

HEALTH INFORMATION

"COCAINE LIES"

After nearly a decade of being America's glamour drug, researchers are starting to uncover the truth about cocaine.

It's emergency as a very dangerous substance.

No one thinks the things described here will ever happen to them. But you can never be certain. Whenever and however you use cocaine, you're playing Russian roulette.

You Can't Get Addicted To Cocaine:

Cocaine was once thought to be non-addictive, because users don't have the severe physical symptoms of heroin - delirium, muscle-cramps, and convulsions.

However, cocaine is intensely addicting psychologically.

In animal studies, monkeys with unlimited access to cocaine self-administer until they die. One monkey pressed a bar 12,800 times to obtain a single dose of cocaine. Rhesus monkeys won't smoke tobacco or marijuana, but 100% will smoke cocaine, preferring it to sex and to food-even when starving.

Like monkeys, like man.

If you take cocaine, you run a 10% chance of addiction. The risk is higher the younger you are, and may be as high as 50% for those who smoke cocaine. (Some crack users say they felt addicted from the first time they smoked.)

When you're addicted, all you think about is getting and using cocaine. Family, friends, job, home, possession, and health become unimportant.

Because cocaine is expensive, you end up doing what all addicts do. You steal, cheat, lie, deal, sell anything and everything, including yourself. All the while you risk imprisonment. Because, never forget, cocaine is illegal.

There's no way to tell who'll become addicted. But one thing is certain.

No one who is an addict, set out to become one.

C'mon, just once can't hurt you:

Cocaine hits your heart before it hits you head. Your pulse rate rockets and your blood pressure soars. Even if you're only 15, you become a prime candidate for a heart attack, a stroke, or an epileptic-type fit.

In the brain, cocaine mainly affects a primitive part where the emotions are seated. Unfortunately, this part of the brain also controls your heart and lungs.

A big hit or a cumulative overdose may interrupt the electrical signal to your heart and lungs. They simply stop. That's how basketball player Len Bias died.

If you're unlucky the first time you do coke, your body will lack a chemical that breaks down the drug. In which case, you'll be a first time O.D.. Two lines will kill you.

Sex With Coke Is Amazing:

Cocaine's powers as a sexual stimulant have never been proved or disproved. However, the evidence seems to suggest that the drug's reputation alone serves to heighten sexual feelings. (The same thing happens in Africa, where natives swear by powdered rhinoceros horn as an aphrodisiac.)

What is certain is that continued use of cocaine leads to impotence and finally complete loss of interest in sex.

It'll Make You Feel Great:

Cocaine makes you feel like a new man, the joke goes. The only trouble is, the first thing the new man wants is

more cocaine.

It's true. After the high wears off, you may feel a little anxious, irritable, or depressed. You've got the coke blues. But fortunately, they're easy to fix, with a few more lines or another hit on the pipe.

Of course, sooner or later you have to stop. Then-for days at a time-you may feel lethargic, depressed, even suicidal.

Says Dr. Arnold Washton, one of the country's leading cocaine experts: "It's impossible for the nonuser to imagine the deep, vicious depression that a cocaine addict suffers from."

- Courtesy of the Partnership for a Drug-Free America

"WHITE BUFFALO OPENS DOORS TO WANDERING INDIAN YOUTH"

Runaway and homeless youth are a real part of our society, and Indian youth are no exception. "These kids are essentially urban, traveling up and down the coast from Oakland to Seattle," began Glenda Durham (Cherokee), director of the White Buffalo Project, an outreach and drop-in center for Indian youth living on the streets. "They are migrating from the Puget Sound Tribes as far south as Portland, from reservations to Portland to find relatives, passing through or coming into circumstances where they are hoping to find a bed for themselves."

Unfortunately, this is a population that is seldom seen by the public. And at a time when AIDS is reaching desperate levels in the teen population, this "is a dangerous time to be on the streets." Like other teens, Glenda continued, Indian teens often resort to commercial sex to support themselves and are vulnerable to injuries and diseases of all kinds.

Hence, the Public Health Service funding for such a project. The White Buffalo Project, located at the Portland IHS clinic, 8532 SE 17th, is scheduled to open in mid-December, complete with official housewarming. The project will offer Indian kids respite from the streets for a few hours. Clean clothes and a good meal will be offered, coupled with the opportunity for medical care through the IHS clinic, and a chance to address some of their needs through community resources, and culturally oriented programs. Portland's Indian Community--Bow and Arrow, People's Circle, ANPO, churches, NARA--is expected to join with other community resources--United Way, the Portland school system, and Children's Services Division (CSD)--to expand the circle of services for these youth.

In the evenings, the drop-in center will be designed for community use. Training for parents, preparing for the drug-free years, CSD certification classes for Indian foster parents are among classes to be offered.

The project will publish a state-wide resource directory on how to deal with runaway Indian youth. A Umatilla nursing student from Oregon Health Sciences community health nursing program is already working to identify resources for the development of an "integrated methodology" to work with homeless and runaway Indian youth. And the youth themselves will have much to teach. "We want to bring them in and learn from them," Glenda concluded. For more information, contact Glenda Durham at 236-0026.

- Courtesy of the Portland American Indian Community

"12-STEP STUDY GROUP"

This is an open meeting for everyone to attend. This study is not only for people with Alcohol or Drug Problems, but also for those people who may work or live with people who do. We intend to offer an indepth study of the 12 steps of A.A., how they relate to our lives and how they are utilized in the recovery process. This study will be very relevant to the person who is ACOA/COA.

Alcoholism is a disease that affects the entire family, consequently the entire family will benefit from this study.

This 12 step study group will be cofacilitated by Monte Ring and Linda Olsen. Monte as a certified Chemical Dependency Specialist, Rehabilitation/Aftercare Specialist and directs the Grand Ronde Alcohol Program. Linda is a certified Alcohol/Drug Counselor and works as the family counselor for the Grand Ronde Tribe.

Linda and Monte extend their warmest invitation for you to come and join them in their fight against the ravages of alcohol and drug abuse.

Date: Wednesday, Jan. 10th.

Time: 7-9 p.m.

Place: Depot Conference Room

"MARIJUANA USE CAN IMPAIR DRIVING"

While most people are reasonably aware of the dangers of drinking and driving, the dangers of combining marijuana and driving are neither as widely nor as clearly perceived. This is due primarily to the fact that alcohol is the more widely used of the two drugs. Hence, it has also received more scientific scrutiny than marijuana.

Nonetheless, the small but convincing body of scientific research on the subject indicates a serious danger from mixing marijuana and driving, according to the National Safety Council for Drug Education.

In several "tracking" studies, which require a subject to follow a moving stimulus, social doses of marijuana have significantly impaired subjects' performances up to ten hours after the drug's consumption. In driving simulator tests, marijuana use has resulted in overwhelmingly negative performance from subjects.

Actual driving tests have shown significant impairments in drivers under the influence of marijuana. While students in the '70s found deficiencies in only those subjects who had taken higher (but still equivalent to social use levels) dosages of marijuana, a recent (1983) study at the University of Pittsburgh showed impaired performance even at low dosages of marijuana.

Importantly, all experiments have shown the highest degrees of impaired driver performance among subjects given a combination of alcohol and marijuana. Both drugs combined are more dangerous than either alone, and, unfortunately, many marijuana users take the drug in combination with alcohol.

While marijuana has been proven to impair driving performance, establishing the drug as an actual contributor to highway crashes is more difficult than for alcohol. This is primarily due to its chemical composition. Alcohol levels remain stable and decline slowly, while THC (the psychoactive ingredient in marijuana) is rapidly converted by the body into other substances soon after ingestion.

- Courtesy of Spilyay Tymoo