MODULE A-4
HISTORY OF DRUG USE

I. PURPOSE

The purpose of this module is to provide participants with a brief history of drug use, focusing on trends and various laws enacted in an attempt to control drug use and abuse.

II. LEARNING OBJECTIVES

Participants will:

1. List main historical events related to the use of drugs.
2. Identify two laws enacted by the federal government in an attempt to control the use and abuse of drugs.
3. Complete a worksheet in their Participant Workbooks, Pages 8-9 Brief History of Drug Use and Abuse.

III. ACTIVITIES AND CONTENT

The instructor will use discussion and a worksheet to present this section.

Introduction

A. The instructor will tell participants that this section will focus on trends in the history of drug use and how individuals and society in general have been affected by them. Explain that there is a long history of drug use and abuse in our society, which will be highlighted in this section. In addition, there will be a brief discussion of various laws that have been enacted over the years in an attempt to control the use and abuse of drugs.
Altered States

The instructor will ask the class the following question to generate discussion.

Question: “Is the use of drugs a modern phenomenon?”

Answers may vary. Some may feel it is a new thing and others may state that the use of drugs has been around a long time. Let the group discuss this, offering suggestions and encouragement when needed.

The truth is that drug use has been around for a long time. We will be looking at some specifics regarding the history of drug use in a minute. For now, we simply want to establish a few basic ideas.

The use of drugs to provide mind and mood altering experiences is not new. All cultures have had their drugs and all cultures have had a group of people who had problems with them. Even more primal, humans seem to have a need to change the way they feel, to alter their state of consciousness. Children often spin around in circles until they feel dizzy, delighting in this change in the way they normally feel. Adults often engage in activities such as skiing, racing, sailing, riding a roller coaster, watching scary movies, and other activities that lead to a feeling of exhilaration and pleasure. The effects of adrenaline are familiar to all of us. Exercise is well known for its mood changing properties, increasing energy and providing a sense of clarity. Runner's high is an example of this. Meditation techniques can also change the way people feel. The instructor may poll the class for other suggestions about activities people engage in to change the way they feel.

The bottom line is that people sometimes like to change the way they feel. Based upon the variety of things people will do to achieve this goal, we
would have to say this is normal. So it is not necessarily a bad thing. We have just listed a few activities that do not involve drug use that are mood altering.

Drugs are a quick, easy, and powerful way of altering our moods. Drugs are also a fairly passive way of changing the way you feel. A person might have to go to a lot of trouble to get the drugs, but simply ingesting them in some form leads to the mood altering effect. There are also a host of problems that can be caused by drug use, abuse and addiction. We have discussed the arrests and deaths associated with drug use. Throughout the course we will discuss others.

A Brief History of Drug Use

As we discussed earlier, all cultures have had mood altering substances that they used. Alcohol has been around a long, long time in a variety of fermented beverages. Other forms of intoxicants such as plants, mushrooms, seeds and roots have been known to have medicinal and mood altering effects.

One of the early documented episodes of drunkenness was Noah. After the flood had passed he planted a vineyard, drank some of the wine, became drunk, and passed out naked in his tent. (Gen. 8:20-22) This caused a big uproar with his family when the youngest son pointed it out to his brothers, shaming his father. Noah awoke and cursed his youngest son, one of the early examples of a drug (alcohol) causing family problems. Let’s go on to look at a brief history of drug use.

Trends in the History of Drug Use and Drug Abuse

C. The instructor will show PowerPoint #8 Trends in the History of Drug Use/Abuse

| Stone Age | Stone Age pots = natural fermentation
| Common use of alcohol from beginning of history
| Prehistoric - berry mash = dibione = yaucht
| Euphoric effects = crude wine |
Use/Abuse - Drug use is not a modern invention. Drugs have been with us since ancient times.

Stone Age:

• Residue from the fermentation process producing alcohol was found in stone age pots and alcohol is still being widely used today.
• The common use of alcohol since the beginning of history is well documented and descriptions of drunkenness were as frequent as were prescribed remedies.
• During prehistoric times, people drank the juices of berry mash that had been exposed to airborne yeast. When users realized that this drink produced pleasant, even euphoric feelings, they began the purposeful production of crude wine.

4000 years ago:
The instructor will show PowerPoint #9 - 4000 Years Ago

• Sumerians used opium, which they called the "plant of joy ."
• Opium was used in religious rituals in Greece and Cyprus.
• In 2737 B.C., a Chinese emperor wrote about the medicinal purposes of marijuana to treat constipation, rheumatism, absentmindedness, female disorders, malaria and beriberi. However, they were well aware of its stupefying and hallucinogenic properties.
• In India at about 1500 B.C., sacred psalms were sung which identified marijuana as a divine nectar, able to promote good health, long life and visions of the gods.
• Ancient Greeks, Romans and Egyptians used poppy capsules to cure various kinds of ailments.
• The Old Testament describes the use of wine: "and he drank of the wine and was drunken."
800 years ago:
The instructor will show PowerPoint #10 - 800 Years Ago
• Ancient Aztecs and other Mexican Indians used peyote, marijuana and mescaline in religious ceremonies.
• The Inca Indians in South America used the leaves from the coca plant as money to pay native workers for mining and transporting silver and gold.

1700s through early 1900s in North America:
The instructor will show PowerPoint #11 - North America, 1700-1900’s
• In 1750, King George of England encouraged the planting of hemp (marijuana) in America. He intended to establish a textile and rope industry in this country, but our forefathers were aware of the possibilities for smoking hemp. George Washington grew hemp at his Mount Vernon Plantation in response to a request from King George, but there is no evidence that he smoked it.
• Patent medicine containing opium was widely used and prescribed by doctors for nearly everything including colds, arthritis, headaches and sinus problems. It was also thought to increase intelligence and imagination. Opiates were sold in pharmacies, grocery and general stores, and at traveling medicine shows. Because there were no antibiotics and the medical profession had few tools to cure problems, the only alternative was to provide drugs and medicines to try to control the pain.
• Merchants made fortunes by trading opium and rum. The British went to war twice in an attempt to keep opium trading open.
• Heroin could be ordered from mail order catalogs and was thought to be non-addicting. It was marketed by Bayer and Company as a sedative for coughs and as a chest and lung medicine.

• Morphine was used for the treatment of pain and dysentery during the war. Because of the pain due to gunshot wounds and amputations and no cure to many diseases, morphine was used to lessen the pain. It was called the “soldier’s disease” or “Army disease” after the Civil War.

• Inhaling a gas (as opposed to smoking a drug) became popular in the 1800s with the discovery of nitrous oxide or “laughing gas.” Nitrous oxide and other sedating drugs were regularly prescribed to women in Victorian times for female problems.

• About the same time the hypodermic needle became available, so did pure cocaine. Many physicians prescribed cocaine as a cure for morphine addiction, just as methadone is used today to relieve heroin addiction.

• By 1875 opium smoking had become widespread in America particularly among prostitutes, gamblers and persons of the underworld as well as among more respectable men and women of the middle and upper classes.

• In 1884, purified cocaine became commercially available in the United States. It was used in many products, including all sorts of nerve tonic, patent medicines, home remedies and even in Coca Cola and wine.

• Narcotics were used by women to soothe their babies when they were teething or had colic and to treat many illnesses and diseases for which there were no known cures.

• The 1897 edition of the Sears and Roebuck catalog advertised hypodermic kits, which included a syringe, two needles, a vial and a carrying case—all for $1.50.

1920s - 1950s
The instructor will show PowerPoint #12 - 1920s-1950s
• The practice of smoking cannabis leaves came to the United States with the Mexican immigrants, who came North during the 1920s to work in agriculture.

• Marijuana use rose in the 1930s as cocaine use went underground. Marijuana was called "Mexican ditch weed" because it had been used in South America and Central America for years. It became popular with musicians, artists and actors in the 1920s and 1930s. Marijuana was also used to cure depression, convulsions, insanity and even mental retardation.

• Amphetamine pills were used in World War II to keep pilots alert during long flights and also to increase the productivity of soldiers in the field but it was rescheduled in 1970 to make it less available. Its only uses now are limited to treatment of narcolepsy and for hyperactivity in children.

• Doctors prescribed the mild tranquilizer Miltown for patients who were tense or nervous in the 1950s.

• In 1943, Dr. Albert Hoffman discovered LSD and experimented with it.

• Darvon was first manufactured in 1957. Since 2009, it has been more highly regulated.

1960s, 1970s, 1980s

The instructor will show PowerPoint #13 - 1960s, 1970s, 1980s

• After prescription amphetamine became less available, rogue chemists began "cooking" methamphetamine ("speed"), which is chemically similar to...
amphetamine and the drug was distributed by motorcycle gangs.

• Marijuana and LSD became popular with young people (flower children, hippies) in the 1960s.

• Heroin, marijuana and other drugs were used by American soldiers during the Vietnam war as a way to cope with the life and death realities that constantly faced them. It is estimated that 10% - 15% of American troops in Vietnam were addicted to drugs, and as a result, President Nixon funded the first large expansion of drug treatment programs.

• Cocaine use again gained popularity during the mid 1970s. Because of its high cost, cocaine became a status symbol. Young professionals used it at parties to show they were financially successful. Note the styles and story lines in “Miami Vice” as compared to the pictures today of crack cocaine users.

• There was a rise in use of tranquilizers during the 1970s, with Valium becoming the most commonly prescribed of all prescription drugs between 1972 and 1978.

• Designer and synthetic drugs began to appear in the 1980s. Drugs like Ecstasy (MDMA, MDA) are synthetic compounds related to hallucinogens and methamphetamines). Designer drugs are synthetic substances produced by chemically engineering (or altering) existing drugs in order to make “act-alike” psychoactive substances that would be legal. They are produced by illicit chemists by altering the molecular structure of an illegal drug to produce a substance not yet listed as a controlled substance. In 1988 it became illegal to manufacture or sell a designer drug if its chemical structure or the effects it produces are similar to a controlled substance, but rogue chemists continue to try to produce illicit drugs to get high on.

• Crack cocaine, which is a smokable and cheaper form of cocaine, became popular in the mid-1980s. It produced a very quick and intense high and decimated inner city communities.
The instructor will show PowerPoint #14 - 1990s

- An epidemic in using powdered methamphetamine (Speed, Crank) began on the West Coast and gradually spread eastward. It is usually inhaled or injected and the dangerous chemicals used in producing it pose risks both to the people (and children) around the lab and to the environment.

- Ice (Shards/Crystal/Tina), a form of methamphetamine that is 80%+ pure and is smokable, first appeared in Hawaii in 1985, smuggled in from Asia. Smoking Ice is now more popular than inhaling or injecting powdered methamphetamine.

- In Texas, marijuana is the illicit drug most frequently used, and cocaine (including crack) is the drug that caused the most problems for people entering drug treatment programs.

- Alcohol remains the number one drug of choice.

- Vicodin (hydrocodone) is the most commonly abused prescription narcotic, although oxycodone (OxyContin) is also widely abused in Texas.

- “Club Drugs” such as Ecstasy, GHB, PCP, Ketamine are also problems. Rohypnol, which was illegally imported from Mexico, was a problem in the 1990s. GHB (gamma hydroxybutyrate), also known as “Grievous Bodily Harm” or “Fantasy” and PCP, Phencyclidine, continue to be problems.

- Beginning in 1993, use of blunt cigars to smoke marijuana was noted in Texas. “Blunts” are cheap cigars which are split open and the tobacco removed and replaced with marijuana. Blunt Wraps, which are flavored tobacco leaves, are also sold to hold marijuana.
The instructor will show PowerPoint #15 - 2000s

- **Cocaine** remains the major drug problem for people entering drug treatment in Texas. The use of crack cocaine has spread to new populations.

- **OxyContin** – A synthetic opiate sometimes referred to as “Hillbilly Heroin” has become one of the most abused opiates. It is a prescription narcotic. Use of OxyContin is more prevalent in the northeast but use is spreading in Texas, although Vicodin remains the larger problem here.

- **Codeine cough syrup** is popular, particularly in some Texas cities. It is sometimes referred to as “Lean” and its use has been popularized by a specific type of rap music known as “Syrup Sippin' Music.”

- Laws limiting the over-the-counter sales of cold medicines containing pseudoephedrine have decreased the amount of methamphetamine being “cooked” in Texas. However, cooking of small amounts continues, and Ice can be imported from Mexico or produced here.

- **Abuse of prescription pain drugs** continues to increase not only among youths, but also among the older population. Most of these drugs are obtained from family or friends (not the internet) and overdoses and deaths document not only the increasing problems but also the tendency to take a number of different prescription drugs together, which leads to emergency room visits or death.
Admission to treatment programs for marijuana use continue to increase. Approximately ¾ of the admissions in Texas are criminal justice referrals, but ¼ are self-referrals. The self-referrals use more marijuana, use it more frequently, and develop serious impairments due to their heavy and prolonged use. Evidence of the relationship between heavy marijuana use and mental health problems is beginning to appear. Use of bongs and blunts are ways to use more marijuana and may be contributing to the problem.

Ecstasy was known as a drug used at rave and dance parties in the 1990s and most of the users were White. The drug has now spread to the street and it is frequently used with marijuana and all race/ethnic groups now use Ecstasy. Studies have suggested use of the drug affects depression, other mood disorders, impulsiveness or hostility, psychotic symptoms, and anxiety.

Since 2005, there has been a trend towards youths and young adults inhaling powdered heroin. It became a problem with “Cheese” heroin in Dallas but the problem has grown throughout the state. Users start as inhalers but quickly move to injecting. The instructor will ask the following question:

Question: “What is the popular drug in your community?”

[INSTRUCTOR NOTE: As each person responds, write their response on the chalkboard/whiteboard or flip chart.]

Sample Responses: crack (cocaine), marijuana (marijuana plant), crank (methamphetamine)

Once they have responded, close by telling the participants that we can only guess as to what new drugs will become popular and how they will affect individuals and society at large.
The instructor will ask participants to turn to their Participant Workbooks, Page 8 (BRIEF HISTORY OF DRUG USE AND ABUSE). The class will complete this worksheet as a group. Explain that participants are to put the correct word from the list in the blank beside each question. The instructor will read each of the following sentences and ask participants to provide the appropriate word for each blank. Affirm each correct answer so that all participants will be able to complete their worksheets accurately. Continue until all items have been covered.

1. Drug use has been around since ANCIENT TIMES.
2. Our forefathers knew that hemp, which is MARIJUANA, could also be smoked as well as make rope.
3. HEROIN could be ordered from mail order catalogs and was thought to be non-addicting. It was marketed by Bayer and Company as a sedative for coughs and as a chest and lung medicine.
4. OPIUM was used as a medicine and prescribed by doctors for nearly everything, including colds, arthritis, headaches and sinus problems. It was thought to increase intelligence and imagination. It was sold in pharmacies, grocery and general stores, and at traveling medicine shows.
5. MORPHINE addiction was called the "soldier's disease" during the Civil War because of its use to treat pain.
6. NARCOTICS were used by women to soothe their babies and to treat many illnesses and diseases for which there were no known cures.
7. COCAINE was used in many products, including Coca-Cola.
8. MARIJUANA became popular with musicians, artists and actors in the 1920s and 30s.
9. AMPHETAMINES were used in World War II to keep pilots alert on long flights.
10. MARIJUANA and LSD became popular with young people in the 1960s.
11. COCAINE again gained popularity during the mid-1970s. Because of its high cost, it became a status symbol.
12. There was a rise in use of tranquilizers during the 1970s, with **VALIUM** becoming the most often prescribed of all prescription drugs.

13. **CRACK** cocaine became popular in the mid-1980s. This form of cocaine meant that the popular drug of the moment was available regardless of one's financial status.

14. **DESIGNER** and synthetic drugs like Ecstasy began to appear in the 1980s. They were more powerful than natural drugs and could be produced in high volume at a relatively low cost.

15. **ALCOHOL** remains the number one drug of choice.

16. **METHAMPHETAMINE** labs pose environmental and health risks.

17. **OXYCONTIN** is also known as “Hillbilly Heroin.”

**Question: “Do you have any observations about this brief history?”**

Allow participants to make statements. Express appreciation to participants for their responses. Now that we have looked at a brief history of drug use, let's look at some of the ways society has attempted to control drugs.

**Laws Enacted to Regulate Drugs**

D. The instructor will discuss the history of drug laws by making the following points: **[INSTRUCTOR NOTE]: A list of drug regulations with dates is included is in the “Instructor Resources” at the end of this section.**

- In the 1800s the federal government had virtually no laws regulating the sale or use of drugs. During this time, it was the general feeling that buying or selling drugs was a victimless crime. Both the buyers and sellers were getting what they wanted and neither complained. However, in the early 1900s, that attitude began to change because the federal government began to recognize that there were victims in some of the buying and selling transactions.
• Problems arose when people became addicted to drugs and were unable to function. There was a backlash in society when people started looking at the effects of drug use on people’s lives.

• In the early 1900s, many of the states and the United States Congress began to pass laws regulating the sale and use of cocaine and opiates.

• The Pure Food and Drug Act of 1906 required over-the-counter medicine (commonly, these would be “patent medicines.”) to reveal on the label whether it included morphine, cocaine, cannabis or chloral hydrate. It simply informed the purchaser whether any of these drugs were present; it did not prevent purchase or restrict the amount of the drug.

• With the passage of the Harrison Narcotic Act of 1914, narcotics and cocaine could no longer be obtained legally by the user on the street. (NOTE: Although cocaine is a stimulant, it was classified as a narcotic under this act for legal purposes.) This forced the user underground, and prices increased by 50%. The door was opened wide to adulterated, contaminated and misbranded black market drugs of all kinds. In 1924, the Harrison Act was strengthened to prohibit importation of heroin for any purpose, including medical use. The Harrison Act served as the foundation and reference for subsequent laws directed at regulating the use of drugs.

• The 18th Amendment was passed in December 1917 which started Prohibition (alcohol). It was repealed in 1933, when Americans found that it did not work.

• In 1956 the Federal Narcotics Control Act was passed. It established minimum mandatory sentences for violation of laws controlling marijuana and opiates.
• The Controlled Substances Act of 1970 created the five controlled substances schedules and penalty groups and is the legal foundation for reducing the illicit use of narcotics. This law grouped drugs within the five schedules according to their potential for addiction.

• Congress created laws to control drugs because they thought that if drugs were unavailable, the problem would go away. The problem did not go away. Laws did not change behavior. The problem simply went underground, creating an illicit drug trade that is costing the United States billions of dollars each year.

[INSTRUCTOR NOTE: The preceding information may raise questions on the legalization of drugs. The instructor will acknowledge that this issue is being debated at many levels of government, and there is not time in this class to debate the issue. Tell participants that you would be glad to discuss this issue after class or at break.]

Pamphlet: Drugs and You

E. The instructor will then pass out the pamphlet "Drugs and You." (A copy of the pamphlet cover is in Instructor Resources at the end of this section.) Explain to participants that this booklet is a good resource for review of the various categories of drugs and their effects. It also points out reasons for abusing drugs and some myths and facts about drug use and abuse.

Tell participants to read the pamphlet before the next session and that they will be asked to look at their personal patterns of drug use in a later class.
Summary

The instructor will summarize by telling participants that looking at the history of drug use shows that it has been around for generations. Even though drugs of choice have changed throughout history, they have always caused problems. Drug use and the resulting problems are passed down from generation to generation, and the people of today who are trying to break the cycle of abuse are not alone. Research continues to reveal more about drugs, but there is still much to learn.

Now we will look at some ideas about the human change process. This course is as much about change as it is about drugs. Part of this course will be focusing on the ways that people change so that anyone interested in changing their behavior regarding the use of drugs will have good information to help them to make that change. Other people may have already made some changes in this area, and understanding how people change will help them continue to be successful in this area. Some people may benefit from understanding the process of change for other areas of life such as changing their eating habits, establishing an exercise program, going back to school, quitting smoking, etc. During this course, we will be looking at change from the perspective of the Stages of Change. In the last section, we will examine this way of looking at change.