USE YOUR VOICE

Contributors ♦ Bryson DeJong ♦ Elisafan ♦ Molly Francis ♦ Rebecca Grandy ♦ Emi Harada-Koga ♦ Ben Lilly ♦ Le Sheng Liu ♦ Tonique McNair ♦ PunG ♦ Sandra
Editor ♦ Bita Shooshani
Editorial Advisors ♦ Michael Ritter ♦ Nina Jo Smith
Art On Cover ♦ David Lourie, photograph of a South American Agave plant
Hey There Reader,

Welcome to the second issue of USE YOUR VOICE. This journal was created through a collaborative effort by SFSU students and staff of Counseling and Psychological Services’ Prevention Education Programs/C.E.A.S.E. We believe that you’ll encounter the affects of alcohol and other drugs in one way or another. And we’ve created this journal to address some of the problems you or someone you know may encounter along your journey as a student.

The image of the Agave on the front cover of this issue depicts the magnificence of the plant that is used to make tequila. We chose this image because it is beautiful and illustrates the seductive quality of alcohol. Since there are qualities that are attractive about alcohol and other drugs, it would be impossible to address their complexity in black and white terms. In this journal, we address these complexities through facts, history, personal perspectives on the impact they have on our lives. The views expressed through the essays and poems are those of the authors and not necessarily the Prevention Programs.

We believe that if you are well equipped with knowledge, you will make wise choices about the role substances play in your lives.

Read on and enjoy!

Bita Shooshani
Editor
"Words are, of course, the most powerful drugs used by mankind." Rudyard Kipling

**Quotes**

- Finding Freedom  p. 16
- Self Medication  p. 19
- Discriminatory Laws  p. 24

**Essays**

- Get the straight facts on Alcohol p. 3-8, Tobacco p. 9-11, Marijuana p. 12, Speed p. 13, Cocaine p. 15, and Ecstasy p. 18

**Drugs**

- Tips on avoiding a harmful mixture of Drugs + Sex  p. 28-32

**Sex**

- Reduce stress and have fun without drugs  p. 33-40

**Alternatives**

- Where to get help and more information  p. 41-43
The Premise: Drugs Exist. They Always Have.
Six thousand years ago the Sumerians were drinking beer and sipping wine, four thousand years ago the Mayans ate mushrooms, “flesh of god”, to divine the spirit world. Tobacco was grown in the Americas as early as 6000 BC and used for religious and medicinal purposes. Alcohol and Other Drugs (AOD) have been around throughout the history of human civilization and are no less common today than they were in the past. So one way or another, drugs will cross your path whether it’s your roommate puking in the middle of the night or a parent who abused it or you’re curious about experimenting, you’ll be faced with making decisions about the role AOD’s play in your life.

The Relationship: Abstain, Use or Abuse?
*Just Say No To Drugs* has not worked very well. It underestimates the curiosity that is inherent in human nature and is out of touch with reality. The reality is that at one time or another you may choose to have a glass of wine, try a cigarette or experiment with other drugs. *The Just Say No* approach also makes it difficult to have real conversations about what it means to experiment, use recreationally or to abuse. So, if you’re going to make a wise choice you need to know the facts. We have tried to give you the facts objectively so that you will be able to make choices wisely. As you read, keep in mind the question: What kind of relationship will you have with alcohol and other drugs?

The Choice: It is yours to make.
Definitions

abstain (ab-stan) v. To refrain from something voluntarily.

abuse (e-byoooz) v. A pattern of drug use that continues despite social, occupational, psychological or physical problems caused or exacerbated by the drugs. Often recurrent use of the substance in situations that are hazardous.

addict (e-dikt) v. To devote or give (oneself) habitually or compulsively to something (i.e. substance, a relationship).

dependence (di-pen-dens) n. Intense pattern of drug use with loss of control over drug use as a distinguishing characteristic. In such cases, a person’s life becomes organized around obtaining and taking the substance and continues use in spite of adverse consequences. Tolerance and withdrawal are other signifiers.

self-medicate (self-med-i-kat) v. To treat pain and health ailments by administering drugs for oneself.

tolerance (ta-le-rens) n. The need for increased amounts of the substance to achieve intoxication.

withdrawal (with-dro-el) n. the discontinuance of the use or administration of a drug; also, the period following such discontinuance marked by often painful physiological and psychological symptoms.

Definitions adapted from The Merriam-Webster Dictionary, 1998 and Webster’s II New College Dictionary, 2001, & The DSM-IV: The Diagnostic and Statistical Manual of Mental Disorders, 1994
Alcohol

To drink or not to drink? The beer companies have an answer for you, your friends might have an answer for you and you know what your mother would say. So what should you take into consideration when you make this decision? The following will provide some straight facts so you can make the most educated choice for yourself. Because you are the only one who can decide whether to drink or not to drink.

Facts or Myth

Myth This is my time to party and get trashed, everybody else does, it’s the ‘college experience’.

Fact The majority of college students do not get trashed, actually only 30%* qualify as ‘heavy drinkers’ and many of those students don’t get to have the ‘college experience’ since 159,000 first-year freshman will drop out because of alcohol or other drugs.

Myth I don’t have anything to worry about if I get drunk once or twice a week.

Fact Binge drinkers (those who drink more than five drinks in one night) have a greater tendency to become alcohol dependent (aka alcoholic) later in life. No one plans on becoming an alcoholic.

*National Core Survey, Spring 2000
The Thief

Give me back what you took
A piece of my life missing
I am not complete or whole
There is a night that you stole

Tell me how, I don’t remember
I know what I had, but you know something more
Tell me why, I don’t remember
Is it because I said no three nights before

An empty space for a memory
One that is clear only to you
A blank that started when I hit the floor
Hours later you walk out the door
Leaving me the gifts of guilt, shame
Anger and pain

All I want is to remember
All I need is the answer

by Molly Francis
Alcohol is ethanol, a natural by-product of fermenting sugars usually made from grains, hops, rice and even fruits or vegetables. When you drink, alcohol travels down your esophagus to your stomach into your intestine and gets absorbed into the bloodstream. You now have a blood alcohol concentration (BAC) which will vary based on the number of drinks you have, the amount of time that passes between drinks, and your body weight.

**What’s your BAC?**

1 unit = 1 hour

It takes an average of one hour to process one unit of alcohol. Two drinks will put you over the .08% BAC drinking limit to drive. Time is the only factor that will sober you up. That means coffee, cold showers, whatever else will **not** change your BAC.
IDENTIFY YOUR USE

Check out these criteria to help you identify your relationship with alcohol

Social Drinking
- Drink slowly
- Know when to stop
- Do not drink to get drunk
- Never drive after drinking

Problem Drinking
- Drink to get drunk
- Drink to cover up for shyness
- Feel guilt or remorse about your drinking
- Missed classes or work because of a hangover
- Friends and family have expressed concern
- Memory loss from drinking (blackout)

Alcohol Dependence
- Begin drinking a ‘few’ but can’t stop until drunk
- Blackouts
- Spend a lot of time thinking about your next drink
- Deny drinking, hide bottles
- Need to drink to face stress
- Major problems with family, friends, employer, school or police

SFSU STATS*

64% refused an offer of alcohol or other drugs in the last thirty days

2.5 or less is the average number of drinks SFSU students drink per week

30% of SFSU students don’t drink at all

*San Francisco State University Core College Survey, Spring 2002
The Alcohol Quiz

1. Alcohol is digested in the same way food is digested. **True or False**

   Alcohol is unique because it requires no digestion. It can be absorbed directly from the stomach, and even more rapidly from the small intestine. That’s why drinking on an empty stomach can go straight to your head!

2. Moderate consumption of alcoholic beverages is generally not harmful to the body. **True or False**

   Some studies show that moderate drinkers (those that drink one or two drinks per occasion) tend to be at less risk of heart attacks than abstainers or heavy drinkers. However, it’s not recommended that you start drinking for health benefits.

3. An estimated 85% of the adult Americans who drink are alcohol abusers. **True or False**

   Of the adult Americans who drink, approximately 15% abuse alcohol. The majority of people who drink do so in a responsible manner which does not lead to alcohol related problems.

4. Alcohol does not make you gain weight. **True or False**

   Alcohol contains 7 calories per gram. Fat contains 9 calories per gram. Would you like a pint of beer or a hot dog?

5. It takes about as many hours as the number of beers drunk for the liver to completely burn up the alcohol ingested. **True or False**

   Alcohol is metabolized by the liver at a rate of one drink an hour.
6. Most commonly drunk alcoholic beverages in the US are distilled liquors (e.g., whiskey, gin, vodka). **True or False**

Beer is the most commonly drunk alcoholic beverage in the US.

7. Few women become alcoholics. **True or False**

Estimates vary between 25-50% of alcoholics as women. In the past, women were more reluctant to seek treatment but fortunately the situation is beginning to change which explains the higher number of women alcoholics.

8. Alcohol is a stimulant. **True or False**

Alcohol is a depressant drug; this means it slows down (depresses) the Central Nervous System. Some mistake it as a stimulant because it initially reduces inhibitions. For those that are self-medicating for depression, it actually works to worsen the symptoms and prolongs the process of recovering from depression.

9. Approximately 10% of fatal highway accidents are alcohol related. **True or False**

50% of fatal highway accidents are alcohol related! Never risk your life and the life of others by drinking and driving.

To prevent a hangover, sip your drink slowly, eat while drinking, have no more than one drink an hour, and be careful not to drink over your limit.
3 DAYS QUIT

SMOKER’S LAMENT

Craving now the foggy burst of cancer tar to kill the thirst that haunts me like an evil curse And now it Burns me even worse

But I don’t really want to see the damage it will do to me That’s not how I would like to be A couple days, then I’ll be Free

-Cigarettes

You might have noticed the antismoking campaign going on pretty aggressively across the country. The lies that the Tobacco Industry have been telling the public in their advertisements have been exposed. Since then, the Tobacco Industry has been bombarded with lawsuits and had their marketing scams exposed. Including, advertisements specifically targeting children and people of color.

"To cease smoking is the easiest thing I ever did. I ought to know, I've done it a thousand times."

-Mark Twain
In the Beginning...

Huron Indian myth has it that in ancient times, when the land was barren and the people were starving, the Great Spirit sent forth a woman to save humanity. As she traveled over the world, everywhere her right hand touched the soil, there grew potatoes. And everywhere her left hand touched the soil, there grew corn. And when the world was rich and fertile, she sat down and rested. When she arose, there grew tobacco . . .

Tobacco Timeline

››› c. 6000 BCE Tobacco plant begins growing in Americas
››› 600-1000 CE: GUATEMALA: First pictorial record of smoking showing a Maya smoking a roll of tobacco leaves tied with a string. The Maya word for smoking is sik’ar.
››› 1619: VIRGINIA: The very first American Thanksgiving is a celebration of a good tobacco crop.
››› 1600-1800’s: NORTH AMERICA: Growth of tobacco as a cash crop fuels the demand for slave labor
››› 1944: The American Cancer Society warns about possible ill effects of smoking.
››› 1952: Cigarette sales decline with reports of statistical correlation between smoking and cancer.
››› 1954: Tobacco industry responds with filtered cigarettes that promise a “healthier” smoke. The public responds well and sales are back up.
››› 1964: Surgeon General Advisory that the average smoker is 9 to 10 times more likely to get lung cancer citing specific carcinogens in cigarettes including cadmium, DDT, and arsenic.

And Today: Tobacco Industry is on the run from thousands of lawsuits. People continue to smoke and die everyday from smoking related illness.*

*www.tobacco.org
What Happens to Your Body After Your Last Cigarette?

**Within 20 Minutes***
Blood pressure drops to normal
*Pulse rate returns to normal

**Within 8 Hours**
Carbon Monoxide level in blood drops to normal
*Oxygen level in blood increases to normal
*Smoker’s breath disappears

**Within 24 Hours**
Your chance of a **heart attack** decreases already

**Within 48 Hours**
Nerve endings start to regrow.
*Your ability to smell and taste is enhanced.

**Within 72 Hours**
Bronchial tubes relax making it easier to breathe.
*Lung capacity increases making it easier to do physical activities

**Within 2 weeks to 3 months**
Circulation improves
*Walking becomes easier
*Lung function increases up to 30 percent

**Within One to 9 months**
Coughing, sinus congestion, fatigue, shortness of breath decrease
*
Your body’s overall energy level increases
*
Cilia regrow in lungs, increasing the ability to handle mucus, clean lungs, reduce infection

**Within One Year**
Risk of coronary heart disease is half that of a smoker

**REWARD YOURSELF FOR QUITTING!**

*American Lung Association*
"I tried marijuana once. I did not inhale."

-Bill Clinton

Marijuana

Is an ancient drug obtained from the Cannabis Sativa plant widely known as the hemp plant, a common weed found in many parts of the world.

Is extracted from the female flowering tops, stems and leaves of the hemp plant.

The active chemical in Marijuana is THC which creates the high.

Why Do People Smoke?

1. Achieve euphoria
2. Instant gratification
3. Numb out negative feelings

What to watch for?

Becoming a regular smoker could lead to serious problems.

- Becomes your only way to relax

- Miss opportunities to develop other ways of enjoying your time.

- Lethargy: give up on goals that may have been important to you.

- Psychological addiction: you try to stop but can’t, even after you realize the negative impact on your life.

Visit www.drugfreeAZ.com for more information
“I feel the need - the need for speed”  
-Top Gun

Speed

Methamphetamine, amphetamine or speed is a stimulant. It works by blocking dopamine transporters in the brain causing a build up of this neurotransmitter which controls feelings of pleasure. Long term use is known to damage the receptors and create an imbalance in dopamine production.

Why Do People Use It?

1. Staying up  
2. Elevates mood  
3. “Friends” use, wanting to belong  
4. Self-medicating for ADHD  
   (Attention Deficit Hyperactivity Disorder)

What to watch for?

.speed is highly addictive. Regular use builds tolerance (needing to increase the dose to get the same effect) which leads to physical dependence.

Extended use of speed can cause psychosis with paranoid delusions (others out to get you, you’re being watched or followed)

Coming down from speed can make you feel tired, lethargic and depressed (or depleted). This may tempt users to take more and lead to dependence.

Users become physically run down, which leaves them susceptible to a wide range of illnesses.

Swallowing is the safest method of use, while snorting and smoking lead more quickly to dependence since the effects are experienced faster.

For more information go to drugfreeAZ.com or tweaker.org
A Lethal Combination

Alcohol > muddles rational thought while lowering inhibitions

Cocaine or Speed > increases the potential for aggressive acts

GHB > often used by rapists during unsuspected assaults by slipping the clear liquid in the victim’s drink. GHB mimics the effects of alcohol, extremely dose sensitive, could easily lead to overdose resulting in unconsciousness or respiratory failure (death)

Just In Case : What to Do

Alert Others > the second you feel something’s wrong tell the bouncer, your friends, call for help

Don’t Fall Asleep > find a safe place to sit while help arrives, especially if you’re nauseous
Cocaine

Cocaine hydrochloride comes from the coca plant mainly grown in South America. Coca leaves are chewed or made into tea and used legally in many countries as a mild stimulant similar to caffeine. It comes in a white powder.

Why Do People Use It?
1. Elevates the mood temporarily
2. Increases alertness
3. “Friends” use, wanting to belong
4. Self-medicating for ADHD
   (Attention Deficit Hyperactivity Disorder)

What to watch for?

- Cocaine is highly addictive because it is short-acting and can easily lead to using too much too often.
- Withdrawal symptoms include depression, agitation, anxiety and paranoia.
- High or frequent doses have caused seizures, strokes or heart attacks in some people.
- Snorting can damage the membranes of the nose and smoking cocaine (crack) is more dangerous due to the greater intensity in drug effects including withdrawal.
- Cocaine is illegal and will result in long prison sentences. Possession of crack will result in a longer prison sentence.

For more information go to dancesafe.org or drugfreeAZ.com
The experience of being able to name the thing, the exact thing, that is the cause of your pain becomes the cure for that pain. Oppression is a big word and many may not relate to it, may not feel justified in claiming it. Oppression is the act of being pressed down upon by a power greater than oneself. Any child who has been mistreated by someone older, in a position of greater power, has been oppressed. A woman or a man receiving unwanted sexual advances or is raped knows the experience of being “pressed down upon by a power greater” than oneself. Many experience the symptoms of oppression: depression, self-hatred, apathy, rage, and a nondescript feeling of powerlessness. It is an awakening that is required to move beyond these emotions, an awakening that correctly links these feelings to the source of one’s pain.

When people say, “I’m so fucked up” or the flip side of the coin, “the world is so fucked up”, they have given into believing that they are powerless and there is only bad in the world. The oppressor has succeeded in keeping this person down. Often times those in power feed off of this reaction. The child molester counts on the fears of the child to prevent them from speaking out. To begin naming, then expressing what has been kept silent, pushed down into secrecy, is to begin exposing the injustice: expression = health.
they are able to instill in the child to keep them quiet while the rapist will continue socializing in the same circles not worrying about being identified by their victim.

Finding freedom requires an introspective process, in other words, being honest with yourself and those close to you. And allowing time to really understand the source of pain, not by numbing out feelings, indulging in negative thoughts, or any other form of avoidance. In our society, we are often not encouraged to deal with our pain through this sort of examination. We are told to “go shopping” as a solution for the enormous grief we’re faced with from the September 11th attacks. When it hurts real bad, take a pill, smoke a bowl, throw a few back. When there is pain that fuels the use of alcohol, illegal drugs, prescription drugs, the chance is greater for this behavior to turn into an addiction. There is a need that is filled at first, and when the affect wears off, the need is there, greater, needing more and more and more until it’s impossible to satiate unless one is “medicated” all the time.

The AIDS prevention movement uses a slogan that depicts the most destructive effect of oppression: silence = death. To begin naming, then expressing what has been kept silent, pushed down into secrecy, is to begin exposing the injustice: expression = health. To bring light into the darkness. This is the path towards healing, towards health, towards the ability to experience the world no longer as a victim but as a survivor, an active agent able to make an impact in your own life and the life of others.

“Freedom is not something that anybody can be given. Freedom is something people take, and people are as free as they want to be.”

-James Baldwin
“What Goes Up Must Come Down.”

-Anonymous

ECSTASY

The brain chemical, Serotonin, is released by MDMA which produces feelings of euphoria but when depleted could lead to a depressive mood. There may be permanent damage to the brain chemical receptor sites (studies thus far are inconclusive).

Why Do People Use It?

MDMA, or 3,4-Methylenedioxymethamphetamine, is a "mood elevator". Some of the reasons people give for being drawn to ecstasy are:

1. Produces a relaxed, euphoric state
2. Enhanced sensations
3. Greater feelings of acceptance and empathy
4. Feelings of self-acceptance

What to watch for?

镞 The addictive nature of the drug is not yet known but it can take on great importance and lead to compulsive use.
镞 May be trying to self-medicate when user is struggling with depression or social anxiety.
镞 Deaths have occurred by heat strokes from losing body fluids too quickly without replenishing them.
镞 Fake ecstasy is commonly found at club scenes and could contain other substances such as PMA, DXM (cough suppressant), PCP and Ketamine (veterinary anesthetics), speed, and arsenic (rat poison).
镞 Mixing ecstasy with alcohol and other drugs increases the risk of adverse reactions.

For more information go to dancesafe.org or drugfreeAZ.com
“Grace fills empty spaces, but it can only enter where there is a void to receive it.”

- Simone Weil

SELF-MEDICATION

by Emi Harada-Koga

I go around the room and ask the young adults in the room, So what makes you want to drink, smoke, snort, drop- or whatever it may be that you do? Do you think you may have an addiction problem? For the most part, they all shake their head, and agree that none of them are addicted. Some of the reasons given were: “I only do ________ when I’m stressed out.” “I drink to relax.” “I have to drink to dance.” “I’ve been depressed lately, so I think I deserve to drop this weekend.” “I only smoke when I’m on my period.”

These answers are not surprising, since as a nation, we enjoy medicating ourselves for one reason or another. We are slowly becoming a group of individuals who will forget what it was like to feel pain- or any kind of emotion due to the various pills, capsules, powders, patches, dissolvents, implants, rings, liquids, the pharmaceutical giants create for us to “have a better life”. When we get a headache, the majority of us will reach into our medicine cabinet and grab a Tylenol, Advil, Aspirin, and Motrin, to pop into our mouths instead of toughing it out without the help of synthesized chemicals. In the same sense, individuals resort to other drugs- sometimes licit, and other times illicit to rid the anxiety, pain and suffering from everyday life. It is very hard to distinguish between persons who are substance-dependent, and those who are self-medicating.
Although some may consciously use varying substances for their physiological and psychological aches and pains, others may be resorting to it unconsciously. Self-esteem issues tend to be the underlying issues in individuals consuming. As we all overcome inhibitions, we become more receptive to other people’s conversations and make new connections. Individuals having had these positive interactions with others under the influence automatically associate the substance to the positive interaction, without thinking of the lowered inhibitions, which originally caused this to occur.

As with any activity, there is a sense of community involved. The sense of camaraderie involved in these situations is often times the key that maintains the addiction. The longing to have a connection can make people susceptible to addition. Upon equating substance=friends/community, it becomes much harder to drop the habit altogether. The irony of this is the same substance, which cause positive outcomes (self-esteem, self-acceptance) can also make the person vulnerable to being sucked into the depths of addiction. The drug being used can become something that means much more to the person than we can fathom. When we ask persons with dependence issues to enter recovery, and to quit using, we not only ask the person to stop using, but we are asking them to throw away their lifestyle. Abstaining from the drug at hand means abstaining from the lifestyle and all things related, which means friends, significant others, and the communities that have been established with the drug as a center stone.

An example of this would be a shy male or female with low self-esteem, and filled with much self-hatred, and confusion. (S)he person has had a number of romantic relationships with the opposite sex, but never felt a connection, or was ever satisfied. Others may see this
person as a “nerd” or “loner” and is shut out from the popular cliques. One day, a friend takes her/him to an underground party where (s)he takes her (his) first tablet of ecstasy. Amidst all of the other individuals in euphoria, making new connections while in a different state of consciousness, (under the influence of MDMA) (s)he feels free. A group of men and women who are cozily relaxing on a fluffy couch motion for her/him to come over with warm glossy eyes. They begin giving each other massages, and (s)he realizes a heightened sense of touch—everything and anything felt against the skin feels amazing, arousing tingles and warm sensuous feelings on parts of her/his body. (S)he turns to an individual of the same sex, who is sitting next to her/him. They begin to touch one another, softly, and gently, and eventually begin to kiss—bringing about feelings never felt before. They share a night of emotional closeness and passion, and awake the next afternoon embraced in one another’s arms, but do not feel the awkwardness of the traditional “one-night” stand. The crowd (s)he met that night becomes her/his family, community, and is drawn into the rave scene for the untainted genuine human love, and openness to everything and anything. Her/his way of life is changed dramatically, in their days of sobriety as well, as (s)he begins to have more self-respect and self-esteem. This experience has created a foundation to be outgoing— and have a better social life.

Eventually, (s)he comes to the revelation that (s)he is bisexual, and has learned to accept who (s)he is. And
truly believes that ecstasy was what allowed the revelation to come out, and is what is needed to feel close to someone.

Looking at this scenario, we see that yes, it is a situationally achieved perspective on life, and may be attributed to the use of MDMA, but it is mainly his/her behavior, and attitude which preexisted within him/herself that allowed the achievement and acceptance of his/her sexual identity. In the same way ecstasy was used in this case to achieve a sense of identity, other substances, licit, and illicit are used for various reasons and purposes. Through the use of these drugs, and with the added characteristics it brings about in people (self-esteem) their personality become more appealing to others, therefore making new connections and friends.

Things would work out the same way even if the outcomes of the situation were different. It may have been that things became a bit awkward after the night of same-sex contact. In that case, both parties could have blamed the experience on the drug. Many times substances become scapegoats for certain actions individuals are not proud of. Statements such as “I was so drunk that night” or “you know how ecstasy makes you act/feel”.

As more and more research goes underway in our Capitalistic nation, there will be (if there aren’t already) a pill for everything we could possibly imagine. A good example of this is our hypocritical government where they declare a “War on Drugs”. But in the shadows, the military is notorious for using stimulants as part of their everyday lives. “No-go” pills, such as sleeping pills, and barbiturates are taken during resting hours, and “Go” pills, amphetamines, are taken during combat and work hours creating a robotic regime of mass destruction, and world conquest. With a model such as this, it is not surprising that we have a self-medicating nation of various substances.

DON’T DO DRUGS

-by PunG

make up your own tune!

Don’t do drugs
That make you want to love,
Just do drugs
That make you want to kill.
We’re the DEA
and we want to instill:

   Alcohol will help you rape and kill,
   Marijuana, ecstasy, you know they never will,
   Don’t do drugs.

Hitler was elected
In a democracy,
Duba was installed
by the Court Supremely
Ashcroft and Cheney
Have some questions, namely:

   Who gives you the right,
   Who gives you the right,
   Who gives you the right to be free?

Just trust us with your security
Believe in us -- implicitly
Don’t do drugs
Because
We want you for the army!

   Would you rather have
   A terrorist in your bed,
   A bomber in your bathroom
   To floss your teeth instead?

We have your best interest at heart
Even as we chop you up
And sell you off for parts

Don’t do drugs
Don’t do drugs
Don’t do drugs
Because
We want you for the army!
Hope has two beautiful daughters: anger and courage; anger at the way things are, and courage to change them. -Saint Augustine

DRUGS DON’T DISCRIMINATE BUT LAWS DO

by Le Leng Shui

Public health, public safety, science, chemistry these are among the significant aspects that drug policy should be based on. Certainly, when most people think about illicit substances, they think about bad drugs that by evidence of its illegality must do plenty of harm to the individual user and to society. But careful studying shows that in the United States, a correlation does not necessarily exist between a drug’s level of danger and its legal status. This is not surprising considering the history behind the growth of our drug policies. Almost every drug that has been banned in this country was done under the propaganda, hysteria, and controversy of political, economic, and ideological interests. Often times, in the eyes of lawmakers, the drug itself is not the threat to America, rather the culture, race, or class of individuals who use the drug.

For instance, liquid concoctions of opium had been used in the United States for decades already before Chinese immigrants brought over their method of smoking it in dens after the Gold Rush. By the late 1800’s, our government’s reaction to this foreign lifestyle was immense fear – fear that the Chinese were corrupting U.S. society and luring white women into their dens for intoxication and rape— and
excessive taxation of imported smoked opium, as well as the closure of the dens took place. In the decades to follow, similar restrictions and prohibitions would be applied to marijuana against Mexican immigrants and cocaine against Southern Black men with the same justifications—these people’s drug use lead to behaviors of crime, violence, and rape. In fact, Southern newspapers reported stories of African-American men possessing monstrous strength and madness under the influence of cocaine to the point that police had to use special bullets to subdue them.

In the latter half of the 20th century, cultures—not just races—were and are still being scapegoated under the prohibition of particular drugs. Perhaps the most vivid example of this is the psychedelic subculture which flourished during the hippy movement of the 1960’s and has returned in the underground rave scene since the late 1980’s. Both periods have their share of youthfulness, music, colorful fashion, untraditional lifestyles, and, of course, prevalent drug use. The Richard Nixon era of America was threatened by a generation of teens rejecting conformity and convention—refusing to attend college, secure a day job, raise a nuclear family, or even sport—‘normal’ clothes and hair. Such decisions were not illegal. But although they posed no threat to public safety, they posed a major threat to public ideology. What resulted was a hysterically inaccurate campaign portraying confusion, sexual vulnerability, suicidal actions, and violent outrages as LSD’s only effects. And although, to this day, not much long-term research or widespread incidences have surfaced to clarify the risks of its use, the chemical was scheduled as a way of dealing with the counterculture.

Less than two decades later, MDMA was outlawed, again with no evidence to support why the scheduling was necessary. What had happened by 1985 was that MDMA use had expanded from the therapeutic community to
colleges and bars, apparently frightening the DEA despite the fact that no research or major cases had even suggested MDMA was particularly harmful. In recent years, the U.S. government has been heightening legislation and enforcement against MDMA as its illegal use has skyrocketed. But one particular group of users – youths in the underground rave scene – have been singled out by the government as the focus of concern. Names of proposed laws to reduce and punish the use of MDMA make this bias clear – Anti-Club Drug Act, R.A.V.E. (Reducing Americans’ Vulnerability to Ecstasy) Act, etc. Furthermore, all events featuring the curfew duration, dancing, or music that’s popular with raves have been banned in some parts of the United States. Even possessing or sporting the fashion, toys, and anything considered rave paraphernalia is prohibited in certain areas. Again, the intent of legislation and enforcement isn’t simply to eliminate drug use, but to suppress the behaviors and lifestyles associated with a certain culture.

The Higher Education Act, which was passed in 1998, denies federal financial aid to students who have had convictions due to illegal drugs.

clear – Anti-Club Drug Act, R.A.V.E. (Reducing Americans’ Vulnerability to Ecstasy) Act, etc. Furthermore, all events featuring the curfew duration, dancing, or music that’s popular with raves have been banned in some parts of the United States. Even possessing or sporting the fashion, toys, and anything considered rave paraphernalia is prohibited in certain areas. Again, the intent of legislation and enforcement isn’t simply to eliminate drug use, but to suppress the behaviors and lifestyles associated with a certain culture.

Even the poor have been discriminated against as a result of drug policy. The strictness of crack laws
compared to cocaine laws, for example, ultimately target ghetto urban users since the black market economy allows wealthier “upper class” users to snort powder cocaine while poorer users can only afford the shorter-acting but cheaper crack cocaine. The Crackhouse Law of the 1980’s which charged landlords if they allowed crack use or distribution to happen on their property, would have only affected poorer neighborhoods since the clandestine atmosphere and method of operation associated with crackhouses does not exist in “upper class” drug activity that happens in private homes instead of on the streets or in rundown buildings. Today, such discrimination has been brought all the way to our universities. The Higher Education Act, which was passed in 1998, denies federal financial aid to students who have had convictions with illegal drugs. Obviously, this would not effect drug users or dealers whose parents are rich enough to support them through college, nor does it address murder, rape, robbery, child molestation, kidnapping, or drunk driving. This law only applies to one type of criminal: offenders of scheduled drugs, and punishes one class of students: those who can’t afford a college education without government support.

Drug policy has long been linked to numerous forms of discrimination and scapegoating towards all sorts of drugs and people in our country.

Schneider, C. L. “Racism, drug policy, and AIDS” & www.drugwarfacts.org for detailed statistics on mortality due to drugs
"A kiss can be a comma, a question mark or an exclamation point. That's basic spelling that every woman ought to know."

-Mistinguett

SEX AND DRUGS

Deciding what you will and will not do sexually before you become aroused and talking with your partner before you have sex can help you prevent regrets.

Mixing Alcohol and Other Drugs with sex can increase the incidence of unwanted, unplanned sex.

STATS & FACTS

70% of college students would not have been involved in at least one incident of sexual activity if they weren’t under the influence of alcohol.*

90% of all campus rapes occur when alcohol has been used by both the assailant and victim.

60% of college women who are infected with STDs (herpes, AIDS, genital warts) report that they were under the influence of alcohol or other drugs at the time they had intercourse with the infected person.

* National Core Survey of College Students, 2002
Drug-Facilitated Sexual Assault

Trust yourself, not your drink. Every week the San Francisco Rape Trauma Center treats women and men who have been victims of sexual assault. They wonder how ONE drink knocked them out, waking up with their clothes torn, sometimes not even remembering more than what their body is telling them the next day. Somebody has violated their body. The trauma of sexual assault/abuse runs deeper than the physical scars left behind. Please protect yourself. Here are some things you can do to stay safe and have a good time.

☞ Ask yourself before going out if you need to drink or do drugs to give yourself permission to have a good time. You will be more vulnerable to sexual assault when you’re under the influence of AOD.

☞ Trust yourself (to know when you’re ready to have sex) and not your drink (to decide for you).

☞ Know what you’re drinking and only accept drinks that you’ve watched being made by the bartender.

☞ Let friends know your whereabouts.

“If the person coming on to you seems too good to be true, they usually are.”

-Nina Jo Smith
“Candy is dandy, but liquor is quicker!”

-Ogden Nash

How much of an affect does alcohol really have on sex?

- Lower inhibitions
- Increases libido with low dose (less than 3 drinks)
- Decrease in erectile function *(can’t get it up)*
- Increases susceptibility for rape and assault (both men and women)
- Decrease or block in ability to orgasm (both men and women)
- More difficulty saying NO!

One drink of wine and you act like a monkey
Two drinks and you strut like a peacock
three drinks and you roar like a lion
four drinks - you behave like a pig

-Henry Vollam Mortan

**Natural Aphrodisiacs**

**Pheromones:** human hormones that have been shown to increase desire and sexual stimulation. Found in sweat, vaginal fluid, and natural body scent.

**Let’s Not Forget the Basics:** music, poetry, sexy lingerie, perfume, cologne, mood lights....if you’ve got these in place there’s not much else you need for a romantic evening, except another person!
remembering red
by sandra

you were
shocked
when she said those words

you raped her

don’t you remember
i do, i did, how long will i
don’t you remember
was it love for you
what were those tears
don’t you remember the pain
you asked me later
it didn’t really hurt that much did it
how many times have i wanted to hurt you that much
did my wound heal or open more
when she said those words

you raped her

were they tears of joy i was shedding
when you asked me
do you want to change, try another position
as drunk as i was
it’s not that blurry
i remember the pain
do those sheets remember the blood
whose bloody nose was it that covered up my virginity
how many times have i, will i, wish it were yours
you
asshole
i’ve wondered too much how it would feel
to punch you in the face
made me sick from all this blood

i remember
i tried to reconcile that past
on paper in class
in a confession on retreat
burning memories
guilt
in my barbecue
my tears were there again
spilling like blood
like the blood from my fist punching a post in anger
like the blood i tried to spill out to the counselor
the blood that my “first love” threw back in my face
too afraid to deal with my past, my pain
the blood drawn from this scar
this scar that opened up again
when i was asked
  have you ever been touched in a
  strange or uncomfortable way
that blood, those tears,
spilled again
trickled down my face
dropped on my shoes

and finally, that shoe kicked him out the door
yes
i’ve gotten a bit bruised shed some blood
i’m feeling stronger now though
now i’m looking for blood, remembering my blood
intact
while holding on forever to dried traces of the past
so that it won’t repeat
and i’ve remembered
my blood is thick
it’s my fountain of youth
pumping generations through my veins
what i’ve lost has not been in vain
look at me now
loving myself and my reflection in others
look at me now, you’d never know that past

hmmm
red is a good color
Deep Breathing

Get Plenty Of Rest

Yoga

Fun Hobby

Take A BATH

Well Balanced Diet

Laughter

Talk It Out

Sleep

ALTERNATIVES

FOR

STRESS

LIFE MANAGEMENT
STRESS: Q & A

Q What is Stress?
A Stress is the body’s natural response to demands.

Q Is all stress bad?
A No, there are two types of stress:
   1. eustress: positive and gives you more energy and boosts your productivity.
   2. distress: destructive and wears away at you emotionally and physically and could lead to illness.

Q How do I know when stress is affecting my body?
A Affects of stress occur as a four step process:
   1. feelings of anxiety and imbalance
   2. tension and sore muscles or headaches
   3. increased heart rate, breathing or blood pressure
   4. manifesting in emotional or physical illness

Q What can I do to start managing my stress?
A Here are three steps to reducing stress:
   1. identify how vulnerable you are to stress
   2. identify exactly what stresses you out
   3. develop an individual plan of action to combat stress and promote relaxation
Take the Stress Test

This questionnaire will help you detect your vulnerability to stress. Rate each item from 1 (Always) to 5 (Never), according to how much of the time the statement is true for you. Be sure to fill out each item, even if it seems not to apply to you. Total your score.*

Always-1    Usually-2    Sometimes-3    Rarely-4    Never-5

1. I eat at least two hot, well-balanced meals per day.
2. I get 7 - 8 hours of sleep at least 4 nights per week.
3. I give and receive affection regularly.
4. I have at least one friend or family within 30 miles, on whom I can rely.
5. I exercise to the point of perspiration at least twice a week.
6. I don’t smoke.
7. I drink fewer than five alcoholic drinks per week.
8. I am the appropriate weight for my height.
9. I am able to budget my money to meet my basic needs.
10. I get strength from my religious/spiritual beliefs.
11. I regularly attend club or social activities.
12. I deal well with the crises/traumas in my life.
13. I have one or more friends to confide in about personal matters.
15. I am able to speak openly about my feelings when angry or worried.
16. I have regular conversations with the people I live with about issues.
17. I do something for fun at least twice per week.
18. I am able to organize my time effectively.
19. I drink fewer than two cups of coffee or other caffeine-rich drinks per day.
20. I take some quiet time for myself each and every day.

Scoring:
20 - 35 Stress Master
36 - 49 Stress Expert
50 - 75 Stress Novice
76 - 100 Stressed Out!

*www.stressdynamics.com
1. Start a journal.
2. Pick up a guitar, keyboard, ukulele, bongos whatever and make some music.
4. Publish your own ‘zine. Get pals to help you out, or do it yourself.
5. Design your own T-shirts.
6. Create your own Web site.
7. Bake headless gingerbread men, then eat them.
8. Cook your folks and friends dinner — something more complicated than mac and cheese.
9. Go on an adventure by yourself: go to the zoo, a movie, or to the beach. It’s good to remember how to hang out just with yourself.
10. Move the furniture around in your room. Redecorate your space.
11. Sign up for karate lessons.
12. Enter yourself in a poetry open mic night at a local coffeehouse.
13. Take your mom out to tea and let her know what you’ve been up to.
14. Dye your hair a funky temporary color.
15. Treat yourself to a shopping spree at the art supply store. Make a present for your best pal.
16. Write a letter to a distant cousin.
17. Plant some flowers in the yard, or in a pot for your windowsill.
18. Learn sign language.
20. Challenge your dad to a crossword-puzzle race.
21. Read the newspaper all the way through. Chat with your folks about current events over dinner.
22. Learn a card trick and then impress your friends with your new magic skills.
23. Make your own rubber stamps.
25. Hang tiki lights in your bedroom, put on a grass skirt and play Hawaiian music in your room.
27. Learn a new skateboard trick.
28. Offer to make a family or a friend a scrapbook.
29. Volunteer for your favorite cause. There are bigger things out there than you or me.
30. Go to the park and cartwheel down a hill. Make sure no one is having a picnic in your cartwheelin’ path.
GET INVOLVED

Often times when people get involved in work that makes them feel good because they are able to contribute and make a difference in other peoples lives, they begin taking better care of themselves. Here are a two local organizations to check out.

Loco Bloco

Loco Bloco is a youthful explosion of rhythm, motion color and passion. Filling the air and space with funky, booming beats, high energy dance and multi-colored costumes, "los locos" invade community festivals, conferences and gatherings, lifting everyone’s spirit. Call 415-626-5222 or visit their website locobloco.org

Bridges

BRIDGES is an eight-month program that provides Fellows with a stipend, educational training, mentoring and service learning experiences with local community-based organizations and international volunteer programs. Call 510-271-8286 or visit their website grassrootsbridges.org
“The future belongs to those who believe in the beauty of their dreams.”

-Eleanor Roosevelt

On - Campus Involvement

Peer Counseling & Education

Sign up for Counseling 605 & 606 and develop programs on campus about substance abuse prevention, AIDS awareness, sexual assault prevention and sex ed. A peer counseling certificate is available upon completion of Counseling 607. For more information call, CEASE, 338-1203.

Community Involvement Center

The Community Involvement Center is a student-administered, leadership and professional development program that teaches community service-learning as an academic program at San Francisco State University. The CIC provides all students with a full spectrum of field-based learning opportunities on campus and throughout the San Francisco Bay Area as a volunteer intern.

Call 338-1486 or visit cic.sfsu.edu
What is test anxiety?
Test Anxiety is a reaction to a stressful situation for some - may be a panic reaction.

Four causes of test anxiety:
(1) Past experience
(2) Under Preparation / Procrastination
(3) Fear of failure
(4) Pressure

How does test anxiety manifest?
(1) Mental distraction
(2) Mental Blocking
(3) Physical symptoms

How to deal with and prevent test anxiety:
■ identify irrational thoughts and let go of them or replace with positive ones
■ identify the antecedent when you find yourself beginning to feel unsure or overly nervous or procrastinating and do something about it.

Dealing with the physical symptoms:
■ remember to breathe - deeply, but careful not to hyperventilate
■ we all hold our tension in specific places - scan your body for tightness and relax that area by tensing it and relaxing (you can do this sitting in your desk five minutes before the test is scheduled to begin).
■ use guided imagery
■ exercise regularly - people stop when they get busy and that’s when they need it most and we know how aerobic exercise can stimulate the release of endorphins...
■ watch your alcohol intake; people often use alcohol as a way to deal with stress; in stressful situations, alcohol can help the person fall asleep, but can cause the person to wake later; which can lead to insomnia; use chamomile tea instead; it’s safe & effective; the only side effect I know is that it is a diuretic.
HIV Prevention Tips

• Activities that avoid contact with HIV infected blood, semen and vaginal fluids are risk-free for HIV. “No-risk” activities include kissing, fantasy, outer-course, massage, masturbation, and more....

• Fingers in the vagina or anus is very low risk behavior if there are no cuts, rashes or sores on fingers; risk is further reduced if latex barrier such as gloves or finger cots or condom on the fingers is used.

• Oral Sex is a moderately risky behavior. Use of condoms on penis or dental dams or other barriers over vagina can greatly reduce risk of contact with HIV. When barriers are not used, risk can be further reduced by preventing cum or menstrual blood from entering the mouth and by checking for cuts and sores on penis and in the receiver’s mouth where HIV could enter the bloodstream (abrasions in the mouth can be caused by brushing or flossing teeth before engaging in this activity - chewing gum is an alternative).

• Use of latex male condom or female (latex free) condom for vaginal and anal intercourse can greatly reduce the risk of exposure to HIV via intercourse. Using a water-based lubricant with the condom is important, especially for anal sex. (oil based lubes such as Vaseline, or hand creams can cause condom to break) Unprotected intercourse is HIGH RISK behavior for HIV (unless both partners are certain they are HIV-). DO NOT use condoms or lube with Nonoxynol 9.

• STI’s (Sexually Transmitted Infections), such as Chlamydia, HPV (Genital warts) and Herpes, increase the risk of becoming infected if one partner is HIV+.

• Sharing injection needles that have not been sterilized is a HIGH-RISK behavior. Clean needles properly, and use needle exchange programs. Contaminated piercing needles and tattoo paraphernalia, including ink, may also transmit HIV. Ask about sterilization methods used.

• Alcohol and other drugs significantly increase the chances of unplanned and unwanted sex and sexual assault.
Student Health Services HIV Antibody Testing
415-338-1191
Prevention Point (Needle Exchange)
415-241-5100
City Clinic (STD testing, treatment, counseling)
415-487-5500
National STD Hotline
800-227-8922
SF AIDS Hotline (English, Spanish, Tagalog)
415-863-AIDS
AIDS Nightline
415-434-AIDS
AIDS Hotline for Hearing Impaired TTY/TTD
888-225-AIDS
UCSF HIV Antibody Testing
415-502-8378
Stop AIDS Project
415-575-0750
AIDS Health Project
415-476-3902
Asian/PI Wellness Center
415-292-3400
Filipino Task Force on AIDS
415-920-2630
Proyecto Contra Sida Por Vida
415-864-7278
Native American AIDS Project
415-552-4246
SF Black Coalition on AIDS
415-615-9945
SF Sex Information Hotline
415-989-7374
Rape Crisis Line
415-647-RAPE
C.E.A.S.E. Counseling, Assessment and Referral
Student Services Building #205
www.sfsu.edu/~cease
415-338-7339 or 415-405-3953

Counseling & Psychological Services
Student Services Building #208
415-338-2208

The S.A.F.E. Place
Sexual Violence Resource Center
Student Services Building #205
www.sfsu.edu/~safe_plc
415-338-2819

Student Health Services
Smoking Cessation Program
Eva Wise
415-338-1251

AA/NA Meetings On Campus
Call for times
415-338-1203

Peer Web Page
Ask Questions Get Answers Online
www.webpeers.net
Adult Children of Alcoholics
310- 534-1815
Asian American Recovery Services
415-541-9404
Alcoholics Anonymous (AA)
415-674-1821
Alanon & Alateen
415-626-5634
Bay View Hunter’s Point Foundation for Problem Drinkers
415-822-6727
Cocaine Anonymous
415-821-6155
Co-Dependent Anonymous (San Francisco)
415-905-6331
Haight-Ashbury Free Clinic Drug Tx. Prog.
415-565-1908
Iris Center for Women
415-864-2364
Marijuana Anonymous
415-522-7373
Marijuana Anonymous (East Bay)
510-287-8873
Mission Council on Alcoholism for Spanish Speakers
415-826-6767
Narcotics Anonymous
415-621-8600 or 510-444-4673
Treatment Access Program for SF Residents
800-750-2727
Suicide Prevention Hotline
415-781-0500
24-Hour Drug Talk-line
415-362-3400
Acknowledgments

Prevention Education Programs
Michael Ritter, Coordinator
Bita Shooshani, Prevention Education Specialist
Tonique McNair, Peer Educator
Bryson DeJong, Graphic Designer

Student Affairs
Penny Saffold, Vice President
Kevin Bowman, Associate Vice President
Christine Gordon, Assistant to AVP

Counseling & Psychological Services

The S.A.F.E. Place

Students from Counseling 606/605
Health Ed 670/671

To the courage to share your views for every submission made, thank you.

C.E.A.S.E.
Creating Empowerment through Alcohol and Substance-abuse Education

Use Your Voice was made possible by funds from Student Affairs at San Francisco State University
Sources

Facts on Tap: www.factsontap.org

Dancesafe: www.dancesafe.org

American Lung Association: www.lungusa.org

Tobacco Timeline: www.tobacco.org

DSM-IV: Diagnostic & Statistical Manual of Mental Disorders, 1994

Stress Reduction: www.stressdynamics.com

Quotes: www.quoteland.com

National Core Survey of College Students, University of Southern Illinois, 2000

San Francisco State University Core College Student Survey, Spring 2002

Uppers, Downers, and All Arounders: Physical and Mental Effects of Psychoactive Drugs, by Darryl S. Inaba and William Cohen, 2000