

Drug Facts

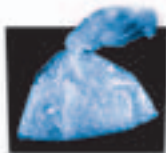
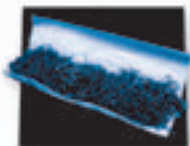
The truth about drugs and their harmful effects




NARCISON

Drug Facts

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NARCONON

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Introduction

Kids today are exposed to drugs earlier and earlier in their lives. By survey, 45% of the children in public schools in the US have tried drugs or alcohol, *or are using them*, by the 8th grade.

We all want to think this will not happen to our kids. Parents believe that their son or daughter will never take drugs, only to find out too late that their son or daughter already has a drug problem. Unfortunately, parents are often the last to know.

The truth is, kids find out about drugs at an early age, and they are exposed to drugs more and more as they grow up. Per a 2004 survey of US youth done by National Institute on Drug Abuse (NIDA), one out of every four 8th graders has used illicit drugs, and almost one out of every ten has used illicit drugs in the last month. Two out of every five 8th graders have taken alcohol, and nearly one out of every five has used alcohol in the last 30 days.

That trend worsens as teens get older. For 10th graders, drug use doubles. Nearly two out of every five 10th graders have taken illicit drugs, and one out of five has used illicit drugs in the last

month. Alcohol trends are similar: nearly two out of every three 10th graders have used alcohol, and one out of every three has used in the past month. The trend continues for 12th graders: more than half have used illicit drugs, and almost half (48%) have used alcohol in the last 30 days.

Pro-drug messages hit our kids continually. Whether it is the subtle suggestion of movies, or magazine ads that portray drinking and smoking with the good times in life, the promotion carries on 24 hours a day, 7 days a week. The message: drugs are part of their lives; if kids want to be part of grown-up society, drugs and alcohol are a big part of that society and part of growing up.

Peer pressure also plays a role. When we asked kids why *they* felt kids started using drugs, the number one reason they give is peer pressure. Think back to when you were growing up. What pressures did *you* have to try drugs? Nowadays the pressure can be much greater.

Parents *can* make a difference in keeping their kids off drugs. The key is knowing the facts about drugs and what they do, and relaying that information to their kids so they understand and can use it.

We have compiled this reference book on drugs so you know what they do. Study this book

so you are familiar with the different types of drugs that are out there. Know the short- and long-term effects. Use this information to tell your kids the truth about drugs. Look up new information on the internet using the reference sites listed at the back. Stay up to date on the different types of drugs that are out there. When you treat children with respect and you give them the truth about drugs and what they do to a person, your kids will make their own decision to remain drug-free.



Drugs Facts: What Parents Need to Know



1. *Are drugs poisons?*

Drugs are widely known to be toxic. This is a basic premise of pharmacology. Because of this, drugs are and have always been regulated and tested for toxic reactions before release for public consumption.

Author and humanitarian L. Ron Hubbard, doing research into drugs and their effects on

individuals in the late 1960s, said the following:

“Drugs essentially are poisons. The degree they are taken determines the effect. A small amount gives a stimulant. A greater amount acts as a sedative. A larger amount acts as a poison and can kill one dead.

“This is true of any drug. Each has a different amount. Caffeine is a drug. So coffee is an example. One hundred cups of coffee, taken fast enough, would probably kill a person. Ten cups would probably put him to sleep. Two or three cups stimulates. This is a very common drug. It is not very harmful as it takes so much to have an effect. So it is known as a stimulant.

“Arsenic is known as a poison. Yet a very tiny amount of arsenic is a stimulant, a good-sized amount puts one to sleep and a few grains kills one dead.”

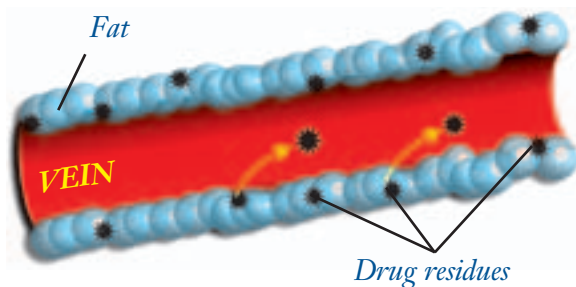
Each drug requires different amounts to create the above effects. All can be toxic at high quantities. Even doctor-prescribed medications and over-the-counter medications can be toxic when abused.

2. *Is there a scientific basis for the statement that drugs are stored in the fatty tissues of the body?*

A report presented at the 123rd Annual Meeting of the American Public Health Association

by Megan Shields, M.D., Shelley Beckmann, Ph.D., and R. Michael Wisner stated that it was increasingly evident that the accumulation of drug residues in the body played a role in drug addiction. Such residues were associated with persistent symptoms and their mobilization correlated with drug craving.

The report further stated that the detoxification method developed by L. Ron Hubbard specifically targeted reducing levels of fat-stored chemical residues in the body, thereby alleviating the long-term effects of such compounds.



Concentrations of drug residues in both sweat and urine were measured in eight clients who had been actively using drugs prior to treatment with the Hubbard program. Cocaine, amphetamine (a stimulant), and benzodiazepine (a sedative) residues were detected in both sweat and urine of those clients. Following the start of the treatment, the

concentration increased in either sweat or urine in five cases. In two cases, the level of drug was below detection prior to treatment, but became detectable while doing the detoxification program. This supports the argument that drug residues were released from stores. Drug residues were detectable in both sweat and urine for up to five weeks following the start of the detoxification program.

Residues of many drugs—including LSD, cocaine, marijuana and diazepam (trade name: Valium)—are known to accumulate in the body. These compounds may be retained for extended periods of time, and are especially abundant in long-term, hard-core users.

Persistent symptoms associated with drug abuse often linger long after abuse has ceased. The understanding that accumulated residues may play a role in the persistence of symptoms, led to the development of a program aimed at reducing levels of foreign compounds in the body and thereby assisting in the recovery of the individual.

There are numerous other studies that state the same thing: drugs are not a one-time proposition. Taking drugs leaves drug deposits in the body for months, even years.

3. How many people use drugs?

Drugs were rarely used before the early 1960s but now an estimated 185 million people internationally consume illegal drugs. It is a worldwide epidemic.

In the United States, results from the 2003 National Survey on Drug Use and Health showed that 19.5 million Americans (or 8.2% of the population aged 12 or older) were illicit drug users during the month prior to the survey.

4. What is the drug most commonly abused by young people in the US?

Alcohol. According to the 2003 National Survey on Drug Use and Health, 119 million Americans (50.1% of the population) aged 12 or older were current drinkers of alcohol in 2003. About 54 million (22.6%) participated in “binge drinking” at least once in the 30 days prior to the survey and 16.1 million (6.8%) were heavy drinkers. “Binge drinking” is five or more drinks in a row. These figures were similar to the 2002 figures.

Alcohol-related crashes are also the second leading cause of teen death in the United States.

5. *Is alcohol really a drug?*

Yes. It is included as a drug.

Alcohol is absorbed directly into the bloodstream and is a factor in a variety of life-threatening diseases. Alcohol depresses your central nervous system, lowers inhibitions and impairs judgment. Drinking large amounts of alcohol can lead to a coma or even death.

Mixing alcohol with medications or illicit drugs is extremely dangerous and can lead to accidental death.

Alcohol affects your brain. It leads to a loss of coordination, poor judgment, slowed reflexes, distorted vision, memory lapses and blackouts.



Teen bodies are still developing and alcohol has a greater impact on their physical and mental well-being.

The effect of combining different drugs is unpredictable. Mixing alcohol with other drugs can greatly increase the effects of all the drugs taken. Combining alcohol with other depressant drugs can be potentially fatal as the central nervous system, flooded by depressants, may suppress brain and heart activity.

People who regularly drink heavily may become dependent on alcohol. If a physically dependent person suddenly stops drinking, they can experience serious withdrawal symptoms as their body readjusts to functioning without alcohol.

6. *What is the most commonly used illicit drug?*

Marijuana. According to the United Nations report “Youth and Drugs: A Global Overview,” marijuana is the most widely abused drug, with about 2.5 percent annual use by the global population.

7. *What are the effects of marijuana?*

The short-term effects of marijuana use include: problems with memory and learning; distorted perception; difficulty in thinking and problem-solving; loss of coordination; increased heart rate; and anxiety and panic attacks. Smoking five joints a week is equivalent to smoking a whole pack of cigarettes a

day which leads to lung and respiratory problems, wheezing, chest colds and a bad cough.



Marijuana

Long-term use can increase the chances of tissue damage and lung cancer and also causes changes in the brain similar to those caused by heroin and cocaine.

Several studies have linked marijuana with poor school performance. It is harder to concentrate and retain information when a person has been smoking marijuana. Sixty percent of teenagers in drug treatment programs are there because of marijuana.

According to a National Household Survey on Drug Abuse, kids who frequently use marijuana are almost four times more likely to commit a violent act against either people or property than those who don't. They are five times more likely to steal than those who don't use marijuana.

Marijuana in some areas is reportedly more potent today than it used to be. Growing techniques and selective use of seeds have apparently produced a more potent form of marijuana. Correspondingly, there has been a sharp increase in the number of marijuana-related emergency room visits by young pot smokers.

8. *Does smoking marijuana lead to taking other drugs?*

Marijuana can lead to the consumption of other stronger drugs. When the effects of marijuana start to wear off, the person may turn to stronger drugs to rid himself of the unwanted conditions that prompted him to take the drug in the first place. Marijuana itself does not lead the person to taking the other drugs: people take drugs to get rid of unwanted situations or feelings. The drug (marijuana) masks the problem for a time (while they are high). When the “high” fades, the problem, unwanted condition or situation returns, more intense. The user may then look to stronger drugs to mask the problem.

9. *What other drugs are commonly used?*

Internationally, amphetamine and ecstasy, drugs associated with the “rave” or dance scene, are commonly used. Methamphetamine, “crystal

meth,” heroin and cocaine are frequently abused drugs.

In the United States, the 2003 National Survey on Drug Use and Health, an estimated 2.3 million Americans were using cocaine.

Hallucinogens were used by an estimated 1 million Americans and heroin by an estimated 119,000 Americans in the month prior to the survey. Even over-the-counter or pharmaceutical pain pills (such as OxyContin and Ritalin) can be (and have been) commonly abused.

10. How dangerous is heroin?

Heroin is very dangerous, and highly addictive. It enters the brain rapidly and makes people think and react slowly. It causes them to have difficulty remembering things. It affects the way they act and make decisions.



The drug poses special problems for those that inject it because of the risks of HIV, hepatitis and other diseases that can occur from sharing needles. These health problems can be passed on to sexual partners and newborns.

Heroin is one of the top three frequently reported drugs in drug abuse deaths. Violence and crime are linked to its use.

11. What happens when someone uses crack and cocaine?

The word *cocaine* refers to the drug in a powder (*cocaine*) form and a crystal (*crack*) form. It is made from the coca plant and causes a short-lived intense high that is immediately followed by opposite, intense feelings of depression, edginess and a craving for more of the drug. People who use it often don't eat or sleep properly. They can experience increased heart rate, muscle spasms and convulsions. The drug can make people feel paranoid, angry, hostile and anxious, even when not high.

Crack



Cocaine



Cocaine interferes with the way the brain processes chemicals, so one needs more and more of the drug just to feel normal. People who become addicted to cocaine (as with most other drugs) start to lose interest in other areas of life. The drug can cause seizures, heart attacks, strokes and respiratory failure.

The signs of someone using cocaine are: red, bloodshot eyes; a runny nose or frequent sniffing; a change in eating or sleeping patterns; a change in friends and in school grades or behavior; acting withdrawn or depressed; losing interest in things he or she used to enjoy; and needing money frequently.

Cocaine is expensive. Regular users can spend hundreds and even thousands of dollars on cocaine each week.

12. What are the most serious hallucinogens?

LSD is still one of the most potent mood-changing chemicals. It is manufactured from a



LSD on paper tabs

fungus that grows on rye and other grains. A very tiny amount can produce 12 hours or more of effects. It is highly poisonous.

Its effects are unpredictable. Physical effects include: dilated pupils; higher body temperature; increased heart rate and blood pressure; sweating; loss of appetite; sleeplessness; dry mouth and tremors.

Usually an LSD “trip” begins to clear up after about 12 hours. Some users experience: severe, terrifying thoughts and feelings; fear of losing control; fear of insanity and death; and feelings of despair while using LSD. Some fatal accidents have occurred during these states. Many users later experience flashbacks and recurrence of parts of the “trip.” Some LSD users manifest long-lasting psychoses.



PCP in foil wraps

PCP (angel dust) is an addicting hallucinogen that was first used as a large animal tranquilizer. Its use often leads to psychological dependence and craving. It was introduced as a street drug in the 1960s and quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. Some persist in using it because of its addicting properties. Others cite feelings of strength, power and invulnerability, and the numbing effect on the mind as the reasons for their continued use of the drug. Many users are brought to the emergency room because of the drug's unpleasant psychological effects or because of overdoses.

Low doses of PCP cause an increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Breathing becomes shallow, and flushing and profuse

sweating occur. Generalized numbness of the extremities and muscular incoordination (inability to coordinate muscle movements) also may occur. Use among adolescents may interfere with hormones related to body growth and development, as well as with the ability to learn.

At high doses of PCP, there is a drop in blood pressure, pulse rate and normal breathing. This can be accompanied by: nausea; vomiting; blurred vision; flicking up and down of the eyes; drooling; loss of balance and dizziness. Seizures, coma and even death can occur. Death more often results from accidental injury or suicide during PCP intoxication.

13. What is “crystal meth” and what does it do?

Crystal meth is a colorless, odorless form of methamphetamine. It resembles small fragments of glass or shiny blue-white “rocks” of various sizes. On the streets, it is known as “ice,” “crystal,” “glass” and other names.

It is a highly powerful and addictive man-made stimulant that causes aggression and violent or psychotic behavior. Many users report getting hooked (addicted) from the first time they use it. It is one of the hardest drugs to treat.

Crystal meth is used by individuals of all ages but is most commonly used as a club drug.



Crystal Meth

According to the Monitoring the Future Survey done in the US, nearly 5% of high school seniors have used crystal meth at least once in their lifetime, and 3% have used it in the past year.

Crystal meth use is associated with numerous serious physical problems. The drug can cause rapid heart rate, increased blood pressure, and damage to the small blood vessels in the brain—which can lead to a stroke. Chronic use of the drug can result in inflammation of the heart lining. Overdoses can cause elevated body temperature, convulsions and death.

Short-term use of the drug causes mind and mood changes, euphoria and depression. Even one use of the drug can result in mental addiction.

Long-term use can result in: chronic fatigue; paranoia; delusional thinking and permanent psychological damage.

The drug creates a false sense of energy and pushes the body faster and further than it is meant to go. Users can experience a “severe crash” after the effects wear off.

It is often made from lethal ingredients such as battery acid, drain cleaner, lantern fuel and antifreeze. In 2002, meth was involved in 17,696 emergency room visits in the US.

14. *What is “OxyContin”?*

OxyContin is the brand name of an analgesic containing the active ingredient oxycodone (also found in Percocet and Percodan).

OxyContin is a legal narcotic drug that is available by prescription to treat severe pain.

In pill form it is a controlled-release medication. When the drug is abused, it is crushed and snorted, chewed or mixed with water and injected—eliminating the time-release factor and allowing for a quick and intense rush to the brain.

Common side effects include: constipation; nausea; sedation; dizziness; vomiting; headache; dry mouth; sweating and weakness.



Using OxyContin chronically can result in increased tolerance to the drug in which higher doses must be taken to receive the initial effect. Over time, the drug becomes physically addictive, causing a person to experience withdrawal symptoms when the drug is not present. Symptoms of withdrawal include: restlessness; muscle and bone pain; insomnia; diarrhea; vomiting; cold flashes and involuntary leg movements.

15. What are the dangers of inhalants?

Inhalants affect the brain. They are substances or fumes from products such as glue, paint thinner, gasoline or spray paint that are inhaled through the nose or mouth. Inhalants can cause irreversible physical and mental damage.

They starve the body of oxygen and force the heart to beat irregularly and more rapidly. People who use inhalants can: lose their sense of smell; experience nausea and nosebleeds;

and develop liver, lung and kidney problems. Chronic use can lead to reduced muscle mass, tone and strength. Inhalants can make people unable to walk, talk and think normally. Much of the damage is caused directly to brain tissue when the toxic fumes are sniffed straight into the sinus passage.



Examples of inhalants

16. Aren't inhalants found in household products safe?

No. Inhalants include a large group of chemicals that are found in such household products as aerosol sprays, cleaning fluids, glue, paint, paint thinner, nail polish remover,

correction fluid and marker pens. None of these are safe to inhale—they are harmful and dangerous. These products are not intended to be inhaled.

17. What are the dangers of steroids?



Steroids affect the heart. They have been associated with heart disease, heart attacks and strokes. They can cause fatal liver cysts, liver cancer, male baldness and/or breast enlargement in men and a deepened voice and breast reduction in women.

Steroids can make a person angry and hostile for no reason.

Steroids can be addictive. Withdrawal symptoms include: mood swings; suicidal thoughts and/or attempts; fatigue; restlessness; loss of appetite and sleeplessness.

18. What is the drug “ecstasy” and how dangerous is it?

Ecstasy is a synthetic drug made in a laboratory. Other chemicals are often added to or substituted for ecstasy. Makers can add anything they want to the drug, such as caffeine, amphetamines and even cocaine.

Ecstasy is illegal and has effects similar to hallucinogens and stimulants. It is addictive.

It is usually taken by mouth as a pill, tablet or capsule. These pills have different colors and sometimes have cartoon-like images on them.



Mixing ecstasy with alcohol is extremely dangerous. It can be lethal.

The stimulative effects of drugs like ecstasy that allow the user to dance for long periods of time can, when combined with the hot, crowded conditions usually found at raves, lead to extreme dehydration and even heart or kidney failure.

Some of ecstasy's side effects, such as confusion, depression, anxiety, paranoia and sleep problems, have been reported to occur weeks after the drug is taken. Physical effects can include: muscle tension; nausea; blurred vision; faintness; involuntary teeth clenching and chills or sweating.

Prolonged use of ecstasy causes long-lasting and perhaps permanent damage to the brain, thus affecting the person's ability to think and use judgment. Researchers are continuing to examine the effects of chronic use of the drug on memory and other functions, such as mood and sleep cycles. A few young people have died after using ecstasy only one time. Scientists do not know why.

19. What age group is most likely to use illicit drugs?

Young adults (18 to 25 years old) are the highest users at 20.3%, followed by youths (14 to 17 years) at 11%.

20. *How many young people enter drug treatment programs each year?*

More than 100,000 young people in the US enter drug treatment programs for dependence on marijuana and other illicit drugs each year. According to a later survey, more than 2 million youth have a dependence on illegal drugs or alcohol.

21. *What are the signs of a child using drugs?*

There are warning signs when a child is using drugs. Parents should differentiate between his child's usual way of handling and reacting to life and those symptoms brought about by the use of drugs. A child on drugs can exhibit the following types of behavior:

- Becoming withdrawn, depressed, tired or careless about personal grooming
- Becoming hostile or uncooperative, and frequently breaking curfews
- Relationships with family members deteriorating
- Hanging around with a new group of friends
- Allowing grades and school attendance to slip
- Losing interest in hobbies, sports and favorite activities

- Changing eating and sleeping patterns
- Having a hard time concentrating
- Having red-rimmed eyes and a runny nose—without having an allergy or cold
- Stealing and lying

These symptoms may stem from other causes, but drug use should be suspected.

22. What do dietary deficiencies have to do with using drugs?

People can begin taking drugs because of dietary deficiencies. The drugs can be seen as a solution to the problem of not feeling well, feeling sluggish or having pains caused by dietary deficiencies. Drug use progressively worsens those deficiencies.

What drugs do is burn up the vitamins, minerals and other nutrients in the body. When the drug wears off, the problems caused by the deficiency (aches, pains and such) intensify. The person's answer, of course, is more drugs, which creates greater deficiencies.

Recovery from drugs requires a full repair of the deficiencies, as the drug use may very well have caused new deficiencies and intensified existing ones.

23. *If people just have a drink of alcohol, will it hurt them?*

Most adults can drink up to two drinks a day for men and one drink per day for women and older people and avoid alcohol-related problems. It depends upon the ability of their liver to break the alcohol down. Drink too fast and one has a heavier “drugged” effect. (Brandy was even used as an anesthetic before the discovery of morphine.) Drink too much and it acts as poison.

Women become more intoxicated than men after drinking the same amount of alcohol because women’s bodies have proportionately less water than men’s bodies. Alcohol mixes with body water and a given amount of alcohol becomes more highly concentrated in a woman’s body than in a man’s. Teen bodies are still developing so alcohol has a greater impact on their physical and mental well-being. It is illegal for people to drink under 21 years of age in the US.

Many believe that it is better not to drink at all because a problem with alcohol may develop and does with some people.

Alcohol is a drug and always has effects. But some people can digest a little alcohol and the body can dispose of it.

24. *What about prescription drugs or over-the-counter drugs? Aren't these drugs okay to take?*

Sometimes a person is required to take a drug for a known medical condition. If this is the case, it is very important to know what you are taking, know what the side effects of the drug are, and that the instructions for taking that drug are followed. This includes knowing when to stop, and how not to mix it with other drugs. Virtually any drug can be toxic; a person should know everything about the drug before putting it into his or her body.

25. *Can over-the-counter drugs be abused?*

Over-the-counter drugs are often considered “safe.” They generally are, when used according to the directions to handle a physical condition. But they can also be abused. An example is cough syrup. Many brands of cough syrup contain Dextromethorphan, or DXM. DXM is a semisynthetic narcotic related to opium. When taken in quantity, it can cause a “high” similar to opiates.

It can also cause a host of other adverse effects: nausea; vomiting; paranoia; headaches; irregular heartbeat; high blood pressure; loss of consciousness; even death. Just like any drug, the amount taken determines the effect. A

small, correct dosage can handle the physical problem. But taking more than the recommended amount results in build up of toxins in the body, and the associative side-effects.

As stated earlier, drugs are basically poisons. The amount taken determines the effect. Taking more than the recommended dosage can have negative consequences and can lead to addiction, just like any other drug.

26. When is it okay to use drugs or alcohol in small amounts during pregnancy?

Never. Pregnant women who use drugs such as heroin, methadone, amphetamines, marijuana, crack or cocaine can give birth to addicted babies who undergo withdrawal. These babies suffer from increased sensitivity to noise, irritability, poor coordination, tremors and feeding problems.

Drinking alcohol during pregnancy can have a number of harmful effects on the newborn, including mental retardation or organ abnormalities. The safest course for women who are pregnant or are trying to become pregnant is to abstain from using drugs and alcohol.

27. If drugs are so bad, why do people sell them?

In many cases, this is based on greed. Drugs are an estimated \$400 billion industry. Some people care more about themselves and money than they do about others.

In fact, drug income is the primary source of revenue for many of the more powerful international terrorist groups. Twelve of the 28 terror organizations identified by the US Department of State in October 2001 traffic in drugs. In South America, terrorists have always been called “narcoterrorists.”

Drug traffickers and terrorists use similar methods to achieve their criminal ends. Most importantly, they share a common disregard for human life.

28. If alcohol is so bad, why do so many people use it?

Parents and friends influence youth decisions to drink. Research shows that alcohol advertising and marketing also have considerable influence in affecting the attitude of parents and friends and in helping to create an environment that endorses under-age drinking.

A federally-funded study of 1,000 young people found that exposure to and liking of

alcohol advertisements affect whether young people will drink alcohol.

Many people (including youth) very much enjoy the mildly stimulative effect of alcohol, despite its harmful and potentially poisonous effects.

29. Why do people try drugs?

People take drugs because they want to change something. Some of the reasons young people say they take drugs are:

- They want to fit in
- They want to escape or relax
- They are bored
- They think it makes them seem grown up
- They want to rebel
- They want to experiment

These people think drugs are a “solution” to a problem. Eventually, drugs *become* the problem.

30. How is drug use linked to crime?

Drugs are related to crime in many ways. Most directly, it is a crime to use, possess, manufacture or distribute drugs classified as having a potential for abuse (such as marijuana, cocaine, heroin and amphetamines).

Drug-related offenses include violent behavior resulting from the drug effects and violence against rival drug dealers. Many drug addicts get involved in street muggings and thefts in order to finance their drug habit.

Trafficking in illicit drugs tends to be associated with the commission of violent crimes. But driving an automobile under the influence of alcohol or other drugs (endangering self and others) may be the most common crime.

31. What is “addiction”?

Addiction is where a person feels compelled to continue taking drugs to such an extent that if he stopped he would experience severe trauma. The drug has become mentally or physically habit-forming and he cannot stop.

There are many gradients to this—it is a ladder, not one big step.

32. How do people get addicted to drugs?

Drugs kill all types of pain—physical, emotional and mental. When the drug wears off, the pain comes back stronger. The person thinks he needs more drugs to kill the pain. The more he takes, the more he wants, until

finally he doesn't just *want* the drug, he *needs* it to get rid of the pain created by the drug.

33. *Why do people keep taking drugs?*

Many people don't become addicted to drugs but continue using them for the same reasons they started.



Others who have become physically addicted or mentally addicted want more and more drugs. Drugs can influence the body's natural metabolism by burning up nutrients at an abnormally high speed. When the body lacks these nutrients, a

person experiences negative symptoms.

Regular drug use continues to create deficiencies and imbalances.

As the person continues taking drugs, he feels he needs them to get rid of the unwanted conditions in his body. To handle those physical conditions, he'll probably take more drugs. He's addicted. Eventually, getting drugs becomes the most important thing in his life, using up all his time, money and energy.

34. While many may really want to, what stops a person from quitting the drug?

For a person addicted to drugs, be it alcohol, street drugs or medicine of some sort, the physical, emotional and mental pains and discomfort of withdrawal are often too much to bear and prevent the person from quitting the drug.

Some people stop taking drugs, but later relapse. Drug residues remain in the body after use. They can be released during periods of stress and physical exercise, resulting in the former user getting a little “taste” of the drug. The result: the person gets a craving to take that drug, and so they relapse.

35. What is the hardest part of coming off drugs?

The hardest part of coming off drugs is physical and emotional withdrawal. Drug abuse creates vitamin and mineral deficiencies that create aches and pains in the body and emotional depressions, anxiety, etc. These can be so great that the drug addict goes back to the drug to “solve” the physical anguish.

Different drugs create different deficiencies. Some can even cause convulsions, hallucinations, or even death when withdrawal symptoms “turn on” too suddenly. It is best to

seek the advice of a competent physician for a holistic approach to withdrawal.

36. *What is the value of drugs to the drug user?*

Drugs are considered valuable by addicts to the degree that they produce some “desirable effect,” but all they do is ruin the person and the lives of those around him. Drug abuse can put a person out of touch with the world around them, and drive them away from their family and friends.

37. *What does the word “Narconon” mean?*

Narconon comes from two Greek words. *Narco-* means *drugs* and *non* means *no*. So *Narconon* means *Drugs-No!* Narconon is a drug-free program that does not use substitute drugs to solve drug addiction.

38. *What is the Narconon program?*

The Narconon program is an international drug rehabilitation and education program based on the drug rehabilitation research and developments of author and humanitarian, L. Ron Hubbard. It is a secular drug-free model of rehabilitation; it does not employ drugs, pharmaceuticals or mind-altering substances as part of the recovery process.

Narconon centers are non-profit, charitable corporations that typically work in close association with their local or regional governments, often funded on a fee-for-service basis, sometimes funded through state agencies. It includes both residential and non-residential facilities, servicing both adults and juveniles, and provides drug rehabilitation programs which are used both within and outside of correctional institutions. The Narconon network also provides drug education services worldwide.

39. How does Narconon withdrawal procedure differ from medicated or substituted drug withdrawal?

Narconon does not use medication or other substitute drugs in treating addiction. Narconon has a world-respected method of withdrawing students from almost any drug with minimal discomfort, using vitamins and minerals and 24-hour, one-on-one care. Prior to enrolling in the program, prospective students agree to this procedure. Withdrawal is typically accomplished more rapidly and less arduously than normal. Even the ability to sleep returns more quickly as the body rapidly adjusts to no chemical interruption of its normal processes. Mandatory prior medical

evaluations of the student's physical condition establish those few prospective enrollees who may require a medically-supervised withdrawal. Such persons are referred to an appropriate medical facility for step down before doing the drug-free withdrawal at Narconon.

40. How is the Narconon program different from other drug treatment programs?

The Narconon drug rehabilitation program is unique in several ways. Most treatment centers use a combination of 12-step recovery and group therapy in an effort to handle addiction. While some people respond to this type of treatment, many relapse afterwards.

The Narconon drug rehabilitation program addresses three areas that are not intensively treated in more traditional programs.

These areas are:

- 1) *Physical Detoxification*: Long-term use of addictive drugs can cause an accumulation of drug residues and metabolites in the body, causing drug and alcohol cravings and drug-induced depression. Narconon uses the Narconon New Life Detoxification program developed by L. Ron Hubbard, an intensive method of

detoxification to remove these residues, resulting in an individual who is free of the harmful physical effects of mind-altering drugs.

- 2) *Life Skills*: Many people do not realize that some of the most common abilities and skills which they use every day are not instinctive, but are learned. These are all areas in which drug addicts and alcoholics have been found to be deficient. They require training and practice to perfect. The Narconon drug rehab program gives heavy emphasis to life-skills training. Some of the areas addressed are communication skills, study skills and applying ethical principles to everyday life. The result is an individual more in control of his own life and less likely to be overwhelmed by it. The practice of these skills, in and of themselves, is extremely therapeutic.
- 3) *Other Therapeutic Procedures*: There are a number of therapeutic procedures unique to the Narconon program. These are designed to free a person from the guilt, remorse and regret of past actions, and to restore the self-control that is inevitably sacrificed when a person becomes addicted to drugs.

41. What is Narconon's success rate?

This compares favorably over traditional treatment programs, many of which define success as merely getting *through* their program.

Continuing outcome studies and evaluations of the Narconon programs in various countries are being done. A past study in Spain of Narconon graduates showed 69.2% remained off drugs while a study in Sweden showed 78.6% were drug-free four years after the program.

Quick Facts About Drugs:

MARIJUANA:

Street Names:	Blunt, Grass, Herb, Pot, Reefer, Sinsemilla, Smoke, Weed, Mary Jane, Skunk, Boom, Gangster, Kif, Chronic, Ganja.
Method of Use:	Brewed as a tea or mixed with food; smoked through a water pipe called a bong or most commonly rolled up loose in a cigarette called a joint or nail.
Short-term Effects:	Sense of well-being and enhanced sociality for a short time, concentration difficulty, loss of coordination, distortions in sense of time, vision and hearing. Other effects are sleepiness, reddening of the eyes, increased appetite, relaxed muscles and increased heart rate. The user's risk of heart attack more than quadruples in the first hour

of smoking marijuana. Psychotic symptoms can be triggered. Driving ability is affected. School performance is reduced through impaired memory, impaired concentration and impaired ability to solve problems. It may also result in unwanted sexual activity or unwanted consequences.

Long-term Effects:

Long-term use is more likely to produce psychotic symptoms on an ongoing basis. It can also produce long-lasting harm to the lungs and to the heart, increased symptoms of bronchitis, coughing and wheezing. May reduce the ability of the body to fight lung infections and illness. Repeated use can lead to addiction.

ECSTASY:

Street Names:

E, XTC, X, Adam, Hug, Beans, Clarity, Lover's Speed, Love Drug. Chemical abbreviation is MDMA.

Method of Use:	Usually taken orally in pill, tablet or capsule form. Taking more than one pill at a time is called “bumping.”
Short-term Effects:	Impaired judgment, false sense of affection, confusion, depression, sleep problems, severe anxiety, paranoia, drug craving, muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness and chills or sweating.
Long-term Effects:	Long-lasting brain damage affecting thought and memory.

COCAINE AND CRACK COCAINE:

Street Names:	Coke, Crack, Flake, Rocks, Snow.
Method of Use:	Oral, intranasal, intravenous, inhalation. Slang terms are: chewing, snorting, mainlining or injecting and smoking.

- Short-term Effects:** Increased energy, decreased appetite, mental alertness, increased heart rate, increased blood pressure, constricted blood vessels, increased temperature, dilated pupils. Suppressed desire for food and sleep.
- Long-term Effects:** Irritability, mood disturbances, restlessness, paranoia, auditory hallucinations. Tolerance to the drug develops which means that more of the drug is needed to produce the same “high” effects.
- Medical Implications:** Heart attacks, chest pain, respiratory failure, strokes, seizures, headaches, abdominal pain and nausea.

HASHISH:

- Street Names:** Hash.
- Method of Use:** Smoked in pipes or baked into cookies or cakes.
- Short-term Effects:** Muscular incoordination, slurred speech, nausea, vomiting, constipation, diarrhea and reddening of

the eyes. Concentration, short-term memory, driving ability, stability, balance, ability to process information and judgment are all markedly impaired. User may feel calm, relaxed, talkative and giddy. Sensory perception seems enhanced, colors brighter and sounds are more distinct. Sense of time and space distorted. Some users withdraw, experience fearfulness, spontaneous laughter, anxiety and depression. Reactions to larger doses include hallucinations, paranoia and panic.

Long-term Effects:

Increased risk of cancers of the oral cavity, pharynx and esophagus. The respiratory system is damaged by smoking. Disruption of the menstrual cycle in women. Mental effects include panic reactions, psychosis, diminished drive, lessened

ambition and decreased motivation. Educational attainment is impaired.

HEROIN:

Street Names:	Horse, Smack, H, Skag, Junk.
Method of Use:	Injected, snorted or smoked.
Short-term Effects:	Abusers typically report feeling a surge of pleasurable sensation called a “rush.” The user can experience clouded mental functioning, nausea and vomiting, suppression of pain. Pregnant women may experience spontaneous abortion. Cardiac functions are slow and breathing is severely slowed, sometimes to the point of death.
Long-term Effects:	Scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses and other soft-tissue infections, and liver or kidney disease.

Lung complications may result. Sharing of injection equipment or fluids may result in hepatitis B and C, HIV and other blood-borne viruses.

LSD:

Street Names:	Acid, Cid, Blotter, Illusion, Microdot.
Method of Use:	Sold in tablets, capsules and occasionally liquid form. Often added to absorbent paper and divided into small decorated squares. Each square is a dose.
Short-term Effects:	Dilated pupils, high body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth and tremors. Sensations and feelings change dramatically. A user may feel several different emotions at once or swing rapidly from one to another. Sense of time and self, changes.

Hallucinations occur with a large enough dose and can be frightening and cause panic. Severe, terrifying thoughts and feelings, fear of losing control, fear of insanity or death, and despair all can occur.

Long-term Effects:

Flashbacks, decreased motivation, prolonged depression, anxiety, increased delusions and panic, and psychosis.

PCP:

Street Names:

Angel Dust, Boat, Hog, Love Boat, Ozone, Wack, Rocket Fuel.

Method of Use:

Snorted, smoked or eaten.

Short-term Effects:

Low to moderate doses include a slight increase in breathing rate and a pronounced rise in blood pressure and pulse rate. Breathing becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and loss of

muscular coordination can also occur. At high doses, blood pressure, pulse rate and respiration drop. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance and dizziness. Can also include seizures, coma and death. Can cause delusions, hallucinations, paranoia, disordered thinking and a sensation of being at a distance from one's environment. Speech is often sparse and garbled. Users can be violent or suicidal and dangerous to themselves and others.

Long-term Effects: Memory loss, difficulties with speech and thinking, depression and weight loss.

STEROIDS:

Street Names: Arnolds, Gym Candy, Pumpers, Stackers, Weight Trainers, Juice.

Method of Use: Taken orally or injected.

Short-term Effects: In men—baldness, development of breasts, and impotence; for women—growth of facial hair, a deepened voice and breast reduction. Both sexes can experience jaundice, swelling of the feet or ankles, aching joints, bad breath, mood swings, nervousness and trembling. It can also cause cysts, acne, oily hair and skin.

Long-term Effects: The drug is addictive and withdrawal symptoms can include: mood swings; suicidal thoughts and/or attempts; fatigue; loss of appetite and sleeplessness. Steroid abuse has been associated with cardiovascular disease, including heart attack and stroke.

INHALANTS:

Street Names: Poppers, Whippets, Laughing Gas, Rush.

Method of Use:	Sniffed or “huffed” (act of inhaling vapors).
Short-term Effects:	They starve the body of oxygen and force the heart to beat irregularly and more rapidly. Can cause a loss of sense of smell, cause nausea and nosebleeds. Users can have liver, lung and kidney problems. Inhalants can kill instantly, causing death by suffocation through the user choking on vomit or from a heart attack. User can suddenly act with violent or deadly behavior.
Long-term Effects:	Can lead to muscle wasting and reduced muscle tone and strength. Can permanently damage body and brain.

METH AND CRYSTAL METH:

Street Names:	Speed, Meth, Crystal, Crank, Tweak, Go-fast, Ice, Glass, Crystal Tea, Tina, Quartz.
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Method of Use:	Inhaled or smoked. Low doses are in pill form.
Short-term Effects:	Stimulates the brain but slows the person down, increasing attention spans and decreasing impulsivity. Can cause decreased hunger and bring on weight loss. Negative effects can include: disturbed sleep patterns; hyperactivity; nausea; delusions of power; increased aggressiveness and irritability. In higher doses has a greater “rush,” followed by increased agitation and possibly violence in some people. Other effects can include: insomnia; confusion; hallucinations; anxiety; paranoia and increased aggression. Can cause convulsions which can lead to death.
Long-term Effects:	Can cause irreversible damage. Increased heart rate and blood pressure, damage blood vessels in

the brain which can cause strokes, or irregular heart beat, which in turn can cause cardiovascular collapse or death. Can cause liver, kidney and lung damage. It is one of the most addictive street drugs and one of the hardest to treat. There are strong indications that users suffer brain damage, including memory impairment and an increasing inability to grasp abstract thoughts. Those who recover are usually subject to some memory gaps and extreme mood swings.

ALCOHOL:

Street Names:

Booze, Sauce, Brews, Brewskis, Hooch, Hard Stuff, Juice.

Short-term Effects:

Feeling of warmth, flushed skin, impaired judgment, decreased inhibitions, muscular incoordination, slurred speech, memory and comprehension loss.

Heavy drinking in a short time usually results in a “hangover,” nausea, shakiness and sometimes vomiting.

Long-term Effects:

Tolerance to many of the unpleasant effects of alcohol and a resulting ability to drink more. This leads to a deteriorating physical condition which can include liver damage and increased risk for heart disease. A pregnant woman may have a baby with facial abnormality as well as growth retardation and brain damage. Physical and mental dependence can occur and withdrawal symptoms occur if a person suddenly stops drinking. Withdrawal symptoms range from jumpiness, sleeplessness, sweating and poor appetite to convulsions and sometimes death. Alcohol abuse fosters violence or a deterioration of personal relationships.

References:

- Hubbard, L. Ron. *Clear Body, Clear Mind*. Los Angeles: Bridge, 1990.
- Hubbard, L. Ron. "Drug Handling." Letter of 15 July 1971.
- Hubbard, L. Ron. "Drugs." Letter of 28 August 1968.
- "Drug Facts, Did You Know?" Drugs and the Environment. October 2004. <http://www.freevibe.com>
- "Results from the 2003 National Survey on Drug Use and Health: Fact Sheet." Office of National Drug Control Policy, News and Public Affairs. 2003. Substance Abuse and Mental Health Services Administration. 3 October 2004. http://www.whitehousedrugpolicy.gov/news/press04/2003_nat_survey_fs.html
- "New Initiative Harnesses Power of Teens, Parents to Stop Teen Drug Use." Media Campaign, News Room. 29 January, 2004. Office of National Drug Control Policy, National Youth Anti-Drug Media Campaign. 3 October 2004. <http://www.mediacampaign.org>.
- Chill, Gene, and John Duff. *The Truth About Drugs: The Body, Mind and You*. Los Angeles: Bridge Publications, 1981.
- "Help for Parents: Is Your Child Using Drugs? How to Find Out." Partnership for a Drug-Free America. October 12, 2004. <http://www.drugfreeamerica.org>
- "Does alcohol have health benefits?' Frequently Asked Questions." AlcoholScreening.org. Substance Abuse and Mental Health Services Administrations, US Department of Health and Human Services. 10 October 2004. <http://www.alcoholscreening.org/learnMore/faq3.asp>
- "Publications, Making the Link, Alcohol, Tobacco and Other Drugs & Pregnancy and Parenthood." US Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. 12 October 2004. <http://www.health.org/govpubs/m1010>

“Parents—The Anti-Drug, Understanding the Link, Drugs and Terror: Understanding the Link and the Impact on America.” National Youth Anti-Drug Media Campaign. Office of National Drug Control Policy. 7 October 2004.

http://www.theantidrug.com/drugs_terror/understanding_impact.asp

“ONDCP Drug Policy Information Clearinghouse Fact Sheet. Drug Related Crime March 2000.” Summary of relationship between drugs and crime. The National Youth Anti-Youth Media Campaign. March 2000. Office of National Drug Control Policy. 10 October 2004.

<http://www.whitehousedrugpolicy.gov/publications/factsht/crime>

“Fact Sheets—Alcohol Advertising and Youth.” The Center of Alcohol Marketing and Youth. Georgetown University. 9 October 2004.

<http://www.camy.org/factsheets/index.php?FactsheetID=1>

“Drug Information, OxyContin: Questions and Answers.” 2 August 2001. US Food and Drug Administration, Center for Drug Evaluation and Research. 21 November 2004.

<http://www.fda.gov/cder/drug/infopage/oxycontin/oxycontin-qa.htm>

NIDA Info Facts, (various drugs). National Institute on Drug Abuse (NIDA). <http://www.nida.nih.gov/Infofax>

“Indepth: Drugs Crystal Meth FAQs.” CBC News Online. 26 August 2004. CBC News. 11 November 2004.

<http://www.cbc.ca/news/background/drugs/crystalmeth.html>

“Commonly Abused Drugs, Street Names for Drugs of Abuse.” Commonly Abused Drugs, Drug Abuse, Substance Abuse. Expomed Inc. 5 December 2004. <http://www.onsitedrugtesting.com>

National Institute on Drug Abuse. NIDA Info Facts. “High School and Youth Trends.” <http://www.nida.nih.gov/infofax>

If you need assistance...

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or

*Narconon international training facility
and drug rehabilitation center*

NARCONON ARROWHEAD NEW LIFE CENTER

HC 67, Box 5
Canadian, OK 74425
Phone: (800) 468-6933
Email: info@stopaddiction.com
Website: www.stopaddiction.com

The following is a list of websites for more information on the effects of different types of drugs.

www.whitehousedrugpolicy.gov/drugfacts

www.freevibe.com

www.theantidrug.com

www.stopaddiction.com

www.drugfreeamerica.org

www.narconon.org

*What is the drug
most commonly abused
by young people in the US?*

*What are the effects
of marijuana?*

*What is crystal meth
and what does it do?*

*What are the signs
of a child using drugs?*

**This booklet answers these questions
as well as many other commonly
asked questions about drugs.**