



The
PROPHETIC
CONDITIONS
Series



The Tragedy of
DRUG ABUSE



ABOUT THE COVER

Ecstasy tablets, also known as MDMA, seized by U.S. Customs officials.

PHOTO: Gerald Nino, www.customs.gov

Why the PROPHETIC CONDITIONS Series?

Knowledge and technology are exploding, yet the world is drowning in a sea of problems! *Alcohol abuse* is on the rise. Vast regions of farmland are “dying of thirst” due to droughts and erratic *weather* patterns. The allure of *drugs* is fast seducing a younger generation that no longer knows how to be kids. *Crime* is more violent, more entrenched, more widespread than ever. *Immorality* is robbing families and youth of their innocence by “entertaining” sick, perverted, carnal desires. And the earth is choking in the *polluted* filth produced by humanity.

WHY?

The *Prophetic Trends and Conditions Series* will report global trends and problems. It explains why humanity is deluged with such overwhelming—and insoluble—problems.

And points to mankind’s *only solution!*



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The Tragedy of DRUG ABUSE

In spite of mankind's technological triumphs, the age-old problem of drug abuse is spiraling out of control. Illicit drugs are a cancer, consuming the world. All most can do is helplessly watch as they destroy their loved ones. How serious is the drug problem? And what can be done to solve it? Can humanity survive?

TO THE AVERAGE person, it *seems* that humanity has always been able to solve its problems. From walking on the moon, to manufacturing technological wonders, man's limitless goals never seem out of reach. But look at humanity's record. It has been helpless at finding *real* solutions for *real* problems.

What about the drug problem? Over 90% of all scientists that have ever lived are alive today. Surely all these scientists can solve the drug problem—right?

Wrong!

Despite the fact that the United States government spent \$5.6 billion on treatment programs and research to help better understand the problem, more than half of U.S. students tried an illegal drug before graduating high school (Office of National Drug Control Policy, *National Drug Control Strategy: Budget Summary*, pp. 212-214). Government spending on the “war against drugs” also increased from \$1.65 billion in 1982 to \$17.7 billion in 1999!

In 2000, an estimated 14 million Americans were *current* illicit drug users (Summary of Findings from the 2000 *National Household Survey on Drug Abuse*, Dept. of Health and Human Services). This staggering number is strictly based on arrests, surveys and a few other contributing factors. The *actual* number of drug abusers is much higher!

Government agencies admit that it is extremely difficult to pinpoint the

number of people using illicit drugs. This task means counting a hidden culture that does not want to be found!

But regardless of the billions of dollars spent on treatment programs and research, drug abuse continues to rise—and so do the casualties.

“In 1998 a total of 16,926 persons died of drug-induced causes in the United States” (*Deaths: Final Data for 1998*, CDC). Drug use was one of the leading causes of death that year.

Drugs are also becoming more available to young teens and even *children*. Over 3% of youths aged 12 to 13 reported current illicit drug use. In fact, “The number of offenders under age 18 admitted to prison for drug offenses increased twelvefold (from 70 to 840) between 1985 to 1997. By 1997 drug offenders made up 11% of admissions among persons under 18 compared to 2% in 1985” (U.S. Department of Justice, Bureau of Justice Statistics, *Profile of State Prisoners Under Age 18, 1985-1997*).

A survey reported that illicit drug use is more prevalent among young people in the U.S. than among Europeans of all ages: “The MTF study found that in 1999 41% of tenth grade students in the United States had used marijuana (cannabis) at least once in their lifetimes. All the participating European countries had a considerably lower rate of lifetime use, averaging 17%. This proportion varied among European countries from 1% in Romania to a high of 35% in France, the United Kingdom, and the Czech

Republic. The US also had one of the lowest proportions of students seeing marijuana use as carrying a risk of harm to the user, and one of the lowest proportions saying that they personally disapprove of marijuana use...The US also had the highest rates of use of most of the other illicit drugs studied, as well as marijuana, with the important exception of heroin. These included amphetamines, hallucinogens, cocaine, crack, and ecstasy” (Monitoring The Future: National Survey Results on Drug Use, 1975-2000, Volume 1: August 2001).

Between 1989 and 1998, Americans spent an estimated \$65-108 billion per year on illicit drugs. Worldwide, the *United Nations World Drug Report 2000* estimates that as many as 180 million people are current drug users.

Simply stated, drug abuse is a global phenomenon—from uptown penthouses to neighborhood slums.



The
**PROPHETIC
CONDITIONS**
Series: Part 1
**A BOOMING
BUSINESS**

The illegal drug trade is estimated to be worth more than \$400 billion!

The U.N. Secretary-General expressed his concerns by stating, “New threats have emerged to nation-

al security, economic development, democracy and sovereignty in the form of transnational networks of crime, drug trafficking...”

He continued, “It is larger than the oil and gas trade, larger than the chemicals and pharmaceuticals business and twice as big as the motor vehicle industry” (“DRUGS: Global Trade Reaches Staggering Proportions,” IPS).

The Vienna-based International Control Board (INCB) reported, “Estimates are in the order of several hundred billions of dollars a year and exceeds the gross national product (GNP) of most countries...Most of the money stems from illicit drug production, trafficking and abuse throughout the world.” Money generated from drugs has increased to such proportions that it is now capable of destabilizing or tainting global financial markets.

In the U.S., the economic costs of drug abuse have also significantly increased. In the mid-1990s, the annual economic costs in the United States *alone* were estimated to be \$110 billion. Since then, it has increased at a rate of approximately 5.9% per year.

From 1992 to 2000, crime-related costs of drug abuse rose from \$60.8 billion to \$100.1 billion (Ibid.). Many crimes are considered to be drug-related, without directly involving the sale or consumption of narcotics. They range from armed robberies, assaults, forgery, money laundering, burglaries, rapes and prostitution. This figure also includes incarceration, defense, criminal court, corrections department and

law enforcement costs needed to process and detain these criminals.

Law enforcement agencies are constantly trying to “stay ahead of the curve” on the domestic war against drugs. One such example is the development of “contacts” that help infiltrate the organized clusters of drug sales and production.

Most picture drug dealers as young thugs hustling on street corners. While this is often an accurate picture, drug dealers are no longer restricted to this image. The faces of drug dealers are constantly changing. They now vary from teens to elderly, to pregnant mothers, to couples with children.

In the past, it was common to drive through areas known as “drug zones” and see an “open market” of drug transactions. But dealing has now gone underground. In order to avoid undercover officers, dealers are becoming more selective about whom they sell to. Although drugs are more easily accessible now, dealers are developing a closer clientele, and are selling in the safety and privacy of their homes.

Drug dealing has become “just another way to make money.” No longer is it simply associated with a gangland, mafia lifestyle. It is more common to find someone dealing drugs as a source of additional income. Working out of their homes, many are taking up drug dealing as a type of “night job.” In fact, the average drug dealer maintains a low-wage job and sells part-time to obtain drugs for his own use (*Money from Crime: A Study of the Economics of Drug Dealing in Washington D.C.*, pp. 49-50). To them,

selling becomes a means of satisfying their appetite and making a profit.

The drug world has truly evolved from a street corner, “try-to-outrun-the-cops” business, to a worldwide underground franchise. Because of this constant change, law enforcement is desperately trying to stay on top of the trend.

Trying to Understand the Problem

Many talk about *solving* the “drug problem.” But they cannot agree on why there is a problem.

Teachers believe that it stems from a lack of education.

Law enforcement officials believe that it comes from lenient laws and court systems.

Scientists claim that if they could discover the chemical equation of drug effects, they could find a solution.

Psychologists say that it is a result of family or even mental problems.

So *many* “experts”—so *little* understanding!

The same confusion surrounds “how to stop the drug problem.” Government agencies are helpless against the tsunami of drugs flooding neighborhoods and schools. They each have their own ideas, and usually disagree on what to do. There is endless debate—and confusion—about what to call someone who uses an illegal substance: drug user, drug abuser or drug offender?

All that politicians and leaders can agree on is that there *is* a worldwide drug epidemic, enslaving people of all ages, societies, religions, races, and

U.S. prison population for drug-related crimes

Estimated number of jail and prison incarcerations due to drug abuse:

	1992	1993	1994	1995	1996	1997	1998	1999	2000
Homicide	15,003	16,171	17,643	19,424	20,914	22,219	23,253	23,971	24,712
Assault	5,339	5,858	6,515	7,244	7,872	8,471	8,861	9,112	9,370
Sexual assault	4,338	4,542	4,818	5,151	5,385	5,587	5,846	6,022	6,204
Robbery	40,129	42,319	45,135	48,393	50,812	53,112	55,673	57,513	59,428
Burglary	40,020	40,971	42,537	44,351	45,226	46,839	48,990	50,406	51,864
Larceny-theft	21,290	22,103	23,322	24,574	25,347	26,673	27,893	28,653	29,436
Auto theft	1,935	1,990	2,077	2,169	2,215	2,306	2,411	2,479	2,548
Receiving stolen property	3,233	3,408	3,650	3,912	4,112	4,418	4,623	4,757	4,894
Drug laws	300,007	318,131	340,504	363,576	381,363	404,470	425,747	442,445	460,087
TOTAL:	431,291	455,493	486,202	518,795	543,248	574,095	603,298	625,358	648,544

SOURCE: Bureau of Justice Statistics (2001), *Prison and Jail Inmates at Midyear 2000*.

cultures. They conjure up countless treaties, laws, regulations, resolutions and principles to try to stem the surging tide of drugs—but to no avail!

Recall the staggering economic costs of drug abuse in the U.S. alone! This is spent in simply dealing with the *aftermath* of drug abuse—its tragic results. The annual cost of the war against drugs is so large and difficult to calculate, due to the many contributing factors, that most can only *estimate* the amount spent.

But with these staggering figures, shouldn't they know how to solve this problem? While this may surprise many, the answer is a resounding NO!

Finding a Pattern

The executive director of the Office for Drug Control and Crime Prevention stated, "The time has come to change the way we think about drugs. We must end the psychology of despair that has gripped the minds of a generation and would have us believe that nothing can be done to roll back, let alone stop, the consumption of drugs." One way leaders hope to get an advantage in this battle is through information.

Governments are now using indicators, such as seizure data, to help identify the supplier—the source—of illicit drugs. Seizure data is the yearly statistics of drugs seized. By keeping track of this, supply, demand and production levels can be easily examined and compared.

For example, in 1980-81, 120 territories and countries reported drug seizures. By 1997-99, it significantly increased to 170 ("Annual Reports Questionnaire," United Nations International Drug Control Program [UNDCP]).

Seizure data also enables officials to track the flow of drug trafficking, as well as map smuggling routes. A general concentration of production has already been established: Cannabis herb (marijuana) in the Americas and Africa, opiates in Asia and Europe, cocaine in the Americas, cannabis resin in Europe, Southwest Asia and North Africa and amphetamine-type stimulants (ATS) in North America, Europe and Southeast Asia.

Trafficking patterns have also been established: Cannabis herb from Mexico into the U.S., opiates from Afghanistan through Pakistan, Iran, Turkey and the Balkans to countries of the European Union (EU), cocaine from the Andean countries (mainly Colombia, Ecuador, Peru, Bolivia and Chile) to the U.S. through Mexico or the Caribbean region, and cannabis resin from Mexico and Columbia to the U.S. and from Morocco and Southwest Asia through Spain into Europe.

Many countries are also utilizing what is called epidemiology research. The Merriam-Webster dictionary defines epidemiology as "a branch of medical science that deals with the incidence, distribution, and control of disease in a population; the sum of the factors controlling the presence or absence of a disease or pathogen."

These research departments provide statistics on matters such as patterns and consequences of drug abuse, as well as circumstances that lead to drug abuse.

Governments believe and *hope* that by examining these trends, they will get the upper hand, and win the war against drugs.

But while this world examines the tragic EFFECT of the drug problem, the crux of *this* report focuses on the CAUSE of this plague. The drug problem involves more data than can be compressed into this report. But using the most current information, it will form a complete picture.



The meaning of the word "drug" often varies, depending on the context in which it is used. Scientifically, a drug is any substance (other than food) that, due to its chemical nature, affects an organism's

structure and function. This word has been widely misapplied and misused. In fact, it is often viewed as taboo, an obscenity or something "you just don't talk about."

But, in reality, most drugs were simply developed for therapeutic reasons. An example of this is morphine.

During the Civil War, morphine was used as a painkiller. It was utilized as an analgesic for amputations and wounds. After it was extensively used, it was later discovered to be extremely *addictive*—but much too late. Hundreds of soldiers became addicts.

When used in the context of drug "abuse," the meaning of the word drugs becomes *social* rather than scientific.

Illicit drugs consist of those used for recreation, fun and pleasure—instead of their medically-designed purpose. These are mood-altering drugs, called *psychoactive drugs*, substances that affect and alter the mind or behavior through pathological or functional changes in the central nervous system (CNS). They mainly affect senses, feelings, emotions, thoughts, consciousness, and sensibility. They change perceptions—causing the user to lose track of time, experience feelings of disorientation or hallucinate. They can alter moods—causing a range of emotions—from despair and depression, to increased joy and happiness.

The Controlled Substance Act (CSA), established in the 1970s, allowed the federal government to establish FIVE CATEGORIES (called schedules), which provide a specific set of guidelines for drugs classified in each section.

Schedule I (one) drugs have a high potential for abuse. They are not considered to be useful for medicinal purposes. They are not even considered to be safe when used under medical supervision. Many substances fall into this category, and are considered to be the most-abused drugs. The most common are MDMA (ecstasy), PCP, LSD, mescaline, heroin and marijuana.

Schedule II drugs have a high potential for abuse, and are somewhat accepted for medical use, but with *severe* restrictions. Abuse of these

drugs may lead to severe psychological or physical dependence. Some of these are opium, codeine, morphine, PCC (a precursor to PCP), cocaine and methadone. (Although not recommended by the medical world, some surgeons are currently allowed to use cocaine to numb patients during surgery!)

Schedule III drugs are less addictive, and are accepted for medical use. They may lead to moderate or low physical dependence or high psychological dependence. These include anabolic steroids and other “body-building” drugs, and some other prescription medication.

Schedule IV drugs have a low potential for abuse, in relation to substances in schedule III. They are currently accepted for treatment and medical use. They may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III. Many prescription drugs are included in this classification, including Xanax and Valium.

Schedule V drugs have a low potential for abuse, and are accepted for medicinal purposes. This list is limited, and includes some substances found in various over-the-counter medications (such as cough suppressants).

The CSA also regulates five classes of drugs: narcotics, depressants, stimulants, hallucinogens, and anabolic steroids. Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all share common features.

These classifications allow the Food and Drug Administration (FDA) to administer guidelines for drugs “acceptable” for medical usage.

According to drug policies, the use of these drugs for non-medicinal purposes constitutes “the drug problem.” Drug *abuse* is using drugs in a manner or amount inconsistent with designated medical purposes.

With the exception of anabolic steroids, these psychoactive drugs are utilized to alter mood, thought, and feeling, through their actions on the central nervous system (brain and

spinal cord). Some drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize. The extent of “feel good” effects greatly contribute to the likelihood of substance abuse.

Through abuse, the user becomes physically, psychologically and emotionally dependent on the drug’s effects. Various “experts” claim that some people are genetically born an alcoholic or drug abuser. But unless a child is born to an addicted mother, this statement is false. *Dependency* is what makes millions become addicts—not their genes! (See the insert “Defining an Addict” for more information regarding drug dependency.)

But just as there are many differing ideas concerning how to stop the drug problem, there are many different concerns regarding drugs. Physicians are concerned with the *medical* use of a drug. Scientists are interested in the *chemical* properties of a substance. And law enforcement is governed by the *legal* status of the drug.

To better understand the drug problem, some information regarding the most widely abused drugs must be established.

The U.S. Office of National Drug Control Policy categorizes the most widely used psychoactive drugs—drugs which affect mind and behavior—into these major categories: club drugs, cocaine, crack, heroin, inhalants, LSD, marijuana and methamphetamines. Anabolic steroids are also included in this list, but are not considered psychoactive drugs. We will review the sensations provided and the side effects of each drug.

Club Drugs

“Club drugs” refers to those that have become popular and widely used in clubs or “raves” by teens and young adults. This category includes the drugs MDMA (ecstasy), GHB, ketamine and Rohypnol.

MDMA: In 1913, a German chemical company patented MDMA as an appetite suppressant. But shortly before marketing it, the drug was abandoned. It is now classified as a

schedule I substance. MDMA (also called “ecstasy”) is now commonly found at parties and clubs because it allows the user to remain active for long periods of time. In chemical structure and effect, ecstasy is similar to hallucinogens and amphetamines, which speed up the CNS.

Ecstasy often comes in the form of different colored tablets, ranging in size, shape and design. They usually bear some type of design, such as a peace sign, heart symbol or shamrock. It can be administered by ingesting or inhaling through the nose (snorting). Some have even reported injecting it. The effects usually begin about 20-30 minutes after the drug is taken—and can last between four to six hours.

Ecstasy affects the user in different ways, depending on the chemical makeup of the pill. Sensations can range from high energetic euphoria to sleepiness, depending on the other drugs with which it is combined. (For example: If a pill has been “cut” [mixed] with a large amount of heroin, or a depressant, it will cause the user to become highly sedated. If prepared with cocaine, it will cause the user to become stimulated and excited.) The user’s weight, size and drug dependency also affect the sensations experienced. If one has used the drug several times, his system may not be as susceptible to the drug as would that of a new user, and various doses may be taken to experience the initial sensation.

Some immediate effects are increased heart rate, increased confidence, teeth grinding or jaw clenching, lowered or removed inhibitions, pupil dilation, nausea, heightened senses, feelings of well-being and euphoria, a sense of unity, closeness and camaraderie. The user may also become extremely talkative or quiet, emotional, experience dehydration, dry mouth, anxiety, sweating and loss of appetite.

Overdosing can lead to vomiting, irrational behavior, extreme dehydration, convulsions, increased body temperature and blood pressure, hallucinations, elevated heart rate and death.

There are three overall phases during ecstasy use: (1) *Coming up*—when the user begins to feel the sensa-

tions of euphoria, (2) *the plateau*—a steady sensation of relaxation and happiness and (3) *coming down*—when the effects begin to wear off, leading to irritability and sleepiness. During this period, the user may feel depression, fatigue, paranoia, anxiety and difficulty concentrating.

Ecstasy use is on the rise. In the 90s, ecstasy quickly became one of the most widely-used drugs among teens. The *2000 National Household Survey on Drug Abuse* reported that over 6.4 million people (aged 12 and older) had used ecstasy at least once in their lives. The number of teens currently using ecstasy has increased 71% since 1999! U.S. Customs seized approximately 3.5 million ecstasy pills in 1999, and 9.3 million in 2000. In 1996, the Drug Enforcement Administration seized 196 ecstasy tablets. But in 2000, they seized over *three million* tablets!

MDMA triggers the production of serotonin in the brain. Serotonin is thought to influence mood, appetite, sleep, and other important functions. This increase in serotonin causes ecstasy users to feel heightened sensations of happiness, love and euphoria. These feelings, combined with the loss of inhibitions and increased sense of touch, leads many into promiscuous sex while under the influence of ecstasy.

However, these increased levels of serotonin do not come without a price. There are *many* long-term effects of ecstasy use. NIDA research supports that ecstasy damages these serotonin-producing brain cells (called neurons). After 12-18 months of non-MDMA use, these serotonin-producing nerve fibers had failed to regrow at all in some areas, or had abnormally regrown in other brain regions. This leads to abnormal serotonin production levels, and causes severe mental restrictions, such as depression and paranoia.

Severe depression, learning disorders, emotional problems, confusion, sleep problems, anxiety, brain damage, depression, paranoia, liver damage and loss of concentration are the final outcome of ecstasy use. This “party drug” is no party at all!

Rohypnol: This schedule IV drug is a tranquilizer/sedative, and can be obtained in over 50 countries outside the U.S. with a prescription. Usually ingested orally, the effects begin to be felt within 15 to 20 minutes.

In lower doses, Rohypnol (commonly called “ruffies”) can cause muscles to relax, and creates a sedated and hypnotic effect. In higher doses, it causes unconsciousness and partial amnesia, as well as loss of muscle control. When mixed with alcohol, it



is usually deadly. Rohypnol is a drug often used in “date rapes,” due to the effects of loss of consciousness and amnesia.

Ketamine: Simply stated, this schedule III drug is an animal tranquilizer. Ketamine has gained popularity within the last few years, and has been found at many parties. Due to its tranquilizing, sedating effects, this drug is also often used in “date rapes.” Like LSD and PCP, ketamine affects the user like an hallucinogen. Many users have reported that, while under the influence of ketamine, they experienced a state of complete sensory detachment—in which they were unable to move, and were in a death-like state. These experiences, called the “K-hole,” are similar to a “bad trip” while on LSD.

Ketamine is usually sold in liquid or powder form. This drug is often stolen from, or sold by, animal veteri-

narians. In liquid form, it can be mixed into drinks, injected, or added to drugs that can be smoked. Ketamine can also be baked until it evaporates and turns into a powder.

The hallucinatory effects of ketamine are generally short-lived, but the side effects last anywhere from 18 to 24 hours. They include loss of judgment and coordination, and dulled senses. Ketamine also depresses the CNS. The U.S. Department of Justice reported an increase in burglaries and robberies of veterinarian clinics, in attempts to steal ketamine.

GHB: This schedule I substance is another “date rape” drug. GHB is an odorless, colorless liquid that also depresses the CNS.

Hailed as a wonder drug for the first 30 years of its existence, GHB has been labeled a killer for the past 12. However, GHB is easily manufactured, and can cause unconsciousness, seizures, nausea, severe respiratory depression, drowsiness, dizziness, lack of bladder control, and coma.

There were 4,969 emergency room visits caused by GHB in 2000. GHB (commonly called “G”) is known for causing its users to immediately fall into a coma while under its influence. Death from GHB is impossible to detect, because the body metabolizes it so quickly.

Cocaine

Mankind has known about the effects of coca leaves for many years. Derived from the coca plant (which grows in the mountains of South America and Southeast Asia), cocaine is one of the most potent natural stimulants. South American Indians first used cocaine by chewing coca leaves for social, medicinal and religious rituals.

In the U.S., cocaine was first introduced in the 1880s and was hailed as a “miracle drug.” It was used as an anesthetic in nose, throat and eye surgeries, as well as a remedy for hay fever, seasickness and fatigue. But during the late 19th century, a wave of cocaine use hit the country.

There were no initial laws restricting its sale or use. In fact, some

imported wines, such as “Vin Mariani,” contained a mixture of wine and cocaine, and became very popular, being sold throughout the U.S. Eventually, cocaine’s damaging effects became evident, and the government took steps to regulate this drug.

Sigmund Freud, a cocaine enthusiast, played a major role in the popularity of its use in the U.S. He wrote several reports on the positive effects of cocaine use. In an 1884 pro-cocaine report, *Über Coca*, he wrote, “...exhilaration and lasting euphoria, which in no way differs from the normal euphoria of the healthy person...You perceive an increase of self-control and possess more vitality and capacity for work...In other words, you are simply normal, and it is soon hard to believe you are under the influence of any drug...Long intensive physical work is performed without any fatigue...This result is enjoyed without any of the unpleasant after-effects that follow exhilaration brought about by alcohol...”

Freud proposed that cocaine could be used as an antidote for morphine addiction. However, he later learned that he was gravely mistaken and changed his views of cocaine use.

In December 1914, President William Taft proclaimed cocaine as “public enemy number one,” and Congress passed the Harrison Act. This act banned all non-medical use, prohibited importation, and prosecuted any who violated it.

This, along with the production of cheaper substances, made cocaine use scarce by the late 1950s. But its use began to rise in the 60s, prompting Congress to classify it as a schedule II drug in 1970.

Cocaine is a strong CNS stimulant. Also in this category are caffeine, nicotine, cocaine, amphetamines, and anabolic steroids. These reduce fatigue, induce euphoria, elevate mood, and increase alertness, heart rate, pulse and blood pressure. Other physical effects include increased temperature and constriction of blood vessels. It produces irritability, anxiety, restlessness and psychotic behavior.

Cocaine is snorted, smoked or injected and is *extremely* addictive. Its effects start a few minutes after being consumed, and last about 15-20 minutes. Due to the sudden rush of well-being, many are hooked almost



Cocaine in powder form.
PHOTO: www.drugs.indiana.edu/prevention/



“Crack” cocaine.
PHOTO: www.drugs.indiana.edu/prevention/

immediately after trying it. Several studies have documented the horrific results of cocaine use. Researchers attached an intravenous source of *heroin* to several rats and monkeys. The rats and monkeys self-administered it, but still found time to eat and sleep.

However, when they were allowed to self-administer *cocaine*, they did practically nothing else. They continuously administered it, and by the end of the month, they were dead.

Cocaine has the same effect on people. Many addicts have reported that they are never satisfied from cocaine; all they can think about is their next “hit.”

Cocaine is a major contributor to the world economy, and has become a

significant export-earner for many poor South American countries. South America exports about 1,000 tons of cocaine per year.

It is estimated that over 50 million Americans—one in four—have used cocaine. *Each day*, an estimated fifty thousand people use this substance for the first time. Over six million Americans use cocaine on a regular basis (*Cocaine abuse in North America: a milestone in history*, Division of Cardiology, University of North Dakota School of Medicine, 1993). Two-thirds of *all* the countries of the world have reported cocaine abuse.

Crack

About 100 years after the appearance of cocaine in the U.S., a new derivative of the substance emerged. Crack is a highly potent variation of cocaine and is usually smoked. It became popular in the 1980s. One of the driving forces behind its widespread use is its inexpensiveness and availability.

Sodium bicarbonate (baking powder) is used in the production of crack. This process converts cocaine into rock crystals. The name “crack” comes from the cracking noises it makes while heated (during production) or smoked.

While those that snort cocaine experience a high within three minutes, the crack user gets high in less than ten seconds.

Crack affects the user in the same way as cocaine, but is more intense and damaging. It is one of the most unpredictable and volatile drugs available. The respiratory, cardiovascular and central nervous systems are most severely affected by crack. Blood vessels constrict, causing adverse affects on the heart and circulatory system.

Crack-related deaths stem from heart attacks, strokes, brain seizures, asphyxiation or suicide. Users experience chest congestion, paranoia, delusions, chronic cough, severe depression, memory loss, violent behavior and suicidal urges. Because of crack’s stimulating effects and extremely addictive nature, crack users lose ambitions, withdrawing from family, friends and everyday activities. This is

all replaced by the urge for more crack.

Crack is highly addictive. Some become addicts after their first use. Although the effects of crack fade within a few minutes, the user experiences a profound sense of power, confidence and cleverness. Inhibitions disappear.

These effects last for about five minutes, followed by a sudden crash. An overwhelming desire to repeat the high that accompanies it.

Crack users are reported to become completely drug-obsessed, and although the drug's effects are gone, the craving for more remains. This drug obsession causes many to forsake everything—reaching the next “high” becomes their only reason for living.

Studies show that crack triggers the release of the pleasure-causing chemicals norepinephrine, dopamine, and epinephrine. These chemicals (called neurotransmitters) cause the user to experience the “rush.” Continual use depletes the brain's storage of these chemicals, and the brain becomes unable to produce the sufficient amount needed by the body. This leads to depression, paranoia, dementia, cold sweats, cramping and other withdrawal-like symptoms. If the crack user smokes more crack in order to remove these effects, the body automatically builds a tolerance against the drug, so more needs to be consumed. This often leads to feelings of hopelessness, and eventually suicide.

Pregnant women who use crack are more likely to have abortions, miscarriages, or stillbirths. Many babies born to crack addicts are premature and sickly. These infants often have various birth defects and are born addicted to crack. Compared to other newborns, they are three times less likely to survive. Studies have shown that crack can be passed to babies through the crack-addicted mother's breast milk.

In 1997, there were 604,000 crack users in the U.S.

Steroids

In the U.S., there are over 100 different types of anabolic steroids avail-

able with a prescription. Steroids can be taken orally, rubbed on the skin or injected between muscles. They cause weight gain and stimulate muscle growth. Steroids are synthetic versions of the male hormone testosterone.

Over forty-four percent of high school seniors surveyed stated that it is “fairly easy” or “very easy” to obtain steroids. The side effects of steroids, combined with the fact that they are readily available, persuaded Congress to classify them as a schedule III substance.

Anabolic steroids can have a wide variety of side effects, such as liver cancer, heart attacks, high cholesterol levels, breast development in men, aggressive behavior, sterility, increased irritability, extreme mood swings, paranoia, violent behavior, depression and strokes. Adolescent users experience stunted growth.

Heroin

Heroin is highly addictive in any form, and is the most-abused opiate. Opiates are substances that are extracted from various poppy plants. Heroin is processed from morphine, and is injected, snorted, or smoked.

The term *narcotic* is derived from the Greek word *narkotikos*, which means “numbing or dulling the senses.” Narcotics are any drugs considered to be depressants. This more accurately refers to drugs of the opiate family—sleep-inducers and pain-killers—including opium, morphine, and codeine. Medically, morphine is used as a pain reliever, and codeine is often used in cough suppressants. The most-abused opiate is heroin.

First synthesized in 1874, heroin was used at the beginning of the 20th century, being administered by physicians who were unaware of its potential for addiction. The 1914 Harrison Act established strict control of the drug. Heroin is classified as a schedule I drug, and is no longer used for medicinal purposes.

Pure heroin is white in color, and is rarely sold on the streets. Since it is expensive and difficult to obtain, it is often mixed with a wide variety of other drugs. This causes it to vary in

color from white to brown. Most of the heroin sold on the streets is only about 5% pure, and is mixed with substances such as quinine, sugar, starch, strychnine and others. These contaminants are what cause most heroin-associated fatalities.

The “rush” of heroin occurs within 7-8 seconds after injecting it. The user immediately experiences good feelings and calmness. He also experiences flushing warmth to the skin, and “cotton mouth.” His body begins to feel sluggish and heavy.

Heroin depresses the central nervous system, slows respiration and retards mental functioning. Restlessness, unconsciousness, drowsiness, nausea, and vomiting may occur. Because of heroin's anesthetic properties, many users are unaware of injury because their sense of touch is numbed. Heroin users may develop infection of the heart lining and valves, liver disease, collapsed veins, pulmonary complications, convulsions, shallow breathing, pneumonia and coma. Studies show that after five years of heroin use, one out of six addicts is dead! Due to contamination, overdose, and spread of infectious disease (through needle-sharing), heroin is one of the most risky of all illicit drugs.

Within hours of the last heroin dose, withdrawal symptoms begin. This causes restlessness, muscle and body pains, vomiting and an increased desire for more drugs. These symptoms reach their peak between 48-72 hours after the last dose, and subside after a week. Heroin addiction is one of the most difficult dependencies to overcome.

There were an estimated 104,000 new heroin users in 1999. Among these, 34,000 were between the ages of 12 and 25. In a 2000 survey, 2.8 million people reported using heroin in their lifetime. Three quarters of *all* the countries in the world have reported heroin abuse.

Inhalants

This category consists of the illicit use of legal, household products. These include: (1) Aerosols containing hydrocarbons, such as spray paints, cooking sprays and insecticides, (2)

items containing toluene, such as nail polish, glue, gasoline, paint thinners, anti-freeze and lighter fluids, (3) nitrates found in room deodorizers, and (4) gases and anesthetics, such as nitrous oxide, chloroform, laughing gas and ether. There are over 1,000 substances that can be misused in this manner.

Inhaling or sniffing these fumes, called “huffing,” produces mind-altering effects and changes in behavior. Since inhalants are legal, easily obtained and inexpensive, it is one of the first substances abused by children. About 15-20% of junior and senior high school students have reported trying inhalants. About 2-6% reported current use. However, the highest percentage of “huffing” is done by children 10-12 years of age. Parents are usually concerned with the dangers of smoking and alcohol, but most have overlooked these dangers present in their home.

“Huffing” leads to disorientation, erratic behavior, slurred speech, slowed breathing, irregular heartbeat, rapid pulse, muscle weakness, lack of coordination, blurred vision, stomach pain, headache, impaired judgment, nausea, dizziness, intoxication and death.

Side effects include damage to the brain, central nervous system, bone marrow, liver and blood. Huffing also leads to kidney failure, destruction of lung tissue, cardiac arrest, unconsciousness and asphyxiation. Repeated use leads to greatly reduced physical and mental abilities and permanent damage to the nervous system. Inhalants may depress the central nervous system to the point that breathing stops. This is called sudden sniffing death (SSD), and can occur

during the first huffing incident.

According to the *National Household Survey on Drug Abuse*, an estimated 17 million Americans have tried “huffing.”

Amphetamines/ Methamphetamines

The chemical properties and effects of amphetamines, dextroamphetamines and methamphetamines are so similar that they are collectively referred to as amphetamines. The UN estimates that, throughout the world, some 29 million people consume

time, because they remain in the central nervous system longer. This produces prolonged stimulant effects. Methamphetamines damage brain neurons that produce both serotonin and dopamine. Effects include loss of appetite, sense of euphoria and increased activity.

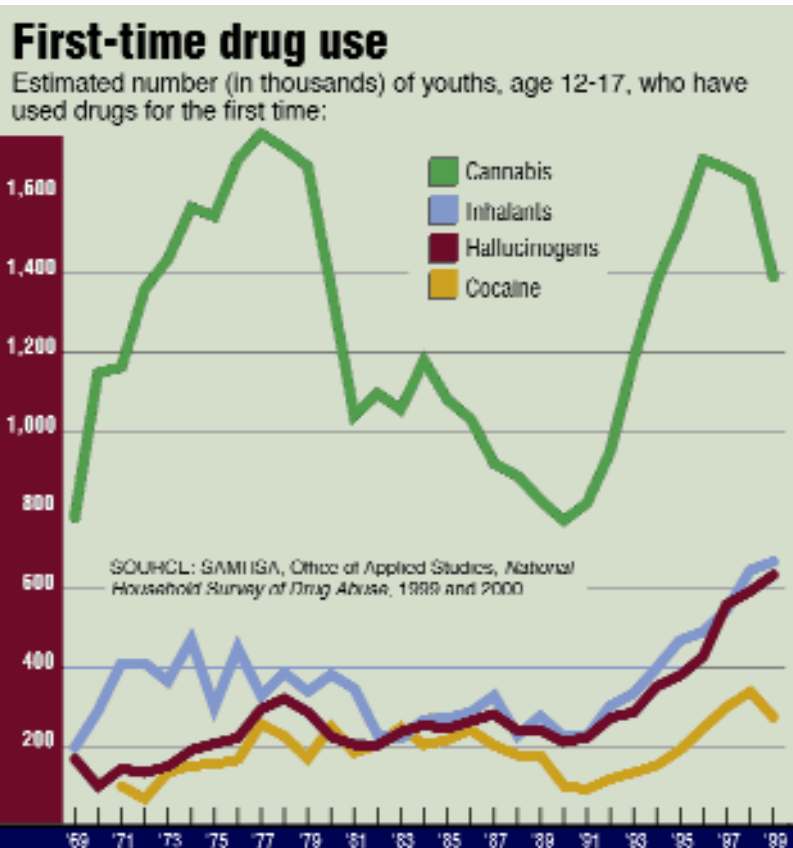
Examples of methamphetamines are speed, crystal meth, meth and crank. There is also a stronger form of methamphetamines, called ice, which is more expensive and lasts up to 20 hours longer.

Chronic use results in schizophrenia, paranoia, violent behavior, insomnia, confusion, anxiety, and fatigue, picking at the skin, auditory and visual hallucinations, preoccupation with one’s own desires and homicidal and suicidal thoughts. Brain damage caused by methamphetamines is similar to that of strokes, epilepsy and Alzheimer’s disease. The Drug Abuse Warning Network ranked methamphetamines as the sixth-leading cause of all drug-related deaths.

LSD/Hallucinogens

In 1938, while working at a pharmaceutical laboratory in Switzerland, chemist Albert Hofmann first synthesized LSD, commonly called “acid.” Hoffmann was conducting research on the medical use of various lysergic acids that are found in ergot, a fungus that grows on rye and other grains. In hopes of finding a therapeutic use (as a circulatory and respiratory stimulant) for these compounds, he created more than twenty-four synthetic molecules. In German, the 25th ergot-derived molecule was called *Lyserg-Säure-Diäthylamid 25*, now simply referred to as LSD.

LSD falls under the hallucinogen



methamphetamine-type stimulants. In 2000, 8.8 million Americans reported that they have used methamphetamines at least once in their life.

In the 1930s, amphetamines were first marketed as over-the-counter inhalers to treat nasal congestion. In 1937, they were used to treat sleep disorders (narcolepsy) and behavior dysfunctions.

Amphetamines are extremely addictive, and, similar to cocaine, are central nervous system stimulants. But unlike cocaine, their effects last a long

category. “Hallucinogen” is derived from the Latin *hallucinari*—“to wander mentally.” LSD is sold in liquid, tablet and capsule forms. It is an odorless, colorless substance that is usually applied to a water-soluble absorbent paper. Once placed on this paper, it is often decorated and perforated into 1/4-inch squares, for each individual dose. Initially, LSD is produced in crystalline form. “Microdots” are tablets made from these LSD crystals. “Window panes” are small squared-shaped pieces of gelatin with a dose of LSD. “Acid cubes” are sugar cubes with a dose of LSD.

A dose of LSD ranges from 20-80 micrograms (micro means millionth). This is significantly less than the average dose amount in the 1960s, which ranged from 100 to 200 micrograms! LSD is the most potent mood- and perception-altering drug known. A dose of about 30 micrograms can produce effects that last 6-12 hours. Hallucinations usually begin at 25 micrograms.

In its purest form, LSD is a clear or white liquid. But it can be easily

contaminated. When this occurs, it discolors, varying from tan to even black. To hide this contamination, drug distributors often apply LSD to colored paper, making it difficult for a buyer to determine the drug’s purity. LSD’s effects typically begin within 30-90 minutes and last as long as 12 hours. LSD and other hallucinogenic users refer to experiences as “trips.”

“Bad trips” refer to negative, adverse experiences. Although most LSD trips include both pleasant and unpleasant aspects, the drug’s effects are unpredictable and vary according to the user’s personality, surroundings, mood, and expectations.

LSD is prepared in various illicit labs, so its effects are extremely unpredictable. Users may experience increased blood pressure and heart rate, high body temperature, dilated pupils, dizziness, loss of appetite, dry mouth, sweating, sleeplessness, nausea, extreme mood swings, numbness, and tremors. Emotions rapidly range from anxiety and paranoia to euphoria, anger to happiness. Many different

emotions may be experienced simultaneously.

If taken in large doses, it leads to delusions and visual hallucinations. Sense of time and self are altered. Senses may seem to “cross over.” In this state, called *synesthesia*, the user “hears” colors and “sees” sounds. These disorienting feelings cause many users to frantically panic, increasing confusion and paranoia. Bad trips usually include feelings of anxiety and despair, including fear of insanity, death, or loss of control. Some users experience a sense of heightened knowledge and increased understanding. Hallucinations distort or transform shapes and movements. The user may feel that time is moving very slowly or that his body is changing shape and size. Colors, smells, sounds, and other sensations seem highly intensified. Flashbacks are also experienced, and may occur up to *two years* after taking LSD.

These flashbacks comprise two long-term effects of LSD use—psychosis and Hallucinogen Persisting Perception Disorder (HPPD).

Psychoactive drugs alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some drugs alleviate pain, anxiety and depression. Some either induce sleep or energize. The “feel good” effects of these drugs contribute to their abuse. The more pleasurable the feelings the drug allows the user to experience, the more likely the substance will be abused—leading to drug addiction.

Most people usually view drug addicts as homeless people or those living in poverty. But this is not always the case.

The *Merriam-Webster Dictionary* defines *addict* as “to devote or surrender (oneself) to something habitually or obsessively.” The common images associated with this term have allowed many drug users to fall into addiction without realizing that *they* are addicts!

Defining an Addict

Simply stated, a drug addict is someone who is dependent on the effects caused by drugs. Scientists and doctors are using the term “drug dependency” to describe addiction. There are two types of dependency:

Physical dependency occurs when heavy drugs such as heroin, alcohol and tranquilizers are repeatedly used, causing the body to chemically change. Once this change is made, unless the body receives a regular dose of the drug, it will suffer withdrawal symptoms—ranging from unpleasant to life threatening. These symptoms include cramps, vomiting, extreme headaches, bone and muscle pain, convulsions, etc. Physical

dependency disappears within days or weeks after use of the drug is stopped.

Psychological dependency occurs when the user abuses a substance as a means of coping with life. The user often believes that he cannot cope

or function without the use of this substance. It can be used to relax, relieve stress, relax muscles or for escapism, which is defined as an “habitual diversion of the mind to purely imaginative activity or entertainment as an escape from reality or routine.” Psychological dependency is more common and can happen with almost every drug. Unlike physical dependency, psychological dependency lasts much longer, leaving the person craving the drug’s effects. It is one of the top reasons for the initiation of drug use after abstinence and rehabilitation.

Dependency can include all or some of these physical or psychological factors.

Psychosis can be described as a drug-induced disorganization of a person's ability and capacity to communicate with others, think rationally or recognize reality. Some LSD users experience devastating psychological effects that continue after the "trip" has ended. This produces a long-lasting psychotic-like state.

HPPD consists of somewhat continuous, spontaneous, repeated recurrences of some of the effects experienced while under the influence of LSD. This includes hallucinations, such as moving objects, distorted colors, and trails or halos surrounding objects. This can continue for years after LSD is used, and is typically persistent. There is no established treatment for HPPD, although some doctors may prescribe antidepressant drugs to try to reduce the symptoms.

LSD is not an addictive drug, and most users stop taking it after a period of time. Unlike cocaine, crack, heroin and some other drugs, LSD does not produce feelings of drug obsession. LSD is often combined with other drugs, usually MDMA. This combination of drugs and sensations is called "Trolling," "Flipping" or "Candy flipping."

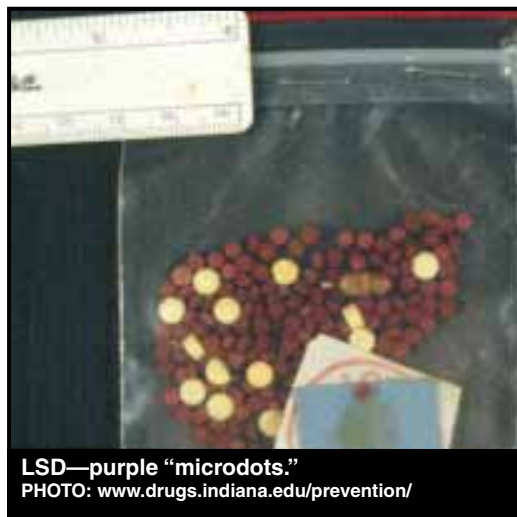
Although deaths related to the direct effects of LSD are quite rare, deaths related to hallucinations are common. As a result of the intense, realistic hallucinations, some users panic, and, in a desire to end the hallucinations, commit suicide.

In the 1950s, another hallucinogen was developed, called PCP. Although developed as a surgical anesthetic, its sedative and anesthetic effects caused patients to experience feelings of being "out of their body" and detached from their environment. PCP was used in veterinary medicine but was never approved for human use because of problems that arose during medical experimentation. These included feelings of delirium and extreme agitation in patients emerging from anesthesia. In the 1960s, PCP began to be widely abused. It is usually orally ingested, but it can also be snorted or smoked.

Besides LSD and PCP, other hallucinogens include mescaline and psilocybin. Mescaline is derived from the peyote cactus, and is used for various "religious" ceremonies by several groups, including the Native American church. Psilocybin is derived from a mushroom, and is chemically similar to LSD. In 2000, over one million Americans were currently using hallucinogens.

Marijuana

Marijuana is made from the leaves, stems, and flowerings of the *Cannabis sativa* plant. The word *marijuana* is probably a corrupted form of the Portuguese word *mariguango*, meaning intoxicant. Marijuana is not just



LSD—purple "microdots."
PHOTO: www.drugs.indiana.edu/prevention/

one substance—it contains over 400 chemicals. At least 60 *psychoactive* ingredients have been identified in the cannabis plant. The strongest is THC, the primary mind-altering ingredient in marijuana. Today's marijuana is up to 20 times stronger than it was 30 years ago!

Marijuana (also called pot, grass or weed), is usually smoked in loosely rolled cigarette papers (called joints), emptied cigars (called blunts) or in pipes or "bongs." It is also added to some foods, or brewed in teas.

Marijuana is a habit-forming, illegal drug. It has many adverse effects, including respiratory infections, impaired memory and learning, anxiety, panic, increased heart rate, less effective immune system, impaired

thoughts and emotions, infertility, decreased motivation, concentration and ambition, red eyes, fatigue, mood swings, aggressiveness, irritability, decreased coordination, sleepiness, increased appetite, expressionless speech or blank stares, faulty perception and decreased performance in school or work.

Pot smoking causes addiction—a compulsive use in spite of consequences. Withdrawal symptoms can vary—from anxiety, depression, irritability, appetite and sleep disturbances to tremors, nausea, diarrhea, and convulsions.

A California study of individuals fatally injured in automobile accidents found that 36.8% were marijuana users. A roadside study of reckless drivers not impaired by alcohol indicated that 45% tested positive for marijuana. Marijuana effects last longer than those of alcohol. One "joint" impairs driving more than a Blood Alcohol Content of 0.10.

Research also shows that women who use marijuana during the first month of breast-feeding can impair the infant's development. Marijuana use by pregnant women is associated with premature birth, low birth weight, and possible learning and emotional problems. Marijuana can be passed to the baby through breast milk.

Research also shows that marijuana contains cancer-causing agents. Smoking three to five marijuana joints weekly is as harmful as smoking 16 cigarettes daily. There are 50-100 times more cancer-causing chemicals in pot smoke than in tobacco smoke. The lungs of marijuana smokers are highly susceptible to emphysema and bronchitis.

Some believed this drug to be harmless because of the light withdrawal symptoms. But this is due to the body storing large amounts of THC in fatty tissue. This storage is then slowly released, causing the user to be slightly sedated for long periods of time. Marijuana is highly addictive, and often becomes an everyday activity to the average user.

The Drug Policy Foundation has proposed legalizing marijuana. They reason that marijuana can be used for medicinal purposes. However, the American Medical Association, American Cancer Society, the National Institute of Health, the Food and Drug Administration, and several other health groups state that marijuana has *not* been shown to be safe or effective as a medicine.

The former Director of the National Institute on Drug Abuse Marijuana Research Project and former Director of the White House Drug Policy Office, Dr. Carlton Turner, is referred to as “the man who knows more about marijuana than anyone else in the world.” He stated, “There is no other drug used or abused by man that has the staying power and the broad cellular action that cannabis does.” After reviewing as many as 8,000 scientific papers on cannabis, he concluded, “...not one of these papers gives marijuana a clean bill of health.”

Besides alcohol, marijuana continues to be one of the top drugs among teens: “Marijuana appears to be available to almost all high school seniors; some 89% reported that they think it would be ‘very easy’ or ‘fairly easy’ for them to get it—almost twice the number who reported ever having used it (49%)” (*Monitoring The Future: National Survey Results on Drug Use, 1975-2000*).

In 2000, it was reported that 10.8 million Americans were current marijuana users. Americans spent \$10.4 billion dollars on marijuana, and consumed 1,009 metric tons of marijuana in 2000.

Alcohol and Tobacco

There are so many types of drugs available that it would be impossible to name them all. But the most-abused *illicit* drugs have been listed. However, there are two other substances that are considered *drugs*—because they affect the user’s mind and body—but are not considered illegal. These are tobacco and alcohol.

Tobacco is classified as a stimulant. The number of people addicted to

tobacco in the U.S.—and entire world—is staggering! Just like the illicit drug market, the tobacco industry is BIG business! For more information regarding cigarettes and tobacco products, you may request our free article “The Truth About SMOKING.”

Another powerful drug is alcohol. A powerful depressant, it is abused more than any other drug. The fact that it is legal to consume for adults does not limit or remove the damaging effects it has on a person when abused. Once again, space does not permit to cover this growing epidemic in detail. But you may request our free report “*The ALCOHOL EPIDEMIC*” to learn more about the silent dangers of alcohol abuse.



Marijuana, seeds and joints.
PHOTO: www.drugs.indiana.edu/prevention/

Drugs in the Media

Most have seen the many television commercials giving testimony to the consequences of drug abuse. Television programs, news media, and documentaries have also tackled this subject.

Estimates indicate that by the time most children leave high school, they will have watched over 22,000 hours of television in their lives. Due to this, organizations are hoping to get the point across to younger viewers. A 2000 survey by the Partnership for a Drug-Free America showed that 60% of teens said television programs portrayed drugs in a negative light.

However, studies also show that children and teens are receiving mixed signals from *other* media

sources—movies and music.

In reviewing 43 movies featuring illicit drug use, the Office of National Drug Control Policy found that approximately 60% portrayed it being used at parties, in wealthy, luxurious settings and in humorous contexts.

Instead of realistically portraying the tragic results of illicit drug use, music and movies often portray it as glamorous. From hip-hop to rock and electronic music, children and teens—from inner cities to small towns—are seeing and hearing about the “excitement” surrounding drugs and drug dealing.

A perfect example of the way drugs are portrayed in music is the popular song “Because I got high.” The song lightly portrays someone trying to do good deeds, until he decided to smoke marijuana. This approach to drugs does not show teenagers the seriousness of the matter!

This contradiction in the media causes many parents to become increasingly worried at the mixed messages their children are receiving. The music and movie industries are aware that, although teens represent only a fraction of the population, they are a major part of sales! This light and carefree representation of drugs is often used as a marketing ploy, appealing to a teen’s sense of rebellion “against the system.”

Considering the economic costs of drug abuse, the war against drugs, profits from drug sales and the industries that fuel pro-drug propaganda, the illicit drug trade is definitely big business. But this is just the tip of the iceberg!

The director of the National Youth Anti-Drug Media Campaign stated, “It’s pop culture, it’s the talk-show hosts that make light of drugs...It’s also the mixed messages you get from movie stars and sports celebrities who beat somebody up or crash their car because they were under the influence or used drugs, and still make \$20 million a year. If you go to some stores, you see marijuana T-shirts and jewelry.”

Federal research shows that the ONDCP's anti-drug media campaign is becoming less and less effective.

According to a 1998 Household Survey, "Nearly 80% of youths who used illicit drugs and more than three-fourths of youths who were drunk on 51 or more days in the past year reported being exposed to prevention messages outside school" (National Institute on Drug Abuse).

A 2001 report prepared for NIDA states, "...there is relatively little evidence for effects of the Campaign on youth. While there are scattered positive results, they are balanced by scattered negative results..." (Evaluation of the National Youth Anti-Drug Media Campaign: Third Semi-Annual Report of Findings).

Finally, this quote sums up the ineffectiveness of the Drug Abuse Resistance Education (DARE) program that is so commonly found in public schools: "Our results are consistent in documenting the absence of beneficial effects associated with the DARE program. This was true whether the outcome consisted of actual drug use or merely attitudes toward drug use. In addition, we examined processes that are the focus of intervention and purportedly mediate the impact of DARE (e.g., self-esteem and peer resistance), and these also failed to differentiate DARE participants from non-participants. Thus, consistent with the earlier Clayton et al. (1996) study, there appear to be no reliable short-term, long-term, early adolescent, or young adult positive outcomes associated with receiving the DARE intervention" ("Project DARE: No Effects at 10-Year Follow-Up," *Journal of Consulting and Clinical Psychology*, American Psychological Association, August 1999).

The rising onslaught of illicit drug content in music and films, combined with the failing anti-drug campaigns, is causing organizations to scramble

for new ways to promote their anti-drug message.

Ignoring the Warnings

In the 1930s, a movie called "Reefer Madness" was released. This film claimed to document the damaging effects of marijuana. But instead of informing society, the film's unrealistic portrayal was used as a dismissal of the warnings regarding the dangers of drug use.

Since then, many drug users have become blasé towards the warnings of drug use. Besides the fact that they run the risk of physical and psycho-

- "The National Guard currently has more counter-narcotics officers than the DEA has special agents on duty. Each day it is involved in 1,300 counterdrug operations and has 4,000 troops on duty" ("The Drug Threat: Getting Priorities Straight," M. Munger, 1997).

- In 1973, the FBI's Uniform Crime Reports (UCR) logged 328,670 arrests for drug violations. In 2000, that number rose to 1,579,566 arrests (FBI Uniform Crime Reports 1973, National Criminal Justice Reference Service; Crime in America: FBI Uniform Crime Reports 2000).

- Of the 1,579,566 arrests for drug violations, 81% were for possession of a controlled substance (Crime in America: FBI Uniform Crime Reports 2000).

- In 1992, there were 48,668 people living with AIDS attributed to drug use. In 1999, there were 109,990! In seven years, these numbers more than doubled (Economic Costs of Drug Abuse in the United States, ONDCP, 1992-1998).

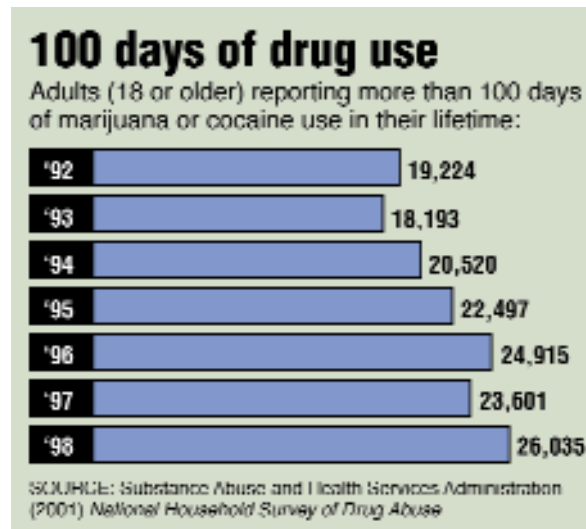
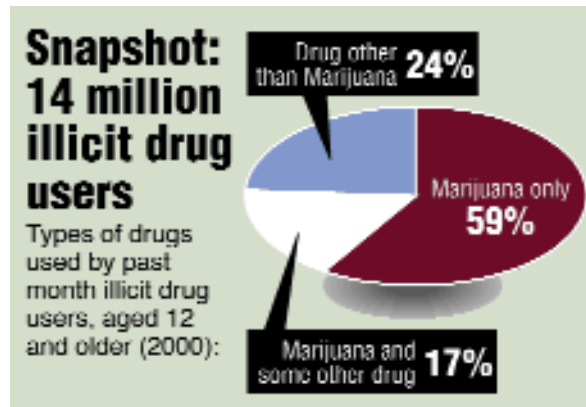
- Since 1992, the crime-related costs of drug abuse rose from \$60.8 billion to \$100.1 billion in 2000 (Ibid.).

- Thirty-four percent of women that are addicted to crack use prostitution as a means to support their addiction ("Women Addicted To Crack Cocaine Need Many Support Services," Dr. Eric Cohen, Penn State University News, October 1999).

- In 1999, an estimated 3,706 children under the age of 13 were living with AIDS due to drug exposure of their parents (Economic Costs of Drug Abuse in the United States, ONDCP, 1992-1998).

- There were 648,544 arrests in 2000 alone attributed to drug abuse (Ibid.).

- Crack has been called the "equal opportunity drug," because it is inexpensive to prepare and sell. But, compared to cocaine powder, it is actually



logical dependence, most drug users do not even realize the broader implications of the drug problem—money laundering, funding for terrorist groups, corruption, organized crime and spread of disease and infections.

Consider the following startling facts:

twice as expensive per gram. Although cocaine profits are incredible, profits from crack are much higher.

- It is estimated that in New York, 30-40% of robberies are crack-related.

- Children are often recruited to transport crack from dealer to buyer. If caught, the children usually avoid prosecution because of their age.

- The UN estimates that 180 million people worldwide—4.2 percent of people aged 15 years and above—were consuming drugs in the late 1990s. This includes 144 million marijuana users, 29 million taking amphetamine-type stimulants, 14 million using cocaine and 13 million abusing opiates, 9 million of whom were addicted to heroin.



In many ways, the drug scene (and the *reasoning* behind the drug culture) is similar to a well-known Bible account. In fact, it is almost a replay of a scene from the Garden of Eden.

In this account, God gives the newly created man and woman commands concerning two trees that were in the Garden. Notice Genesis 2: “And the LORD God commanded the man, saying, Of every tree of the garden you may freely eat: But of the tree of the knowledge of GOOD and EVIL, you shall *not* eat of it: for in the day that you eat thereof you shall surely die” (vs. 16-17).

After instructing Adam and Eve, God gave them the free will to choose from either the tree of knowledge of good and evil—which leads to death, or the Tree of Life—which would have given them God’s Holy Spirit.

Chapter 3 continues, “Now the serpent [Satan] was more subtle than any

beast of the field which the LORD God had made. And he said unto the woman, Yes, has God said, You shall not eat of every tree of the garden? And the woman said unto the serpent, We may eat of the fruit of the trees of the garden: But of the fruit of the tree which is in the midst of the garden, God has said, You shall not eat of it, neither shall you touch it, lest you die. And the serpent said unto the woman, You shall not surely die: For God does know that in the day you eat thereof, then your eyes shall be opened, and you shall be as gods, knowing good and evil. And when the woman *saw* that the tree was *good for food*, and that it was *pleasant to the eyes*, and a tree to be *desired to make one wise*, she took of the fruit thereof, and did eat, and gave also unto her husband with her; and he did eat” (vs. 1-6).

Satan crafted his web of deceit around Eve, and she was caught. By yielding to her curiosity—the *possibility* that what God told her was not correct—she *obeyed Satan* and went *against God*. Eve yielded to her senses—*saw* that the tree appeared to be good—and fell prey to the first lie.

One of the *modern* forbidden fruits being offered to this world is drugs. Consider the following ways in which drugs mirror the tree of knowledge of good and evil:

(1) True to their predecessor, drugs are a mixture of *good* and *evil*. They are considered by many to be *good* because, although they do not heal, some are used for legitimate medicinal reasons. But, they are *evil* because they can destroy the user’s mental and physical stability and family, and eventually lead to death.

(2) Just as Eve became curious because of Satan’s temptations, teens usually experiment with drugs out of *curiosity*. They hear about it from peers, television, movies or music, and want to know—*experience*—what others are talking about.

(3) Eve did not realize the grave consequences of her decision. And neither does the naïve teen understand the dangerous repercussions that follow experimentation!

(4) Eve *saw* that the tree was physically “pleasant to the eyes.” She made

her decision based on her senses. People experiment with drugs because of the appeal to the senses.

(5) Drug abusers often speak about their life-changing experiences with drugs. They talk about how drugs “changed their perspective on life,” or how drugs “made their life better.” But, like the tree of the knowledge of good and evil, this statement is a mixture of *truth* and *error*. This reenactment of the first lie often seduces young people seeking to escape their everyday problems and worries. Eating from this tree changed Adam and Eve’s lives—and all humanity’s. Their decision completely changed and dominated mankind’s history. By partaking of the *modern* forbidden fruit—be it marijuana, cocaine, ecstasy, acid, etc.—the drug user will discover that drugs will also “open their minds,” and change their life—but not quite the way they expect—or hope!

(6) When Eve chose the fruit of the tree of knowledge of good and evil, she cut mankind off from God and His Spirit. She picked the physical, carnal path—making her decisions based on what feels “good” or “right.” Mankind has been living this way ever since—and the same is true with drugs.

But *if* Eve had eaten from the Tree of Life, mankind would have had a far different existence—and would have had access to God’s Holy Spirit!

With this Spirit, mankind would be able to follow God’s laws, and develop the fruits of the Spirit. Notice what Paul writes: “Envyings, murders, drunkenness [including alcohol and drug abuse], revellings, and such like: of the which I tell you before, as I have also told you in time past, that they which do such things shall *not* inherit the KINGDOM OF GOD. But the fruit of the Spirit is love, joy, peace, longsuffering, gentleness, goodness, faith, meekness, temperance: against such there is no law” (Gal. 5:21-23).

These fruits of the Spirit would have been evident in mankind, and would have negated any need for the false, chemically-induced feelings of “love,” “peace” and “joy.” There would not be a need for mind-altering substances, because these emotions would be present through the Spirit!

(7) Finally, just as Eve was fooled by Satan, and saw that the tree was “desired to make one wise,” drugs are often seen as a source of “insight” or “wisdom.” Consider the following.

“Desired to Make One Wise”

In 1932, Aldous Huxley, grandson of Thomas Huxley (staunch supporter of evolution), wrote a novel entitled “Brave New World.” In his book, Huxley described a future “utopian” society that uses a drug called “soma.” He described it: “...The perfect drug. Euphoric, narcotic, pleasantly hallucinant. All the advantages of Christianity and alcohol; none of their defects...” Huxley’s interest in searching for a drug similar to “soma” had sprouted.

At the time, psychoactive drugs were being used for scientific investigation. But by the 1960s, psychologists Havelock Ellis and William James had forged the way for chemical experimentation by documenting and publishing their experimentations with hallucinogens.

Huxley spewed his pro-drug, anti-God ideology in his book *The Doors of Perception* (1953). He recorded his thoughts and observations while under the influence of the hallucinogen. Huxley likened his chemical-induced sensations to a type of “religious” experience. He considered it to be “enlightening.”

In *Flesh of the Gods*, author Peter Furst, a professor of anthropology at the New York State University, wrote, “Hallucinogens have been part and parcel of man’s cultural baggage for thousands of years...Hallucinogens or psychedelic plants have been of great significance in the ideology and religious practices of a wide variety of peoples the world over...The native people of the New World, especially those of Middle and South America, alone utilized nearly a hundred different botanical species for their psychoactive properties...”

History shows that mankind has repeatedly used substances to try to search for some type of inner, self-generated power.

In many cocaine-producing South American countries, Indians chewed the “sacred” cocaine leaf in order to contact the spirit world. They believed that through chewing or smoking coca leaves, the user was allowed to absorb the plant’s magical powers and protect body and spirit alike. In traditional South American Indian cultures, “Mama Coca” was regarded as a sacred goddess who could bless humans with her power. Of course, she would only appear to those who had consumed a sufficient amount of cocaine.

Some Native American churches used mescaline (derived from the pey-



Peyote.
PHOTO: www.drugs.indiana.edu/prevention/

ote cactus) in order to open themselves up to the spirit world and allow visions to be experienced. Peyote was also used for various other “religious” ceremonies.

Cultures from various tropic and arctic areas have also used plants to receive “visions” and induce states of detachment from reality. These experiences were thought to provide “mystical insight.”

Five years after developing LSD, Albert Hofmann accidentally ingested a small amount and experienced a series of nightmarish visions. He wrote, “My surroundings had now transformed themselves in more terrifying ways. Everything in the room spun around, and the familiar objects and pieces of furniture assumed grotesque, threatening forms. They were in continuous motion, animated,

as if driven by an inner restlessness...Even worse than these demonic transformations of the outer world, were the alterations that I perceived in myself, in my inner being. Every exertion of my will, every attempt to put an end to the disintegration of the outer world and the dissolution of my ego, seemed to be wasted effort. A demon had invaded me, had taken possession of my body, mind, and soul. I jumped up and screamed, trying to free myself from him, but then sank down again and lay helpless on the sofa. The substance, with which I had wanted to experiment, had vanquished me. It was the demon that scornfully triumphed over my will. I was seized by the dreadful fear of going insane...” (*LSD—My Problem Child*, Hofmann, 1976).

Another prominent figure in the hallucinogen movement was Dr. Timothy Leary. In 1963, professor Leary was dismissed from Harvard for his continuous and open use of psychoactive drugs for non-medicinal reasons. In 1966, he started the League of Spiritual Discovery—a religion based on the “self-discovery powers” of LSD, marijuana, mescaline, peyote and other hallucinogens. Dr. Leary felt that LSD could be used as a tool to reintegrate the self. He became the “high priest” of his new-found, chemically-driven “faith.” Leary was known to consort with famous drug-using authors such as Allen Ginsberg, Jack Kerouac, William Burroughs, Abbie Hoffmann and Aldous Huxley.

In his book *The Politics of Ecstasy*, Leary told people to “Start your own religion.” He continued, “Acid is not for every brain—only the healthy, happy, wholesome, handsome, hopeful, humorous, high-velocity should seek these experiences. This elitism is totally self-determined. Unless you are self-confident, self-directed, self-selected, please abstain.”

Many joined Leary in his search for what psychologist William James described as “mystical consciousness.” In his book, James writes, “They are states of insight into depths

and truth unplumbed by the discursive intellect...They are illuminations, revelations, full of significance and importance" (*The Varieties of Religious Experience*, 1902).

Apparently unaware of the horrifically damaging effects of acid use, Dr. Leary played a major role in the pro-drug youth revolution, offering them a chemical "salvation." To them, on their road to "enlightenment," LSD, peyote, marijuana and other substances became their god!

But, while searching for spirituality, these followers—and all drug users—fail to realize that their problems are spiritual in nature! Like Eve, these people have chosen—and eaten from—the tree that was "desired to make one wise."

Visions from God?

What about drug-induced visions—are they from God? Let's see what the Bible says.

God's Word teaches that, in ancient times, God relayed His messages, through the power of the Holy Spirit, to His chosen servants by visions and dreams. These messages were also given to the apostles and prophets (Amos 3:7; Eph. 3:5). The Bible records Abraham, Samuel, Nathan, Isaiah, Jeremiah, Peter and other biblical figures receiving visions from God. By no means were these visions drug-induced.

In fact, the Bible commands that Christians be *sober* minded (Titus 2:6), and that we "Abstain from all appearance of evil" (I Thes. 5:22). The Apostle Peter writes, "Dearly beloved, I beseech you as strangers and pilgrims, *abstain from fleshly lusts*, which war against the soul" (I Pet. 2:11).

King Solomon, the wisest man of all time, stated, "Therefore remove sorrow from your heart, and *put away evil from your flesh*: for childhood and youth are vanity" (Ecc. 11:10). Solomon did not say remove sorrow from your heart in any way that you desire! He also said to "put away evil from your flesh." This includes drugs. While most drug users try to *find reasons* for drug use, it is evil! In

no way does God provide "insight" or visions to a drug-induced person.

A clear distinction between visions that come from God and those that come from Satan and his demons must be made. Matthew 17:1-9 records Jesus showing Peter, James and John a vision of the kingdom of God coming to the earth. This is a case of *God* using a vision.

However, in I Samuel 28:3-20, a "familiar spirit" was "brought up," disguised as the deceased prophet Samuel, to inform Saul of his impending doom. This is a case of *Satan* using a vision. Matthew 4 also records Satan showing Christ a vision of all the cities of the world. These



Various drug paraphernalia.
PHOTO: www.drugs.indiana.edu/prevention/

scriptures show that Satan is also able to cause people to experience visions.

There are many dreams, visions or premonitions that people experience. But their sources are not as easily determined by the untrained. Therefore, we must think twice before assuming they are from God, even if they show supernatural evidence.

In I John 4:1, God instructs us to "*try the spirits* whether they are of God: because many false prophets are gone out into the world." Almost everyone assumes that dreams and visions bear messages from God. This is a very dangerous assumption that has destroyed many lives.

In Revelation, an angel from God delivered a vision to John. Astonished at the angel's appearance and presence, John fell down to wor-

ship him. Notice the angel's words: "And I fell at his feet to worship him. And he said unto me, See you do it not: I am your fellow servant, and of your brethren that have the testimony of Jesus: *worship God*: for the testimony of Jesus is the spirit of prophecy" (19:10).

Paul writes, "And no marvel; for Satan himself is transformed into an angel of light" (II Cor. 11:14). The angel warned John to only worship God, not any spirit bringing a message or vision. Satan has fooled many to believe that these drug-induced visions are from God—when in reality they are from the devil!

Drugs do, in fact, open your mind—but they open it to demonic influence—not God! For centuries, people have used drugs to contact the spirit world, but what they have been contacting are Satan and his demons.

This is a shocking TRUTH of drug abuse!

Lacking Understanding

Marijuana, opium, crack and other drugs affect the *mind* and stimulate the *body*. In the drug user's preoccupation with the sensations experienced through drugs, they *ignore* the warnings.

But in looking at this sensation-driven society, many drug users ask, "Why not use drugs?" The real question should be "*Why?*"

Look at the world around you.

Drug abuse, promiscuous sex, cigarettes, alcohol, pornography, sexually-transmitted diseases and violence are now commonly found in most teens' lives. They have grown up in a society that looks for every possible pleasing, stimulating sensation. They seek to appeal to the senses—the sense of touch, sight, hearing and smell—in any way possible. All that they do must be "approved" by their senses.

Why? What is the cause of this? Why such rampant immorality and loss of morals?

John Naisbitt wrote in his book *Megatrends*, "We are not starving in information, but starved for knowledge."

This applies to this world.

Society is obsessed with feeling good. It is pre-conditioned to seek comfort and pleasure.

But the world refuses to face the tragic TRUTH about drugs. They do not want to hear the true answer!

Their search for nirvana and euphoria is destroying society. Many are helplessly seeking an escape to the pain and suffering of their lives, and fall victim to the allure of drugs.

Mankind has enough scientific information to do almost anything. What it lacks is the knowledge of how to solve the world's ills and problems. And as drugs sweep through nations like brushfires, tragically claiming the lives of millions, the only thing man can do is agree that the "drug problem is out of control."

The information included in this report is not unknown to most people. It is available in libraries, news programs, documentaries, and on the Internet. Mr. Naisbitt himself realizes that *information* is not what mankind lacks—they need a *solution*! By simply dealing with the effects of problems, and not the cause, there will not be an end to this tragic epidemic.

Put aside for one moment all of the facts, figures and statistics you have just read. Although it illustrates the graphic way society is being consumed by drugs, it only reflects the *effects* of mankind's evils.



If you have had a drug problem, or are trying to overcome drug addiction, there are ways to avoid becoming a statistic!

If you have been struggling with a drug problem, follow Solomon's advice in Ecclesiastes 11:10: "Remove sorrow from your heart," not by *chemically altering* it, but by

following God's Way—and *removing* all evil from your flesh!

There are many ways to help in overcoming drugs. These steps are by no means all-inclusive, but they will help you overcome a drug problem. For more information on overcoming, you may request our free article "You Can Overcome *and* Prevent Sin."

(1) You must realize that you have a problem. Avoid the usual "I-can-quit-whenever-I-want-to" attitude that most addicts have. This state of denial, unless broken through, will cause the addict to remain blind to his problem.

(2) There are many treatment centers that can help in dealing with addictions.

(3) Eat healthier. Fill your diet with fruits, vegetables, nuts, seeds, whole grain bread, pasta, rice, etc. Realize that drugs have heavily polluted your system, and you may never be able to recover from this damage.

(4) Get plenty of exercise. Drugs have adverse effects on the body. By regularly exercising and eating healthy foods, you may be able to regulate some of the short- and long-term side effects.

(5) Avoid drug-using friends and associates. They often cause the recovering addict to fall back into drug abuse.

(6) Surround yourself with supportive family and friends.

(7) Do not substitute drugs with other substances such as alcohol or tobacco. Often, recovering drug users replace drugs with alcohol in order to "slide" into sobriety. Invariably, they find themselves going from recovering drug addicts to alcoholics!

(8) Once you are "clean," do not use drugs again! Many recovering addicts develop a false sense of security because they have been drug-free for a while. They sometimes reason, "I'll be able to handle it once"—and soon find themselves under its control. Take your addiction PERSONALLY! When you quit—make sure that you QUIT!

(9) Look to God to help you fight your drug problems! God designed the human body with natural ways of

producing chemicals that regulate emotions. The human body is a finely-tuned mechanism, designed with exact precision. By using drugs, you reject the fact that God perfectly designed your body! You may not have realized it, but drug use actually rejects the perfect Creator God!

If you are a parent and discover that your child is using drugs, approach him about it! After all, his life depends on it! The director of the *National Youth Anti-Drug Media Campaign* stated, "The one single factor that will influence whether kids use alcohol and tobacco [or drugs] is their parents...the less role parents have the more impact other influences have, like the media."

But more is needed to truly overcome a drug problem!

The head of a drug rehabilitation program in Geneva said, "It's easy to obtain drugs. And then, because of a disgust of life, because of hopelessness, a process takes place which leads to suicide by an artificially imposed paradise. I insist that it is wrong to think in terms of 'curing' those on drugs. They are not sick. Detoxification without something at the end of the road is worthless."

Some feel that they use drugs because there is nothing else in life that gives them these feelings. "Give me the hope of something better and I'll quit," they often say.

Without a goal—a purpose—all the money, police forces and drug rehab programs in the world will not end this problem. But what solution can there be for the drug user? What can possibly replace these euphoric experiences?

The *true* answer is the soon-coming GOVERNMENT and KINGDOM OF GOD!

Many will not like this answer and may try to find *another* solution—but they will find none. There is no other!

The Only Source of Hope

Humans do not know the way to true happiness and joy. Even in works of science fiction, where writers describe the "perfect" society—utopia—they end up describing a sick, twisted world.

Common Drugs Terms

- 420:** Marijuana
- Acid:** LSD
- Alice B. Toklas:** Marijuana brownie
- Angel:** PCP
- Angel dust:** PCP
- Babysit:** Guiding someone through their first drug experiment
- Bean:** Ecstasy
- Blaze:** Smoking a marijuana cigarette
- Blotter:** LSD
- Blotter acid:** LSD
- Blow:** Cocaine
- Blunt:** Marijuana smoked in cigar wrap
- Brown Sugar:** Heroin
- Bud:** Marijuana
- Buddha:** Marijuana
- Bump:** Small amount of powdered drugs
- Cat valium:** Ketamine
- Chronic:** Marijuana; Marijuana mixed with crack
- Coke:** Cocaine
- Come home:** Ending an LSD “trip”
- Crystal Meth:** Methamphetamines
- Dime bag:** \$10 worth of drugs
- Do a line:** Inhale drugs
- Dots:** LSD
- Dummy dust:** PCP
- E:** Ecstasy
- Eight ball:** 1/8 ounce of drugs
- Electric Kool Aid:** LSD
- G:** GHB
- Ganja:** Marijuana
- Grass:** Marijuana
- Happy trails:** Cocaine
- Hash:** Hashish
- Heat:** Police officers
- Herb:** Marijuana
- Homegrown:** Marijuana
- Honey oil:** Ketamine
- Jellies:** LSD
- J:** Marijuana cigarette
- Joint:** Marijuana cigarette
- K:** Ketamine
- Kilo:** 2.2 pounds
- Love boat:** PCP
- Mary Jane:** Marijuana
- Maui Wowie:** Marijuana from Hawaii
- Microdots:** LSD
- Nickel bag:** \$5 worth of drugs
- Nose Candy:** Any inhaled drugs
- Pane:** LSD
- Paper acid:** LSD
- Peace:** PCP
- Pot:** Marijuana
- Purple:** Ketamine
- Reefer:** Marijuana
- Roach:** Small partially smoked marijuana joint
- Rolling:** Under MDMA’s Effects
- Roofies:** Rohypnol
- Shrooms:** Mushrooms
- Snow:** Cocaine
- Snuff:** Cocaine
- Speedball:** Cocaine mixed with heroin
- Special k:** Ketamine
- Special la coke:** Ketamine
- Speed:** Methamphetamines
- Stank:** Cocaine and marijuana cigarette
- Sugar cubes:** LSD
- Sugar:** LSD
- Super acid:** Ketamine
- Super c:** Ketamine
- Super grass:** PCP
- Trip:** LSD
- Vitamin k:** Ketamine
- Weed:** Marijuana
- Wigging out:** Odd behavior resulting from the use of mind-altering drugs
- Whippets:** Nitrous Oxide
- Window glass:** LSD
- Windowpane:** LSD
- XTC:** Ecstasy
- Zen:** LSD
- Zombie:** PCP

The Proverbs state, “There is a way which seems right unto a man, but the end thereof are the ways of death” (14:12; 16:25). Human nature is what is fueling the drug problem—and society is helpless to stop it. People lack the key to understanding what human nature is! They are fighting a war against an enemy that they cannot see—nor even believe exists!

But there is hope!

Man, by himself, cannot solve the problems he has created. The Bible describes the soon coming KINGDOM OF GOD, where the vicious cycle will be broken, and there will be TRUE happiness, peace, love and joy.

Notice the Prophet Isaiah’s description of this utopian society: “The wilderness and the solitary place shall be glad for them; and the desert shall rejoice, and blossom as the rose. It shall blossom abundantly, and rejoice even with joy and singing: the glory of Lebanon shall be given

unto it, the excellency of Carmel and Sharon, *they shall see the glory of the LORD*, and the excellency of our God. *Strengthen* you the weak hands, and *confirm* the feeble knees. Say to them that are of a fearful heart, Be *strong*, fear not: behold, your God will come with vengeance, even God with a recompense; *He will come and save you*. Then the eyes of the blind shall be opened, and the ears of the deaf shall be unstopped. Then shall the lame man leap as an hart, and the tongue of the dumb sing: for in the wilderness shall waters break out, and streams in the desert. And the parched ground shall become a pool, and the thirsty land springs of water: in the habitation of dragons, where each lay, shall be grass with reeds and rushes. And a highway shall be there, and a way, and it shall be called the way of holiness; the unclean shall not pass over it; but it shall be for those: the way-faring men, though fools, shall not err therein. No lion shall be there, nor

any ravenous beast shall go up thereon, it shall not be found there; but the *redeemed* shall walk there: And the *ransomed* [released from bondage to sin] of the LORD shall return, and come to Zion with songs and *everlasting joy* upon their heads: they shall obtain *joy and gladness*, and *sorrow and sighing shall flee away*” (35:1-10).

In this wonderful world, people will be able to be truly happy—without drugs. People will live in *true* euphoria—and in a *real* utopia. Under God’s rule, there will be *real* solutions for mankind’s *real* problems. God’s Way deals with, and will destroy, the *cause* of drug abuse, and not just the *effects*.

All unhappiness and misery will no longer exist. Any desire for *escapism*—the root of the drug problem—will be negated. When Christ establishes this kingdom, He will heal all the damage that drugs have inflicted on people’s bodies and minds, and

will heal all forms of physical and psychological dependence.

Instead of people *getting* rich by dealing death to others, and instead of *getting* chemically-induced happiness by consuming drugs, people will live God's Way of GIVE.

In a vision of this wonderful soon-coming government, the Apostle John recorded, "And God shall wipe away all tears from their eyes; and *there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain*: for the former things are *passed away*. And He that sat upon the throne said, Behold, I make all things *new*. And He said unto me, Write: for these words are true and

faithful. And He said unto me, It is done. I am Alpha and Omega, the beginning and the end. I will give unto him that is athirst of the fountain of the water of *life* freely. He that overcomes shall inherit all things; and I will be his God, and he shall be My son. But the fearful, and unbelieving, and the abominable, and murderers, and whoremongers, and *sorcerers*, and idolaters, and all liars, shall have their part in the lake which burns with fire and brimstone: which is the second death" (Rev. 21:4-8).

In this scripture, the Greek word for *sorcerers* is *pharmakeus*, meaning "...a druggist ('pharmacist') or poisoner..."

This incredible scripture records

that the great future utopia will not have any drugs or drug dealers, unbelievers or idolaters. There will be no more premarital sex, drug-addicted babies or illegitimate children. There will be no more war, famine or disease. Unhappiness, depression and despondency will be removed! There will be *real* happiness, joy, peace and love—not the chemical-driven existences so many are living today.

Drugs offer only a hellish parody of this wonderful world that lies ahead!

While mankind is helpless in finding a solution to the drug problem, God's kingdom will *truly* end the tragedy of drug abuse! □

