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# DRUGS:

## GOOD AND BAD

An interview with  
Dr. Winton H. Beaven

*Winton H. Beaven, Ph.D., is a specialist in drug and alcohol education. Currently he is assistant to the president of the Kettering Medical Center. He is president of the Western Ohio Regional Alcoholism Council, the National Committee for the Prevention of Alcoholism, and the International Commission for the Prevention of Alcoholism.*

**Dr. Beaven, describe briefly your concept of the present drug scene. Is it getting worse or better, particularly as far as youth are concerned?**

The drug scene in America has now somewhat stabilized at a very high level of usage of all harmful drugs. What is different today from the past is the number of drugs that are easily available and the general tendency toward polydrug use, which means using many drugs, not just one or two favorites. The director of a New York City alcoholism treatment program reports that 80 percent of his clients who come in for alcoholism treatment are polydrug users. This has become an increasing problem everywhere.

When I was young, kids had a choice between alcohol and tobacco. To show that we were adults, we could either get drunk or smoke behind the barn. Today's kids can

choose from among psychedelics, amphetamines, all the derivatives of opium, and marijuana, among others.

I lectured in some high schools in central Kentucky recently, and in the afternoon I talked to some third, fourth, and fifth graders. In the question-and-answer period one third or fourth grader raised his hand and asked, "What's sinsemilla?" Now, sinsemilla is a very specialized kind of marijuana. It's looked upon as the highest grade of marijuana available. That's not the kind of information you would expect the average kid even in New York to know about, much less a kid in the middle of Kentucky. But this is the kind of sophistication and drug availability that we deal with now.

According to statistics, marijuana use has declined slightly in the last four years, but alcohol use among kids has skyrocketed.

**You are talking mainly about so-called drugs of abuse. What really is "drug abuse?"**

Let me have a little fun with the term *drug abuse*. A few weeks ago I started telling audiences that according to the English language, drug abuse is an impossibility. I ask kids, "How do you abuse a drug? Do you beat on it to abuse it?"

I don't know how we ever got into the use of this term. There's no such thing as alcohol abuse. There's no such thing as drug abuse. There's *human* abuse. You use drugs or alcohol to abuse yourself.

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**What do you include when you use the word *drug*?**

When I talk about drugs, I define a drug as the pharmacologists do: "A drug is any substance other than food that alters the structure or the behavior of any part of the human body." So any chemical that can change temporarily or permanently the structure or function of the human body is a drug.

This means that alcohol is a drug, nicotine is a drug, and legal pills are drugs, and if you take them in any way other than prescribed by a physician, that is drug misuse as much as if you take illegal drugs.

What generally isn't recognized is that we have a very large number of people in the United States who are dependent on so-called legal drugs. Estimates made a couple of years ago were that we probably have as many as ten million people who use hallucinogens and probably two and a half to three million people who are dependent upon tranquilizers.

So drug abuse is any misuse of a chemical, whether it is legal or illegal, in any form, for the purpose of either pleasure or sedation.

Most chemicals today are used for what I call recreational purposes, either to make their users feel good by lifting them or by numbing the pain which bothers them. Drug abuse is not simply kids using pot; it can apply to adults too. I often like to quote Pogo: "We have met the enemy, and they is us."

Adolescent drug abuse is really no worse than adult drug abuse. Who really worry me at the moment are the kids of the sixties who are now adults. I was on a talk show in Kentucky and spent three hours with call-ins. Two mothers called in who were in their thirties and who were smoking pot while they were calling in, insisting that it was perfectly all right. One woman said, "I didn't smoke while I was pregnant, and I didn't smoke while I was breast-feeding, but after that I went back to pot. I like it. I'm not dependent on it."

I asked, "Well, would you really like to test yourself to see whether you are dependent or not?" She hesitated, and I said, "I'll give you a simple prescription: If you can go thirty days without smoking pot, you are not dependent." Almost inadvertently, I think, she said, "Oh, I

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couldn't do that." And I replied, "Well, you've already answered the question then."

But I worry about this now as another generation of people are being brought up in a totally different way. There is no way to escape chemicals in the world today, and young people must be provided with the kind of resources with which they can handle the kinds of seduction—and that is the only word to use for it—that goes on in our society.

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Our society is geared so that anybody who might possibly become dependent upon alcohol will do so, because everything is geared toward making people use the chemical.

**It sounds as if you are saying that all chemicals are bad. Aren't there any good chemicals?**

One of my pharmacology friends, the chairman of the Department of Pharmacology at Ohio State University, told me a few years ago that there is no such thing as a harmless drug, and that's the bottom line. Any chemical that can alter structure or behavior is potentially dangerous.

The other side of the story is that we are long or short, square or round because of chemicals. We live in a chemical world; many chemicals are very useful. They are necessary in small quantities but are dangerous in large quantities. We can't escape chemicals, for they are part of our lives.

For example, some of the salts—of mercury, of zinc, of copper—are essential for our welfare, but in tiny amounts. A teaspoonful might be fatal. We need to understand that all the things we eat have chemical components, and in good food they are essential to our health.

One of my fun things is to read off a list of chemical ingredients and ask the audience, "Now, if you found a box of food in the

grocery store that contained this long list of alleged poisons, would you buy it?" Of course they all say No. Then I tell them these chemicals are all present in ripe strawberries.

We must get over either fearing or worshipping chemicals. The kids in the late sixties and seventies thought there was something mystical about them. On the other hand, a lot of adults don't recognize that alcohol is a drug. One of our problems with kids today is parents who think, Well, he's just drunk, and that's all right; at least he's not smoking pot.

I'm a strong believer in the value of chemicals in our lives, and their availability will increase. We simply have to learn to respect them and realize that they can be dangerous and destructive.

Pharmacologists say that for every chemical for which there is a useful dose, there is a dose that will make a person sick, and then there is a lethal dose. That's true of any significant chemical. It may be beneficial when properly prescribed and controlled, but otherwise it needs to be avoided with great care.

**Could you give me a specific example of a chemical that is good under some circumstances and bad under others?**

An example would be any of the legal barbiturates that are prescribed by a physician. When you have an illness and go to a physician and he understands his pharmacopeia,

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he chooses a chemical from it that he hopes will improve your situation in a particular way without undue side effects that might be worse than the benefit that is to be derived.

Every chemical that you take into your body that is prescribed by a physician has an intended effect. It also has side effects. Therefore, when the physician gives you the chemical, if you've never had it before he will usually say, "If you get lightheaded or sick to your stomach, call me." If that happens he'll do one

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"Are You a Caffeine Addict?" *Saturday Evening Post* (May-June, 1982), p. 50.

<sup>5</sup> Robert N. Elkins, et. al., "Acute Effects of Caffeine in Abnormal Prepubertal Boys," *American Journal of Psychiatry*, vol. 138, No. 2 (1981), pp. 178-183.

<sup>6</sup> J. Rapoport, et. al., "Behavioral and Cognitive Effects of Caffeine in Boys and Adult Males," *Journal of Nervous Mental Disorders*, 169:7 (1981).

<sup>7</sup> Mutch, op. cit.

<sup>8</sup> *Ibid.*; Scharffenberg and Soper, op. cit.

<sup>9</sup> National Research Council, *Diet, Nutrition, and Cancer* (1982), pp. 246-247.

<sup>10</sup> R. Gilbert, et. al., "Caffeine Content of Beverages as Consumed," *Canadian Medical Association Journal*, 114:205-210 (1976).

<sup>11</sup> M. L. Bunker and M. McWilliams, "Caffeine Content of Common Beverages," *Journal of the American Dietetic Association*, 74:28 (1979); R. Gilbert, et. al., op. cit.

<sup>12</sup> "Influences Promoting Abstinence From Alcohol and Drugs," op. cit.

<sup>13</sup> White, *Testimonies*, vol 2, p. 64.

<sup>14</sup> \_\_\_\_\_, *Temperance* (Mountain View, Calif.: Pacific Press Publishing Assn., 1949), p. 77.

<sup>15</sup> "Influences Promoting Abstinence From Alcohol and Drugs," op. cit.

<sup>16</sup> *Ibid.*

<sup>17</sup> M. L. Bunker and M. McWilliams, op. cit.; R. Gilbert, et. al., op. cit.; Jean A. T. Pennington and Helen Nichols Church, *Bowes and Church's Food Values of Portions Commonly Used* (Philadelphia: J. B. Lippincott Co., 1985), pp. 223, 224.

<sup>18</sup> "Influences Promoting Abstinence From Alcohol and Drugs," op. cit.

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of two things: either reduce the dose or give you another prescription. Under those conditions, the chemical is beneficial, and it's controlled.

However, today kids go to their parents' medicine chests, take out the barbiturates that were prescribed for Mother, dump them into a bowl along with what the other kids have scrounged up, stir them up with a spoon, and pick out the chemicals at random. Now, those chemicals were intended to be beneficial, but when they are used in this way, who knows what happens, and who knows who gets hurt?

### Are you saying that there is no such thing as a harmless drug?

I am told by the pharmacologists that if any chemical can produce temporary or permanent change it is capable of harm, without excep-

tion. The story I've been using recently to illustrate my point is that of Teddy Kennedy. When I came to Washington, D.C., some time ago for an appointment, I picked up the *Washington Post*. The headlined story reported that Senator Edward Kennedy had been taken to the hospital. The last paragraph said that he had taken two aspirin at nine o'clock, and at ten o'clock he had gone to the hospital.

I asked the teenagers, "Would two aspirin put you into the hospital?" I don't answer that right away; I let them think about it awhile. The truth of the matter is that Edward Kennedy had a bleeding ulcer. At the time it was not bleeding, but he took the aspirin and it started bleeding. If Senator Kennedy had stayed out of the hospital until midnight, he might have bled to death. Now, if such small amounts of the so-called simplest drug we use by the billions every year can do that kind of thing, there is no such thing as a harmless drug.

### How about drugs that are used simply for the feeling that the user might get?

Any so-called recreational use of drugs is to be deplored, and we ought to advise against it. That is one of the newer aspects of our current scene. If I read my history books correctly, there have never been so many people who are using drugs for what we call recreational purposes. People who do this are playing with fire. There are many chemicals which appear to be beneficial as far as their effect on our feelings goes. But every one of these chemicals has a tendency to produce either psychological or physiological addiction.

Take cocaine, for example. Only five years ago we were being told by the so-called authorities that

cocaine was not dependency-producing. Well, what has happened? In 1982 there were more overdose deaths from cocaine in America than there were overdose deaths from heroin. Psychiatrists today tell us that cocaine produces the worst psychological dependency of any chemical on the market. *The Journal of Toronto's Addiction Research Foundation* tells us that surveys done of cocaine users indicate that they rate cocaine above family, money, or job. So here again we have the classic illustration, of which we have had many in the past, in which a so-called harmless chemical turns out to be dangerously destructive. We ought to learn after awhile that recreational drugs are potentially destructive. They destroy literally thousands of lives every year.

### Why do people deliberately choose to kill themselves?

This is the age-old question, and I have two answers which probably aren't all the answers there are.

One answer is that everybody likes to feel good. We all are creatures of feeling. Feelings control us far more than reason does. Although man is capable of being rational, he usually does what he feels like and then provides himself with a rational reason for doing what he has done. Most of these chemicals produce at least a temporary feeling of euphoria.

Second, there is a desire today to be "with it," to be part of the current scene. Propaganda tells us that if you're really going to be with it, then you're going to drink, you're going to smoke, and you're going to use whatever the popular chemical is. So these two motivations are very powerful.

Then there is another psychological negative. No matter how many times you tell people what the risks are, they have the tendency to feel

that it isn't going to happen to them. There's one chance in five that I won't be the one, they think.

I've talked to literally thousands of people, and I know that a great majority of them paid no ultimate attention to what I told them, although it made sense, it was rational, and they were nodding their heads in agreement. Facts don't seem to stick long unless you have a set of values or a set of principles that are stronger than those tendencies which try to drag you into the popular drug-use scene.

**You talk to a lot of kids, both in elementary and secondary schools. What is the basic advice that you give to help them choose a more sensible direction?**

I am convinced that the ultimate improvement of behavior by young people will be produced by changing the parents, not by talking to kids primarily. I'm absolutely certain that we must have a revival of parenting in which parents establish loving and supporting relationships with their children from early babyhood. We know from all kinds of research that the strongest bulwark against

youthful drug use is strong family ties established while kids are young. These kids are then able to share with their parents when they get into adolescence.

What worries me today is that literally millions of children are being raised in child-care centers and by baby-sitters. In such cases there is no way of establishing the warm, supportive relationships that kids need. We know that if you don't establish such relationships before adolescence, it is too late. Across the country the development of families attempting to help each other and their children is probably one of the great movements of our time.

When I talk to grade-school kids, the most useful approach is to appeal to their desire to grow up big and strong and healthy. I tell them, This is what to do, and this is what not to do. Kids up to thirteen or fourteen years of age respond positively to this.

I also make great use of sexual differences. I talk to the girls about being girls and to the boys about being boys. I ask them, You want to be attractive and desirable, don't you? Yes, they say. All right, I respond, here's what you do, and

I sometimes tell them stories about high schools where girls have said they wouldn't kiss a boy who smokes, and smoking disappeared from the high school. This has actually happened.

With teenagers, I find that safety is probably the strongest motivator. You can get kids to respond to drinking and driving. They recognize the dangers involved.

The second thing I've had some success with is the effect of chemicals on maleness and femaleness. If you talk to adolescents about the effects of marijuana, for example, on the reproductive cycles of both males and females, they listen and are really concerned. There is a new interest in having babies. The birthrate is going up again, and there is quite a change among young people with respect to children.

I don't have any magic key, but I know that fear is not the best thing to move them. Rather, it is better to appeal to their desire to be successful, healthy, and desirable. Over the long term, this has had more effect than anything else I've tried. □

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Joyce M. Bradford, Circulation Manager

## Spotting Signs of Substance Abuse

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ting high," "trips," and so on.

Drug users may become more occupied with sex and sexier clothes, wear greater amounts of jewelry, and buy tee shirts, buckles, purses, and/or jewelry with drug symbols on them. At the same time they may become more unkempt than usual. Substance abuse takes its victim on a progressive downward course. Teachers