comes profuse sweating, constipation, headaches, yawning, pinpoint pupils, slurred speech, aching in every bone, heart palpitations, runny nose, tearing, twitching muscles, fever, nau-

sea, vomiting, diarrhea, uncontrolled coughing, hot and cold flashes, insomnia, weakness, no appetite, and more.

Withdrawal involves two to three weeks of living horror. Here is how one person who went through it describes the experience: "It's pure hell. The hot and cold sweats, leg cramps, some abdominal problems, diarrhea, and vomiting. If you are really at your end, you will do whatever it takes to get your life back. I did. I love life today. The withdrawals are a long 2-3 weeks of no sleep. I know. I've been there. That's why it's almost impossible to do it as an out-patient or at home. I didn't sleep at all for 10 days. All my bones severely ached. I could not sit still. I had a lot of pain and headaches. I was sick like a dog, with flu-like symptoms. You get jumpy and cranky. Also stomach aches and diarrhea. Afterward, I was weak and shaky for quite some time."

Here are more web comments:

"Quitting Oxycotin is hellish, and has the same withdrawal symptoms as heroin. The pills are ruining my daughter's life. She started it for simple pain. But when the doctor wouldn't prescribe more, she turned to heroin. Now she lives on the streets with her two children, homeless. We tried to help her, but she says she can't stop."

According to Medicaid charts, in the past two years, OxyCotin has gone from 35th prescribed drug to 10th. Purdue Pharma, the company manufacturing the drug, is doing very well financially. Although the drug board requires all drugstores to carry the drug, many drugstores are quietly removing it from their shelves. The word quickly gets out that, since they no longer sell it, there will be no need to rob that particular store at night.

"OxyCotin is one of the most powerful and addictive drugs in existence. For the people who feared the day when powerful narcotics like cocaine and heroin would become legal prescription drugs, I'm afraid that day has arrived."

Major health insurers and HMOs will have to finance longer stays in detox and rehab centers. Paying for three to seven days is useless. Experts say it takes at least 90 days for the brain and body to return to near normal.

SECTION SEVEN STIMULANTS

The use of chemical agents to stimulate the body to greater exertion is rapidly becoming a way of life in our nation. But each stimulant that a person imbibes, whether it be a drink or a pill, gradually takes his body down. Research has proven this to be a fact. The two most commonly used stimulants are nicotine (contained in tobacco products) and caffeine (the active ingredient in coffee, tea, and many bottled beverages, such as the colas).

There is also a broad range of stronger stimulants that may produce mood elevation and a heightened sense of well-being; but, because of their

dependence-producing potential, they are under government regulatory control.

These government-controlled stimulants are available on prescription and also being illegally manufactured in vast quantities for the illicit drug market. Chronic users of these stimulants tend to rely on them to feel stronger, more confident, decisive, and self-possessed.

But, in reality, that which those people need is to forsake these “crutches” entirely and obtain more rest—then they would feel better and regain a much higher level of general health.

Soon the chronic stimulant takers enter a pattern of swallowing “uppers” (stimulants) in the morning, to push their tired bodies into action for another day—and then swallow “downers,” such as alcohol or sleeping pills, late in the evening so their exhausted, but tense, bodies and minds can obtain some sleep at night. However, such activities greatly injure the nerves, hormone production, and the entire body system. The experts call this “chemical self-control,” but the correct name is “control by chemicals.” Interfering as they do with normal body processes, these habits are artificially stimulating and/or depressing the body and can lead to mental and physical illness.

Physical problems resulting from taking such substances can include dizziness, tremor, agitation, hostility, panic, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, abdominal cramps, and grinding the teeth.

Mental problems can include a sense of vagueness, performing the same task over and over, preoccupation with one’s own thought processes, suspiciousness, a feeling of being watched, paranoia, auditory and visual hallucinations, and even psychosis.

Young people, seeing their parents using stimulants, begin the habit themselves. Frequently, they will consume large doses sporadically, over the weekends or at night, and often go on to experiment with other more dangerous drugs.

At first, the use of stimulants brings a temporary sense of exhilaration, an apparent super-abundant energy, hyperactivity, and extended wakefulness.

But other effects of these stimulants soon are obvious: anxiety, tension, irritability, quarrelling, apprehension, and unexplainable fears. These effects are greatly intensified when a “shot” (an intravenous injection) of a stimulant is taken. A “flash” or “rush” instantly follows, and later comes what is called “the crashing.” Those who have experienced it describe it as a horrible sensation that continues on for some time. And the more stimulant shots that are taken, the greater the successive “crashings.” Since the “crashing” is immediately stopped by another injection, the addict wants to keep taking more and more. Heavy users may inject themselves every few hours, a process sometimes continued to the point of delirium, psychosis, or physical exhaustion.

Most people do not go this deeply into the use of stimulants. They merely take coffee, tea, tobacco, or something similar. But one problem is that, to

one degree or another, the aftereffects of all stimulants are unpleasant. For this reason, the one habituated to them keeps coming back for more, in an effort to block the later depressed “low,” so he can feel normal again.

Ironically, people begin taking coffee, tea, and tobacco to feel better than the rest of us. But before long, a subtle adaptation has occurred in the body and they continue taking the stimulants—just so they can feel the “normally good” that the non-stimulant people feel all the time!

Excessive use of stimulants results in several bad effects, some of which have been mentioned above. One of the bad effects is addiction. Yes, addiction. Coffee users will vigorously maintain that there is no addiction in drinking coffee. Yet there is. (If you are a coffee drinker, just try stopping for one entire day and see what happens.)

Because even the stimulant, coffee, is addicting, you are wise not use it. Drop the use of all stimulants and do not return to them.

Instead, turn to adequate rest, fresh air, sunlight, exercise, trust in God, a careful diet, prayer for help and guidance, the study of Scripture, and the other natural remedies as the healthful, stimulating, invigorating keys to a better way of life. The best things in life are those that are best for you. And peace with God is one of the best of all.

1 - AMPHETAMINES—Amphetamines are a class of drugs that produce a stimulant reaction. First produced in the 1920s for medical use, amphetamines stimulate the central nervous system and lessen the sense of fatigue and normal sleepiness. Of course, the actual physical effects of exhaustion have not been removed, only the awareness of it. Thus, amphetamines are a classic example of beating a tired horse to do yet more work. In this case, the stick is a Benzidrine or Dexedrine tablet which fools the horse into thinking he can keep on working when he is too exhausted to do so. Since you are the tired horse, decide from common sense whether it be better to wear out your body with “pep pills”—or let it get the normal sleep that it is calling for.

This general category of stimulants divides into three classes: amphetamine (Benzidrine), dextroamphetamine (Dexedrine), and methamphetamine (Methedrine). Slang terms for these drugs includes: “pep pills,” “bennies,” and “speed.”

A New York attorney told a news reporter that he regularly kept amphetamines on hand to give to the guests at his parties. He said that his friends enjoy getting drunk on them, just as much as on liquor.

But much more common are the tens of thousands who regularly overwork and decide that they would rather take pills than start getting to bed earlier at night. Then they take a barbiturate (a depressant), so their bodies, tense with exhaustion, can get some rest; upon awaking the next morning, they take an amphetamine (a stimulant) or something similar, to arouse their tired frames to get moving into another day. They live a life of continual fatigue and use chemicals, to try to keep from knowing it.

About 20 percent of all medical prescriptions for mood-affecting drugs

are for stimulants. The amount produced by the drug industry each year is enough to provide every man, woman, and child in America with 25 doses of these drugs. The Food and Drug Administration reports that about one-half of this prescription-only supply of stimulant drugs enters the illegal drug market.

Drivers take them to stay awake on long trips, students take them during exams, athletes take them during competitive meets. Others take them for “kicks” or to get their tired bodies going each morning. There is no doubt that we live in a drug age.

The immediate feeling of alertness, self-confidence, and well-being, is followed by a letdown feeling or a depression hangover. Heavier doses cause jitteriness, irritability, unclear speech, and even more tension than they experienced before. People on very large doses of amphetamines appear to be withdrawn, with their emotions dulled; they seem unable to properly organize their thinking.

Stimulant drugs increase the heart rate, raise the blood pressure, cause palpitations of the heart (throbbing heart) and rapid breathing. They dilate (enlarge) the pupils of the eyes, cause dry mouth, sweating, headache, diarrhea, and paleness.

The primary danger in stimulants (amphetamine and its chemical relatives) lies in the fact that it requires an ever-increasing amount of the substance to give the amount of “kick” earlier provided by a smaller dose. This is called “drug tolerance” and means that larger doses are continually taken in order to feel the desired effects. But, of course, this greatly intensifies the negative aftereffects, described above, until they become overwhelming.

These drugs can drive a person to do things that are beyond his physical endurance. Physical damage may be the result. Heavy doses can cause a temporary toxic psychosis (insanity). This is usually accompanied by auditory and visual hallucinations (hearing and seeing imaginary things). Abrupt withdrawal from regularly taking the drug can result in a deep, and suicidal, depression.

It is quite obvious that you are playing around with very dangerous substances when you begin taking keep-awake pills.

2 - METHAMPHETAMINE—The most frightening of all the amphetamines is “speed.” Since “speeding” is a quicker way to get to the end of your life, so speed is probably a good name for it. Commercially, it is known as methedrine. It is also known as methamphetamine, and is bringing misery to untold thousands as they inject it into their veins. Trying to increase the “kick” of stimulants by “mainlining” methedrine directly into a blood vein, they are preparing themselves for real trouble ahead. This is because these intravenous injections of methamphetamine will later lead to the development of paranoid psychosis and possibly death. And the death will either come by physical breakdown or by suicide.

Methamphetamine is an addictive stimulant drug that strongly activates

certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some medical uses, primarily in the treatment of obesity, but their therapeutic use is limited.

Street methamphetamine is referred to by many names, such as “speed,” “meth,” and “chalk.” Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as “ice,” “crystal,” and “glass.”

Methamphetamine releases high levels of the neurotransmitter, dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson’s disease, a severe movement disorder.

Methamphetamine powder is taken orally, snorting, by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a “rush” or “flash,” that lasts only a few minutes and is described as extremely pleasurable. Oral use produces euphoria—a high, but not a rush. Users may become addicted quickly and use it with increasing frequency and increasing doses.

Methamphetamine has bad short-term effects. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

It also has serious long-term effects. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

Dangers from unsanitary injections of “speed’ (methamphetamine) include serum hepatitis and abscesses. Injections of “speed” can also cause abnormal heart rates and may result in a psychotic state of insanity and long-term personality disorders. Doses that are higher than usual can also bring death.

3 - CRANK—Although it is not yet a national problem, the latest amphetamine to hit the market goes by the title, “Crank.” California drug-enforcement officials say that it is already a major problem in their state. It has the potential of becoming a nation-wide fad. Snorting (sniffing) it through the nose has clearly been linked to respiratory failure and severe central nervous-system disorders; but the people taking it do not seem to care. Robert Elsberb, special-agent supervisor of the California State Bureau of Narcotic

Enforcement, predicts: "Crank is the next cocaine."

4 - CLUB DRUGS—So-called "club drugs" are being used by young adults at all-night dance parties such as "raves" or "trances," dance clubs, and bars. MDMA (ecstasy), GHB, Rohypnol, ketamine, methamphetamine, and LSD are some of the club or party drugs gaining popularity. NIDA-supported research has shown that use of club drugs can cause serious health problems and, in some cases, even death. Used in combination with alcohol, these drugs can be even more dangerous.

No club drug is benign. Chronic abuse of MDMA, for example, appears to produce long-term damage to serotonin-containing neurons in the brain. Given the important role that the neurotransmitter, serotonin, plays in regulating emotion, memory, sleep, pain, and higher order cognitive processes, it is likely that MDMA use can cause a variety of behavioral and cognitive consequences as well as impair memory.

Because some club drugs are colorless, tasteless, and odorless, they can be added unobtrusively to beverages by individuals who want to intoxicate or sedate others. In recent years, there has been an increase in reports of club drugs used to commit sexual assaults.

5 - ECSTASY (MDMA)—Here is additional information about this strange substance. MDMA, called "Adam," "ecstasy," or "XTC" on the street, is a synthetic, psychoactive (mind-altering) drug with hallucinogenic and amphetamine-like properties. Its chemical structure is similar to two other synthetic drugs, MDMA and methamphetamine, which are known to cause brain damage.

Beliefs about MDMA are reminiscent of similar claims made about LSD in the 1950s and 1960s, which proved to be untrue. According to its proponents, MDMA can make people trust each other and can break down barriers between therapists and patients, lovers, and family members.

Many of the problems caused by MDMA are similar to those found with the use of amphetamines and cocaine.

First, there are psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia during and sometimes weeks after taking MDMA. In some cases, psychotic episodes have been reported.

Then there are the physical symptoms. These include muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid-eye movement, faintness, and either chills or sweating.

The increase in heart rate and blood pressure, induced by MDMA, is a special risk for people with circulatory or heart disease.

There are also very serious long-term effects. Recent research findings also link MDMA use to long-term damage to those parts of the brain critical to thought and memory. It is believed that the drug causes damage to the neurons which use the chemical, serotonin, to communicate with other neurons.

Because MDMA is related in its structure and effects to methamphetamine, it can result in dangerous effects which meth causes. Included here is degeneration of neurons containing the neurotransmitter, dopamine. Damage to dopamine-containing neurons is the underlying cause of the motor disturbances seen in Parkinson's disease. Symptoms of this disease begin with lack of coordination, tremors, and can eventually result in a form of paralysis.

6 - GHB—Gamma-hydroxybutyric acid (GHB) is a compound that was initially used by body builders to stimulate muscle growth. In recent years, it has become popular as a recreational drug among club kids and party goers.

This “designer” drug is often used in combination with other drugs, such as ecstasy. GHB is synthesized from a chemical used to clean electrical circuit boards, and is available in clear liquid, white powder, tablet, and capsule form.

GHB is odorless and nearly tasteless. Users report that it induces a state of relaxation. The effects can be felt within 5 to 20 minutes after ingestion and the high can last up to four hours.

The Food and Drug Administration banned GHB in 1990 after 57 cases of GHB-induced illnesses (ranging from nausea and vomiting to respiratory problems, seizures, and comas) were reported to poison control centers and emergency rooms. The drug was only permitted under the supervision of a physician. Since then, the drug has been implicated in several deaths and was subsequently added to the Schedule I list of drugs in the Controlled Substance Act. Anyone who possesses, manufactures, or distributes GHB could face a prison term of up to 20 years.

GHB users risk many negative physical effects—including vomiting, liver failure, potentially fatal respiratory problems, and tremors and seizures which can result in comas.

GHB has reportedly been used in cases of date rape. Because GHB is odorless and tasteless, it can be slipped into someone's drink without detection.

7 - RITALIN—Ritalin is the trade name for methylphenidate. This is a medication prescribed for children who are thought to have an abnormally high level of activity, or attention-deficit-hyperactivity disorder (ADHD). It is also occasionally prescribed for narcolepsy. Ritalin stimulates the central nervous system and has effects which are very similar to, but less potent than, amphetamines. It is more powerful than caffeine.

There is an increasing number of research studies on the dangers of using this commonly sold prescription drug.

In 1998, the National Institutes for Health consensus panel called for “urgent clarification of the diagnosis of attention-deficit hyperactivity disorder (ADHD) and research into the long-term effects of treatment with Ritalin” (*British Medical Journal*, December 5, 1998).

Over the past 10 years, prescriptions for Ritalin have increased sixfold.

Various studies indicate that physicians are falsely diagnosing children as having problems they do not really have and routinely prescribing Ritalin as the solution. Yet it is a powerful drug with dangerous effects.

According to Peter Breggin, M.D., a psychiatrist and senior editor of the professional *Ethical Human Sciences and Services*, here are some of these dangerous effects:

Decreased blood flow to the brain, an effect recently shown to be caused by cocaine, where it is associated with impaired thinking ability and memory loss.

Disruption of growth hormone, leading to suppression of growth in the body and brain of the child.

Permanent neurological tics, including Tourette's Syndrome.

Addiction and abuse, including withdrawal reactions on a daily basis.

Psychosis (mania), depression, insomnia, agitation, and social withdrawal.

Possible shrinkage (atrophy) or other permanent physical abnormalities in the brain.

Worsening of the very symptoms the drug is supposed to improve, including hyperactivity and inattention.

Decreased ability to learn.

The 42nd Edition of the *Physicians' Desk Reference* lists even dangerous side effects of the drug, Ritalin:

“Warnings: Ritalin should NOT be used in children under six years, since safety and efficacy in this age group have not been established. Sufficient data on safety and efficacy of long-term use of Ritalin in children are not yet available. Although a casual relationship has not been established, suppression of growth (*i.e.*, weight gain, and/or height) has been reported with the long-term use of stimulants in children. Therefore, patients requiring long-term therapy should be carefully monitored.

“Adverse reactions: Nervousness and insomnia are the most common adverse reactions, but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura; anorexia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; weight loss during prolonged therapy). There have been reports of Tourette's Syndrome. Toxic psychosis has been reported. Although a definite casual relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently;

however, any of the other adverse reactions listed above may also occur.”

The U.S. Drug Enforcement Agency classifies Ritalin as a Class II Drug and a controlled substance, a fact not widely known. Other drugs in this category include cocaine, methamphetamine, and methadone.

Because stimulant medicines such as Ritalin are so dangerous, the U.S. Drug Enforcement Administration (DEA) has placed stringent controls on their manufacture, distribution, and prescription.

A drug becomes a controlled substance when it has the potential for abuse and/or addiction. It is not uncommon in many classrooms today to find the percentage of children on Ritalin to be 25% or greater—and the numbers are climbing.

Both teenagers and adults use Ritalin as a street drug. Some mix Ritalin (or “West Coast”) with heroin, or with both cocaine and heroin for a more potent effect. Middle- and high-school students crush and inhale the drug or take the pill orally. Some adults have been admitted to treatment programs for abusing the drug from their children’s prescriptions.

Youth treatment providers report that adolescents obtain the drug through “diverted prescriptions.” It is common for children as young as Junior High age to sell their Ritalin for up to \$5 a pill. Other kids see it as a “cheap high” or to increase their concentration during heavy study periods or final exams. The downside is that many become addicted and some die.

Few realize the long-term effects of Ritalin on the brain. If a child takes Ritalin after the age of 12, he or she is ineligible for Military Service in the United States.

8 - PSEUDO-SPEED (Look-alikes)—In 1980, drugstores began selling a new type of prescription drug. Known under such trade names as Dietac, Dexatrim, and Control, these drugs were intended to aid in weight-control programs. They were classified as amphetamines and contained relatively low amounts of phenylpropanolamine and caffeine.

Soon they were being illegally manufactured for use as street drugs. In Central New York State, the most commonly misused chemicals by teenagers are alcohol, marijuana, and pseudo-speed.

Pseudo-speed (or look-alikes, or pea shooters) is the name given to these counterfeits. Containing various amounts of phenylpropanolamine hydrochloride, caffeine, and ephedrine, these pills are becoming a headache to young people, their parents, and to law-enforcement officers.

These mass-produced illegal tablets look exactly like the prescription kind sold in drugstores. Often they are advertised in youth journals and frequently with a Pennsylvania return address. They may be offered for as little as \$10 for a thousand tablets. Young people order them and then take 5 or 6 at a time in the hope of a “high.” But the phenylpropanolamine, caffeine, and ephedrine in them are causing real trouble.

Phenylpropanolamine is an amphetamine-like substance which is sold in

drugstores to relieve cold and flu symptoms. But it affects the central nervous system; and, for the street people who take it, it will bring severe hypertension, heart attacks, and possible kidney failure. Medical journals report of individuals who have experienced psychotic (insanity) episodes as a result of small doses of it. Symptoms range from mild anxiety and agitation, through increased respiratory and pulse rate, to hallucinations, dizziness, and fatal cerebral vascular crises.

The second common ingredient in pseudo-speed is sold in drugstores for spasm in the bronchioles, but can bring on heavy agitation and restlessness.

Caffeine produces sleep disturbance, anxiety, heart disease, gastrointestinal irritation, and ulcers. Medical science reports that people who are taking 3½ to 4 cups of coffee a day (350 mg. or more of caffeine per day) can have true drug withdrawal symptoms if they try to stop. These symptoms include withdrawal headaches.

Some young people sniff pseudo-speed, along with a regular amphetamine. The result can be, what is known as, an “averamp.” This is a coma or death from a cardiac arrhythmia or a hypertensive episode. The look-alikes are deliberately made to look like controlled substances, particularly speed. But while the ingredients are usually legal, the mixture makes them more dangerous than the powerful prescription drugs they are meant to resemble. They are generally advertised as “the most powerful stimulant available without a prescription.”

SECTION EIGHT DEPRESSANTS

Depressants (downers) are drugs that act upon the nervous system and, at first, induce relaxation and sleep. But later, they give rise to problems that you want nothing to do with.

Chief among these drugs is a broad range of barbiturates, glutethimide, methaqualone, the benzodiazepines, and meprobamate.

The depressants do not relieve pain, but tend to calm, relax, promote sleep, and reduce anxiety. Sounds pretty good, doesn't it? That's why people take these substances. But trouble comes later—real trouble. You are far wiser to stay with the natural relaxing agencies given by the God of heaven: adequate rest, nutritious diet, outdoor exercise, and trust in God for the help you need.

The use of depressants can bring on a state of intoxication that is similar to alcoholic consumption. These effects will vary, not only from person to person, but also from one time to another in the same person. Depressants bring later mood swings, emotional depression, and apathy. Excessive use of them results in impaired judgment, slurred speech, and an often unrealized loss of motor coordination. They may induce drowsiness, stupor, sleep, coma, and possible death. Every day in the newspapers of the land are to be

found reports of people who have died from an overdose of sedatives, most commonly in the form of sleeping pills. Sometimes this was done intentionally; but frequently people, under the effects of heavily reduced alertness from the sedatives they have already taken, will swallow down still more later in the night without realizing what they are doing. Coma or death can be the result.

The abuse of depressants falls into several definite patterns. Here is a sampling of them: First, there is “episodic intoxication.” This is found primarily among teenagers and young adults. They obtain their source of supply from the family medicine cabinet, the illegal drug market at school, on the streets, by theft, or the use of fraudulent prescriptions.

There are those who cannot seem to get away from the use of depressant tablets and pills—and take them so incessantly that they become hooked. Tolerance to the use of depressants, such as sleeping pills, develops rapidly; so that people begin taking more in order to achieve the same effects they once experienced with smaller doses. But by doing this they keep decreasing the amount of dosage needed before the level of dangerous intoxication effects—and the final lethal dose—is reached. Using these substances requires a continually increasing dosage to achieve results. This not only leads to dangers in disorientation, resulting in highway accidents, but also to that unknown point where the swallowing of sedatives becomes totally addictive—and long-term drug dependency begins.

The individual who is unaware of the dangers of increasing reliance on sedatives will often seek prescriptions from several physicians at the same time, in order to increase the daily dose up to 10 or 20 times the normally “recommended” amount. No one else is likely to recognize the problem that is rapidly developing, even as the person begins to exhibit confusion, decreased ability to work, or repeating episodes of intoxication.

Then there are those who are trying to stay on top of things by taking stimulants all the time. These people will frequently use depressants in an effort to soothe their raw, “jangled” nerves and lessen the frightful “flash-backs” caused by the other drugs they are imbibing.

Lastly, there are those that combine sedatives with alcohol or other drugs. This only intensifies the problem and the results.

Oddly enough, it is those in the middle years of life who are most likely to become hooked on the use of sedatives. People are not being told that sleeping pills can become dangerous narcotics.

Although many believe these sedatives are not addicting, any person who has acquired the habit of taking an increasing amount of these innocent-appearing pills will, when he tries to suddenly stop taking them, encounter symptoms of withdrawal that are more severe than in an otherwise comparable case of narcotics addiction.

Withdrawal symptoms include anxiety, agitation, and apprehension, accompanied by a loss of appetite, nausea, vomiting, a palpitating heart,

excessive sweating, fainting, insomnia, tremulousness, and muscle spasms.

But if he tries to withdraw (and he has been taking a larger amount of depressants), he may experience delirium, psychotic behavior—or convulsions and even death.

Experts in the field recommend that withdrawal from depressants be done in the controlled conditions of a hospital.

1 - BARBITURATES—Phentobarbital, Secobarbital, Phenobarbital, Amobarbital, and Butabarbital

The barbiturates are a closely related chemical family of sedatives. Doctors prescribe them to patients to relax them. This is done by drug suppression on the central nervous system.

Barbituric acid was first discovered in the year 1846. There are five principle types of barbituric acid that are used today: Pentobarbital (Nembutal) and secobarbital (Seconal), both of which are fast-starting and short-acting. Then there is phenobarbital (Luminal), amobarbital (Amytal), and butabarbital (Butisol); all three of these are slow-starting but long-acting. It is the first two, the short-acting ones, that are the favorites of the drug takers. Slang terms for these include “barbs” and “goof balls.”

It is estimated that over one-fourth of all prescriptions, written by doctors, for drugs that affect the mind are for barbiturates while an equally large amount is illegally obtained.

According to a *New York Times* survey, the amphetamines (the “up drugs” or stimulants) and the barbiturates (the “down drugs” or sedatives) are most frequently abused by those in the upper and middle classes of society.

Smaller doses of the barbiturates bring a mild depression to the action of the nerves and muscles. They slow the heart rate and breathing—and start you on the path toward addiction.

Higher doses cause effects resembling alcoholic drunkenness. These symptoms include mental confusion, slurred speech, and even a staggering gait. Users may become irritable, angry, and feel urged to fight or attack someone. Later, they may fall into a deep sleep.

But, however you take them, the barbiturates will affect your ability to think, concentrate, and work properly. Using these chemicals affects your emotions as well; you tend to have less control over them. How you think and see things is changed, and your reaction time is seriously impaired. And more: When taken with alcohol, the effects of the liquor are intensified. Automobile accidents can be the result. And, of course, any time an overdose is taken, death can result.

Why are so many people anxious to take things into their bodies that weaken their minds, lessen control over their feelings, and addict their bodies?

Barbiturates are physically habit forming (physically addicting). Withdrawal, which is best done only under supervision and can take weeks to

accomplish, can be agonizing.

So the solution is simple enough: Have nothing to do with the barbiturates. Do not take them—even once.

Instead, plead with God for forgiveness of sin. Ask for help and strength to live a Christian life. Study His Inspired Word every day, and pray to Him when you arise in the morning and as you go about your work through the day. You will find a new level of self-control is now yours; and, in peace of heart, you will be able to obtain the sleep that you have been unable to obtain for years. God's remedies are the best ones. They are the only ones that can give you the happy life that you have been seeking.

Read the Bible, memorize its precious promises, accept Christ as your Saviour from sin, and carefully obey His Ten Commandment law (*see Exodus 20:3-17*); in the strength of His empowering grace, live to help and encourage others. In so doing, you will once again have a happy life.

2 - METHAQUALONE—Methaqualone was synthesized, in India in 1955, as an antimalarial medication. It was first seen “on the streets” in the Haight-Ashbury district of San Francisco in 1968. Soon afterward, interest in it subsided; but, from 1971 onward, it has become a fast-selling narcotic.

The drugstore name for this product is Quaalude, or Sopor; but the street names include “sopor, soaps, quads, ludes, quacks, soapers, super-sopers, and Colt 45.”

Methaqualone is sold as a sleep inducer. But, taken by addicts, it produces strong muscular relaxation and something like a drunken stupor. The negative aftereffects include headaches, hangover, menstrual disturbances, tongue changes, dryness of the mouth, depersonalization, dizziness, and numbness of the extremities.

Originally marketed as an alternative to the barbiturates, methaqualone was supposed to be safe from causing addiction. But later reports revealed that severe withdrawal symptoms come after abruptly discontinuing use of the drug. These withdrawal symptoms include headache, loss of appetite, nausea, and abdominal cramps.

Current medical literature clearly states that methaqualone has no advantage over other sedatives, and that it is definitely addicting—both physically and mentally.

The illegal drug trade has two sources for this drug: (1) One source, Methaqualone, is manufactured in foreign countries and smuggled into the United States. One example is the Canadian and British product, Mandrax, which is a combination of methaqualone and diphenhydramine (an antihistamine that produces sedation).

(2) The second source is the illegal underworld chemistry labs. The quality of the tablets produced is poor and the dosage of varying amounts. Of course, this renders the product the more dangerous to the user. This kitchen-made product has all the regular markings engraved onto the tablets, and can only be identified as bogus by chemical analysis. Sometimes these

tables have a higher dosage of the drug and sometimes less or no dosage at all. Tests run on a very wide sampling of these “kitchen tablets” shows that three out of four of them contain other chemicals in addition to methaqualone.

The most recent analysis of these tablets reveal a frequently very-high level of diazepam (Valium) in the tablets. This is a tranquilizer; and, in drug takers, this produces nausea, vomiting, stomach cramps, memory loss, extreme fatigue, disorientation, and agitated behavior.

Another problem lies in the fact that, when a drug overdose attack hits a dooper and he is taken to a hospital emergency room, the workers often overlook the fact that Methaqualone, a lesser-known street drug, is the cause of the terrible symptoms.

SECTION NINE INHALANTS

One of the latest nightmares is inhalants. Although they may seem like a way to have new fun, they lead to very serious physical problems—or outright death.

1 - COMMONLY USED INHALANTS—Inhalants are common products found right in the home and are among the most popular and deadly substances kids abuse. Inhalant abuse can result in death from the very first use. About one in five kids report having used inhalants by the eighth grade.

The most common name for this is “glue sniffing,” and that which is sniffed (or “huffed”) is a wide variety of ordinary household products.

Here are some of them: Glues, paints, lacquers, paint and lacquer thinners and removers, nail polish remover, cleaning fluid, gasoline, kerosene, nail polish, hair sprays, spray paints, degreasers (dry-cleaning fluids), art or office supply solvents, including correction fluids, felt-tip-marker fluid, and electronic contact cleaners. Gases used in household or commercial products, including butane lighters and propane tanks, whipping cream aerosols or dispensers (whippets), and refrigerant gases. Household aerosol propellants and associated solvents in items such as spray paints, hair or deodorant sprays, and fabric protector sprays. Medical anesthetic gases, such as ether, chloroform, halothane, and nitrous oxide (laughing gas). Nitrites, such as aliphatic nitrites, including cyclohexyl nitrite, which is available to the general public; amyl nitrite, which is available only by prescription; and butyl nitrite, which is now an illegal substance.

Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects. Although people are exposed to volatile solvents and other inhalants in the home and in the workplace, many do not think of “inhalable” substances as drugs, because most of them were never meant to be used in that way.

Young people are likely to abuse inhalants, in part, because inhalants are

readily available and inexpensive. Parents should see that these substances are monitored closely, so that children do not abuse them.

Youngsters intent on experiencing trouble put the substance in a plastic bag and hold it over their heads. Then they take a deep breath—and, if all goes well, they remember to remove the plastic bag before they pass out and die of suffocation.

Unfortunately, that is a very real fact in the world of “glue sniffing.” For the fast-acting fumes tend to bring unconsciousness, and the consequent lack of air brings death.

Some of the propellants in the aerosols are toxic to the heart and can cause death by changing the rhythm of the heartbeat. Only very fast and intensive medical attention can save him.

Persistent use of inhalants may cause some psychic dependence and could produce pathological changes in the liver and other important organs.

Most of the deaths from inhalants have come from the propellants in the various substances that were inhaled.

Clinical studies of long-term users of sprays and other inhalants have detailed out a wide range of permanent physical damage experienced by “glue-sniffing” substances.

Effects of inhalants include damage to the bone marrow, which can lead to anemia and leukemia; drastic weight loss; impairment of vision, memory, and ability to think clearly.

The short-term immediate effects of sniffing include inability to balance and coordinate the body, inability to think and act clearly, and possible abusive language and violent behavior.

Here is more data from the National Institute on Drug Abuse:

Nearly all abused inhalants produce effects similar to anesthetics, which act to slow down the body’s functions. When inhaled in sufficient concentrations, inhalants can cause intoxicating effects that can last only a few minutes or several hours if inhalants are taken repeatedly. Initially, users may feel slightly stimulated; with successive inhalations, they may feel less inhibited and less in control; finally, a user can lose consciousness.

Inhaling such chemicals can produce irreversible effects. Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. This is especially common from the abuse of fluorocarbons and butane-type gases. High concentrations of inhalants also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system, so that breathing ceases. Other irreversible effects caused by inhaling specific solvents are these:

Hearing loss - toluene (paint sprays, glues, dewaxers) and trichloroethylene (cleaning fluids, correction fluids)

Peripheral neuropathies or limb spasms - hexane (glues, gasoline) and nitrous oxide (whipping cream, gas cylinders)

Central nervous system or brain damage - toluene (paint sprays, glues, dewaxers)

Bone marrow damage - benzene (gasoline)

Liver and kidney damage - toluene-containing substances and chlorinated hydrocarbons (correction fluids, dry-cleaning fluids)

Blood oxygen depletion - organic nitrites ("poppers," "bold," and "rush") and methylene chloride (varnish removers, paint thinners)

2 - AMYL NITRITE and BUTYL NITRITE—Discovered over a hundred years ago, amyl nitrite was given to patients with angina pectoria (heart spasms). Soon it was also being given to relieve certain types of asthma attacks.

But by the late 1960s, it was also being taken as a street drug. So in 1969, the Food and Drug Administration changed it from an over-the-counter drug to a prescription drug.

Under the trade names, *Aspirols* or *Vaporal*, they are sold in drugstores in small ampoules of clear, yellowish liquid, which, when broken open, yields a sweet, fruity vapor which is inhaled.

But as they are broken open, they snap or pop; so they have been nicknamed "poppers" or "snappers."

Amyl nitrite causes a drop in blood pressure and an enlargement of the arteries, especially around the brain. It also speeds up the heart rate and produces pressure in the eyeballs. The dilation (enlargement) of the arteries produces a brief flushing sensation, a lightheadedness, and relaxation of some of the muscles.

But the side effects are nausea, vomiting, dizziness and a throbbing headache. These bad effects are intensified when nitrites are used with alcohol, cocaine, or amphetamines.

Continued usage can bring severe damage to the liver and kidneys. Also, in the process of breathing it in, sometimes some of the vapor gets into the eye. There it works to corrode the cornea, which is the clear, transparent outer layer of the eyeball.

Butyl Nitrite is, chemically, a close relative of amyl nitrite. When amyl nitrite was placed in the prescription-only category, the chemical underworld came up with butyl nitrite. It is advertised as a "room odorizer" or "liquid incense," in order to avoid the government restrictions and controls that are on amyl nitrite.

But the dangerous side effects of butyl nitrite are identical to those of amyl nitrite. The enlargement of arteries, that produces the flush, may only last one to two minutes. But quickly afterward, there follows a dizziness that can bring unconsciousness.

3 - INHALANT WARNING SIGNS—Here are twelve warning signs of inhalant drug use: Chemical smell on child or child's clothing. Correction fluid in nose, on fingers or on clothing. Markers in pockets. Red eyes. Non-

sensical talk, irritability. “Drunk” appearance, slurred speech. Unusual breath odor. Decreased appetite. Frequent headaches. Sores around mouth. Lack of concentration. Low grades, school absences.

SECTION TEN TRANQUILIZERS

1 - TRANQUILIZERS (Major and Minor)—The *New York Times* and the National Commission on marijuana and Drug Abuse each did a separate study on tranquilizers. They discovered that an average of one out of six Americans takes some form of tranquilizer regularly.

Valium is the most potent tranquilizer—and it is the most prescribed drug in the United States. Librium, a chemical relative of Valium that is about one-fourth as powerful, is the third most prescribed drug in the nation.

Yet other studies, overseas, indicate that Japan and Europe have tranquilizer sales that are equally as high and sometimes higher.

On every “most abused drug” list, tranquilizers are always fourth highest, after alcohol, nicotine, and aspirin. There are far more prescription tranquilizer users in America than there are illegal drug users.

The major tranquilizers include the phenothiazines (chlorpromazine, for example) and reserpine. They are used on mental patients, to keep them calm. But an overdose of these drugs produces a deepening state of unconsciousness, a fall in body temperature and blood pressure, and eventual respiratory failure. The breathing stops and death results.

The effects produced by an overdose are long lasting, and the victim must be watched carefully as long as severe central nervous system depression persists.

The minor tranquilizers are used to calm anxiety and other feelings of stress and excitement without producing sleep. At higher dose levels, their effects are practically identical to those of sedative hypnotics.

Here are some of the leading minor tranquilizers: chlordiazepoxide (Librium), diazepam (Valium) meprobamate (Miltown, Equanil), and ethchlorvynol (Placidyl).

Prolonged administration of a minor tranquilizer, with a tendency to increase the dose, can cause psychic and physical dependence (addiction). All of the essential characteristics of dependence on minor tranquilizers and the related withdrawal symptom are similar to those produced by barbiturates (set chapter on “barbiturates”).

Increasing the dose is a primary problem with the tranquilizers. Drugs are dangerous, and those brave enough to take them should be made aware of the side effects and problems that can develop. Surely, no one would wish to experience any of the side effects described in this chapter or the one on

barbiturates.

SECTION ELEVEN ANTI-DEPRESSANTS

1 - PROZAC, ZOLOFT, PAXIL, etc.—Roughly 28 million Americans—one in every ten—have taken Prozac, Zoloft, or Paxil, Fluoxetine, or a similar antidepressant; yet very few patients are aware of the dangers of these drugs, nor are they aware that better, safer alternatives exist (such as St. John's wort, adequate rest, B vitamins, a nutritious diet, exercise, etc.). In his book, *Prozac Backlash*, Harvard Medical School's Dr. Joseph Glenmullen, a psychiatrist who has a private practice and also works for Harvard University Health Services, documents the ominous long-term side effects associated with these and other serotonin-boosting medications.

These side effects include neurological disorders, such as disfiguring facial and whole-body tics that can indicate brain damage; sexual dysfunction in up to 60 percent of users; debilitating withdrawal symptoms, including visual hallucinations, electric shock-like sensations in the brain, dizziness, nausea, and anxiety; and a decrease of antidepressant effectiveness in about 35 percent of long-term users. In addition, Dr. Glenmullen's research and riveting case studies shed shocking new light on the direct link between these drugs and suicide and violence.

By the end of the 1990s, Prozac and similar drugs (such as Paxil and Zoloft) were being prescribed for everything from depression to anxiety to drug addiction to attention-deficit disorder (ADD). About 70 percent of prescriptions for these antidepressants were being written by family physicians rather than psychiatrists.

Normal children are being increasingly diagnosed as "hyperactive" or having "attention deficit." Glenmullen declares this antidepressant mania to be dangerous, even reckless. He notes that these drugs can have severe side effects, including uncontrollable facial and body tics, which could be signs of severe and permanent brain damage. About 50 percent of patients suffer often-debilitating withdrawal symptoms from them, and about 60 percent end up with sexual dysfunction. Prozac may make a small number of people homicidal or suicidal, or both.

Dr. Peter Breggin states, "[People] start taking the drug and in the beginning they feel better . . . Maybe the drug gives them a burst of energy. Stimulants will do that. They make people feel energized. Then they become more depressed. They may get suicidal feelings. They don't know that Eli Lilly once listed depression as an effect of the drug. And so they end up thinking they need more Prozac, and their doctor agrees."

Physicians at Johns Hopkins University School of Medicine have reported that five patients developed apathy, indifference, and loss of initiative when they took fluoxetine or fluvoxamine, another antidepressant. They found that

the mechanisms producing these side effects were similar to “those of frontal lobe dysfunction,” in which patients may “display apathy, flatness of affect and lack of emotional concern, childishness and euphoria, socially inappropriate behavior, and difficulty in foreseeing the outcome of an action” (*Journal of Clinical Psychopharmacology*, October 1990).

A number of lawsuits have occurred. Some Prozac users have charged that the drug causes tardive dystonia or tardive dyskinesia (TD), two forms of neurological damage in which the muscles tense up or move involuntarily. These disorders can produce bizarre-looking postures and movements. As a result, people who are taking Prozac to relieve mental illness may in fact appear to be mentally ill. In addition, the symptoms may continue after they stop taking the drug. In some cases those terrible effects may be permanent.

Doctors have also reported a variety of neurological symptoms in people taking Prozac. These symptoms include acute dystonia and reversible dystonia (*D. Mahendra, American Journal of Psychiatry*, January 1994; *B. Black and T.W. Uhde, Journal of Clinical Psychiatry*, September 1992; etc.).

Drugs similar to Prozac can also be dangerous. In two cases, patients developed complex movement disorders while they were taking fluoxetine. This disorder was marked by rhythmic palatal movements, myoclonus and possibly dystonia in one patient, and myoclonic jerking and rapid, stereotypic movements of the toes in the other (*K.J. Bharucha, Movement Disorders*, May 1996).

Many psychiatric drugs, such as Haldol and Thorazine, have been found to cause tardive dyskinesia in about 20 percent of long-term users. The manufacturers' prescription information for these drugs includes appropriate warnings. But that is not the case with Prozac's package insert, which warns that users have developed dystonia and dyskinesia but not that the drug may cause permanent damage to the nervous system.

Generally, when psychiatric drugs cause permanent disorders such as tardive dyskinesia, it is after patients have used the medication for a year or longer. With Prozac, however, the condition appears to set in much more rapidly. One woman in Texas who sued Eli Lilly claims she experienced permanent damage within two days of taking two Prozac capsules a day. Another user began to experience severe muscle spasms in her arms after she took Prozac for eight days; she still had TD and a diminished ability to function two years later.

But there is still more to the Prozac story: According to documents released under the Freedom of Information Act, the clinical trials for Prozac were flawed.

Eli Lilly told physicians involved in the trials to record a variety of adverse reactions, including suicidal ideation, morbid thoughts, agitation, sadness, and insomnia, as “symptoms of depression” rather than as separate effects. In a review of Prozac, FDA Efficacy Reviewer J. Hillary Lee stated, “Note: the exhortation [by Lilly] to exclude experiences caused by depression

may have altered the relative frequencies of many adverse experiences.” In other words, the truth about the effects of Prozac were hidden.

It is an astounding fact that the FDA's original efficacy review of Prozac found that the drug was no more effective than a placebo! The FDA, for reasons that are not clear, told Eli Lilly to reevaluate the drug based on “fewer variables.” The manufacturer did so, reducing the number of variables by two-thirds, and issued a new evaluation of Prozac's effectiveness. The FDA approved this new evaluation.

In fact, the FDA appears to have looked the other way in regard to several problems before Prozac's release. The FDA discovered in 1986 that Eli Lilly had withheld information about the onset of psychotic episodes on at least 52 patients during the drug's clinical trials. Yet no actions were taken against the manufacturer or Prozac. Documents also show that Eli Lilly and the FDA knew of 15 suicides that occurred during the drug's clinical trials, even though the Prozac label said that three people died during the trials.

SECTION TWELVE STERIODS

Anabolic steroids (Arnolds, gym candy, pumpers, stackers, weight trainers, juice) are a group of powerful compounds that are synthetic derivatives of the male sex hormone, testosterone. These drugs are used illegally by body builders, long-distance runners, cyclists, and various other athletes who claim steroids give them a competitive advantage and/or improve their physical performance. Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Approximately 2% of teenagers will use steroids before they graduate from high school.

But steroids are actually very dangerous. Steroid users are vulnerable to more than 70 physical and psychological side effects, many of which are irreversible.

The use of steroids especially damages the liver and the cardiovascular and reproductive systems. In males, steroids can cause withered testicles, sterility, and hair loss (including premature baldness). In females, steroids can lead to irreversible masculine traits such as breast reduction, baldness, and growth of facial hair. Physical symptoms in both include Jaundice (yellowing of the skin), swelling of feet or ankles, aching joints, bad breath, mood swings, nervousness, and trembling. Psychological effects in both sexes can include depression and an increase in aggressive behavior.

Physicians have attributed over 70 side effects which include impotence, acne, water retention, aggression, hypertension, cardiovascular disease, palpitations, jaundice, and death.

While some side effects appear quickly, other potential health effects, such as heart attacks and strokes, may not occur for years. Steroid abuse in

young adults can interfere with bone growth and lead to permanently stunted growth. People who inject steroids also risk contracting HIV and other blood-borne diseases from infected needles.

Not only are steroids extremely harmful to your health, but they are also banned by the NCAA (National College Athletic Association) along with a list of other drugs and supplements. This list also includes steroid replacements like DHEA, androstenedione, and norandrostenedione.

If the NCAA ever finds traces of any of these drugs in your bloodstream, you will be banned from playing college baseball or other sports.

Steroids affect your heart: Steroid abuse has been associated with cardiovascular disease, including heart attack and stroke. These heart problems can even happen to athletes under the age of 30.

Steroids affect your appearance: In both sexes, steroids can cause male-pattern baldness, cysts, acne, and oily hair and skin.

Steroids affect your mood: Steroids can make you angry and hostile for no reason. There are recorded cases of murder attributed to intense anger from steroid use. “Roid rages” are uncontrolled outbursts of anger, frustration, or combativeness that may result from using anabolic steroids.

Steroids increase your risk of infection: Sharing needles or using dirty needles to inject steroids puts you at risk for diseases such as HIV/AIDS and hepatitis.

Steroids are illegal to possess without a prescription from a licensed physician. It is illegal for individuals to sell steroids. Know the risks! Illegal steroids are made overseas and smuggled into the United States or made in underground labs in this country. They pose greater health risks because they are not regulated by the government and may not be pure or labeled correctly.

SECTION THIRTEEN HUMAN GROWTH HORMONE

Human growth hormone (HGH) fuels the growth of our bodies during childhood and adolescence. Released from the pituitary gland when we sleep, the hormone has the chief function of lengthening bones and increasing the thickness of soft tissues such as skin. People who don't make enough HGH while they're young—often because of genetic diseases or kidney failure—can be extremely short as adults. Scientists discovered a way to mass produce HGH in the 1980s. The chemical name for the drug is somatotropin.

A year's worth of treatment in some doctor clinics can cost up to \$10,000! It seems as if everyone wants to sell it to you, but you need to be aware of some facts. Although it is true that HGH increases levels of human growth hormones in your body, even the cheaper HGH products can be hazardous. *Here is new information on these dangers:*

Some of the human growth hormone dangers associated with injection treatments include higher risk for developing forms of cancer, diabetes, insulin resistance, fluid retention, carpal tunnel syndrome, gynecomastia (enlarged breasts), lowered production of the body's own human growth hormone, and acromegaly (abnormal bone growth in the wrist, hands, and feet).

“Although based on small numbers [in tests], the risk of [colon and rectal] cancer [with HGH] is of some concern and further investigation in other groups [of subjects] is needed.”—Drs. Swerdlow, Higgins, Adland & Preece, Section of Epidemiology, Inst. of Cancer Res., Sutton SM2, 5NG, UK., *The Lancet*, Vol. 360, 2002.

“[There are] concerns about possible toxicity in adults.”—Dr. W.L. Isley, University of Missouri-Kansas City, School of Medicine, KC, MO.; in *Annals of Internal Medicine*, Vol. 137, 2002.

A report in the *Journal of Clinical Endocrinology*, Vol. 87, 2002, suggests that growth hormone reduces insulin sensitivity, thus being negative for diabetes patients. Theoretically then, it could even increase the risk of diabetes (Drs. O'Connell & Clemens, Dept. of Med., U. of North Carolina).

People who have received the injections of the drug somatotropin (human growth hormone) may be at risk of developing progressive brain disease CJD (*BBC News*, May 21, 2002). CJD is Creutzfeldt-Jakob Disease, the human form of mad cow disease. The problem here is that if you take HGH, you are placing raw animal hormone into your body—and it can be contaminated with mad cow disease!

On May 23, 2002, the *Daily University Science News* published a similar report about CJD disease being linked to injections of human growth hormone “even after low doses” as was suggested in the *Journal of Neurology, Neurosurgery, and Psychiatry*.

In the 1960s and 1970s, the National Pituitary Agency unknowingly distributed contaminated HGH, without realizing that the hormone could give Creutzfeldt-Jakob disease to people. Yet the transmissibility of CJD was recognized as early as 1968.

In 1974, writing in the *New England Journal of Medicine*, Columbia University's Dr. Philip Duffy mentioned the fact that too much HGH in humans always causes physical problems:

“No one has thoroughly studied the long-term—or even short-term—side effects of taking human growth hormone for non-medical reasons. But there's reason to suspect trouble. People who naturally produce too much of the hormone or have received medical treatment for growth failure often develop abnormal hearts, bones, and nerves, and are particularly likely to suffer from osteoporosis, heart failure, and other diseases. Sports medicine researchers at the University of Massachusetts, among other experts, suspect that long-term use of supplemental HGH could have similar consequences.”

Chapter Three

Quick Facts

SECTION ONE A FAST LOOK AT DRUG EFFECTS

Here is a quick look at some of the effects of the most common of these drugs:

ALCOHOL—Talkativeness and mood swings, decreased alertness and lack of motor coordination. Continued usage leads to malnutrition, impotence, ulcers, brain and liver damage, delirium. Withdrawal symptoms are quite similar to those of barbiturate withdrawal.

NICOTINE—Increased heartbeat. Very difficult withdrawal symptoms for most people. Physical as well as psychic addiction involved.

Has been linked to cancer, lung damage, heart and respiratory disease. Withdrawal results in nervousness, appetite changes, sleep disturbances, and anxiety.

CAFFEINE—Wakefulness, increased heartbeat is an immediate effect. Other effects include stomach disorders and an increased chance of heart attacks later on. Withdrawal will produce a mild anxiety, drowsiness, and headaches.

TRANQUILIZERS—Mild sedative effect, but sometimes headaches and occasionally an increase of anxiety and hostile behavior.

Impairment of sexual function. Withdrawal symptoms are identical to those of barbiturate withdrawal. These symptoms may appear one to two weeks after use stops, due to slow elimination of this drug from the body.

MARIJUANA—Erratic behavior, loss of memory, exaggerated sense of ability. May lose all sense of restraint and act in a manner that is dangerous both to themselves and to others. They become accident prone because of their time and space disturbance. Psychic dependence leads to antisocial conduct. Heroin addicts frequently started out with marijuana.

INHALANTS—Rapid heartbeat, dizziness, drowsiness, fainting, headache. Damage to bone marrow after several hours usage.

AMPHETAMINES AND RELATED STIMULANTS—An unusual increase in activity, jumpiness, and irritability; hallucinations and paranoid tendencies after intravenous use.

Tolerance develops rapidly. Psychological dependence and preoccupation

with the drug is common. The user may suffer from paranoia, auditory, visual, and tactile hallucinations (the feeling of bugs crawling under his skin). Withdrawal symptoms include fatigue, hunger, crashing, long periods of sleep, disorientation, severe depression.

Amphetamines can cause abnormal heart rhythms, high blood pressure, and even heart attacks. Dangerous behavior can result. Excessive or prolonged use can induce hallucinations, wakefulness, jumpiness, and dangerous aggressiveness. Tolerance (the need for increasing doses) gradually develops.

BARBITURATE—The user may appear to be drunk, yet with no odor of alcohol. He can become sluggish, gloomy, sometimes quarrelsome. Speech can thicken and he may stagger. Sedation and lack of body coordination is progressive with dosage.

Impairment of sexual function. Withdrawal symptoms that are indistinguishable from barbiturates may appear a week or two after stopping its use. This is due to the slow elimination of the drug from the body.

An expected result is sedation (sleep). But other effects are coma and death from respiratory failure. A clouded mind from taking drugs can cause an unintentional repetitive taking of the drug—until a dangerously toxic level is reached.

There are many deaths each year that are due to intentional or unintentional overdose. Using it with alcohol is especially dangerous. This drug is definitely addictive, causing a physical as well as a psychological dependency. Withdrawal symptoms are markedly different from those experienced in opiate addiction.

COCAINE—Pupils dilate (enlarge); and the user becomes hyperactive, exhilarated, and paranoid. Intravenous use produces strange psychotoxic effects that include hallucinations with paranoid tendencies. Repeated dosages can bring on maniacal (insane) excitation, muscular twitching, and convulsive movements.

Long-term usage ruins his way of life and ability to legally support himself or a family. Extensive snorting (sniffing of the drug) may seriously damage the nasal tissue. Prolonged use has been reported to cause effects similar to amphetamine abuse, and especially paranoia and hallucination (coke bugs).

Convulsions and even death can and do occur from overdose. Paranoid activity is decided. Very pronounced psychic addiction takes place.

HALLUCINOGENS (LSD, MDA, Mescaline, Peyote, Psilocybin)—Rapid and dramatic mood changes may occur. A total personality change may occur. Visual and sensory distortion. The person may try to fly or knock over an oncoming car by walking into it. Behavior becomes irrational, and they become animal-like. Extremely small quantities of LSD can induce hallucinations that can last for days, or suddenly occur weeks or months later. Degree of permanence of mental derangement is still not understood. Chromosomes

are split and thus dangerously damaged for future generations.

METHAMPHETAMINE—Effects that resemble amphetamine, but they are more marked and the resultant toxicity is greater. Irritability and restlessness in the extreme. Both violence and paranoid reactions can and do occur. Powerful psychic effects, sometimes with fatal results.

MORPHINE—Relaxation, coma, or death—according to amount of dose. Calm inattention, constricted (small) pupils, slow pulse, and respiration.

Both mental and physical addiction occurs rapidly. Withdrawal symptoms strong and unpleasant: restlessness, irritability, tremors, loss of appetite, panic, chills, sweating, cramps, watery eyes, runny nose, nausea, vomiting, muscle spasms.

HEROIN—Like morphine in its effects, but quicker acting and more powerful. Addiction develops far more rapidly than even morphine. Withdrawal symptoms like morphine, but more pronounced.

PCP PHENCYCLIDINE—Immediate effects vary between dream-like state of mental confusion, paranoia, sense of dying, losing touch with your body, psychotic states, assaultive behavior.

There is long-term evidence of memory loss, inability to concentrate or to think clearly, insomnia, and chronic or recurrent psychosis. Depression occurs on withdrawal.

SECTION TWO

SIXTEEN WARNING SIGNALS: A MESSAGE TO PARENTS

All of the following warning signs have been suggested by professionals in the field of detecting and caring for drug abusers and addicts. One sign alone may mean nothing; several together can be very significant.

1 - SCHOOL GRADES SUDDENLY GO DOWN—This is an important sign. The teenager may offer many different reasons and excuses, but there may be another reason—drugs. A closely related sign is the absence of report cards: They are no longer being shown to you. Check into it; you may find that your A and B student may suddenly have become a C, with occasional F, student.

2 - SUDDENLY DIFFERENT FRIENDS—Young people feel that they have a right to select their own friends, and so they may not appreciate your interest in who their friends are. Notice a strange narrowing of the circle of friends that your adolescent is chumming around with. Keep track of who their friends are. If they suddenly change, or narrow to only a few, or seem to drop off entirely, ask about this some evening, and see what the reaction is. The kind of friends we have reveals our values and interests. Friends reveal behavior. When our values and actions change, our friendships will change also.

3 - SUDDENLY OLDER FRIENDS—If their friends suddenly change from their own age to four or five years older, this is significant. Why the new acquaintances? The older person has something that the younger wants, and the younger has something the older one wants.

4 - A MAJOR CHANGE IN ATTITUDES AND FEELINGS—Temper tantrums, extreme irritability, or no feelings at all. How did all this start? What has made the change? What caused the switch from an upbeat, energetic attitude to an apathetic, indifferent shrug which seems to be uninterested or involved in anything worthwhile?

5 - SUDDENLY MONEY COMING IN—Does your son or daughter act as if he or she has inherited wealth? Clothes, food, drink, recreational equipment, electronics.

6 - SUDDENLY MONEY GOING OUT—This is the opposite of the previous possibility: Does your son or daughter suddenly have no money, when he used to have enough for his simple needs?

7 - PHONE CALLS AT ODD HOURS—When the phone rings at 11:30 p.m. on a school night and your son yells “I’ll get it.” Phone calls late at night after your known bedtime are a cause for concern. Listen in and confront him if what you have heard is the awful truth you have suspected.

8 - THE BEDROOM—What does his or her bedroom look like? Has it recently changed from neatness to sloppiness? Does it look like a cave or a horror movie? Are there blankets on the windows to shut out all light? Is there a total disregard to health and proper environment? Is there unusual equipment in the bedroom - such as hypodermic needles, smoking gadgets, spoons and saucers, white or brown powders, pills, tablets or ampoules?

9 - LIVING IN AN UNREAL WORLD—Does your teenager live in a totally different world than most of his or her companions? Does he dream of a great occupation as an astronaut, yet gives no attention to school studies? Does she dream of romance with a rock star, yet shut herself away from boys her own age? Living in a fantasy world can be an early step into the drug culture. Becoming conditioned to not want to cope with real life can prepare one for the unreal dead-end street of drug entertainment.

10 - CONCERNED NEIGHBORS AND FRIENDS—People tend to keep to themselves and not speak up, even when they should. But if some of your friends and neighbors begin warning you about the behavior of your teenager, then you had better sit up and listen. If someone comes to you about your youngster, it may be serious. Pay attention and do something about it.

First try to solve the problem in your home; and, if that does not work, there are resources outside the home. Be a loving, helpful parent. But also be watchful. And if warning signs arise, bring it out into the open. If necessary tell them, “If you’re buying dope, I want to know about it. I’m not going to throw you out. I love you, but I want to know about it.”

11-16 - SIX MORE SIGNS—(1) The youngster becomes sleepy, apathetic, secretive, cranky, and unreliable. (2) He loses interest in his schoolwork, his

hobbies, and in physical exertion. (3) He locks himself in the bathroom for long periods. (4) He takes money or articles of value from the home. (5) He wants to quit school and usually does. (6) His arms may be covered with the marks of a hypodermic needle.

SECTION THREE

THIRTY FOUR WARNING SIGNS OF DRUG USE

Here are additional warning signs. The list comes from helpforteens.net. If you wish to phone for counseling, here is the number: 800-637-0701. For a list of 11 signs of inhalant use, go to the end of the section on inhalants.

Neglected appearance/hygiene. Poor self-image. Grades dropping. Violent outbursts at home. Frequent use of eye wash. Unexplained weight drop. Drug paraphernalia. Slurred speech. Curfew violations. Running away. Skin abrasions. Hostility toward family members. Chemical breath. Glassy eyes. Red eyes. Valuables missing. Possessing unexplained valuables. Stealing/borrowing money. Change in friends. Depression. Withdrawal. Apathy. Reckless behavior. No concern about future. Defies family values. Disrespect to parents. Lying and deception. Sneaky behavior. Disregards consequences. Loss of interest in healthy activities. Verbally abusive. Manipulative/self-centered. Lack of motivation. Truancy.

SECTION FOUR

WHY YOUNG PEOPLE DO IT: THE HELP THAT IS NEEDED

1 - TO ESCAPE FROM REALITY—The adult life is just ahead of them, but teenagers often are quite uncertain whether they will be able to successfully handle it when it arrives. They can imagine that their fears, anxieties, and sense of inadequacy can be momentarily forgotten by taking street drugs.

Before they reach the teen years, teach them to value the worthwhile real things of life: the benefits of hard work, the importance of a genuine Christian experience. Be yourself what you want your children to be and their future will be bright.

2 - SEARCH FOR A CHEAP THRILL—They want a quick and inexpensive “kick.” What they haven’t learned is that the cheap thrills in life are always disappointing, always damaging in the long run.

Before they reach the teen years, teach them to value the success and self-respect that comes from bearing responsibility and carrying necessary duties in the home. Teach them how to work and appreciate what they do.

3 - LACK OF INFORMATION—Teach them the dangers in the street drugs. Give them information; they need it and want it. If you do not give them this information, they will obtain it from the drug pusher at school.

Hand them a copy of this book and let them read it from cover to cover. Read it yourself, and discuss it with them when they have completed it. Many teenagers, having been forewarned of the dangers, choose never to indulge in the drug culture that is pervading our time in history.

4 - PROLONGING ADOLESCENCE—Many parents, having had to work hard to succeed in life, feel that their present duty is to “protect” their children from hard work and decision making. But this only prepares them to escape to the unreal world of drug fantasy, so that they can forget about the adult world that they have not been trained to meet.

From their childhood, teach them how to bear responsibility and be in charge of routine duties about the home. Take up gardening and let it be something your whole family can enjoy together. Life is real and not make-believe. The only people who succeed in it are the people who enjoy working for its own sake.

5 - DO NOT USE DRUGS YOURSELF—This is the downfall of many young people: Their parents do it already. Cigarettes, alcohol, chewing tobacco, cigars, a weekly drunk night, and all the rest.

Do not give this as a heritage to your children. Get off of the bad things yourself, and it will be far easier for your sons and daughters to follow your example.

6 - HAVE STANDARDS IN YOUR HOME—Far too many parents seem to care little what their children do. We live in an age of permissiveness. Do as you please; explore and try new things; if you get burned a little, then you are finding out what life is like. But young people of all ages need parental guidance that is based on solid, worthwhile standards.

The Bible has the best standards in the world. Christianity is the only thing in the world that can change the heart, the motives, and the life for the better. Go to God and give Him your life; win your children and loved ones; begin attending church again. Have morning and evening family worship each day. Pray together. And when alone, pray for one another. Life is real, and it takes a personal, daily relationship with God to make it succeed.

With your family, find ways to help others. Help old folks. Paint their homes, clean outside and in. Visit nursing homes. Find people who need help. Do things that are worthwhile.

Write to the publisher of this book for a list of very helpful books that can enable you to come back to God. Peace with God: This is what many of us want and need. And peace with God is something you can have. There is no greater happiness than a conscious awareness of His forgiveness and His presence. There is no greater satisfaction than working with Him to minister to the needs of others around you.

SECTION FIVE WHERE TO OBTAIN HELP

Toll free Parent Hotline — 800-637-0701 A consultant is on standby at all times, to help you locate resources which can help you.

Free Resource Catalog — 888-200-5061 Lists residential centers, treatment programs, or specialty schools.

Free Resource Video — 800-637-0701 Parents telling of resources that they have found effective in dealing with their troubled son or daughter.

SECTION SIX THE LEGAL PENALTIES

Federal penalties for the illegal possession or usage of narcotics were first established under the Harrison Act of 1914, which provides that illegal possession of narcotics is punishable by fines and/or imprisonment.

Prison sentences can range from 2 to 10 years for the first offense, 5 to 20 years for the second, and 10 to 20 years for further offenses.

Illegal sale of narcotics can mean a fine of \$20,000 and a sentence of 5 to 20 years for the first offense, and 10 to 40 years for further offenses. A person who sells narcotics to someone under 18 is refused parole and probation, even for the first offense. If the drug is heroin, the sentences are very stiff.

Take a good, hard look at the information given in this book and the legal penalties in this chapter, and determine that you will have nothing to do with those terrible habits. All they will do is get you in trouble. And they always will. It may take a few weeks or months, but trouble will be headed your way.

This is because once you start, you will tend to keep coming back to it. And on it goes until you are damaged physically, worn-out mentally, unable to obtain decent employment, and perhaps imprisoned.

Now it is a much easier decision to stay out of it. But if you choose to get into it, later it will be much more difficult for you to get out.

Who wants to spend their life as a slave to dope, prostitution, theft, and crime? But that is what the street drugs can bring into your life. And remember that the little things lead to bigger things. Stay away from the “innocent” drugs and narcotics, and you will never be tempted with the bigger ones. Avoid coffee, tea, cola drinks. Never take up smoking or drinking beer, wine, or any other liquor.

If someone offers you any of these things, just tell him, “I have enough problems now; I don’t need anymore.” He will probably just stare at you and walk away, knowing that he wishes he could get away from the problem he is trying to get you started on.

Live and act from principle. Enjoy doing right because it is right. Find the

deep peace and happiness that comes from accepting Christ as your Saviour from sin. He alone can enable you, by His grace, to resist temptation and sin. He alone can empower you to obey the Ten Commandments of Exodus 20:3-17.

And this is what you really want: a better, happier life. But such a life cannot be found in swallowing, sniffing, smoking, or mainlining drugs.

The key to victory is self-control, and the key to self-control is surrender to God. He can give you the help that you can obtain nowhere else. He is your heavenly Father, the one who created you; and He loves you deeply as no other one can. In His strength, you can overcome hereditary and cultivated desires that are injuring your body and your life.

Write to me, the author of this book, at the publisher's address given on the second page of this book; and I will send you printed materials that can help you find this better life.

SECTION SEVEN ADDING A BETTER LIFE

This book has provided you with one of the most complete collections of information on how to quit hard drugs that you can find in a small book anywhere. But getting a problem stopped is not the full solution; you also want to add a better way of life in its place.

This present chapter is going to tell you how there can be brought into your life a far deeper happiness than you may have experienced before. The information below is just as solid and useful as that which you have already studied. You will want to read it carefully.

All about us we see abundant evidence of the love of God. It is shown in the beautiful things He has made, and how carefully they have been adapted to supply the needs and happiness of all His earthly creatures. Nature teaches us that it is God who provides for us; and that, as we come to Him, He can give us that which we need in order to love and obey Him. Back in the beginning, man was perfectly happy, holy, and in harmony with God. There was no blight on nature, and man talked face to face with His Maker.

Then sin entered, as man, tempted by Satan, ate the forbidden fruit in the Garden of Eden. It may seem a little thing, but it was disobedience to the express will of God. Yet our heavenly Father continues to seek us. If you will but stop a moment and think about it, He has been trying to reach you for years.

The problem is that Satan tempts men to think that God is severe, harsh, and cruel. Yet this is not true. Your heavenly Father loves you with the deepest love. For years He has guarded you, though you did not know it.

It was to reveal His love to man that God sent His own Son into the world. Encouraging, healing, and helping people find a better life: This was

the earthly life of Jesus—a life obedient to the will of His Father and continually revealing the character of God to mankind. “He that hath seen Me hath seen the Father,” He said (*John 14:9*).

Love, mercy, and compassion were revealed in every act of His life, for His heart went out in tender sympathy to the children of men. He took man’s nature that He might reach man’s wants. The poorest, humblest, and most sinful were not afraid to come to Him. Even little children loved to be near Him.

His life was one of self-denial and thoughtful care for others; because every soul was precious in His eyes, He bowed with the tenderest regard to every member of the family of God. In all men He saw fallen souls for whom it was His mission to save.

Take a Bible and open to one of the four Gospels (Matthew, Mark, Luke, or John) and begin reading. There you will find the character of Christ revealed in His daily life. His purity and kindness is the character of God. It is in the Bible that we find the principles of godliness, the pathway to heaven.

It was to redeem us that Jesus lived and suffered and was crucified. He became “a Man of Sorrows,” that we might be made partakers of everlasting joy. God permitted His beloved Son to come from a world of indescribable glory—to this dark world blighted with sin—so that we could be delivered from sin and enabled, by His grace, to obey the laws of God.

As you begin reading in the Bible, behold Him in the wilderness, in Gethsemane, upon the cross. The spotless Son of God took upon Himself the burden of sin. He who had been one with God felt in His soul the awful separation that sin makes between God and man. This separation and the burden of sin broke His heart.

Yet this great sacrifice was not made in order to create in the Father’s heart a love for man, so He would be willing to save us. No, no! “For God so loved the world, that He gave His only begotten Son.” *John 3:16*. The Father loves us, not because of the great sacrifice—but He provided the sacrifice of His Son on Calvary because He loves us! Through Christ, God poured His love upon mankind. To Christ we can come and seek forgiveness of sin and enabling power to obey. And by remaining with Him, day by day, we can look forward to eternal life with Him in the glories of heaven.

Was it worth it for God to do this? Yes, it was well-worth it—even if only one person would have accepted the great salvation. Just now, though many others may refuse it, you can come to Him and receive forgiveness, peace with God, and strength to obey His Inspired Word, the Holy Scriptures.

Only Jesus could accomplish our redemption, but many do not realize why. For only One equal to the Law of God—the Ten Commandments—could die to meet its claims and enable man to obey it. Jesus is fully God and equal with the Father. He died so that you could live through eternal ages with Him. The Father loves Christ all the more because He did it, because the Father also loves you.

Beholding the depth of that love, men and women down through history have wept as they discovered it. Coming to God, they have found peace with Him as they had their sins forgiven, have put away their bad habits, and become servants of God. That love has enabled them not only to live clean, honest lives, but to remain loyal to their God in the face of ridicule, persecution, and even death.

It is impossible for us, of ourselves, to escape from the pit of sin in which we are sunken. Our hearts are evil and, without the help of God, we cannot change them. There must be a power from above to work inside of us and strengthen our resolves and our will. That power is Christ. His forgiving, enabling grace alone can awaken the lifeless faculties of the soul and attract them to God and god-like living. Only He can strengthen us to stop sinning. Yet only we can make the choice to come to Him day by day and let Him give us that strength.

This new life begins with the New Birth. Jesus said, "Except a man be born again, he cannot see the kingdom of God" (*John 3:3*). This means that unless he shall receive a new heart, new desires, purposes, and motives, all leading to a new life, a person cannot find peace with God, deliverance from sin, and eternal life.

It is not enough to see our condition or even the love of God; we must bow in agony of sorrow over our sins and how they cost the life of God's own Son. We must come to Jesus in heartfelt grief—and plead with Him for forgiveness, acceptance, and purity of heart.

Many resist the love of Christ and are lost. They are content with their own condition. But if we do not resist the drawing power of that love, we will be convicted of our sins—and will be drawn in love and sorrow, for the way we have treated Him, to the One who died and liveth again—that we might have eternal life. You who in heart long for something better than this world can give, recognize this longing as the voice of God to your soul. Ask Him to give you repentance, to reveal Christ, in all His love and purity, to you. It is as we behold Him that we see the sinfulness of our own hearts and come to Him in true repentance for sin and a turning away from it.

But do not make the mistake of many: If you see your sinfulness, do not wait to make yourself better before coming to Christ! Come to Him now, just as you are. In Him you will find the answer to all your problems. Begin walking the journey of life with Him. You will be continually astounded at the courage, comfort, and help that He can give you day by day. But do not delay in coming. Satan will tempt you to think that you need to wait a day or two; yet, during the delay, he will present all kinds of reasons why you should not give your life to Christ. The devil will hold out his trinkets to you; you know how it works. A little quick pleasure and back to the old misery afterward. But now you want to be done with all that. You want to start a better way of life, a life of clean living with God.

You are tired of your past life of sin and failure, You want peace with God and forgiveness of sin. You would rather serve God than live for yourself—

and so you come, now, to Jesus. And you find that you have entered upon a life of the deepest happiness you have ever experienced. There is nothing on earth that can bring you the peace of heart that God can give you.

Do not imagine that you will not have problems. Satan will continue to bring them through circumstances, friends, and associates, just as he has done before. Yet you will find that you now have new help in coping with difficulties, definite guidance in meeting them, fresh strength in recognizing and resisting the approach of sin.

But let no one tell you that it is all right to disobey God. It is never right and it is never safe. By faith, cling to Christ all through the day. The secret is in finding Him in the morning—in prayer and study of the Sacred Scriptures. And then in walking, hand in hand, with Him all through the day. The Bible says to “pray without ceasing.” That is a habit worth developing. But, again, begin each day by coming anew to God, surrendering your life to Him, and dedicating yourself and all you have and are to Him.

Sometimes Satan will come and tell you that you are a great sinner—but tell him that Christ Jesus died to save sinners! Apart from Christ, you are lost; but clinging to His hand, moment by moment, you can make it safely along the path of life, strewn as it is with so many temptations.

We come to God with a genuine sorrow for sin, and this sincere repentance is followed by a reformation in the life. Many changes are made as we study God’s Word and bring our lives into conformity to it. For in giving ourselves to God, we must necessarily give up all that would separate us from Him. But it is really no sacrifice to yield our plans, our habits, our desires, and our lives to Christ. Just think of the sacrifice that He made for you! And the only things that we have to give up are things that can hurt us. God does not require us to give up anything that it is for our best interest to retain. We do ourselves the greatest injury when we think and act contrary to the will of God. Following paths forbidden by Him can never bring joy or peace.

The important question is this: How am I to make the surrender of my life to God? You desire to give yourself to Him, but you are weak in moral power, in slavery to doubt, and controlled by the habits of your life of sin. Your promises and resolutions are like ropes of sand. You cannot control your thoughts, your impulses, your affections. The knowledge of your broken promises and forfeited pledges weakens your confidence in your own sincerity and causes you to feel that God cannot accept you. But you need not despair. What you need to understand is the true force of the will. This is the power of decision, the power of choice. It is the governing power in the nature of man. Everything depends on the right action of the will. God has given you this power of the will; you must use it. But you must realize that, without the help of God, you cannot use your will aright.

But you can choose to give your life, your affections, and your will to God. He will then work in you, to strengthen you to resist Satan’s temptations.

He will enable you to overcome sin and come off conqueror, for He “is able to keep you from falling, and to present you faultless before the throne of His glory with exceeding joy” (*Jude 24*).

God will, by His Holy Spirit, work in you to will and to do according to His good pleasure (*Philippians 2:13*). Submitting to God and resisting sin in His strength will bring your whole nature under the control of His Spirit, and your affections will be centered upon Him, and your thoughts will be in harmony with Him. This is what you want for your life, is it not?

Desires for goodness and holiness are right as far as they go; but if you stop here, they will avail nothing. Many will be lost while hoping and desiring to be Christians. They do not come to the point of yielding the will to God. They do not now choose to be Christians.

Through the right exercise of the will, an entire change may be made in your life. By yielding up your will to Christ, you ally yourself with the power that is above all principalities and powers. You will have strength from above to hold you steadfast; and through constant surrender to God you will be enabled to live the new life, even the life of faith.

The New Birth is a dying to sin and a living to Christ. The Apostle Paul died anew every day. “I die daily,” he said (*1 Corinthians 15:31*). Every morning he rededicated His life to God and died anew to sin.

The New Birth is experienced as you come to God. You cannot atone for your past sins; you cannot change your heart and make yourself holy. But God promises to do all this for you through Christ. You believe that promise. You confess your sins and give yourself to God. You will to serve Him. Just as surely as you do this, God will fulfill His Word to you. If you believe the promise—believe that you are forgiven and cleansed—God supplies the fact; you are made whole, just as Christ gave the paralytic power to walk when the man believed that he was healed. It is so if you believe it.

Do not wait to feel that you are made whole, but say, “I believe it; it is so, not because I feel it but because God has promised.”

Henceforth you are not your own; you are bought with a price—the precious blood of Christ (*1 Peter 1:18-19*). Through this simple act of surrendering and believing, the Holy Spirit has begotten a new life in your heart. You are as a child born into the family of God, and He loves you as He loves His Son.

Now that you have given yourself to Jesus, do not draw back, do not take yourself away from Him; but, day by day say, “I am Christ’s, I have given myself to Him,” and ask Him to give you His Spirit and keep you by His grace. As you first found Him, so live in Him.

Thousands fail because they do not believe that Jesus will pardon them personally, individually. They do not take God at His Word. But it is the privilege of all who comply with the conditions to know for themselves that pardon is freely extended for every sin.

Do not yield to doubt. Read the rich promises of Scripture and believe

them. Memorize them; repeat them to yourself and others through the day. Do not doubt and tremble, but look up—for Jesus is making intercession for you in the Sanctuary in heaven. Resist doubt with thanksgiving and an active helping of others. Thank God every day for the gift of His dear Son. Come to Him continually, cling to Him, praise Him. Share all your sorrows and joys with Him. And obey Him.

Whom do we love the most? If we love Jesus above every earthly thing, He will have our sweetest thoughts, our warmest affections, and our best energies. We will desire to speak to Him and speak about Him to others. He will have become the center of our life.

When we are with Jesus, every burden becomes light, duty becomes a delight, and sacrifice a pleasure. We love to obey Him.

The Bible reveals God's laws of right-living for mankind. The Ten Commandments are so important that God wrote them with His own finger, so you and I could have them. You will find them in *Exodus 20:3-17*.

It is an error to trust in our own works for salvation, but the opposite and no less dangerous error is that belief in Christ releases men from keeping the law of God; that our works have nothing to do with our redemption.

Love must be the principle of action and the concern of the heart to obey the will of God because we love Him.

When we obey from the heart, because we love God, our obedience becomes the fruit of the New Birth. It is a service of love to our God. God writes His laws in the hearts of those who have experienced the New Birth (*Hebrews 10:16*); and that law, written in the heart, will change the whole life. Obedience to God is the true sign of discipleship.

If we will not obey Him, we are not really His. "This is the love of God, that we keep His commandments." "He that saith, I know Him, and keepeth not His commandments is a liar, and the truth is not in him" (*1 John 5:3; 2:4*). Genuine faith in God does not release us from obedience to Him. The truth is that it is faith alone that can enable us to be partakers of the grace of Christ—and it is His grace that enables us to render Him genuine heartfelt obedience!

That so-called faith in Christ, which professes to release men from obeying God, is not real faith, but presumption. "I have kept My Father's commandments, and abide in His love" is what Jesus said (*John 15:10*). And He is our example. We are to walk as He walked, and follow in His steps (*1 John 2:6; 1 Peter 2:21*).

The condition of eternal life is just what it always has been—just what it was in the Garden of Eden before the Fall of our first parents—perfect obedience to the law of God. If eternal life were granted on any condition short of this, then the happiness of the whole universe would be imperiled. The way would be open for sin, with all its train of woe and misery, to be immortalized.

Christ died on Calvary in order to become our great High Priest in the

Sanctuary in heaven. There He ministers to all who come unto God by Him. “We have such an High Priest, who is set on the right hand of the throne of the Majesty in the heavens.” “Wherefore He is able also to save them to the uttermost that come unto God by Him, seeing He ever liveth to make intercession for them” (*Hebrews 8:1; 7:25*).

Christ wants to forgive you and enable you to obey the physical, moral, and health laws given in the Bible. He wants you to partake of the divine nature as you grasp the promises. For it is by faith in His promises that you are enabled, by His Spirit, to render Him such perfect obedience. “Whereby are given unto us exceeding great and precious promises [of Scripture]; that by these ye might be partakers of the divine nature, having escaped the corruption that is in the world through lust” (*2 Peter 1:4*).

“Seeing then that we have a great High Priest, that is passed into the heavens, Jesus the Son of God, let us hold fast our profession. For we have not an High Priest which cannot be touched with the feeling of our infirmities; but was in all points tempted like as we are, yet without sin” (*Hebrews 4:14-15*). That is a powerful promise for you just now, as you seek to learn more about God’s plan for your life. And look at this wonderful promise which goes with it:

“Let us therefore come boldly unto the throne of grace, that we may obtain mercy, and find grace to help in time of need” (*Hebrews 4:16*).

For a few minutes, we have been looking into the depths of the rich, enabling grace of Christ, given to forgive us and enable us to obey the Law of God. *But now we want to understand more of that Law itself.* How thankful we can be that everything God gives is perfect and for our good.

Here is the Moral Law of God, the Ten Commandments:

The First Commandment - “Thou shalt have no other gods before Me.” *Exodus 20:3*. Only God is entitled to our supreme reverence and worship. Nothing else is to have first place in our affections or service. Anything else that lessens our love for and obedience to God—becomes a god more important to us than our heavenly Father.

The Second Commandment - “Thou shalt not make unto thee any graven image, or any likeness of anything that is in heaven above, or that is in the earth beneath, or that is in the water under the earth: thou shalt not bow down thyself to them, nor serve them” (*Exodus 20:4-5*). We are not to worship God by images or similitudes. Representing Him by material objects lowers our conception of God, and can only result in the degradation of ourselves.

The Third Commandment - “Thou shalt not take the name of the Lord thy God in vain, for the Lord will not hold him guiltless that taketh His name in vain” (*Exodus 20:7*). This commandment forbids false legal oaths and common swearing, and it also forbids using His name in a light or careless manner. He is holy and reverend (*Psalms 111:9*), and His faithful children will ever keep this in mind. His person and name should be thought of and

spoken of with reverence and solemnity.

The Fourth Commandment - “Remember the Sabbath day, to keep it holy. Six days shalt thou labor and do all thy work, but the seventh day is the Sabbath of the Lord thy God. In it thou shalt not do any work; thou, nor thy son, nor thy daughter, thy manservant, nor thy maidservant, nor thy cattle, nor thy stranger that is within thy gates. For in six days the Lord made heaven and earth, the sea, and all that in them is, and rested the seventh day. Wherefore, the Lord blessed the Sabbath day, and hallowed it.” *Exodus 20:8-11*.

The importance of the Sabbath is here shown to date back to the Creation of the world, at which time God first gave the seventh-day Sabbath to mankind as a day set apart for divine worship. “And on the seventh day God ended His work which He had made; and He rested on the Seventh day from all His work which He had made. And God blessed the seventh day, and sanctified it, because that in it He had rested from all His work which God created and made” (*Genesis 2:3*). After creating this world and everything in it in six days, our God set aside the seventh day as a day of rest. He rested on it, blessed it, and sanctified it; that is, set it apart for our worship of Him.

The Sabbath is a sign that we love Him, obey Him, and are sanctified by Him. It is a sign of His creatorship and our sanctification and redemption. The Bible Sabbath is a sign that God is our Creator (*Exodus 31:17*), that He is the Lord our God (*Ezekiel 20:20*), and that He is the One who alone can sanctify us (*Exodus 31:13*). It is the sign or seal of the law. The only true Sabbath is the Bible Sabbath—the one given us in the Bible, the one kept on the day of the week that God set aside for us as the Sabbath day.

This is the seventh day of the week, Saturday. Astronomers tell us that, throughout history, time has never been lost. Historians tell us that the weekly cycle can be traced back thousands of years. The languages of man attest to the fact that the seventh day is the true Sabbath. (More information on this is available free from this publisher: Write for it. Ask for the book by name: *Beyond Pitcairn*.)

But astounding evidence of which day is the true Sabbath is the Jewish people. Of all the ancient races of mankind, only the Jews remain a distinct people—in spite of the fact that they did not have a homeland for most of two thousand years. Through the Jews we can trace back to the Sabbath that Jesus (*Luke 4:16*), His disciples (*Luke 23:56*), and the apostles (*Acts 13:14, 42; 16:13; 17:1-2*) kept. Jesus said that, after His death, His followers must continue to keep the Sabbath (*Matthew 24:20*), and this they did (*Luke 23:56, Acts 13:14, 42; 16:13; 17:1-2*). But also, through the Jews, we can trace the weekly cycle and the true Sabbath all the way back to Moses, at which time God gave the Ten-Commandments in written form.

There is no doubt as to which day is the true Sabbath, and there is no doubt that God wants us to keep it. Our Creator never did away with His Moral Law, and we should not try to do so either. It is true that the “shadow laws” (*Hebrews 10:1*) were abolished at the cross. But those were the laws of

animal sacrifices in the earthly sanctuary. Type met antitype at the death of Christ on Calvary, and the statutes and ordinances of the ceremonial law were taken away at that time. However, the Moral Law, contained in the Ten Commandments, is to be reverently obeyed by us today. And we are to do it in the strength of Christ. By grace we are saved (delivered from sin); and, by grace, we are empowered to obey all that God has commanded in Holy Scripture.

What many do not understand is that “sin is the transgression of the law” (*1 John 3:4*), and that in order to be “saved from sin,” we must be enabled to keep that law. And this can be done alone in the strength of Christ’s enabling merits. Christ is our Righteousness: He alone is our Forgiver and our Enabler. Christ died to uphold the law and make it possible for you to obey it; He did not die, as some preach, in order to destroy the Moral Law! Christ did not die to destroy morality, but to guard and uphold it. He died to enable sinners to be forgiven and live clean, godly, obedient lives (for godly living is what the Ten Commandments is all about). He did not die to destroy right living—Ten Commandment living—and immortalize sin and take incorrigible sinners to heaven, there to defile it forever. Yet all that would be so if Christ died to do away with the Ten Commandments.

In the Sermon on the Mount, Jesus said, “Think not that I am come to destroy the law, or the prophets. I am not come to destroy, but to fulfill. For verily I say unto you, Till heaven and earth pass, one jot or one tittle shall in no wise pass from the law, till all be fulfilled” (*Matthew 5:17-18*). The original Greek word for “fulfill” in that verse is *pleroo*, which means “to make full.” It does not mean “to destroy or abolish.” This same word is used in *1 John 1:4; John 15:11; 16:24; 2 John 12* in the sense of “bringing to the fullest measure.” Jesus said that He was sending the Holy Spirit “that your joy may be full.” He did not mean that it would be abolished. This same Greek root word is found in “fulfill ye My joy” (*Philippians 2:2; John 17:13*), “preach fully” (*Colossians 1:25*), and “obey fully” (*2 Corinthians 10:6*). Jesus concludes the above statement with a powerful warning not to disobey the Law of God: “Whosoever therefore shall break one of these least commandments, and shall teach men so, he shall be called the least in the kingdom of heaven; but whosoever, shall do and teach them, the same shall be called great in the kingdom of heaven” (*Matthew 5:19*).

The truth of the matter is that the seventh-day Sabbath is *the only weekly sacred day* given in the Bible. It was kept all through Bible times and afterward for many centuries. But in the fourth century A.D., the first Sunday Law was enacted (A.D. 321), requiring the worship of God on Sunday, the first day of the week. Sunday sacredness began in Persia about 200 years before the time of Christ. Worshipers of the Persian god, Mithra, gave Sunday its name, “The venerable day of the Sun,” and worshiped their god on that day. Because Mithra was the sun god, they worshiped him by gathering on Sunday morning, and facing east—toward the sun—as they prayed. Very evangelistic, the Mithraites spread their faith all through the vast Roman Empire (Europe,

the Near East, and North Africa). By the end of the third century A.D., the majority of the people had been won either to Mithraism or Christianity. Early in the fourth century, Constantine became emperor. Recognizing that the empire greatly needed strengthening, he counseled with the leaders of the Christian church at Rome—and, with them, developed the plan of uniting both religions into one—by having the people worship the God of the Christians, but do it on the sacred day of the Mithraites.

The plan of uniting the majority of the people into one religion succeeded dramatically as a single State Church was formed. Now everyone could easily become a Christian, and it was good politics to do so. Within a century the Christian churches in the cities were corrupted. It was really paganism that conquered, and the persecution of Bible-obeying Christians began in earnest. For centuries, Sabbathkeepers were proscribed, hunted, and slain.

That, in brief, is where Sundaykeeping came from and why we have it today. Yet God had earlier predicted that this attempt would be made by the little horn power of Rome to challenge God's holy law: "And he shall speak great words against the most High, and shall wear out the saints of the most High, and think to change times and laws" (*Daniel 7:25*). In that one brief verse, we are warned of the amazing blasphemies, persecutions, martyrdoms, and efforts to change God's law—that would be attempted by this power. And time laws are specifically mentioned. Any Catholic catechism will tell you that it was the Roman Catholic Church which changed the seventh-day Sabbath to Sunday. And elsewhere in the catechism, which is the Catholic lesson book, you will learn that the second commandment was taken out (forbidding image worship), the fourth was changed (removing the "seventh day" from the Sabbath Commandment), and the tenth was then split in two (making two "covet commandments") in an effort to preserve the number ten.

God also predicted that people would arise who would repair the torn-out place in the law by again keeping the Sabbath Commandment. Carefully read *Isaiah 58:12-14*. And it was predicted that God's faithful believers in the last days would keep God's law. The persecution of the true church by the apostate church during the Dark Ages was predicted in *Revelation 12:13-16*, and following that, in the last days, would live the remnant—or last part—of the true church who would be faithful to God: "And the dragon was wroth with the woman, and went to make war with the remnant of her seed, which keep the commandments of God, and have the testimony of Jesus Christ" (*Revelation 12:17*).

Revelation 14:12 provides additional identification of this final group of faithful believers, just before the end of time: "Here is the patience of the saints: here are they that keep the commandments of God, and the faith of Jesus." By faith in Jesus' enabling grace, they are enabled to obey the law of God. In the midst of a law-breaking generation, they will uphold obedience to God and will stand faithful to the Ten Commandments.

Revelation 22:14 describes the entrance of His people into the City of

God: "Blessed are they that do His commandments, that they may have right to the tree of life, and enter in through the gates into the city." What a precious promise for those who now are ridiculed and derided for keeping God's commandments by faith in Christ.

But the future is bright for those who will stand loyal to God and His law—for that future is full of Jesus. Through eternal ages the people of God will worship Him on the Bible Sabbath: "For as the new heavens and the new earth, which I will make, shall remain before Me, saith the Lord, so shall your seed and your name remain. And it shall come to pass, that from one new moon to another, and from one Sabbath to another, shall all flesh come to worship before Me, saith the Lord" (*Isaiah 66:22-23*).

We have considered the first four of the Ten Commandments. We will now look at the last six:

The Fifth Commandment - "Honor thy father and thy mother, that thy days may be long upon the land which the Lord thy God giveth thee" (*Exodus 20:12*). Parents are entitled to a degree of love and respect which is due to no other person. We are not to reject the rightful authority of our parents, and we are to give them love and tender care all through their lives, even to old age. We should also respect other authorities, as long as their rules do not conflict with the laws of God.

The Sixth Commandment - "Thou shalt not kill" (*Exodus 20:13*). All acts of injustice that shorten life; the spirit of hatred and revenge; or the indulgence of any passion that leads to injurious acts toward others or causes us to even wish them harm is a violation of the sixth commandment. It also includes a selfish neglect of caring for the needy and suffering, and all self-indulgence and intemperance that injures the health of ourselves or others.

The Seventh Commandment - "Thou shalt not commit adultery" (*Exodus 20:14*). This commandment forbids not only impure actions, but also sensual thoughts and desires, and any practice which tends to excite them. Christ taught that the evil thought or look is as truly sin as is the unlawful action.

The Eighth Commandment - "Thou shalt not steal" (*Exodus 20:15*). This commandment forbids man stealing, slave dealing, and wars of conquest. It not only condemns theft and robbery, but demands strict integrity in the minutest details of life. It forbids overreaching in business and trade, and requires the payment of just debts or wages. No one is to advantage himself by the ignorance, weakness, or misfortune of another.

The Ninth Commandment - "Thou shalt not bear false witness against thy neighbor" (*Exodus 20:16*). Included here is false speaking; every attempt or purpose to deceive another person. Falsehood is not only the act of misleading; it is also the intention to deceive. This can be done by a glance of the eye, a motion of the hand, or an expression of the face. All intentional overstatement, and even stating facts in such a manner as to mislead, is falsehood." Also included is every effort to injure the reputation of another by misrepre-

sentation, evil surmising, slander, tale bearing, or intentional suppression of the truth.

The Tenth Commandment - “Thou shalt not covet thy neighbor’s house; thou shalt not covet thy neighbor’s wife, nor his manservant, nor his maid-servant, nor his ox, nor his ass, nor anything that is thy neighbor’s” (*Exodus 20:17*).

The tenth commandment strikes at the very root of all sins and prohibits the selfish desire, from which springs the sinful act. Covetousness lies at the heart of many of the iniquities of mankind.

The old song says, “Grace, grace, God’s grace; grace greater than all our sins.” And how truly great is the grace of God, for it is powerful enough to enable us to overcome all our sins and live a new life in Christ Jesus, our Lord and Saviour. The law of God, written on our heart, means obedience to it in the whole life. And this is not only what we want; it is also God’s plan for us. As we live noble, godly lives, we are preparing for heaven, for we have heaven in our hearts. *Matthew 1:21* predicted the objective of Jesus’ life: “She shall bring forth a son, and thou shalt call His name, Jesus, for He shall save His people from their sins. The word, “Jesus,” means “deliverer.” Jesus came to earth to deliver us—remove us from—our sins. He did not live and die to save us in our sins but, as the Bible says, *from our sins*.

The Lord would have all His children happy, peaceful, and obedient. As we live and work with Jesus in ministering to the needs of others, our own trials are forgotten. There is joy in the service of God; the Christian has no vain regrets and disappointments. There is an eternity of happiness in the life beyond; and, even in this life, we may have the comfort of Christ’s presence. Every step in life may bring us closer to Jesus, may give us a deeper experience of His love, and may bring us one step nearer to our eternal home where everyone will be peaceful and happy. No more pain, no more sorrow; that is what is in store for us.

Then let us not cast away our confidence and our precious Bible-based faith. But with firmer assurance, let us recall to mind the many times our God has gone before us and protected and guided us in the way. Let us keep fresh in memory all the tender mercies He has shown us in our past. We still have further to walk before life’s pilgrimage will close. But we can walk it with Jesus and rejoice at each step at the bright future in store for us in the land beyond.

We can only look forward to new perplexities, but we may look on what is past as well as what is to come, and say, “Hitherto hath the Lord helped us,” and “as thy days, so shall thy strength be” (*1 Samuel 7:12; Deuteronomy 33:25*). The trial will not exceed the strength given to bear it. Then let us take up our duties and tasks where we find them, believing that whatever may come, God will be with us all the way to the end.

And by and by the gates of heaven will be thrown open to admit God’s children, and they will “inherit the kingdom prepared” for them “from the

foundation of the world” (*Matthew 25:34*). Then the redeemed will be welcomed to the home that Jesus has been preparing for them. There they will associate with those who, like themselves, have overcome sin in the strength of Christ and have formed pure, holy characters. Amid the glories of heaven, they stand with Jesus before the great white throne, sharing the dignities and privileges of heaven.

In view of such an inheritance, soon to be ours, what shall we say? You may be poor in this world’s goods, you may be despised and hated—but you possess a wealth and dignity that the world can never know. For you have the peace of God’s presence with you now, and you look forward to an eternity in heaven serving Him.

God bless and keep you. Stand true to God to the end. I want to meet you on the other side. Remember: When things look dark, cry to Him in prayer. He will comfort and help. If you fall, run right back to Him. —vf

The above chapter included adapted material from *Steps to Christ*, *Patriarchs and Prophets*, and *Great Controversy*.