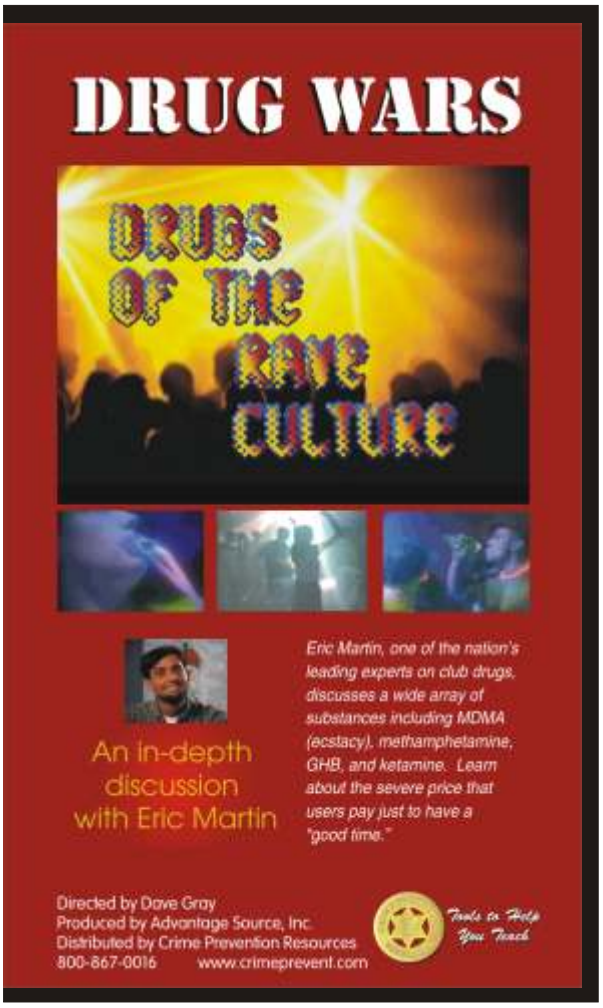
Audience Handout

This CPR Productivity Pack is for use with the video:

DRUG WARS
Drugs of the Rave Culture

An in-depth discussion with Eric Martin



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Quiz

Try answering the following questions after watching the video, *Drug Wars--Drugs of the Rave Culture*. Then check your answers on next page.

1. The areas of the brain most likely to sustain damage due to drug use are:
A. Where the arteries come into the brain.
B. Functional areas that handle emotion, memory, balance and coordination, muscle movement, reward, judgment and comprehension.
C. Spread out pretty evenly throughout the brain.
D. A and B.

2. According to Eric Martin, drugs don't cause highs
A. People with drugs cause highs
B. They cause the release of highs, which are already in the nucleus accumbens of the brain caused by dopamine activity there.
C. Drug pushers cause highs
D. Dopamine overflowing out of the brain cells causes highs.

3. What are some possible dangers to someone who has been using GHB?
A. It can put them to sleep.
B. It depresses heart rate and respiration.
C. It can cause unconsciousness, coma and death.
D. All of the above

4. Which of the following statements about Ketamine is true?
A. It blocks neurotransmission activity, which affects motor vehicle activity.
B. It's usually used as a human anesthetic.
C. It's often referred to as a dissociative hallucinogen, because the user feels disconnected from himself.
D. It's nickname is Kix.

5. Being in the K-Hole refers to
A. a ketamine addict who is very depressed.
B. a person who's taken a lot of ketamine to the point that they just lie there immobile.
C. an addict who has gone into debt to finance his or her ketamine addiction.
D. a slang expression used by prison inmates to describe a ketamine addict.

6. DXM, or dextromethorphan, is an ingredient commonly found in
A. the human body.
B. the hypothalamus.
C. cough syrup.
D. None of the above.

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7. What is the connection between ecstasy and Meth?
A. Their chemical names both begin with M.
B. There is little connection; they're really completely different.
C. Meth users usually become ecstasy users.
D. Ecstasy (aka MDMA or methylenedioxymethamphetamine), is just a form of Meth because it is an analog of amphetamine.

8. Synesthesia is one result associated with LSD and MDMA. What does this refer to?
A. It's when the thalamus is confused by the sensory signals it receives (smells, sounds, etc.) and files them in the wrong place.
B. It's when drugs get in the sinuses and cause infections.
C. It's when the nucleus accumbens synthesizes smells and colors into new sensory experiences.
D. It's when drug users forget the sins they committed after they come down from their highs.

9. Martin refers to an "irrefutable" conclusion of MDMA research. What is it?
A. That MDMA causes brain damage.
B. That users demonstrate severe memory deficits after one year.
C. That regular use causes impotence in males.
D. That it can cause depression, loss of appetite, and sleep disorders.
E. All of the above.

10. In addition to cognitive impairments, what are other problems faced by users of club drugs later in life?
A. Problems in school and in obtaining/keeping a job; difficulty acquiring a vocational skill; and problems in relationships and child rearing.
B. No other problems have been demonstrated.
C. Unable to have a meaningful life.
D. None of the above.

11. What does the term "e-tard" refer to?
A. It refers to ravers who communicate with each other via e-mail.
B. It refers to chronic MDMA users who exhibit symptoms of cognitive impairment.
C. It refers to chronic ecstasy or "e" users who are always late arriving to raves.
D. It refers to drug users who communicate via e-mail because their speech has been affected from using MDMA.

12. PMA is
A. Paramethoxyamphetamine.
B. A common analog that causes even more damage than ecstasy.
C. A drug that is sometimes sold as ecstasy.
D. Responsible for many of the deaths that have occurred at raves.
E. All of the above.

Answer Key: 1-d; 2-b; 3-d; 4-c; 5-b; 6-c; 7-d; 8-a; 9-a; 10-b; 11-e

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Questions for Discussion

Take a few moments to jot down your thoughts in response to each question,
and then discuss with others in your group.

If someone tells you, "Let's go kill a few brain cells tonight," what are they talking about? What will you tell them?

Someone offers you a substance they say will give you a great high and which is absolutely legal. Give at least three reasons why you would exercise extreme caution about accepting their offer?

Think of someone you know, such as a grandparent, who has severe memory problems. How would it change your life if you suddenly found yourself in a similar condition?

Discuss what is meant by the statement, "Drugs are just a shortcut to increasing pleasure in a person's brain."

Someone, telling you about their drug experience, says "I could hear the colors." What do you think really happened?

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Drugs of the Rave Culture: A Study Guide

Source: NIDA

Methylenedioxymethamphetamine (MDMA)

Street Names: Ecstasy, XTC, X, Adam, Clarity, Lover's Speed

Background: Resembles amphetamine and mescaline; produces both stimulant and psychedelic effects. Methylenedioxyamphetamine (MDA) and ethylenedioxyethylamphetamine (MDEA) are chemically similar to MDMA.

Use: MDMA is usually taken orally as a tablet or capsule.

Effects: Effects last.3 to 6 hours. Confusion, depression, sleep problems, anxiety and paranoia have been reported weeks after use. Can produce a significant increase in heart rate and blood pressure and a sense of alertness similar to amphetamine. The stimulant effects enable users to dance for extended periods and may lead to dehydration, hypertension, and heart or kidney failure. Extremely dangerous in high doses. It can cause a marked increase in body temperature (malignant hyperthermia) leading to the muscle breakdown and kidney and cardiovascular system failure reported in some fatal cases at raves. May also lead to heart attacks, strokes, and seizures in some users. MDMA is neurotoxic. Chronic use was found, first in laboratory animals and more recently in humans, to produce long-lasting, perhaps permanent, damage to the neurons that release serotonin, and consequent memory impairment.

Gamma-hydroxybutyrate (GHB)

Street Names: Easy Lay, Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy

Background: GHB is often manufactured in homes with recipes and ingredients purchased on the Internet. Some individuals synthesize GHB in home laboratories. Ingredients in GHB, gamma-butyrolactone (GBL) and 1,4-butanediol, can also be converted by the body into GHB. Ingredients are found in a number of dietary supplements available in health food stores and gyms to induce sleep, build muscles, and enhance sexual performance.

Use: GHB comes as a clear liquid, white powder, tablet, or capsule. Often used in combination with alcohol, making it even more dangerous, it has been increasingly involved in poisonings, overdoses, "date rapes," and fatalities. Abusers seek its intoxicating/sedative/euphoriant properties or its growth hormone-releasing effects, which can build muscles.

Effects: GHB, a central nervous system depressant, can relax or sedate the body. Large doses can slow breathing and heart rate to dangerous levels. Intoxicating effects begin 10-20 minutes after ingestion and last up to 4 hours, depending on the dosage. Lower doses can relieve anxiety and produce relaxation; however, as the dose increases, the sedative effects may result in sleep and eventual coma or death. Overdose can occur quickly, with signs similar to other sedatives: drowsiness, nausea, vomiting, headache, loss of consciousness, loss of reflexes, impaired breathing, and ultimately death. GHB is cleared from the body relatively quickly, so can be difficult to detect in emergency rooms and other treatment facilities.

Ketamine

Street Names: Special K, K, Vitamin K, Cat Valiums

Background: Ketamine is an injectable anesthetic approved for both human and animal use in medical settings since 1970. About 90 percent of the ketamine legally sold today is intended for veterinary use.

Use: Comes as a liquid or a white powder that is often snorted or smoked with marijuana or tobacco. In some cases it is reportedly injected intramuscularly. It gained popularity in the 1980s, when it was realized that large doses cause reactions similar to those associated with phencyclidine (PCP), such as dream-like states and hallucinations.

Effects: Higher doses can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Low doses result in impaired attention, learning ability, and memory.

Continued on p. 6

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Rohypnol

Street Names: Roofies, Rophies, Roche, Forget-me Pill

Background: Rohypnol® (flunitrazepam) belongs to the class of drugs known as benzodiazepines (such as Valium®, Halcion®, Xanax®, and Versed®). Though not approved for prescription use in the United States, it is in Europe and 60 countries worldwide as a treatment for insomnia, as a sedative, and as a presurgery anesthetic.

Use: Rohypnol is tasteless and odorless, and it dissolves easily in carbonated beverages. The sedative and toxic effects are aggravated by concurrent use of alcohol. Even without alcohol, a dose of Rohypnol as small as 1 mg can impair a victim for 8 to 12 hours. Usually taken orally, there are reports Rohypnol can be ground up and snorted.

Effects: The drug can cause profound "anterograde amnesia"; that is, individuals may not remember events they experienced while under its effects. This may be why "the forget-me pill" has been reportedly used in sexual assaults. Other adverse effects associated with Rohypnol include decreased blood pressure, drowsiness, visual disturbances, dizziness, confusion, gastrointestinal disturbances, and urinary retention.

Methamphetamine

Street Names: Speed, Ice, Chalk, Meth, Crystal, Crank, Fire, Glass

Background: Meth is a toxic, addictive stimulant that affects many areas of the central nervous system. The drug is often made in clandestine laboratories from relatively inexpensive over-the-counter ingredients.

Use: Meth is being used by diverse groups, including young adults who attend raves, in many regions of the country. Available in many forms, methamphetamine can be smoked, snorted, injected, or orally ingested. Meth is a white, odorless, bitter-tasting crystalline powder that easily dissolves in beverages. Meth is not sold in the same way as many other illicit drugs; it is typically sold through networks, not on the street.

Effects: Meth can have serious health consequences: memory loss, aggression, violence, psychotic behavior and potential cardiac and neurological damage. Users ("tweakers") display agitation, excited speech, decreased appetite, and increased physical activity levels. Meth is neurotoxic—users may have significant reductions in dopamine transporters. They also have higher rates of transmission of infectious diseases, especially hepatitis and HIV/AIDS.

Lysergic Acid Diethylamide (LSD)

Street Names: Acid, Boomers, Yellow Sunshines

Use: LSD is typically taken by mouth. It is sold in tablet, capsule, and liquid forms as well as in pieces of blotter paper that have absorbed the drug.

Effects: LSD is a hallucinogen. It induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending on the amount taken, on the surroundings in which the drug is used, and on the user's personality, mood, and expectations. Typically an LSD user feels the effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. LSD users report numbness, weakness, or trembling, and nausea is common. There are two long-term disorders associated with LSD, persistent psychosis and hallucinogen persisting perception disorder (which used to be called "flashbacks").

SOURCE: NIDA Community Drug Alert Bulletin—Club Drugs
http://165.112.78.61/ClubAlert/Clubdrugalert.html

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How to tell if your child is using drugs

If you believe that your child is using drugs, you need to get help. It doesn't matter why you have suspicions. Whether it is based on evidence or other information, do not ignore your feelings--get some help! Also, don't blame yourself for what has happened. Often parents think it may be something they have or haven't done. The reason your child is using isn't important. What's important is that you act quickly. The sooner you do, the sooner your child will be able to get help.

Warning Signs

No sign will pop up on your child's forehead saying that he or she is having a problem, but if you are alert you can see some of the indications.

Actions

As children grow older, we see changes in their actions and behavior. Often we figure that this is just part of growing up. Though these changes may be subtle, they may also be warning signs. Pay attention! Here's what to look for:

- Your child spends a lot of time in his room or away from home.
- You notice a change in his personal grooming habits.
- Your child appears withdrawn from family contact and activities.
- He demonstrates a lack of responsibility.

Appearance

One tip-off of possible drug use is a change in the physical appearance of your child. Even if there is no drug involvement, her loss of concern about her general appearance may be an indicator of low self-esteem. In either case you should talk to your child. Here are some things to look for:

- You notice a change in your child's personal appearance and grooming habits.
- You notice a drastic change in dress.
- She stops caring about the way she looks.
- Her hair is unkempt
- She uses makeup more liberally.

Behavior

Look for:

- *Changes* - becomes aggressive or more withdrawn.
- *Mood swings* - quickly goes from happy to sad.
- *Poor grades* in school, or drastic change in grades.
- *Poor attendance* in school.

Paraphernalia

Certain items are associated with the use of illegal drugs. Although by themselves they may not be a warning sign, they should make the parent or guardian be more watchful.

- *Roach clips* - used to hold the dope when it is too small to hold with the fingers.
- *Water pipes*- used for smoking marijuana and other dope that is smoked.
- *Brass or glass pipes* - also used to smoke certain types of dope.
- *Cigarette lighters* and *matches* - often found in pockets. If the child doesn't smoke cigarettes, then what other use could he or she have for it? Starting fires? Many times burnt matches are found lying around the child's room or places he or she may frequent.
- *Eye drops* - Many drugs cause the user to have red eyes, which can be masked by eye drops.

Where to find help

• Schools have counselors and sometimes school psychologists who can help. And if they can't, they can at least point you in the right direction.
• Your local law enforcement agencies have community relations, community resource, and drug prevention officers who can refer you to local agencies that can help.
• Your community may have a public health department. This agency should be able to offer assistance or direct you to another resource for drug programs.
• Alcoholics Anonymous and Narcotics Anonymous have chapters in almost every city in North America. Check your telephone book (white pages) for a local phone number.
• Your community has other parents facing this same problem. They can be found through the school system, parent-teacher organizations, Alcoholics Anonymous, hospitals, and community or neighborhood watch groups.
• Your personal or family physician may be able to offer some solutions, or refer you for help.
• Check the yellow pages under Drug Treatment, Drug Abuse and Drug Rehabilitation. Be sure to check out any treatment center. If you know of any people who have been to one of these treatment centers, contact them for information. Shop around until you find one that fits your needs and is recommended by others.
• There are many good books about overcoming problems with substance abuse in children and teens. Check with your local library.

Summary

At the first sign of trouble, get some help. Your kids are worth the time it will take to find out what to do. If you do nothing, they may still make it on their own. But if you take the time, you'll greatly increase their chances for a good life.

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The 40 Developmental Assets for Healthy Youth

The Search Institute of Minneapolis, MN (www.search-institute.org) has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible. There are eight categories of assets, four External and four Internal. Each Asset is listed in bold. (Printed with permission of Search Institute.)

Support (External Assets)

1. **Family support** — Family life provides high levels of love and support.
2. **Positive family communication** — Young person and her parent(s) communicate positively; young person is willing to seek advice and counsel from parent(s).
3. **Other adult relationships** — Young person receives support from three or more non-parent adults.
4. **Caring neighborhood** — Young person experiences caring neighbors.
5. **Caring school climate** — School provides a caring, encouraging environment.
6. **Parent involvement in schooling** — Parent(s) actively involved in helping young person succeed in school.

Empowerment (External Assets)

7. **Community values youth** — Young person perceives that adults in the community value youth.
8. **Youth as resources** — Young people are given useful roles in the community.
9. **Service to others** — Young person serves in the community one hour or more per week.
10. **Safety** — Young person feels safe at home, at school, and in the neighborhood.

Boundaries & Expectations (External Assets)

11. **Family boundaries** — Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School boundaries** — School provides clear rules and consequences.
13. **Neighborhood boundaries** — Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models** — Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence** — Young person's best friends model responsible behavior.
16. **High expectations** — Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time (External Assets)

17. **Creative activities** — Young person spends three or more hours per week in lessons or practice in music, theater or other arts.
18. **Youth programs** — Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. **Religious community** — Young person spends one or more hours per week in activities in a religious institution.
20. **Time at home** — Young person is out with friends "with nothing special to do" two or fewer nights per week.

Commitment to Learning (Internal Assets)

2 I. **Achievement motivation** — Young person is motivated to do well in school.
22. **School engagement** — Young person is actively engaged in learning.
23. **Homework** — Young person reports doing at least one hour of homework every school day.
24. **Bonding to school**—Young person cares about his school.
25. **Reading for pleasure** — Young person reads for pleasure three or more hours per week.

Positive Values (Internal Assets)

26. **Caring** — Young person places high value on helping other people.
27. **Equality and social justice**—Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** — Young person acts on convictions and stands up for her beliefs.
29. **Honesty** — Young person "tells the truth even when it is not easy."
30. **Responsibility** — Young person accepts and takes personal responsibility.
31. **Restraint** — Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies (Internal Assets)

32. **Planning and decision-making** — Young person knows how to plan ahead and make choices.
33. **Interpersonal competence** — Young person has empathy, sensitivity, and friendship skills.
34. **Cultural competence** — Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills** — Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution** — Young person seeks to resolve conflict nonviolently.

Positive Identity (Internal Assets)

37. **Personal power** — Young person feels he or she has control over "things that happen to me."
38. **Self-esteem**—Young person reports having high self-esteem.
39. **Sense of purpose** — Young person reports that "my life has a purpose."
40. **Positive view of personal future** — Young person is optimistic about his personal future.

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