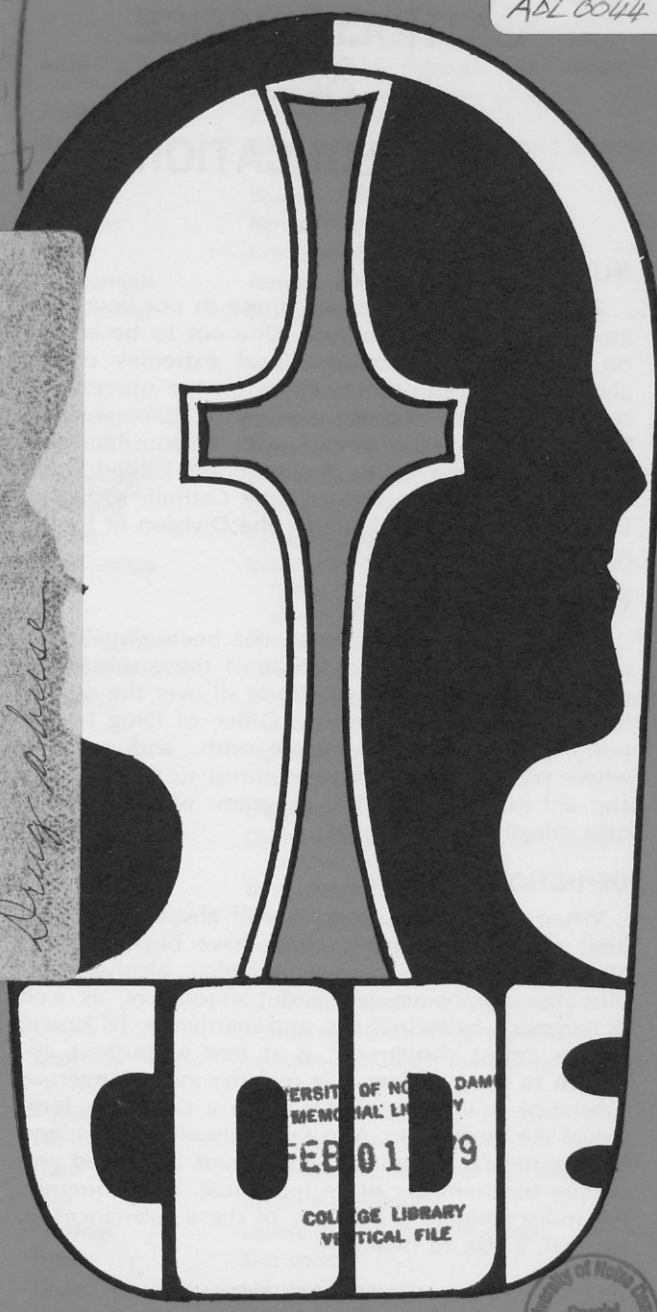


Catholic Office
ADL 0044

Drug abuse



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CATHOLIC OFFICE OF DRUG EDUCATION
DIVISION OF HEALTH AFFAIRS
UNITED STATES CATHOLIC CONFERENCE

CATHOLIC OFFICE OF DRUG EDUCATION

INTRODUCTION

The problem of substance abuse in our country is an urgent and complex one. One not to be solved, on the one hand, by the legal extremes of the alarmist or the misinformed, or, on the other hand, by the extremes of those who try to make absolute license a term synonymous with responsible freedom. In response to this challenge, the United States Catholic Conference initiated the Catholic Office of Drug Education (CODE) under the Division of Health Affairs on February 1, 1972.

CHURCH'S COMMITMENT

For many years the Church has been involved in problems associated with abuse of these substances through various individual efforts all over the nation. It is the goal of the Catholic Office of Drug Education to encourage, cooperate with, and provide, where possible, a coordinated thrust to those efforts and aid in initiating other programs which will add new effectiveness to them.

DEFINITION OF DRUGS

When we refer to substances of abuse we do not limit ourselves to those which have been deemed illegal. We include caffeine, tobacco, alcohol, barbiturates, amphetamines, and tranquilizers, as well as narcotics, hallucinogens, and marijuana. To isolate one as "most dangerous" is at best a spurious approach to the problem. We feel the most dangerous substance is the one that will do a particular individual the most harm. And this is usually determined by a particular substance's effect and the mood and unique biochemistry of an individual. Consequently, the indiscriminate use of any of these substances is, we feel, a risk to health.

DEFINITION OF ABUSE AND DEPENDENCE

We make a distinction between dependency and abuse. By dependency we mean the inability of a person to function without continued application of a mind or mood altering substance. By abuse we mean the irresponsible taking of any of these sub-

stances that can cause physical or psychological harm.

CONCERN OF THE CHURCH

We are concerned, therefore, about the congenial attitude on the part of the many people regarding indiscriminate use of these substances as a life-style. We are concerned, too, about an ignorance and apathy on the part of a great many other people which encourages and prolongs substance abuse. Efforts at dealing with it can only be effective when made by informed and committed individuals.

Commitment to these efforts must extend to any area of legitimate business where mind or mood altering substances present an opportunity for profiteering, or where the mindless dispensations of prescribed medicines lead to dependence or abuse.

The Church, as a champion of the spiritual and corporal works of mercy, can be a power for good as never before in reaching out to individuals suffering from substance abuse or dependency. In this interest we encourage those already working in this field to come together in a spirit of cooperation and unity and leave behind competitiveness. We encourage individuals to look to themselves and seek to initiate laws whose penalties are commensurate with the true nature of a given substance offense. Laws with harsh or inappropriate penalties only compound substance abuse as a social ill.

ROOT CAUSES

Our efforts are especially directed toward the root causes of substance abuse and dependency, as well as rational law enforcement and rehabilitation. Two major causes we see are deep feelings of inadequacy in people, and the existence of social systems and institutions in our country which encourage and compound these feelings. The Catholic Office of Drug Education is prepared to encourage and accept social change as a necessary part of dealing with substance abuse and dependency.

POTENTIAL OF YOUTH

Our country has the greatest potential in the world, but it can only be realized if our younger generation is alive and physically and mentally competent to assume the responsibilities of future leadership. Without substance abuse the character of our youth is unsurpassed and the future of our country is secure. With substance abuse we are headed into a chaotic decade that will ravish our nation for generations to come.

FAITH

A wholesome idea of faith must once more be generated by the family, the churches and the schools. Faith that people can change, faith that people are basically good, faith that once again the world can be permeated with loveliness, faith that here is a God who loves us and cares about us. Faith of this sort is sustaining. It braces and supports like no drug ever could.

This is the kind of faith that produces genuine rebels—the kind who struggle to preserve pure ideals and solid principles for the betterment of the innocent, not at the irresponsible expense of their injury or death. No chemical can produce such individuals. Only a steadfast faith in the glories of man and the power of God can raise up such people.

OBJECTIVES

Our commitment, a Christian commitment, does not encompass any time-limited "plan", but involves an open-ended vision of the future based on love and mutual respect. In order to transform this commitment into practical action, we are doing work in four basic areas. First, we are suggesting and encouraging a network of Diocesan Directors for Drug Abuse—one full time man in each Diocese appointed by the Bishop. The Director with the knowledge and understanding of other Diocesan Directors, could encourage, organize and coordinate drug prevention-education in the schools and parishes, community-based counselling, referral, detoxification and rehabilitation, using the facilities of the Diocese along with those of the community. Secondly, we are acting as a clearinghouse for drug abuse information and resources, offering a cross section of the best of these materials known to us. Thirdly, we are sending out a monthly newsletter of the latest developments nationwide in drug abuse work to every activity in the Dioceses which in some way confronts drug abuse. Lastly, we are offering guidance in training and support to programs seeking funding.

NARCOTICS

Narcotics are substances derived from the opium poppy. Among those most commonly used today are codeine, morphine, and heroin.

Codeine, a relatively mild opium derivative, is used as a cough suppressant in many prescription medicines. Morphine is used medicinally in hospitals and on the battlefield to relieve pain and distress. Heroin, the most potent of the opiates, has no legal

use in the United States. It is, however, bought on the streets and self-administered by those seeking its analgesic effects.

Opium preparations were perhaps the first and most effective treatment for disease and pain used by mankind. Opium's ability to relieve pain and produce euphoria by depressing the central nervous system made it an ideal medicine for disease that had no known cure. For example, laudanum (a mixture of opium and alcohol) was used extensively during the 18th century as a general cure-all. During the civil war surgeons used morphine extensively to treat wounded soldiers. Oftentimes morphine was the only treatment used. Today opiates remain the mainstay of medicine in many Asiatic countries.

Besides relieving pain and producing euphoria narcotics have other effects. Their continued regular use produces a physical dependence such that withdrawal of the substances will cause sweating, chills, nausea, and mild aches and pains. Continued use can also produce a strong psychological dependency.

Another effect of regular narcotics use is physical tolerance to the substance. A user will require larger and larger doses to obtain the same effect. On the other hand, there is the possibility of administering a toxic dose. This is a dose so potent that it depresses a person's respiratory functions and causes death by suffocation. Death in this manner is not uncommon among today's users of street heroin, where the exact dose is often not known to the buyer. Other deaths are caused by toxic dilutants used in "cutting" the heroin. Some common dilutants include confectioner's sugar, battery acid, arsenic, strychnine and baking powder.

MARIJUANA

Marijuana (*Cannabis Sativa* L.) is a psychotropic mixture consisting of dried leaves, stems and seed pods of the Indian Hemp plant, which grows wild all over the world including the United States. The mixture, illegal here, but sold on the street, is known by such names as "grass", "pot", "weed", and "mary jane." Marijuana has been known to man since before the time of Marco Polo who wrote about it. It had been popular in Asia, India, and China in various preparations centuries before Polo's time, and called such names as "hashish" (Arabian), "gangha" (Bengal), and "charas" (Central Asia).

Small cigarettes are usually the form in which marijuana is used. The immediate effects of marijuana smoking include exhilaration, relaxation and

sensory and temporal distortion, generally of a euphoric nature. However, with heavy use visual hallucinations, extreme anxiety, depression and panic can set in. These effects vary with the potency of the preparation, the expectations of the person using the mixture and the environment in which it is taken. How the drug works in the body and how it produces its effects have not yet been discovered by medical science.

The long-term physical effects of taking marijuana are not yet known. In 1966 the active ingredient of marijuana was successfully synthesized by a scientist in Israel. This ingredient is called tetrahydrocannabinol (THC). It is now possible for researchers to examine accurately for the first time the short and long-term effect of the drug on the body.

Marijuana is not a narcotic but it is a psychotropic substance that alters mood and physical chemistry. It does not cause physical dependence as do heroin and other narcotics. Moderate or strong psychic dependence can develop in the regular user of marijuana. Sickness is not produced by withdrawal from marijuana and there is probably little tendency in the body to increase the amount used. Most researchers agree that more knowledge of the physical, personal, and social consequence of marijuana use is needed before more factual statements can be made. It has been estimated that at least 24 million people in the United States have smoked marijuana at least once. About 5 million use it once a week or less. Of these, 500,000 are considered to be heavy marijuana users.

TRANQUILIZERS

Tranquilizers are psychotropics. These substances characteristically affect the mood and behavior without general stimulation or depression of the central nervous system. They alter the way one feels, with only slight change in the physiological functions.

Among some of the common tranquilizers are thiorazine, stelazine, librium and valium. Generally, tranquilizers are useful in dealing with anxiety, having a calming effect on the emotions.

Although tranquilizers do not necessarily show a sedative or depressant or hypnotic action themselves, they potentiate the effects of other substances such as the opiates, barbituates, and alcohol. This action can build these substances to toxic effect even though only mild preparations are taken.

Toxic side effects of tranquilizers are uncommon. Withdrawal phenomena associated with their continued use are predominantly psychological.

AMPHETAMINES

Amphetamine was synthesized in 1927 by a California pharmacologist. Since then, the substance has found many uses as a stimulant. Among the common types of amphetamine in use today are benzedrine, methamphetamine, dexedrine and dexamyl.

Amphetamine substances stimulate or excite the central nervous system. They are legal through prescription in the United States and are used generally to increase alertness, wakefulness and "energy", and to aid in the reduction of weight.

Tolerance to the substance will develop in the regular user. Although amphetamine use does not cause physical dependence, psychological dependence develops easily. It is possible for a person to work himself up to 80 or 90 doses a day. Large doses result in motor incoordination, hyper-irritability, apprehension, severe headache, and striking blood pressure rise which can result in cerebral bleeding.

Common users of amphetamine include drivers who want to stay awake over prolonged periods, students who plan to spend long periods "cramming" for exams, and housewives who want to lose weight. A popular "street" amphetamine is methamphetamine, or "speed." Speed is white crystalline substance administered to the body in the same manner as heroin: snorted or injected with a needle. The effect, especially if injected, is immediate. There is a euphoric flash, or "rush", followed by a prolonged feeling of exhilaration and competence lasting several hours. As the body metabolizes the substance and its effects disappear, however, depression and anxiety set in. Often a speed user will then inject again, repeating this process many times. When the "trip" finally ends the user experiences profound depression and exhaustion and will often turn to heroin for relief.

HALLUCINOGENS

Hallucinogens are psychotropic substances that affect mood, perception, and behavior without general stimulation or depression of the central nervous system.

Among the most commonly used hallucinogens are LSD, psilocybin, mescaline (peyote), DMT, and STP (Serenity, Tranquility and Peace). LSD is by far the most powerful, 1000 times more potent than the weakest hallucinogen, peyote.

Among the effects of LSD or "acid" as it is commonly known, are visual hallucinations and illusions

pronounced with shapes and colors of objects particularly striking. Depersonalizations, disassociation, and body image distortion occur. However, the experience neither feels like nor, to an observer, looks like delirium or intoxication. The usual subjective effects of the substance include a whole spectrum of exceptional experiences which are frequently characterized as "mystic" or in some way religious. The user quite often loses his objectivity and ability to distinguish between fact and fancy. Throughout the experience the subject is aware that his perception has in fact altered and the experience is an unusual one. After a "trip" the user may suffer acute anxiety or depression. Recurrences of hallucinations can happen anytime and have been reported days or months after the last dose.

Physiological damage from chronic use has not been reported, although there is controversy over whether or not some chromosomal change occurs. There have been reports of toxic psychoses resulting from overdose or unpleasant side effects.

Although it is illegal, LSD can be obtained on the street in the United States. Since most of the chemists who make the substance are amateur, it is difficult to determine the exact dose of any LSD sold. Dilutants mixed with street LSD to enhance its effect can produce physical damage. Among these dilutants are arsenic, strychnine, and methamphetamine.

Mescaline (peyote) is a hallucinogenic substance found in the flowering head (button) of the peyote cactus. Psilocybin is a naturally occurring component of a Mexican mushroom. DMT, STP, and a whole spectrum of new synthetic hallucinogens are made chemically and sold as a tablet or sugar cube in which a few drops of the liquid chemical have been absorbed.

LSD is considered an investigational drug and its action on the body and nervous system is not yet understood. Experimentation is being conducted on alcoholics and the mentally disturbed to determine if the drug is therapeutic.

BARBITURATES

Barbituric acid, the active agent in barbiturates, was synthesized and introduced into medicine by two German scientists in 1903. The substance lends itself to almost infinite chemical variation and some 1,500 derivatives have been synthesized in the past 50 years. Among these are phenobarbital, nembutal, seconal, amytal, and tuinal.

The discovery of barbituric acid, called Vironal, was offered as a means of depressing the central nervous system in a controlled way to any desired degree, from slight sedation to deep anesthesia. Barbiturates are legal in the United States when prescribed by doctors and widely used as sleeping pills or for sedation. The sedative effect of the substance can take away tension and replace it with a feeling of well-being.

The effects of continued use of barbiturates include physical dependence. Dependence develops slowly, but once established, withdrawal of the substance will cause vomiting, fainting, severe tremor, hallucinations, grand mal seizures and sometimes death.

As with other substances which affect the central nervous system, continued use of barbiturates will result in physical tolerance. Unlike the other substances, however, the toxic dose level does not rise with tolerance. It is possible for a habitual barbiturate user to overdose by using only a small amount over what he is accustomed. Overdose results in depression of the respiratory functions and death by suffocation.

A unique property of barbituric acid is "potentiation". This occurs when the substance is combined with alcohol already in the body. The result is an effect that increases the potency of the barbiturate far beyond what it could normally produce. In this situation a person could take a moderate amount of alcohol, follow it with barbiturates, and overdose.

Innumerable deaths have been attributed to barbiturate use. Deliberate overdose of the substance is blamed for many suicides. In the 1940's as production of the barbiturates tripled, so did deaths. By 1949, about one-quarter of all cases of poisoning were occasioned by barbiturates and sleeping pills. Today, it is estimated that barbiturates cause more overdoses, either by accidental ingestion or by suicidal intent, than any other substance.

ALCOHOL

Alcohol is a substance produced by fermentation of various types of fruits and grains. Technically called ethyl alcohol, it is generally found in liquid preparations for the purpose of drinking. Among the most common preparations are beer, wine, whiskey, liquor, cough syrup, and hair tonic.

Alcohol's various forms have been with mankind since the beginnings of written history. References to wine occur throughout ancient Greek and Roman

literature, as well as the Bible. Use of alcohol has probably never been completely absent from human activities. Beer was the favorite drink of Germanic monks during the middle ages. Wine has been, and still is, the preferred beverage in many areas of Europe, especially where water supplies are short or contaminated. In the United States, alcohol has been an ever-present beverage and, with the exception of prohibition, openly sold and used. The social problems caused by alcohol are obvious and should be a criteria for dealing with other dangerous substances.

Alcohol's main effect on the body is to depress the central nervous system, acting as an analgesic and tranquilizing agent. Because of this, alcohol can take the edge off of pain, relieve emotional tension, and release inhibitions.

Continued heavy use of alcohol can develop physical tolerance causing the need for greater doses to obtain the desired effect. Heavy use will also produce both physical and psychological dependence such that withdrawal of the substance results in discomfort and trembling. Overdose or acute toxicity may result in respiratory depression and death by suffocation. Continued use of toxic doses will result in brain and liver damage. Users in the U.S. generally drink moderately in a social setting, allowing the substance to enhance their feeling of well-being and "sociableness."

It is estimated, however, that 28 million Americans use alcohol very heavily. Of these, 6 million are thought to be alcohol dependent, either physically, psychologically or both. Although few deaths are attributed directly to alcohol's use, other deaths are attributed to it indirectly. It has been estimated, for instance, that half the 56,000 traffic deaths yearly involve intoxicated drivers.

OTHER STIMULANTS

Three other substances, although not classified as amphetamines, are stimulants to the central nervous system. They are cocaine, caffeine and nicotine.

Cocaine, the most powerful of the three, comes from the leaves of the South American Coca plant. Inca Indians runners used to chew the leaves to give them energy over long distances. The alkaloid cocaine was isolated in 1859 and introduced into medicine in 1878 as a treatment for morphine addiction.

Cocaine is used medicinally today only in liquid form as a local anesthetic. In white powder form,

however, cocaine can be purchased on the street market in the United States. Users either snort or inject it to obtain an effect much like that of "speed". Following administration of the substance there is a heightened feeling of excitement and exhilaration. All bodily and mental fatigue seems to vanish. Repeated use, however, may cause hallucinations and delusions. Although there is no physical dependence associated with the use of cocaine, a powerful psychological dependence develops quickly. Overdose is possible with cocaine, resulting in convulsions.

Caffeine and nicotine are mild stimulants. Caffeine is contained in coffee and some soft drinks. Nicotine is found in cigars, cigarettes, pipe and chewing tobaccos.

Caffeine is used medically as one component in analgesic preparations as well as in popular beverages. Some tolerance to the stimulant effects of caffeine develops, but unaccustomed large amounts cause sleeplessness, irregular heartbeat or gastric hyperacidity.

Dependence on caffeine to "get going" is common among a large population of Americans. Descriptions of the withdrawal syndrome are largely journalistic, emphasizing such factors as general discomfort, tension, and "nervousness".

Nicotine, being highly poisonous, is not used medically, although it does make an effective insecticide. There is strong evidence that nicotine as the principal alkaloid in tobacco is, in fact, the chemical substance related to the development of the smoking "habit", although it is not technically classified a dependence producing substance. Withdrawal of tobacco is often accompanied by the jitters, weight gain and other unpleasant symptoms. Often, the user will continue use of tobacco more out of fear of these withdrawal effects than the experience of pleasure. Various respiratory and pulmonary disfunctions are associated with the inhaled use of tobacco. It is not uncommon that death results from these.

VOLATILE SUBSTANCES

Volatile substances are a relatively recent addition to the store of substances that affect the central nervous system or bring about change in mood or behavior in people. There is a wide variety of volatile substances used today, and they fall into three basic categories: Commercial Solvents, Aerosols, and Anesthetics.

Commercial Solvents include benzene, naphtha, acetone, carbon tetrachloride, and many other volatile solvents found in model airplane glue, plastic cements, paint thinner, gasoline, cleaning fluids, nail polish remover, and lighter fluid. Aerosols include the propellants in many household and commercial sprays: chlorinated or fluorinated hydrocarbons. Among the common sprays are deodorants, glass chillers, hair sprays and insecticides. Anesthetics take in substances such as chloroform, ether, and nitrous oxide (laughing gas). Nitrous oxide is available commercially as a tracer gas to detect pipe leaks, as a cream whip propellant, and to reduce pre-ignition in racing cars.

Since the variety of the substances is so great, it is difficult to classify their effects as either depressant or stimulant. Generally, depending on the type of substance administered, the user will experience euphoria, sleepiness, hallucinations, illusions and/or excitement, a feeling of competence, and hyperactivity.

Tolerance is apparent in the use of some substances, but physical dependence and withdrawal symptoms are negligible. The manner of administration can, however, cause deterioration of the nasal tissue. Poisoning is possible, especially where other substances besides the one desired are being ingested (insecticide). Overdose of the central nervous system depressant can result in respiratory dysfunction and suffocation. Suffocation can also occur as a result of the manner of application. A bag over a user's head containing the substance, for instance, can cause suffocation if the user becomes unconscious.

It is our desire to be of service to any person seeking information or help in the area of drug abuse.

Write or call:

THE CATHOLIC OFFICE OF DRUG EDUCATION

1312 Massachusetts Avenue, N.W.

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GLOSSARY

Acid	LSD, LSD-25 (lysergic acid diethylamide)
Acidhead	Frequent user of LSD
Ball	Absorption of stimulants and cocaine via genitalia
Barbs	Barbiturates
Bennies	Benzedrine, an amphetamine
Blank	Extremely low-grade narcotics
Blue angels	Amytal, a barbiturate
Blue velvet	Paregoric (camphorated tincture of opium) and Pyribenzamine (an anti-histamine) mixed and injected
Bread	Money
Bum trip	Bad experience with psychedelics
Busted	Arrested
Chipping	Taking narcotics occasionally
Coasting	Under the influence of drugs
Cokie	Cocaine addict
Cold turkey	Sudden withdrawal of narcotics (from the gooseflesh, which resembles the skin of a cold plucked turkey)
Coming down	Recovering from a trip
Connection	Drug supplier
Crash	The effects of stopping the use of amphetamines
Crash pad	Place where the user withdraws from amphetamines
Cubehead	Frequent user of LSD
Cut	Dilute drugs by adding milk sugar or another inert substance
Dealer	Drug supplier
Deck	Packet of narcotics
Dexies	Dexedrine, an amphetamine
Dollies	Dolophine (also known as methadone), a synthetic narcotic
Doper	Person who uses drugs regularly
Downers	Sedatives, alcohol, tranquilizers, and narcotics
Dynamite	High-grade heroin
Fix	Injection of narcotics
Flash	The initial feeling after injecting
Flip	Become psychotic
Floating	Under the influence of drugs
Fuzz	The police
Gage	Marihuana
Goofballs	Sleeping pills
Grass	Marihuana
H	Heroin
Hard stuff	Heroin
Hash	Hashish, the resin of Cannabis
Hay	Marihuana
Head	Person dependent on drugs

Hearts	Dexedrine tablets (from the shape)
Hooked	Addicted
Hophead	Narcotics addict
Horse	Heroin
Hustle	Activities involved in obtaining money to buy heroin
Hustler	Prostitute
Hype	Narcotics addict
Joint	Marihuana cigarette
Layout	Equipment for injecting drug
M	Morphine
Mainline	Inject drugs into a vein
(The) Man	The police
Mikes	Micrograms (millionths of a gram)
Narc	Narcotics detective
O.D.	Overdose of narcotics
Pillhead	Heavy user of pills, barbiturates or amphetamines or both
Pop	Inject drugs
Pot	Marihuana
Pothead	Heavy marihuana user
Purple hearts	Dexamyl, a combination of Dexedrine and Amytal (from the shape and color)
Pusher	Drug peddler
Rainbows	Tuinal (Amytal and Seconal), a barbiturate combination in a blue and red capsule
Red devils	Seconal, a barbiturate
Reefer	Marihuana cigarette
Roach	Marihuana butt
Run	An amphetamine binge
Scag	Heroin
Score	Make a purchase of drugs
Shooting gallery	Place where addicts inject
Skin popping	Injecting drugs under the skin
Smack	Heroin
Smoke	Wood alcohol
Snorting	Inhaling drugs
Snow	Cocaine
Speed	Methamphetamine
Speedball	An injection of a stimulant and a depressant
Stick	Marihuana cigarette
Strung out	Addicted
Tracks	Scars along veins after many injections
Tripping out	High on psychedelics
Turned on	Under the influence of drugs
Turps	Elixir of Terpin Hydrate with Codeine, a cough syrup
Uppers	Stimulants, cocaine, and psychedelics
Weed	Marihuana
Yellow jacket	Nembutal, a barbiturate