

# The FACTS ABOUT DRUG USE

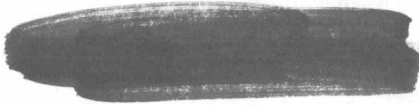
Coping with drugs  
and alcohol  
in your family,  
at work,  
in your  
community

BARRY STIMMEL, M.D.,  
AND THE EDITORS OF CONSUMER REPORTS BOOKS

"IF YOU WANT THE FACTS ABOUT DRUG USE, THIS IS WHERE YOU CAN GET THEM.

... Written in non-technical language, Stimmel's work is an outstanding general reference — a good resource for health professionals and the general public."

— David C. Lewis, MD, Director, Center for Alcohol & Addiction Studies, Brown University



# **The Facts About Drug Use**

## ***Coping with Drugs and Alcohol in Your Family, at Work, in Your Community***

Barry Stimmel, MD  
and the Editors of  
Consumer Reports Books



The Haworth Medical Press  
An Imprint of the Haworth Press, Inc.  
New York • London • (Norwood) Australia



Y2000829



Published by

The Haworth Medical Press, an imprint of The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580

© 1993 by The Haworth Press, Inc. All rights reserved. No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, microfilm and recording, or by any information storage and retrieval system, without permission in writing from the publisher. Printed in the United States of America.

Stimmel, Barry, 1939-

The facts about drug use : coping with drugs and alcohol in your family, at work, in your community / Barry Stimmel and the editors of Consumer Reports Books.

p. cm.

Originally published: Yonkers, N.Y. : Consumer Reports Books, © 1991.

Includes bibliographical references and index.

ISBN 1-56024-401-1 (pbk. : alk. paper)

1. Psychotropic drugs. 2. Drug abuse. I. Consumer Reports Books. II. Title.

[RM315.S8919 1992]

362.29-dc20

92-40886

CIP

*To Barbara*

The excerpt on page 3 is reprinted from *Phantastica: Narcotic and Stimulating Drugs—Their Use and Abuse* by L. Lewin, translated by P. A. Wirth. London: Kegan, Paul, Trench, Trubner, 1931. Reissued by Routledge and Kegan, London, 1964.

The quote on page 59 is reprinted from *Alcoholism: The Facts* by D. W. Goodwin. Toronto: Oxford University Press, 1981. Reprinted by permission of Oxford University Press.

The quote from Sigmund Freud on page 189 is reprinted from *The Cocaine Papers by Sigmund Freud*, edited by R. Byck. New York: Stonehill Press, 1974.

## Preface

Drug use permeates all levels of our society, from the poor to those with the resources to disguise their problem or surreptitiously seek treatment. Whether it's alcohol or nicotine or prescription or over-the-counter medications, or illicit drugs, the effects of addiction on the individual are great; the cumulative effects on society are staggering. Annual U.S. expenditures for treatment and prevention in 1991 have been calculated at more than \$2.9 billion, not including losses because of crime and lower productivity, plus the costs of law enforcement. In 1988 the U.S. Alcohol, Drug Abuse, and Mental Health Administration estimated the total annual costs for illicit drug use and alcoholism at \$144 billion. These estimates are probably low.

Eliminating use of all such substances from our culture is impossible. It isn't even desirable, because many are medically valuable. But there are considerable differences in the psychological and physical effects of various mood-altering drugs, as well as in the effects someone using a particular substance might have on other people.

A multitude of books have been published on drug use, mostly for health professionals. The pharmacologic effects, medical complications, and behaviors resulting from the use of mood-altering drugs can be complex, but it's still realistic and advisable for everyone to know about them. Knowledge of the adverse effects of such drugs, why they're used excessively, how to identify persons at risk, available resources for users, and the problems an addict encounters trying to become drug-free helps us form an appropriate response to a drug problem and decide what position on drug use society should take.

*The Facts About Drug Use* was conceived to accomplish those objectives. To enable those with little or no background in science or health care to understand the often complex issues of drug use, the information is presented clearly, concisely, and without jargon.

Considerable research and professional experience provide the underpinnings of the book, but no annotated references are included. Instead, selected references are listed in a separate section at the end. Publications by individuals mentioned in the text are listed in this section. To allow a more comprehensive overview of the material, a few citations refer to secondary rather than primary sources. For those interested in a more thorough or technical view, several general works used in writing the book are listed at the beginning of the references.

The first sections present a nonjudgmental view of the effects of all licit and illicit mind-altering substances. This approach is sure to offend the “abolitionists,” who believe all use of such substances is harmful, and the “libertarians,” who view benignly any drug use by informed adults.

I believe that any substance taken primarily to produce a profound mood-altering effect—other than for defined medical reasons—is inappropriate or risky, but not criminal. Acts associated with or resulting from such use *may* be criminal, and those who commit such acts should be held accountable.

Some may disagree. But I hope that chapter-by-chapter the book will create a better understanding of the effects of mood-altering substances and the reasons many continue to use them despite the consequences. Unless we understand the nature of dependency and addiction, and the external forces (including poverty and homelessness) that promote such behavior, we will never even approach a solution to one of our greatest problems.

## Acknowledgments

The preparation of a book such as this requires the help of many. I am grateful to the editorial staff of Consumer Reports Books, as well as additional others, for the editorial and secretarial assistance I received. Leslie Barovick was particularly helpful in the completion of the initial manuscript. David Rose, M.D., carefully reviewed the chapter on AIDS and drug use. The extensive bibliography was checked and verified through the efforts of Jeanine McAdam, Harriet Meiss, Lynn Kasner Morgan, Margie Prasek, and Jean Sullivant. Mary Kennedy, as always, was available to take up the slack and offer quality assistance. Finally, to my sons Alexander and Matthew for putting up with the encroachment on what little free time there exists in life and to my wife, Barbara, who, in addition, critically assessed several key chapters, I am especially thankful.

The editors of Consumer Reports Books give special thanks to Joseph R. Botta for his sagacious commentary and thorough review of this book. And a special thanks to Thomas Blum for the help he provided in developing the text of this book.



# Contents

Preface	vii
---------	-----

Acknowledgments	ix
-----------------	----

## I. BASIC CONCEPTS

1. Who Uses Drugs	3
2. Classifying Mood-Altering Drugs	10
3. Habituation, Dependency, and Addiction	21
4. Why People Use Drugs	34
5. Identifying and Treating Drug Dependency	40

## II. MOOD-ALTERING DRUGS

6. Alcohol	59
7. Central Nervous System Depressants	94
8. Powerful Hallucinogens and Phencyclidine	108
9. Marijuana	121
10. Opiates and Opioids	131
11. Heroin Addiction	144
12. Amphetamines, Amphetamine-like Drugs, and Caffeine	171
13. Cocaine	189
14. Nicotine	212
15. Volatile Solvents, Inhalants, Anesthetics	234

## III. AREAS OF SPECIAL CONCERN

16. Multiple Drug Use	247
17. AIDS and Drug Use	257
18. Drugs, Pregnancy, and the Newborn	274

19. Drugs and Sports	289
20. Why Has the War Against Drugs Failed?	301
Appendix A: Drug Use Reporting Sources	322
Appendix B: Drug-Testing Technology	324
Appendix C: List of Common Street Names for Drugs	332
Selected References	335
Index	367

# **PART I**

## **BASIC CONCEPTS**



# Chapter 1

## Who Uses Drugs

From the first beginning of our knowledge of man, we find him consuming substances of no nutritive value, but taken for the sole purpose of producing for a certain time a feeling of contentment, ease, and comfort. Such a power was found in alcoholic beverages and in some vegetable substances, the same that are used for the purpose at the present day.

—Lewin in *Phantastica:  
Narcotic and Stimulating Drugs*

One of the features that most distinguishes humans from other species is our ability to adapt to and alter environments to promote our survival. But we often fail to recognize that we have been altering our *internal* milieu since prehistoric times—experimenting with a wide variety of plants and substances to improve our psychological and physical well-being. At times, the resulting experiences were so profound that the mood-altering substances became integrated into a culture's religious practices or way of life.

The history of the poppy, for example, begins in antiquity. Its seeds and pods have been found in the area of the Stone Age Lake Dwellers. The poppy was cultivated between 4000 and 3000 B.C. by the Sumerians in Mesopotamia (present-day Iraq) to provide opium, known as *gil*, and meaning "happiness and joy." Similarly, *Cannabis sativa* (marijuana) has been known almost since the beginning of recorded history. Practically every human malady has been treated with one form or another of this plant. Caffeine, cocaine, nicotine,

and alcohol have all been used for centuries, sometimes playing integral roles in different cultures. More recently, advances in technology have been applied to synthesizing mood-altering substances. New and highly potent synthetic products are available, along with those "primitive" substances that probably will be around forever.

Our concern over drugs often focuses on the mood-altering substances that are outlawed by society. Yet to understand why millions of people choose to break the law to consume these drugs, the use and effects of *all* mood-altering substances taken for nonmedical purposes must be considered. These include drugs obtained in supermarkets and liquor stores, those prescribed by physicians, and "street drugs."

We must also consider the accuracy of statistics about drug use. Determining legitimate medical use of mood-altering drugs is difficult because reporting may violate confidentiality between physician and patient. Illegal drug users aren't apt to identify themselves; users of alcohol aren't necessarily alcoholics. As a result, most data are gathered from a cross section of the population and applied to the general population. Some surveys review data from people entering treatment programs, or from pharmaceutical databanks that keep track of prescribed medications. In addition, a considerable number of epidemiological surveys have been conducted by investigators interested in the use patterns of specific drugs or drug use among specific populations. But these surveys may vary greatly in their definitions of current use and lifetime use. Moreover, in any cross-sectional survey, groups at high risk for drug use (high school dropouts, the homeless, the unemployed) may not be included.

Most of the data in the book are from relatively few sources (see Appendix A) and must be viewed as estimates rather than absolute figures.

## DRUGS AND THE YOUNG

In 1988 the annual Drug Use, Drinking, and Smoking Survey reported continuing declines in the use of marijuana, stimulants, and sedatives among high school seniors, college students, and young

adults. These findings were confirmed by the 1988 National Household Survey on Drug Abuse, tracking substance use among 12- to 17-year-olds. This is significant, because other researchers have shown that people rarely start using drugs—except for cocaine—once they reach their mid-twenties. Periods of highest use decline sharply after adolescence.

Nevertheless, the survey noted that almost 80 percent of young adults have tried an illicit drug by their mid-twenties, with 60 percent having tried a drug other than marijuana. Use of alcohol has slightly diminished, but cigarette use changed little from 1981. Of high school seniors, 57 percent were current drinkers. Approximately 5 percent of them were drinking daily, and 32 percent had five or more drinks in a row at least once in the previous two weeks. Approximately 29 percent of high school seniors are current smokers, with 18 percent smoking daily. After high school, 25 percent of 19- to 28-year-olds smoke daily, with 20 percent consuming at least one-half pack a day.

The number of high school seniors reporting cocaine use in the preceding 12 months decreased from 13 percent in 1986 to 5 percent in 1990. The decrease among college students was from 17 percent to 6 percent. For the second time, use of crack by high school seniors decreased, from 4 percent in 1986 to 2 percent in 1990. But that's no cause for complacency. The number of schools reporting that their students have access to crack jumped from 50 percent in 1986 to 76 percent in 1988. So while use may have stabilized, more students are being exposed to the drug. However, wide variations in the use of cocaine and crack are seen in different geographic areas.

Use of "legal" drugs by teenagers often goes unreported. According to the Drug Use, Drinking, and Smoking Survey, over-the-counter (nonprescription) medications, such as diet pills, have already been used by 22 percent of students, with "stay-awake" pills used at some time by 37 percent. As for "medically supervised" psychoactive drugs, nearly one in five high school seniors in the class of 1985 reported having used one or more prescribed opiate drugs, such as codeine, 8 percent had prescriptions for amphetamines, 5 percent for barbiturates, and 12 percent for minor tranquilizers.

## ADULTS AND DRUG USE

Although the National Household Survey showed a decrease in illicit drug use among all age groups, races, and both sexes from 1985 to 1988, the number of current users was still estimated at 14.5 million, with an estimated 7.25 million having used an illicit drug in their lifetime. Only 41 percent of adults between the ages of 18 and 25, and 36 percent of adults between 26 and 34, reported no history of illicit drug use. The figure for adults age 35 and up was 77 percent. Some might argue that the survey doesn't provide a typical picture of illicit drug use, but a 1989 *New York Times*-CBS News poll reported almost identical findings, with use of various illegal drugs varying from 38 to 50 percent among 18- to 44-year-olds.

Tobacco consumption remains alarmingly high. Of young adults in the 1988 National Household Survey, 30 to 35 percent were current smokers. The lifetime prevalence of cigarette use did not change significantly between 1985 and 1988 as compared to a significant decrease in lifetime use of "any illicit drugs." Similarly, while the past month prevalence rates for any illicit drug decreased significantly between 1985 and 1988, the prevalence of cigarette use remained about the same.

Pinning down use of mood-altering substances in older adults is difficult. Some researchers estimate that the number of alcoholics age 60 and above is slowly rising. And health professionals are more and more recognizing late-onset alcoholism, a problem that may grow as the number of older people increases.

Inappropriate (nonmedical) use of psychotherapeutic drugs that can be prescribed by physicians is also of concern. The 1988 National Household Survey on Drug Abuse found 12 percent or 23.5 million of the U.S. household population to have used these drugs nonmedically, with 3.4 million using them within the past month of the survey. Adults between the ages of 26 and 34 had the highest lifetime prevalence rate of 22 percent.



## ETHNICITY AND DRUG USE

A long-standing societal perception is that drug use has always been major among poor African-Americans and Hispanics. Epidemics of heroin use in lower-income areas have been documented. And so have high rates of poverty and broken homes, which unquestionably play substantial roles in promoting drug use.

More than likely, our perceptions about drug use are probably related more to socioeconomic levels and the conditions under which drugs are taken than to racial and ethnic differences. After all, individuals with similar drug dependencies—but with greater economic resources—can hide their drug use more effectively.

Careful studies show that overall use of mood-altering drugs among minorities is similar to that of the general population. But certain differences may exist with respect to specific drugs. Alcohol use, for example, is of great concern among the Native American population. Use of inhalants among Native Americans is also frequent, with up to 30 percent trying these substances, compared with 10 percent of the general population. Marijuana use is widespread as well; 75 percent of those beyond the sixth grade have tried the drug at least once, compared with 30 percent of the general population.

More research is needed to define differences in susceptibility to drug use among various populations. The National Institute on Drug Abuse states that most studies of minority drug use have been poorly designed and hence haven't been able to capture all the required data. But it's more than fair to say that neither race nor ethnicity protects someone from using mood-altering substances or condemns someone to use them.

## DRUGS AND THE WORKPLACE

Approximately 65 percent of young adults entering the work force have probably used illegal drugs, and 10 to 23 percent of all U.S. workers may continue to use dangerous drugs while working. In a 1989 nationwide survey of employers, 80 percent identified alcohol and other drugs as significant problems in their organizations.