



CONTINUING EDUCATION (CE) COURSE MATERIAL

Course No. CE1201P3 – Prevention and Education: “RAVES” and Adolescent Drug Use

COURSE OBJECTIVE

An examination of the emergence of all-night dance parties known as “RAVES,” and the related participation and use of illicit drugs by adolescents.

COURSE MATERIAL

Over the past few years the addiction field has seen the emergence of a new scene. Techno music and all night dance parties reminiscent of the seventies disco nights yet as psychedelic as the sixties. High energy, all-night dance parties and clubs known as “RAVES”, which feature dance music with a fast pounding beat and choreographed laser lights, have become increasingly popular over the last decade, particularly among teenagers and young adults.

Beginning as an underground movement in Europe, RAVES have evolved into a highly organized, commercialized, worldwide party culture. Rave parties and clubs are found throughout the United States and in countries around the world. RAVES are held either in permanent dance clubs or at temporary venues set up for a single event, often in abandoned warehouses, open fields or empty buildings. Attendance can range from 30 “ravers” in a small club to tens of thousands in a sports stadium or open field. While techno music and light shows are essential to RAVES, drugs such as MDMA or Ecstasy, ketamine or special K, GHB, Rohypnol otherwise known as Rhophies, LSD and others have become an integral part of the rave culture.

History of RAVES

RAVES evolved from 1980s dance parties, aided by the emergence of European techno music and American house music. European clubs that sponsored RAVES in the 1980s tried to limit the exposure of attendees to the public and to law enforcement. RAVES were secretive, after-hours, private dance parties where attendance was restricted to invitees or friends of invitees. The site of the party was often kept confidential, and invitees were usually unaware of the location of the host club until the night of the party.

Because of the restricted access and the secrecy surrounding the locations, the growing rave culture was often described as an “underground” movement. By the mid-1980s, rave parties developed such a following among youth and young adults that, by 1987, London RAVES had outgrown most dance clubs. It then became common to hold all-night RAVES - which drew thousands of people - in large, open fields on the outskirts of the city.

As the movement continued to grow in the late 1980s, the first rave parties emerged in U.S. cities such as San Francisco and Los Angeles. Rave parties and clubs were present in most metropolitan areas of the U.S. by the early 1990s. Teenagers outnumbered the traditional young adult ravers and a new culture emerged; events became highly promoted, heavily commercialized, and less secretive.

The Spirit of Raving

Ultimately, any attempt to describe the rave spirit must come from what people actually experience at RAVES. Peace, Love, Unity and Respect (“PLUR”) are the four ideals often touted as the elements that make RAVES more positive and life affirming than other kinds of parties or club scenes. At the heart of a true rave there is the pulse of something intangible: a positive unifying groove, an extraordinary feeling, a vibe that transcends description. Whether



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you believe that raving is a spiritual experience, or just a chance to dance to the music, the one thing that most agree on is that raving is fun!

The Vibe

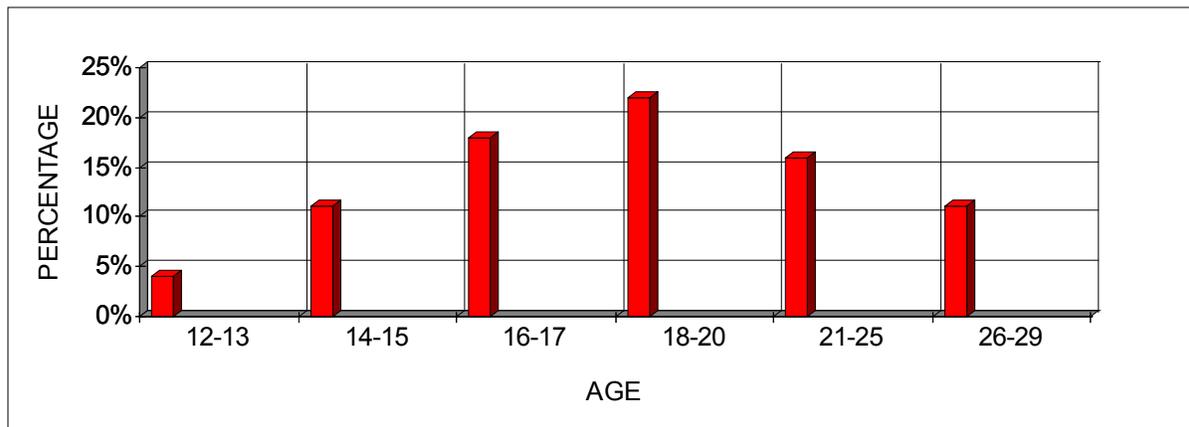
The actual concept of RAVES is not new. Some say that RAVES are comparable to American Indian religious ceremonies, and also to the concept of the Shaman in Eskimo and Siberian society - where the music is key towards pulling oneself into a unique emotional and psychological state, a state in which one experiences washes of sensation and visualization. The experience of the music in and of itself can be quite dizzying or intoxicating. The music, “techno music” in most cases, is entirely created by electronic means and is devoted to the beat, the use of rhythm as a hypnotic tool, thus producing a trance-like state in ravers.

Why RAVE?

Most participants surveyed report that raving is “fun.” It is their way of getting away from the pressures of everyday life – a kind of coping mechanism. Raving enables them to leave behind reality and escape through the music for a while. Some believe it helped them to cope better, that it is like letting off a little steam; some think it is the only way to cope. The reasons for raving vary and are just as diverse as the participants themselves, but most report their reason for raving is because it is fun.

Adolescent Drug Use

An estimated 7% of U.S. household residents reported using at least one illicit drug in the past month, according to data from the recently released *2001 National Household Survey on Drug Abuse*. Rates of illicit drug use vary greatly by age. The following chart shows the percentage that reported past month illicit drug use by age:



Four percent of 12-13 year olds reported using at least one illicit drug in the month prior to the survey, 11% of 14-15 year olds, 18% of 16-17 year olds. Illicit drug use peaked among youth ages 18-20 at 22% then starts to decline. Only 16% of 21-25 year olds and 11% of 26-29 year olds reported past month illicit use.



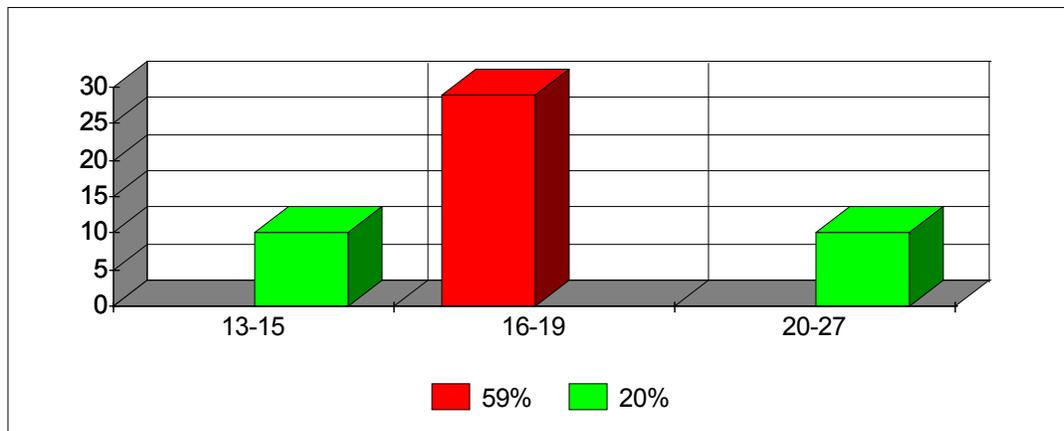
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In a *Rave Survey*¹ conducted in 2001 in the Sacramento Area, 97% of participants reported using multiple substances. Of the 95 participants surveyed 83% reported using Ecstasy, 91% reported using alcohol, 79% reported tobacco use and 85 % reported using Marijuana.

Survey Participants by Age and Gender.

AGE	MALE	FEMALE	TOTAL
13		1	1
14		1	1
15		3	3
16	6	11	17
17	5	10	15
18	15	12	27
19	4	2	6
20	8	2	10
21	6	1	7
22	2		2
23	1		1
24	1		1
25			0
26	2		2
27			0
28	1		1
29	1		1
	52	43	95

Of the 52 male participants, 49 reported using Ecstasy.

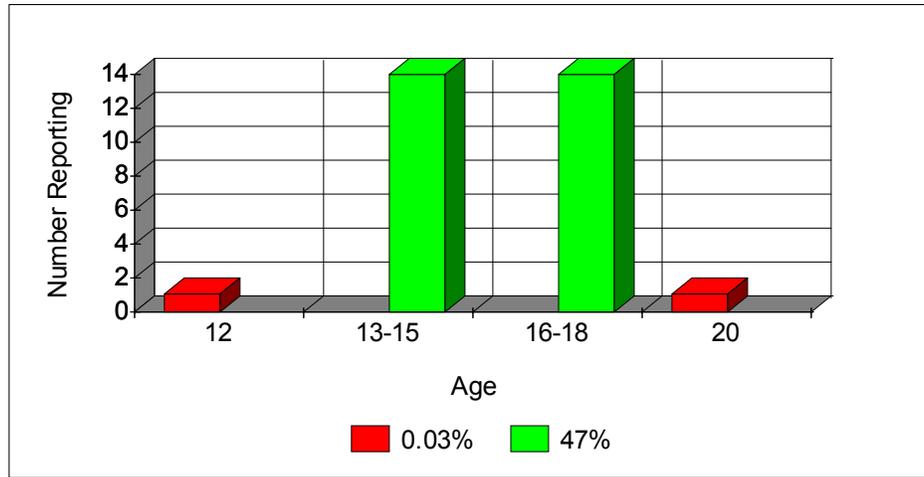


¹ The survey information presented in this material is the result of a targeted survey, the “Rave Survey,” which was conducted in 2001 in Sacramento, California by the author of this material. All of the participants were surveyed at local underage clubs and RAVES in Sacramento during 2001. All information obtained was voluntary; no incentives were used in the process of obtaining this information.

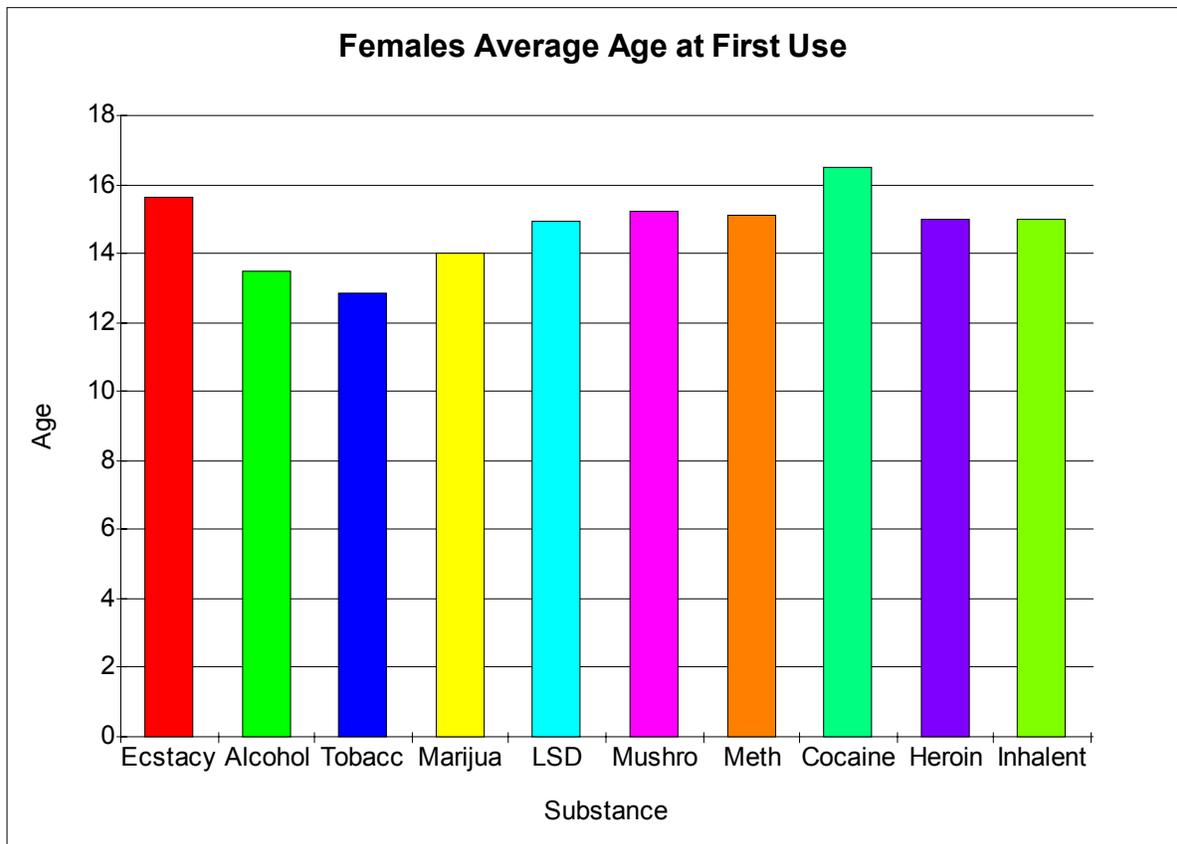


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Of the 43 female participants, 30 reported using Ecstasy.



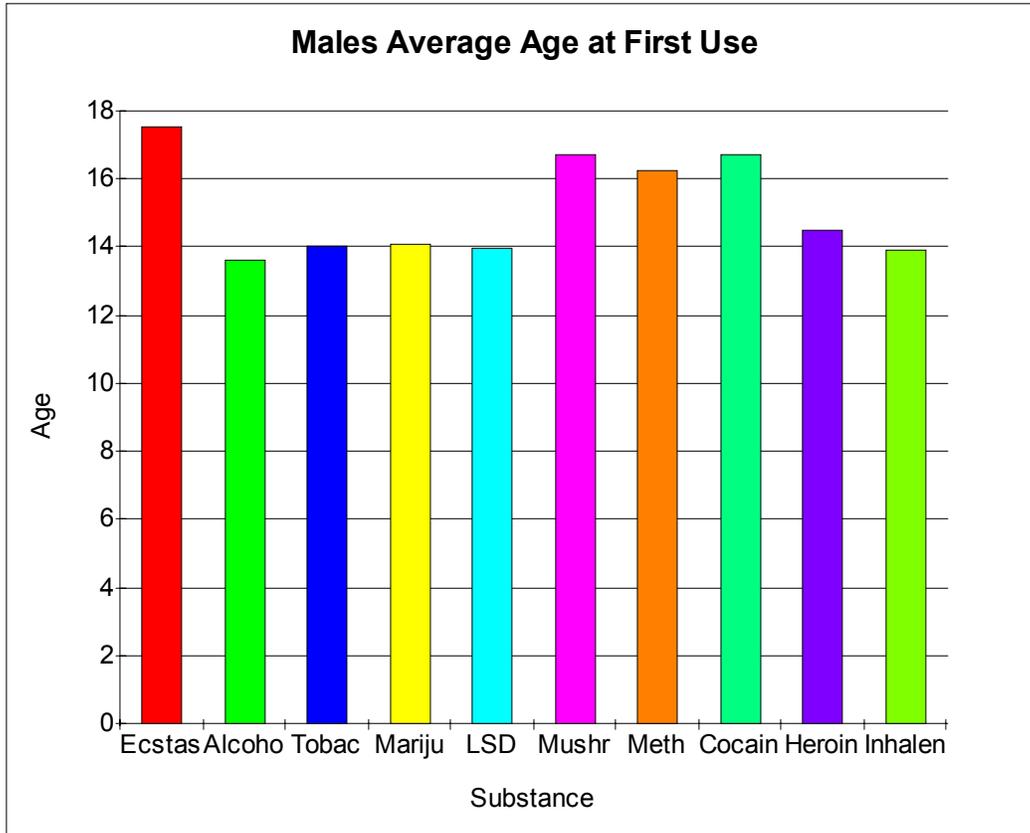
Already we can see from the data presented below that the most widely used substance of first use is alcohol at 91%, followed by marijuana at 85%, then Ecstasy at 83%. Tobacco came in at 79% of participants reporting use. The following tables will give a clearer picture of the drugs of abuse as reported by the participants at the RAVES in Sacramento.





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The average age of first use for females that reported using Ecstasy is two years younger than their male counterparts. With Tobacco, Methamphetamine and Mushrooms, they are more than a year younger than their male counterparts. Alcohol and Marijuana first use are approximately at the same age, thirteen and fourteen years of age, respectively.



The average age of first use for males using inhalants is more than a year younger than their female counterparts. And the average age of males using heroin is half a year younger than their female counterparts, fourteen and a half for males and fifteen for their female counterparts. The average age at first use of LSD is a year younger for males than their female counterparts.

Reasons for Use of Substances

Most survey participants reported that they use because it is fun; however “for the experience” runs a very close second in the responses. “Experimentation” as a primary reason may be a stretch of the justification for first use in this case; most had used many more times than thought of as experimentation. The table below shows the responses and the percentage of participants responding:



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REASONS FOR USE AS REPORTED BY SURVEY PARTICIPANTS

MALES		FEMALES	
FOR FUN	22%	FOR FUN	30%
FOR THE EXPERIENCE	22%	FOR THE EXPERIENCE	27%
EXPERIMENT	14%	EXPERIMENT	13%
BORED	11%	LOVE IT	07%
RAVE	11%	BORED	07%
TO FEEL GOOD	05%	DEPRESSION	03%
TO ESCAPE REALITY	05%	PEERS	03%
ADDICTION	03%	CONNECTION	03%
PEERS	03%	RAVE	03%
PLEASURE	03%	ESCAPE REALITY	03%

The results from selected responses are identified below. One said the reason for using was to find the “inner self,” another said dancing on “E” is almost spiritual. Empathetic qualities, closeness, connection, meditation and to enhance the experience were other responses received on the survey.

There were a handful of participants that had reported they had quit using certain substances, for example:

- Male, 17, used ecstasy one time and quit.
- Male, 18, quit tobacco, marijuana, alcohol, LSD and mushrooms.
- Male, 17, quit marijuana and LSD.
- Female, 16, stopped doing drugs.
- Female, 16, quit using ecstasy.
- Female, 16, quit using LSD.
- Female, 17, quit tobacco, alcohol, methamphetamine, heroin and cocaine.
- Female, 18, quit marijuana.
- Female, 19, quit LSD and mushrooms.
- Female, 20, quit using LSD.

Responses to the question *Have you ever had a bad trip?* resulted in the following:

Female responses:

- One 16 year old reported that she bought a bad hit once which made her very sick for three days.
- One 16 year old reported a bad trip made her quit doing drugs.
- One 16 year old reported that she went to a graveyard on mushrooms and she thought she saw demons.
- One 17 year old reported she had a bad trip when she took anti-depressants with marijuana, alcohol and vicoden.



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- One 18 year old reported having bad trips and said that's when you need to slow down or stop. There is always a chance of a bad trip.
- Another 18 year old reported overdosing and having to get her stomach pumped.
- A couple reported having bad trips when mixing LSD and Mushrooms.

Male responses:

- One 16 year old reported using DXM, belladonna, mescaline, opium and datura. He also reported after using 4 doses of acid he felt he was being stalked by skinheads. He additionally reported taking 17 doses plus 2 pills of ecstasy and vomiting tree plus times.
- One 17 year old reported that he had a few bad trips when he cried a lot and that he felt *perm-a-fried*, but he is not sure if he is or not.
- One 18 year old reported that he had a bad trip on 24 Dramamine.
- Another 18 year old reported that he got lost on the road while frying.
- One 19 year old reported that his best friend took bad ecstasy 3 years ago and drove off a cliff; he parties in his memory.
- One 20 year old reported he once had a minor stroke.

Partial List of Drugs of Abuse

Acid, LSD	Heroin, smack
Alcohol	Ketamine
Dramamine	Amyl nitrate, poppers
Methadone	Nyquil
Cocaine	Mushrooms
No-doze	Cannabis/THC
PMA	DXM
Crystal/methamphetamine	Rohypnol
Robitussin	DMT
Solvents	Drixoral
Ecstasy, MDMA	Temazepam
4MTA	2CB
GHB	Yaba

- ❑ **MDMA**, otherwise known as Ecstasy, a member of the phenyl ethylamine family of drugs, related chemically to both mescaline and amphetamine. It is often described as a stimulant with hallucinogenic properties. MDMA or Ecstasy is a schedule 1 synthetic drug. MDMA was first synthesized in 1912 by Merck, a German pharmaceutical company, to be used possibly as an appetite suppressant. It was patented in 1914 by Merck pharmaceuticals, however was never marketed for its intended purpose. Illicit use of the drug did not become popular until the late 1980's early 1990's.
- ❑ **Rohypnol**, a trade name for flunitrazepam, has been of particular concern because of its abuse in "date rape." When mixed with alcohol, Rohypnol can incapacitate a victim and may be fatal. Rohypnol is not approved for use in the United States and importation is banned. Illicit use began in Europe in the 1970's and in the early 1990's it started appearing in the United States where it became known as "rophies", "roofies", "roach", and "rope." Another very similar drug, clonazepam is being sold as "roofies" in some states. Marketed in the United States as Klonopin and in Mexico as Rivotril. It is sometimes used by opiate users to enhance the effects. Effects include: muscle relaxation and amnesia.



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- ❑ **GHB** (Gamma - Hydroxy - Butyrate) its effects are similar to those of rohypnol, has been abused in the United States for euphoric, sedative, and anabolic effects. It is a central nervous system depressant. It was widely available in health food stores during the 1980's since 1982 it has not been sold over the counter in the United States. However, products containing GBL (Gamma - Butyrolactone) are converted by the body into GHB and it is used in a number of dietary supplements. Some reports indicate that liquid GHB is being used in association with sexual assault through out the country. Coma and seizure can occur especially when combined with Methamphetamine. Combined with alcohol can produce nausea and difficulty breathing. Withdrawal effects may include insomnia, anxiety, tremors and sweating.
- ❑ **Ketamin** or "Special K" is a rapid acting general anesthetic. It has sedative-hypnotic, analgesic and hallucinogenic properties. Mostly used in veterinary medicine it is similar to PCP (phencyclidine) and induces feelings of pleasant weightlessness, out of body or near death experiences. Used as an alternative to cocaine, generally snorted, also used as a date rape drug.
- ❑ **Yaba** (*crazy medicine, pronounced yar bah*): Originally manufactured by the Nazis to help keep their troops stay awake for days, Yaba has become increasingly popular in the Far East amongst claims that the drug is now bigger than heroin in Thailand. Yaba is a derivative of synthetic amphetamines such as speed and can be manufactured far more quickly and easily than traditional forms of amphetamine. The drug is mostly methamphetamine, running 80% pure with much of the cut being castoff from heroin production. The drug usually comes in pill form (often red/orange, sometimes green) and with its potent mix of visuals and intense highs, drug experts predict that it may soon become popular on the club scene.
- ❑ **DXM** (detromethorphan) found in cough syrups is being used in large quantities among mostly high school students they call this "robo-tripping" - in lower doses it may cause dizziness, mild euphoria and a stimulating effect. It may also cause a feeling of floating which may or may not be pleasant. At higher doses users report feeling drunk and stoned at the same time. Consuming even more often induces vivid visual and/or audio hallucinations and out of body experiences. One might feel completely disconnected from ones body and surroundings with no sense of reality, time or awareness of what they are doing or what is being done to them. These dissociative experiences are often compared to those people go through while using PCP or Ketamine. DXM appears to effect the same centers in the brain as PCP and Ketamine, blocking the reuptake of dopamine. Negative side effects may include: upset stomach or vomiting, body itching, rash, red blotchy skin, diarrhea, fever, tachycardia, slowed respiration, irritability, sweating, risk of injury due to falls. Overdose may result in coma or death. Avoid using DXM in combination with alcohol.
- ❑ **Dramamine** (Dimenhydrinate) An anticholinergic/antihistamine - this is a very powerful psychoactive drug when taken in sufficient quantities (8 to 12 tablets). It induces a dream-like reality. A trip can last up to 8 to 12 hours. People may respond to the hallucinations and delusions as if they were real, then not remember when the high is over. Chronic use may cause depression and amotivational syndrome. Users report a feelings of heaviness, like being pulled down. Dry mouth, nose and throat. Hangovers.



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Variations of Use

The newest thing to hit the scene is the mixture of Ecstasy and Viagra. What are the implications? One can only imagine. Who knows what the ultimate drug interactions might be, let alone the impact on behavior or health. New combinations are looming in the future and old combinations are still around. Acid and Mushrooms are commonly taken together and can cause nightmarish trips and hallucinations. LCD and MDMA (candy-flipping) is another trend that has emerged today. DXM and Dramamine: the DXM reportedly takes away the bad experience of the Dramamine and the high is more like an intensified DXM trip; it also helps the user to stay awake. There are many combination or variations of use these are just a few of the ones not known well yet.

The mixing of drugs has always been a dangerous undertaking, but we humans continue this practice to intensify the effects of the drugs and alter the high. This is like playing Russian Roulette with a fully loaded gun. If the drugs themselves don't kill us our behaviors will, eventually.

Author's Comments

- ❑ Be informed! Find out about the dangers of drug abuse. Know what your children are doing, whom they are with and where they are going. Talk with your children about alcohol and other drugs, the risks of use and abuse, the dangers to their health and well-being. Set a good example for your children. Our children learn more from watching us than from listening to us.
- ❑ Get involved, stay involved and no matter what don't give up. All too often children die. We miss the warning signs. We might even think that we survived our own experimentation so what's the harm. The drugs being used and abused today are mostly synthetic, "chemical cocktails." Who knows what is in them, really. Everyone's experience varies greatly and the risks to our families and our communities are many.
- ❑ Pay attention to your children, their behaviors, their friends and their language. One of the biggest mistakes we can make as a parent is thinking that as children grow older they need us less. Actually, as they grow older they need us more.
- ❑ Guidance and intervention become key as they become adolescents.
- ❑ Parenting is a lifetime process.
- ❑ To guide and mentor our children well into adulthood can only serve to strengthen our communities as we strengthen our families and our youth.

BIBLIOGRAPHY AND SUGGESTED ADDITIONAL RESOURCES

- ❑ The National Clearinghouse for alcohol and drug information -<http://www.health.org>
- ❑ The National Institute on Drug Abuse - <http://www.drugfreeamerica.org>
- ❑ Texas Commission on Alcohol and Drug Abuse - P.O. Box 80529 Austin Texas 78708-0529 - <http://www.tcada.state.tx.us>
- ❑ Designer Drugs. NIDA Capsule. Rockville, MD.: National Institute on Drug Abuse, Drug abuse and drug abuse research, June 1986.
- ❑ The third triennial Report to Congress from the secretary, Department of Health and Human Services. Rockville, MD. NIDA, 1991.
- ❑ Ecstasy. Center for Education and Information on Drugs and Alcohol, Information sheet No.22. Center for Education and Information on Drugs and Alcohol, Australia.
- ❑ National Institute on Drug Abuse Infobox, Ecstasy 13547 NIDA's Homepage: <http://www.drugabuse.gov/>
- ❑ U.S. Department of Health and Human Services, National Institutes of Health, NIDA Infobox, P.O.Box30652, Bethesda, MD 20824-0652.



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- ❑ NIDA notes. research news volume 14, number 4 “Ecstasy” Damages the Brain and impairs Memory in Humans by Robert Mathias, staff writer.
- ❑ NIDA news release, June 14 1999 Long-term Brain Injury from use of “Ecstasy”
- ❑ Club Drugs Info @ <http://www.clubdrugs.org>
- ❑ Ecstasy.org @ <http://ecstasy.org>
- ❑ Multidisciplinary Association for Psychedelic Studies @ <http://www.maps.org> MAPS 2105 Robinson Avenue, Sarasota, FL 34232 Rick Doblin PH.D. President.
- ❑ NIDA Infobox-Club Drugs 13674 @ <http://www.nida.nih.gov/infobox/clubdrugs.html>
- ❑ U.S. Department of Justice Drug Enforcement Administration, DEA @ <http://www.usdoj.gov/dea/concern/mdma/mdma.htm>
- ❑ U.S. Department of Justice Drug Enforcement Administration, DEA @ <http://www.usdoj.gov/dea/concern/ecstasy020700.htm>
- ❑ Lycaeum @ <http://leda.lycaeum.org/chemicals/mdma.139.shtml>
- ❑ Lycaeum @ http://leda.lycaeum.org/Documents/MDA_and_MDMA_Syntheses.10591.shtml
- ❑ Focus Adolescent Services @ <http://www.focusas.com/Ecstasy.html> Teens and Ecstasy
- ❑ Narconon of Oklahoma 1998,1999,2000 @ http://www.ecstasyaddiction.com/ecstay_history.html
- ❑ Anatomy of the functional areas of the brain @ <http://tbts.org/anatomy.htm>
- ❑ Encyclopedia <http://encarta.msn.com>
- ❑ Dance Safe.org. Emanuel Sferious @ dancesafe.org
- ❑ Erowid Vaults http://www.erowid.org/pharms/dimenhydrinate/dimenhydrinate_faq.shtml
- ❑ <http://home.intekom.com/pharm/drammine.html>
- ❑ Abuse Among Adolescents, Journal of Canadian Psychiatry 1993 (38:113-116)
- ❑ 2001 National Household Survey on Drug Abuse <http://www.samhsa.gov/oas/nhsda>
- ❑ Cesar Fax October 14,2002, Vol II, Issue 41 Distribution 5650 Office of Applied Studies, Substance Abuse and Mental Health Services Administration
- ❑ http://erowid.org/chemicals/dxm/dxm_effects.shtml
- ❑ http://www.hyperreal.org/RAVES/media/articles/SanFranExam_920216.html

ACKNOWLEDGEMENTS

This course material was prepared by Brenda D. Cline, MA. Ms. Cline, who earned her Master of Arts in Addictive Disorders degree from Breining Institute, currently serves as Program Director for the Leo Camp Alcohol/Substance Abuse Program at the Sacramento Urban Indian Health Project. She has also served with the California Women’s Commission and the Chemical Dependency Center for Women, as well as Program Director for a number of addiction treatment facilities, including perinatal services, outpatient treatment and residential treatment programs. Ms. Cline is also a Certified Alcohol and Drug Counselor (CADC). Breining Institute has edited the original material for the purpose of presentation in this course.



CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS

Course No. CE1201P3 – Prevention and Education: “RAVES” and Adolescent Drug Use

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

1. The actual concept of RAVES is not new, and some say that RAVES are comparable to which of the following:
 - a. American Indian religious ceremonies.
 - b. To the concept of the Shaman in Eskimo and Siberian society.
 - c. Both A and B above.
 - d. Neither A nor B above.

2. The number one reason for participating in RAVES cited by survey participants is:
 - a. Fun.
 - b. Relaxation.
 - c. Escape.
 - d. None of the above.

3. According to data from the recently released *2001 National Household Survey on Drug Abuse*, which of the following is true regarding the use of at least one illicit drug in the month prior to the survey:
 - a. Eleven percent of 14-15 year olds used drugs.
 - b. Greatest use was for 18-20 year olds.
 - c. Use by 26-29 year olds was equal to 14-15 year olds.
 - d. All of the above.

4. In the 2001 “*Rave Survey*,” how many of the participants reported use of multiple substances?
 - a. 45%.
 - b. 75%.
 - c. 97%.
 - d. None of the above.

5. The most widely used substance reported by survey participants was:
 - a. Alcohol at 91%.
 - b. Tobacco at 91%.
 - c. Marijuana at 91%.
 - d. None of the above.



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6. One of the “Rave Survey” charts shows the age of first substance use by females. According to the chart, the females reported that their earliest first substance use was which of the following?
 - a. Alcohol.
 - b. Tobacco.
 - c. Marijuana.
 - d. None of the above.

7. One of the “Rave Survey” charts shows the age of first substance use by males. According to the chart, the males reported that their earliest first substance use was which of the following?
 - a. Alcohol.
 - b. Tobacco.
 - c. Marijuana.
 - d. None of the above.

8. The number One and Two reasons for first use for both males and females was “fun” and “for the experience.” What was the number Three reason?
 - a. Boredom.
 - b. To experiment.
 - c. To feel good.
 - d. None of the above.

9. Rohypnol, a trade name for flunitrazepam, of particular concern because of it’s implication in “date rape,” is also known by all of the following, except:
 - a. Rophies.
 - b. Roofies.
 - c. Rope.
 - d. Roadies.

10. Detromethorphan, found in cough syrups, is also known as:
 - a. DET.
 - b. DETRO.
 - c. DXM.
 - d. D-phan.

This is a ten-question examination. Answer Questions 1 through 10 for full CE credit in this course. Questions 11 through 21 have been omitted.



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CONTINUING EDUCATION (CE) ANSWER SHEET

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- Answers (circle correct answer):
- | | | |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D | 15. A B C D |
| 2. A B C D | 9. A B C D | 16. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D |
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