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Take your time and enjoy the process of learning.

The side bar information is used by many therapists to add "color" and warmth to their therapy sessions. You will not be tested on the side bar information unless it is a highlight of information from the text.

When you are done with the course, take the posttest. When you pass the posttest (70% or higher) and pay the course fee (\$10 per unit), you will be issued a CEU Certificate of Completion.

Enjoy!

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Course Number:	B6C5-SD
CEU:	1.0
Instructor:	Philip Copitch, Ph.D.

Course material based on:

Basic Parenting 101:

THE MANUAL YOUR CHILD
SHOULD HAVE BEEN BORN WITH

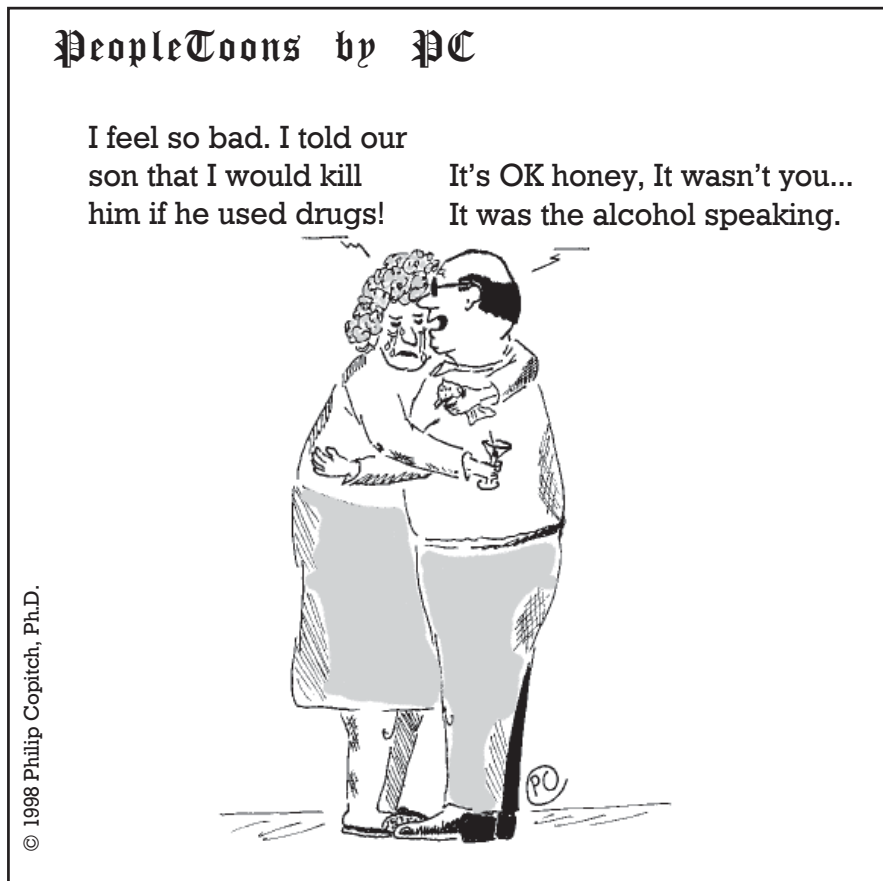
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How-2 Parenting Series

This book is available to therapists from CEUforTherapists.com at wholesale pricing.

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COURSE OBJECTIVES

1. You will study a solid overview of how to educate parents concerning street drugs.
2. You will read real life examples of the effects of street drugs on the human body.
3. You will study ways to teach a complicated subject to parents who are coming to you for help with their children.
4. You will experience the power of story as a cognitive-behavioral therapeutic tool.
5. You will see ways to demystify psychotherapy for your patients.

Tell me, I forget.

Show me, I remember.

Involve me, I understand.

SUGGESTED PREREQUISITE COURSES

I am assuming that the student has a solid understanding of learning theory and cognitive behavioral techniques. This course is based on and refers back to:

- B6C1 Teaching Parents About How Their Children Learn
- B6C2 Teaching Parents How To Build Their Child's Self Esteem
- B6C3 Teaching Parents About How To Use Time Out Effectively
- B6C4 Teaching Parents About Family Rules

In this course we will look at how a therapist teaches parents how to deal with a complex family problem. The above course materials are available, free of charge, from CEUforTherapists.com.

The sections in red are for your information. The sections in black are how I explain the process to the parent. Please note that I use a cognitive behavioral approach.

INTRODUCTION

The quote to the right from the authors of *Tough Love Solutions* states my belief exactly. It is a monthly occurrence in my practice that a parent states, "Not my Mary, she would never use drugs!" The fact is that if a child's behavior changes dramatically, it is either from blunt trauma to the head or the effects of drugs to the head. It is rarely blunt trauma.

In this CEU course we are going to look at the influence of drugs on the individual and the family. In the section, Must Rules concerning drugs, we will touch upon how families are using clear family rules to deal with availability of drugs in our society.

As a clinician, you must expect resistance from parents concerning their children and drugs. I recommend you teach the following information as a starting point for setting up an individual and family treatment plan.

Any clinician in this day and age who overlooks and fails to check for drug and alcohol abuse as a primary component of negative teenage behavior is either irresponsible or incompetent.

Tough Love Solutions
Phyllis York
Davis York
Ted Wachtel

TEACHING PARENTS ABOUT STREET DRUGS

OVERVIEW OF THE PROBLEM

I need to start off with a serious warning. If your family presently has a member with a drug or alcohol problem, this section will be of limited assistance. A drug problem needs the support of people outside of your family. I advocate that families seek the professional support of a competent family therapist or drug treatment facility.

The secrecy that surrounds most families who have a member with a drug problem tends to inadvertently support the drug abuser. Please seek help outside of your family. At the end of this section you will find national contact information.

The goal of this section is to provide interested parents with the basic facts concerning drugs that surround their children. It is a fact that our society is inundated by drugs. I cannot think

of any section of our community that drugs has not infected. Our country has declared a war on drugs. Most people agree that it has been an expensive failure. I once asked a high ranking police officer if he thought his department was making a dent in the drug trade, to which he replied, "You can tell by the price that drugs are everywhere. Drugs are sold by supply and demand economics and, unfortunately, drugs are relatively cheap."

Water taken in moderation, cannot hurt anybody.
Mark Twain

[Course B6C2: *Teaching Parents How To Build Their Child's Self Esteem* explains how you teach parents how to assist their child to develop a high self esteem.]

So, what is a parent to do? How do you keep your children away from drugs? A child with a high self esteem will be our best hedge against the destructive nature of drugs. Also, information is power. As a parent you need information and your children need information about the dangers and realities of drugs.

The time has come to stop the sale of slavery to the young.
Lyndon Baines Johnson

Your children are listening from the very beginning. You need to be careful that you are giving a clear message about drugs. What are your attitudes about the socially acceptable drugs, caffeine, alcohol, and tobacco? Do you encourage your children to take their daily vitamin pill as a quick fix to a well balanced meal?

When your children are adolescents they will, by nature, be "invincible." This is a dangerous time for them. Invincible beings do not see the dangers of drugs.

I advocate that parents share their feelings on a daily basis with their children. If I hear a news report about how some actor harmed himself with drugs, I question out loud, "I wonder how such a talented person allowed drugs into his life?" When a character on TV is acting drunk I bring up, "Boy, he is a good actor, if he was really drunk he couldn't remember his lines." When my child tells me that he heard that there are lots of homeless people I discuss that in my experience many homeless people have a drug or alcohol problem. When a college student told me, in front of my nine year old, that he went to an all night kegger party, I asked him how he felt the next day. He said "Oh, I was sick as a dog!"

"It was a party that you got sick as a dog at, don't your friends care about you? I wouldn't want any of my friends to get sick as a dog at my party." The point is, parents need to condone and expect mature and safe choices and help people in their life to expect the same for themselves.

GATEWAY DRUGS

Parents need to watch out for, and guard against, the gateway to drugs. It is commonly stated that marijuana is the gateway to the hard drugs. And, that people who smoke pot are more likely to move onto harder drugs. The physiological evidence for this is limited. In addition, on the surface I find it to be a limited parenting tool to tell a child that they cannot use the "soft drugs" because they *may* lead to the hard drugs.

I want parents to watch for gateway behavior as a signal that there is potential trouble. If your child wants to wear a tee shirt that is adorned with a giant marijuana leaf, I am concerned about the behavioral presentation. Who is your child wearing the shirt for? It could be a simple act of thumbing his nose at authority. Or, it could be a way to get accepted into the drug scene. It is a fact that the drug subculture of your community has very strict social regulations. Your child will have to follow these regulations to fit in. The gateway to the drug scene is your child's behavioral choices. Parents need to keep their eyes and ears open.

Over the years I have consulted with hundreds of parents who have said something like, “I just can’t believe it, not my baby!” Then as the parents begin to learn what the drug scene looks like I hear, “I had no idea. When he did that I thought it was no big thing.” Please watch and listen to your children. If you hear your child talking about “pot,” “Ludes,” or “Demmys” you need to understand his world.

It is common for teens to pay for their drug habit by stealing. Most teens steal from the family before they start to steal from the community at large. Stealing within the home must be dealt with immediately, it is often an early sign of a larger problem.

Parents need to be clear with their children about the Must Rules concerning drugs. This will be discussed in the next subsection.

In our overview we will learn the basic information that every parent needs to have to appropriately protect their family. The federal Drug Enforcement Agency (DEA) has devised the following drug classification listing. This information will be referenced as we discuss the different types of drugs your child may encounter.

**DRUG ENFORCEMENT AGENCY (DEA)
CLASSIFICATIONS**
(This will be indicated in the charts to follow)

- I: Illicit drugs with no medical use; high potential for abuse.
- II: Prescription drugs with high potential for abuse and physical dependence.
- III: Drugs with less abuse potential than schedule II; have moderate to low physical dependence, but may have high psychological dependence.
- IV: Prolonged use of these drugs may lead to limited physical or psychological dependence; lower abuse potential than schedule III.

I have broken down the drugs available on the streets into sections based on how they will affect your child. These sections are:

- a. Drugs that depress the central nervous system
- b. Drugs that stimulate the central nervous system
- c. Drugs that cause hallucination
- d. Drugs that relieve pain

**DRUGS THAT DEPRESS THE
CENTRAL NERVOUS SYSTEM**

Behavior changes associated with depressant drug usage:

- Drowsiness (low level of drug)
- Coma (higher level of drug)
- Lack of coordination

We believe that the normal struggle of adolescence is distorted and made pathological by the abuse of drugs.

Tough Love Solutions

Phyllis York

Davis York

Ted Wachtel

- Speech impairment (slurred speech, stuttering)
- General mental confusion
- Muscle tremors (usually localized)
- Decreased muscle tone
- Feelings of paranoia
- Emotional outbursts (anger or elation not appropriate for setting)
- Dramatic change in sleep pattern with ongoing usage

When the drug problem is exposed:

- The user often talks about guilty feelings concerning drug usage
- The user is regretful for things that they have done
- Other family members want to believe and can be used by the user, because they care *too* much

The most common central nervous system depressant is alcohol. However, all depressants will make the user seem drunk. As the name implies, this classification of drug depresses the body's normal nervous system abilities. There is a danger of physical harm and even death from overdosing with depressants. Most families learn to live in fear of the angry outbursts depressant users are prone to. It is not unusual for me to work with families that have numerous holes in their walls from angry outbursts that endanger all members of the family.

DEPRESSANTS / SEDATIVES / HYPNOTICS

BARBITURATES

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable</u>	
			<u>in Urine</u>	<u>DEA</u>
Phenobarbital	Luminal	Downers, Goofballs	Short-Acting	IV
Secobarbital	Seconal	Barbs, Reds	1 Day	III
Pentobarbital	Nembutal	Nembies	Long-Acting	III
Butobarbital	Butisol	Bute, Stoppers	2-3 Weeks	III
Amobarbital	Amytal	Yellow Jackets		III
Aprobarbital	Alurate	Barbs, Downers		III

BENZODIAZEPINES

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable</u>	
			<u>in Urine</u>	<u>DEA</u>
Chlordiazepoxide	Librium	Downs, Nerve Pills, Tranks	Therapeutic	IV
Clonazepam	Clonopin	Downs, Nerve Pills, Tranks	dose: 3 Days	IV
Diazepam	Valium	Downs, Nerve Pills, Tranks		IV
Flurazepam	Dalmane	Downs, Nerve Pills, Tranks	Chronic use	IV
Lorazepam	Ativan	Downs, Nerve Pills, Tranks	over period of	IV
Oxazepam	Serax	Downs, Nerve Pills, Tranks	months or	IV
Alprazolam	Xanax	Downs, Nerve Pills, Tranks	years: 4-6 wks.	IV
Chlorazepate	Tranxene	Downs, Nerve Pills, Tranks		

METHAQUALONE

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable in Urine</u>	<u>DEA</u>
Methaqualone	Quaalude	Ludes	14 Days	IV

TRICYCLIC ANTIDEPRESSANTS

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable in Urine</u>
Amitriptyline	Elavil	None	No Data
Nortriptyline	Aventyl		
Imipramine	Tofranil		
Desipramine	Norpramin		
Doxepin	Sinequan		

ALCOHOL

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	
Ethanol	N/A	Booze	After absorption (~ 1 hr.) blood alcohol decreases ~ 0.02 gm%/hour.

INHALANTS

Technically inhalants are a depressant. Children as young as six up to around sixteen are the most common users. The most common inhalants are “airplane” glue, gasoline, harsh smelling cleaners, and harsh smelling solvents. The initial intent of the sniffer is to get a quick high. This early high tends to be experienced as dizziness and memory loss (feelings of drunkenness). Due to tolerance, children quickly graduate to long durations of sniffing using plastic bags, cloth, or small jars to concentrate the odor. Regular users exhibit slurred speech, memory loss, constant drowsiness, dulling of affect, and weight loss.

Sniffing of glues and gasoline can cause permanent brain damage.

DRUGS THAT STIMULATE THE CENTRAL NERVOUS SYSTEM

Behavior changes associated with stimulant drug usage:

- Irritability, mood change
- Rapid speech
- Agitation
- Problems with concentration
- Cold symptoms (Due to nasal irritation, cocaine)
- Sleep cycle problems
(User may not sleep for days, then sleep for days.)
- Dilated pupils (User may hide behind sunglasses.)
- Itchy skin, may develop open sores

This classification of drug stimulates the body’s nervous system. When the drug is initially

ingested the user may seem drunk. As the drug is broken down by the body, the user tends to seem depressed and suffering from the flu.

Most teens use stimulants because of the euphoric feeling they give for several hours. The body has a high tolerance for stimulants and the user tends to need more of the drug to obtain the same feeling of euphoria. It is common for users to first feed their habit by selling their belongings. When they run out of money many teens turn to burglary and prostitution. (Users will even steal from their family to get their drug needs met.)

It is important to note that stimulants tax the user’s body. Stimulants cause heartbeat irregularities, increased blood pressure, blood clots and muscle spasms. Stimulant usage can cause sudden death due to heart attack. Many teens scoff at this fact believing that they are young and that they have a strong heart. A review of the medical literature shows that even healthy individuals who are young and athletic have died from moderate doses of stimulants.

STIMULANTS

Type of Drug	Name	Street Name	Time detectable		
			in Urine	DEA	
	Obetrol 10/20	Speed, Crank	24-72 Hours	II	Amphetamine Bensedrine,
Methamphetamine	Desoxyn	Upper, Snot, Clue, Meth	24-72 Hours	II	
Cocaine	None	Coke, Rock, Crack, Snow, Blow, Toot Nose candy	24-96 Hours	II	

DRUGS THAT CAUSE HALLUCINATION

Behavior changes associated with hallucinogenic drug usage:
(Excluding cannabis which will be discussed separately.)

- Profound changes in mood
- Unpredictable behavior (overly pleasant or frightened)
- Seeing things that are not there
- Hearing things that are not there
- Smelling things that are not there
- Dilated pupils
- Profuse sweating
- May have flu-like symptoms

The person under the influence of an hallucinogen tends to show psychotic-like behaviors. The user may have a “good” or a “bad” *trip*. The user suffering a bad trip may exhibit drug induced psychotic behaviors: severe panic, disorientation and overwhelming fear. A bad trip constitutes a medical emergency. A user having a good trip experiences unrealistic flows of thought and sensation.

Drunkenness is nothing else
but a voluntary madness.
Seneca

Drunkenness is not a mere
matter of intoxicating liquors;
it goes deeper—far deeper.
Drunkenness is the failure of
a man to control his thoughts.
David Grayson

HALLUCINOGENS: EXCEPT MARIJUANA

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable</u>	
			<u>in Urine</u>	<u>DEA</u>
Lysergic acid diethylamide	None	LSD, Acid	1.5-5 Days	I
Phencyclidine	None	PCP, Angel Dust K-J (marijuana soaked with PCP)	14-30 Days	II
Methylenedioxyamphetamine	None	MDA, Love Drug	No Data	I
Methylenedioxymethamphetamine	None	MDMA, Adam, Ecstasy	No Data	I

HALLUCINOGENS: MARIJUANA

Behavior changes associated with marijuana usage:

- Extreme calmness
- Loss of drive
- Loss of age appropriate judgment
- Emotional disturbance
- Loss of time
- Loss of orientation
- Hunger
- Delirium (rare)

Teens in most communities in the United States have relatively easy access to marijuana and hashish. Marijuana and hashish are harvested from the same plant, *Cannabis sativa*. Marijuana is the dried leaves and flower, while hashish is the concentrated resin of the plant that grows relatively easily throughout the world. The active ingredient, delta-9-tetrahydrocannabinol (THC) gives the user the feeling of relaxed euphoria. The effects of THC are relatively benign for most individuals. However, research shows that individuals with emotional disorders tend to find that marijuana increases their psychotic or neurotic disorder.

I wrote above that THC is relatively benign, but it is by no means a good idea for teens or most adults to indulge. I find it is important to explain this clearly to teens. Many adults try to scare kids into abstaining. What I have experienced is that teens do well with information. The biggest problem with marijuana comes when kids avoid conflicts by getting high. When teens deal with problems in their life by getting high, they rob themselves of the practice of learning how to deal with problems. Pot takes the creativity and future orientation away from regular users. I regularly see twenty-five year olds that have used pot daily since age fifteen. Of interest is that these individuals are quite often emotionally retarded in their interpersonal abilities. By age forty, I find that regular pot users are emotionally functioning at about the age of twenty-five. I am not saying that they are youthful, I am saying that they are immature. They have spent thousands of hours procuring and using their drug of choice, and have limited their emotional growth by avoiding lessons on how one can deal with conflicts.

Chronic marijuana users tend to develop a tolerance, causing them to increase their dosage to obtain their desired euphoria.

HALLUCINOGENS: MARIJUANA

Type of Drug	Name	Street Name	Time detectable	
			in Urine	DEA
Cannabinoids	"Medical marijuana"	Grass, Pot, Smoke K-J (marijuana soaked with PCP) Hash, Sh-t, Thai, Thai Stick, Weed, Dope	*	I

*CANNABINOIDS - DETECTION TIME

Light smoker or acute dosage	1-3 days
Moderate Use (4 times/week)	3-5 days
Heavy Smoker (daily)	10 days
Heavy, Chronic Use (5+ joints/day)	10-21+ days
Oral Ingestion	1-5 days

DRUGS THAT RELIEVE PHYSICAL PAIN

Behavior changes associated with pain killer drug usage:

- Depressed state, fear of failure
- Prone to agitation and aggression
- Prone to carelessness
- Feelings of hopelessness
- Impulsive behaviors
- Low level of frustration
- Demand for immediate gratification

Most prescribed pain killers are opiate based or a synthetic chemical that mimics morphine. The word opium comes from the Greek word for juice. It is produced from the milky juice of the immature seed sacks of the poppy plant. From this heroin and morphine are produced. In the laboratory we synthesize (man made) morphine-like chemicals that are routinely used around the world to relieve pain, suppress coughs, and as anesthetics.

ANALGESICS (Semi-Synthetic)

Type of Drug	Name	Street Name	Time detectable	
			in Urine	DEA
Codeine	Empirin, Tylenol w\ Codeine	Schoolboy	24-72 Hours	III
Morphine	Raxanol	M," Morph	24-72 Hours	II
Diacetylmorphine		Heroin, Horse, Smack, "H," Speedball (w/Cocaine)	24-72 Hours	I
Hydrocodone	Hycodan, Vicodin	None	24-72 Hours	-

Hydromorphone	Dilaudid	Juice, Dillies	24-72 Hours	-
Oxycodone	Percodan	Percs	24-72 Hours	-

ANALGISICS (Synthetic)

<u>Type of Drug</u>	<u>Name</u>	<u>Street Name</u>	<u>Time detectable</u>	
			<u>in Urine</u>	<u>DEA</u>
Meperidine	Demerol	Demmies, Pain Killer	No Data	II
Methadone	Dolophine	Dollies, Meth	72 Hours	II
Pentazocine	Talwin	T's	No Data	III
Propoxyphene	Darvon	Pain Killer	6-48 Hours	IV

POSTTEST

When you're ready, take the posttest to obtain your CEU certificate. Your test consists of 5 multiple choice or true/false questions per Continuing Education Unit (3 CEU = 15 questions).



*******END OF COURSE***** EXTRA INFORMATION BELOW:**

In the following section I give you some examples of how families have used Must Rules to deal with drugs being used by children in the family. These examples are from family therapy interventions. Individuals with drug problems are encouraged to attend drug treatment programs. (See, B6C4 Teaching Parents About Family Rules)

MUST RULES CONCERNING DRUGS

The following are Must Rules written by families. All the families reported that their Must Rule solved problems within their family.

Family with four teens, no history of drugs:

Must Rule: No drugs! Period. Unless given to you by your parents as prescribed by your doctor.

Consequence: One month grounding. No unsupervised time for six months.

Home school family with teen with a drug history:

Must Rule: You are not allowed to use or even hold illegal drugs.

Consequence: You will not be allowed out of my sight for one month. You will be drug tested, randomly for one year.

Foster home with residents with a history of juvenile law problems:

Must Rule: OUR HOME IS A DRUG FREE ZONE.

No drugs are allowed within 1000 yards of our property. All residents have signed a drug free life-style pledge. Medication can only be give out by the house parents.

Consequence: Any violation of our drug free environment will be prosecuted to the highest degree of the law. House parents are mandated by law to report all criminal activity to the police and your probation officer.

Family with six children ranging in age from 6 to 20:

Must Rule: You are not allowed to use or be around drugs or alcohol. You will not get into a car without permission. You will call for a ride, no matter what the hour, without your parents judging you.

Consequence: Loss of license for six months plus house restrictions for one month.



**Quick
Reference
Guide**

2 SUPER SITES

Recommended Web Information sites for parents with an interest in learning more about drug treatment and prevention.

The National PTA and GTE Corporation have created: Common Sense: Strategies for Raising Alcohol and Drug-Free Children. www.pta.org/commonsense

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Partnership for a Drug-Free America
www.drugfreeamerica.org

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Both of these sites are extremely well written, informative and authoritative. A must surf for every parent.

Additional information, not on posttest.

FURTHER READING ABOUT DRUG ABUSE PREVENTION:

Preparing for the Drug-Free Years: A Family Activity Book, by J. David Hawkins, et al., 1988. Developmental Research and Programs, Box 85746, Seattle, WA 98145. \$10.95.

Team Up for Drug Prevention with America's Young Athletes. Drug Enforcement Administration, Demand Reduction Section, 1405 I St., N.W., Washington, DC 20537. Free.

Ten Steps to Help Your Child Say "No": A Parent's Guide. 1986. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...Hispanic Parents Can Help Their Children Avoid Alcohol and Other Drug Problems. 1989. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children. 1988. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...You Can Prevent Alcohol and Other Drug Use Among Secondary School Students, 1989. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

Young Children and Drugs: What Parents Can Do, 1987. The Wisconsin Clearing House, 1954 E. Washington Ave., Madison, WI 53704. \$6.00 per 100 brochures.

What Works: Schools without Drugs, U.S. Department of Education, 1986, revised in 1989. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

A Parent's Guide To Prevention: Growing Up Drug Free, U.S. Department of Education. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852 or call 800-624-0100

What Every Parent Can Do About Teenage Alcohol and Drug Abuse: Hope and Help from Parents Who Have Been There, Parents and Adolescents Recovering Together Successfully (P.A.R.T.S) 12815 Stebick Court, San Diego, CA 92130-2418 or call (888) 420-7278 \$9.95

Buzzed: The Straight Facts About The Most Used And Abused Drugs From Alcohol To Ecstasy, by Cynthia Kuhn, Phd., et al, 1998, W.W. Norton and Company. \$14.95.

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For every question, there is an answer that is simple, unequivocal, and usually wrong.

Robert Kuttner