

THE DRUG SCENE

MAN MADE HIGHS --- UP AND DOWN

Third of a Series

By Mike McCulley

Abuse of milder narcotics and synthetics increases today as wider education of "hard" narcotic pitfalls reach the masses. Uniformity of opinion on any drug's class is unlikely; still, a majority of reports on drugs relegate cocaine and certain synthetics to the area of "milder" narcotics.

COCAINE

Cocaine differs from heroin and morphine. It originates not from the opium poppy, but was originally made from the leaves of the Brazilian Coca tree. Today medicinal cocaine comes primarily from Java Coca.

Long used by drug addicts, cocaine was introduced to the medical establishment in 1844. Modern usage of cocaine normally is as a surface anesthetic. For example, cocaine will numb the tongue on touch.

This drug causes a milder physical dependency than do the opiates (heroin, etc.). Withdrawal from cocaine addiction is not as physically discomforting as is withdrawal from the hard narcotics.

Although it is not one of the most popular methods for building a high, a number of people do use it. They will "horn" (sniff) it up the nose or perhaps place it inside the lower lip where it is picked up by the salivary glands, which in turn transmits the drug into the body.

THE COCAINE USER

A cocaine user exhibits several other types of drug abusers. The eye pupils are dilated as if he were using marijuana. He may wear dark glasses like the heroin addict. As a reaction to the cocaine, the user will feel the release of his inhibitions and find himself at a loss to measure time and distance, again like the effects of marijuana.

Similar to "hard" narcotic addiction, the cocaine user will generally be in bad health, with a scant appetite, and suffer loss of weight as his drug use continues. These users will often have insomnia and experience hallucinations, i.e., objects under their skin, bugs crawling on the person, and so on.

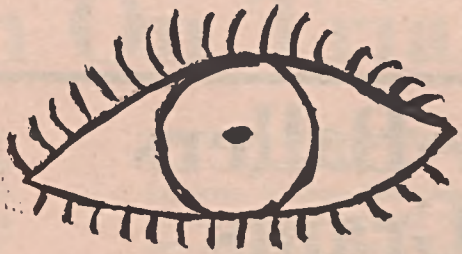
Cocaine shares with the opiates the distinction of being a major interest of the organized crime element or Mafia. The money involved returns to the big "family" with their world-wide contacts and smuggling operations.

Police reports of the past show that hoodlums and gangsters of the era of Prohibition and Al Capone used cocaine to a large extent. They would use cocaine to build their "nerve" for a big robbery or violent crime. Quite likely, many of the daring exploits of the era's non-heroes could be traced to either cocaine or other drugs.

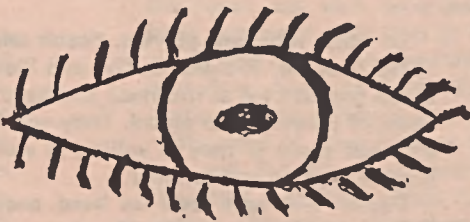
Law enforcement officials today consider the cocaine user dangerous because of the likelihood of the user disregarding life and limb in his uninhibited state.

SYNTHETICS

Many of man's common synthetics abused today are products of coal tar or some other non-opiate starting point. These synthetics are physically addictive, however, and carry many of the problems of opium by-products.



OPIATE GROUP, or its derivatives (Heroin). Pupil contracted and fixed.



PUPIL starts to dilate when withdrawal begins.



MARIJUANA or COCAINE or AMPHETAMINES ("speed") PUPIL highly dilated. Little or no reaction to light.

Alcohol can also cause this condition.

NARCOTIC EFFECT ON THE EYES

Seconal and Demerol are fairly common synthetic drugs. The sleeping pills and preparations, tranquilizers, and pep pills, are among the man-made drugs that have increasingly become abused.

Medically, most synthetics are beneficial when used in prescribed doses, and often greatly aid man in his fast-paced world to cope with daily stresses, anxieties, tensions, and problems. Methadon, for example, is finding accepted usage as a substitute for heroin; since it can legally be manufactured and prescribed, the ex-heroin addict can exist without the need to deal illegally in heroin.

It is the illegal manufacture, distribution, or theft of these synthetics that represents the major avenue of drug abuse for synthetic users. Those sold without prescription CAN be taken to excess, and physical or psychological dependency can occur. However, the stronger prescription drugs are also abused through various methods.

Persons using them have discreet methods of buying them such as falsifying prescriptions, posing as a doctor, stealing blank prescription pads and forging doctors' names, etc.

It should be noted, too, that the common abusers of the synthetics are not necessarily the shadowy, youthful, or poverty stricken segment of the population. In this category you'll find such people as a truck driver who uses "pep pills" on the road. Or, maybe a lonely widow who uses sleeping preparations to lull herself asleep and away from her emptiness.

The users of synthetics defy classification. However, in common, they seek the effects of the drugs, usually sedative or stimulative. For many, this tranquilized life becomes the acceptable one, the one they prefer. Hence, a user, then abuser, then addict. The pattern repeats itself with the frequently abused drugs on the drug scene today.

DEPRESSANTS AND STIMULANTS - CLASS OF SYNTHETICS

The depressant class of synthetics affect the individual much like alcohol does and thereby make for an easy transition from drinker to "doper."

Many nicknames exist for depressants, among them "downers", red birds, goof balls, yellow jackets, and blue heavens.

The primary depressant drug abused is barbiturates. Barbiturates are useful medically and are sold only by valid prescription. For example, they may be used to calm nervousness or produce sleep in persons with medical problems. "Pushers" from the underworld often give away "downers" in hopes of leading to their abuse and eventual true narcotic addiction.

The barbiturate user will become drowsy and confused on the drug. His muscle coordination is uncontrolled even to the point of his being unable to stand or walk. He may have tremors of his hands, lips, or tongue; talking is unclear, thinking disorganized.

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