

EPIDEMIC...

No. 8 Straight talk about kids, drugs and families from Straight, Inc.

MARIJUANA

Marijuana. Everyone's heard of it, and many of you may have tried it or use it now. It's everywhere — almost like alcohol, except it's illegal. Unfortunately that attitude is widespread and marijuana has become accepted as a "soft" drug — differentiated from "hard" drugs like cocaine or heroin. "Many physicians and parents, aware of the widespread use of marijuana and alcohol by teenagers, have come to accept such use as a part of growing up. Their hope is that children will not abuse the drugs, but experiment wisely. Many parents, acknowledging their children's sexuality, have come to believe that most children will dabble some with sexual intercourse. Not knowing how to prevent such indulgence, parents may grudgingly accept it as inevitable."

Accepting drug use as normal obviously makes diagnosis of abuse difficult, if not impossible. When admission of occasional intoxication is seen as acceptable, early diagnosis of dependency will most often be missed."

What is marijuana?

Marijuana (grass, pot, weed) is the common name for a crude drug made from the plant *Cannabis sativa*. The main mind-altering (psychoactive) ingredient in marijuana is THC (delta-9-tetrahydrocannabinol), but more than 400 other chemicals are also in the plant. A marijuana "joint" (cigarette) is made from the dried particles of the plant. The amount of THC in the marijuana determines how strong its effects will be.

The type of plant, the weather, the soil, the time of harvest, and other factors determine the strength of marijuana. The strength of today's marijuana is as much as ten times

greater than the marijuana used in the early 1970s. This more potent marijuana increases physical and mental effects and the possibility of health problems for the user.

Hashish, or hash, is made by taking the resin from the leaves and flowers of the marijuana plant and pressing it into cakes or slabs. Hash is usually stronger than crude marijuana and may contain five to ten times as much THC. Hash oil may contain up to 50% THC. Pure THC is almost never available, except for research. Substances sold as THC on the street often turn out to be something else, such as PCP.

Where does it come from?

In 1983 an estimated 12,600 to 15,000 metric tons of marijuana was available in the United States. Of that amount, Colombia supplied an estimated 59%. The remainder came from Jamaica (13%), domestic production (11%), Mexico (9%) and other minor suppliers (8%). While foreign supplies remained relatively stable, production from domestic sources decreased about 26% from 1982 levels. This reduction is believed to be the result of expanded domestic eradication efforts. A positive commitment to eradication is clearly being demonstrated in the United States and Mexico, with Colombia also making efforts. However, the potential exists for Jamaica and other countries to expand production.

Who uses marijuana?

An estimated 20 million people in the U.S. use marijuana once or more each month, according to the most recent national survey. The use of marijuana among young people (age 25 and under) has continued to decline gradually since 1979, but in 1982

(cont. on pg. 2)

"Marijuana . . . the most commonly used illicit drug in the United States."

Marijuana (cont. from pg. 1)

there was no change in use by adults 26 and older. As the most commonly used illicit drug in the U.S., marijuana can be found throughout the nation, in rural areas as well as in big cities.

Daily use of marijuana by high school seniors, which had been as high as one in nine in 1978, is now at approximately one in 18. The annual surveys since 1979 reveal a number of major changes in the attitudes of those young people toward marijuana. In the 1983 survey, seniors were more concerned about the health consequences of regular marijuana use and were more likely to feel the disapproval of their peers if they used marijuana. Also reflecting the change in attitudes, both seniors and adults questioned in different parts of the U.S. favor stricter enforcement of laws against marijuana.

The reported change in attitudes suggests that strong reinforcement of prevention and education efforts could produce a significant reduction in marijuana use. The continued decline in marijuana use among younger persons may also lead to declines in the use of other drugs in future years. Recent research has indicated that by the time youth reach their mid to late twenties, early users of marijuana are almost twice as likely to use psychoactive drugs as non-marijuana users. Research also shows that, while youthful experimentation with cigarettes and alcohol does not automatically lead to marijuana use, those who do use marijuana usually have started with cigarettes and alcohol.

What are some of the immediate effects of smoking marijuana?

Marijuana is usually smoked in either "joints" or pipes. The smoke is held in the lungs and absorbed into the bloodstream just like tobacco smoke. It may also be eaten, such as in "grass" brownies. When smoked, effects occur immediately and last for 1 to 2 hours. When eaten, it may take an hour or more for the effects to appear and they may last for several hours. These immediate physical effects include a faster heartbeat and pulse rate, bloodshot eyes, and a dry mouth and throat. No scientific evidence indicates that marijuana improves hearing, eyesight or skin sensitivity.

"The effects of marijuana can interfere with learning . . ."

"Users report the main psychic effects are mild euphoria, changes in perception (heightened appreciation of sounds and colors, for example), and an apparent slowdown in the passage of time. Users may laugh frequently, become hungry and thirsty, or engage in disjointed conversations with unconnected thoughts and speech. Side effects include an increased heart rate, reddened eyes, and drowsiness. Experiments have demonstrated disturb-

ance of short-term memory (forgetting what was just said, or what one just learned) and impairment of perception, coordination and motor skills, including skills needed for safe driving. Panic reactions are occasionally reported, with feelings of persecution, confusion, and hallucination, but these are infrequent."²

"... the strength of today's marijuana is as much as ten times greater than in the early 1970's."

What about long-term effects?

Long-term regular users of marijuana may become psychologically dependent. They may have a hard time limiting their use, they may need more of the drug to get the same effect, and they may develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

One major concern about marijuana is its possible effects on young people as they grow up. Research shows that the earlier people start using drugs, the more likely they are to go on to experiment with other drugs. In addition, when young people start using marijuana regularly, they often lose interest and are not motivated to do their school work. The effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and mathematical skills. Research shows that students do not remember what they have learned when they are "high."

In addition to being a crude drug with many chemicals, marijuana differs in another important aspect from all of the other psychoactive drugs. All the others are water-soluble and excreted from the body relatively rapidly. By contrast THC is lipid-soluble and is retained in the body for a relatively long period of time . . . it is stored in places where lipids are found, such as the brain, the lungs, the testes, the ovaries, and elsewhere throughout the body. In other words THC may accumulate.

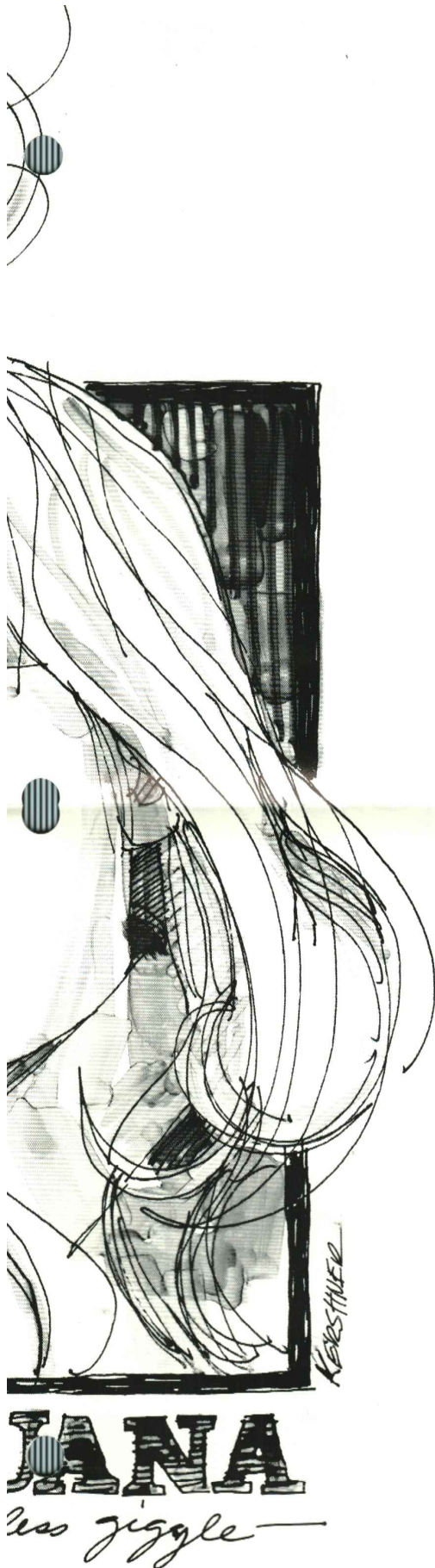
The size of the person, his fat metabolism, his ratio of fat to lean body mass, and other factors affect the rate at which he excretes lipid-soluble material, and half-life may vary markedly from person to person.

The problem of being unable to eliminate THC may be a blessing when viewed another way. This property makes it possible for a pediatrician to screen the urines of children who are not high, but who show evidence of drug use. Denial of use is so prevalent and usage rates so high that the urine screen can be a most valuable tool.³

In response to the recent growth of marijuana use, several recent prestigious commissions have surveyed the evidence on marijuana's effects. These reviews broadly agree on the following points:



MARIJUANA
More than a harm



*Marijuana smoke has a composition very similar to cigarette smoke. Since long-term daily tobacco smoking can cause pulmonary disease and lung cancer, daily marijuana smoking probably poses similar risks.

*Marijuana smoking temporarily increases the workload of the heart. These effects pose risks for persons with cardiovascular disease. Many heart weaknesses in children and adolescents are not detected until later in life. Whether increasing marijuana use among youngsters will precipitate earlier manifestations of latent heart defects is an open question.

*Marijuana use may reduce the body's immune response to various infections and diseases. Because marijuana accumulates in the fatty membranes of the body cells, it affects the entire cellular process. Although more years of research are needed to establish conclusive findings, there is increasing evidence that marijuana use reduces or alters fundamental cellular defenses against disease.

*Heavy use of marijuana decreases the levels of sex hormones in males and females. Marijuana's depressant effect on the endocrine or hormonal system poses one of the greatest risks to children and adolescents, for a healthy balance of hormones is crucial for normal physical and emotional development in young people. Some scientists speculate that the chemical structure of THC may cause it to act as a "false hormone," interfering with aspects of normal hormonal function.

*Marijuana reduces the level of sperm production in men. Animal studies have also

shown that THC affects male reproductive hormones and female ovulation as well. Such phenomena could have adverse effects on reproductive systems.

*Marijuana causes short-term impairment of cognitive functions (including learning and memory). If, as contemporary reports suggest, many young people use the drug before or during school hours, it may reduce the amount they learn in school and may impair their long-term cognitive development.

*Marijuana unquestionably reduces motor coordination, tracking ability, perceptual accuracy and other functions important in driving.

Because of these and other concerns, all of the commissions recommended avoidance of regular, high-dose marijuana smoking. The U.S. commission, pointing to survey data suggesting that 9% of high school seniors smoke marijuana every day, concluded that the evidence on possible adverse effects of marijuana "justifies serious national concern."

1. Donald Ian Macdonald, M.D., *Drugs, Drinking, and Adolescents*, (Chicago: Year Book Medical Publishers, 1984), pg. 123.

2. Polich, Ellickson, Reuter, Kahan, *Strategies for Controlling Adolescent Drug Use*, (Santa Monica, CA: The Rand Corporation, 1984), pg. 15.

3. Macdonald, pp 57-58.

The following sources were used in producing this issue of EPIDEMIC.:

• *Marijuana — Just say no*. Department of Health and Human Services.

• *1984 National Strategy For Prevention of Drug Abuse and Drug Trafficking*, Drug Abuse Policy Office, Office of Policy Development, The White House.

• *Parents, Peers and Pot*, by Marsha Manatt, Ph.D., for the National Institute on Drug Abuse.

What Message From the Media?

by William D. Oliver, Executive Director

Today's entertainment industry is guilty of pushing "do drug" messages through the material they produce.

Movies such as *The Breakfast Club*, *Private Benjamin*, and *9 to 5* all showed marijuana use as accepted behavior for young people and adults. Each of these movies was highly acclaimed by the cinema critics as excellent material, a "must see." Was it absolutely vital to these films' success that the drug use scenes be included? Would the impact of any one of the movies have been lessened by their deletion? But, the motion picture industry is not alone.

The music industry is a longtime offender. Scores of music, from Heavy Metal Rock and Roll to Country and Western have offered drug use as a way to feel good, get through the day, and solve your problems.

Many television programs and commercials depict alcohol as the key to relaxation and good times. The ultimate reward for a deed well done is a Bud or a Heineken. Alcohol is depicted as a necessity for enjoy-

ment of a social gathering. Problems can always be alleviated by partaking in some wonderous spirit as presented by our nation's advertisers. We live in a society that views feeling good as essential. Feeling bad, for whatever period of time, is not acceptable. Too much emphasis is placed on feeling good through chemistry. This emphasis is most strongly reflected in those mediums that seek to please and entertain the American public. We are critically close to developing a generation of young people who know only chemical means of dealing with their emotions. A method that is a short-term, no-win route to self-confidence and clear thinking.

I applaud the efforts of many members of the entertainment community who are seeking to remove the "do drugs" messages from their productions. Many television shows no longer depict characters using alcohol or drugs unless it is vital to the story line. Steps such as these are important to changing the "feel good — do drugs" mindset of so many people today.

Getting Straight:



One daughter's story

My name is Pam. When I came into drug treatment I was 15 years old. By the time my parents brought me to the program I was smoking marijuana almost every day. I smoked about six or seven joints a day. I was also drinking all the beer I could get ahold of during the week. I also used hash, Rush, cocaine, ups, downs, acid, mushrooms and prescription drugs, and huffed solvents.

My parents got me into treatment after my school contacted them. I had been skipping school regularly for a long time and the school finally did something about it. I guess my parents finally had to look at the problem and do something about it too. Up until that time they had tried restrictions and curfews, but even if I couldn't go out on weekends I still went to school to meet my friends and get high. I would go in the front door when my mom dropped me off and straight out the back door to the parking lot to meet my friends.

My family was what I guess you would call a traditional, middle class family. My mom didn't work 'cause she wanted to be at home when we got home from school. Mom and dad tried to bring us up with strict morals. They were completely against drugs. I remember we used to spend a lot of time together before I got into drugs. We went on picnics and that kind of thing. We got along really well together, even though they were always strict with us.

I first started using drugs when I was eleven years old. We had just moved to a new neighborhood and I didn't know anyone. I really wanted to make some new

"... it was awfully important to me to be accepted by my new group of friends."

friends. The new group of kids that I wanted to get in with smoked pot and drank. I started with cigarettes. I refused to smoke two or three times when the kids first offered. But I finally began when they said I was chicken and that they wouldn't be friends with me if I didn't. The same thing happened with pot and alcohol. I said "no" a bunch of times. But it was awfully important to me to be accepted by my new group of friends. For about a year I used pot and alcohol with my friends when we went to parties. Not even every weekend, but every few weekends. My parents didn't know, because things were still going good at home and I wasn't skipping school so my marks were okay.

I first got into trouble when, after I had been using drugs for about a year, I had a party at my house with my drug-using friends on a night when my parents were going to be out for dinner. They came home early and found us having the party. Boy, did I get into trouble. I was about 12 years old at the time. Toward the end of that year I started to steal from my parents and my sister. Then I started shoplifting. I was arrested when I was twelve for shoplifting. Later I went to breaking and entering. I got caught and taken to the police station and fingerprinted, but I was never charged.

When I was thirteen, things really started

going down. I began to skip school and my grades dropped. I was always in a lot of trouble at home because of my grades and because I changed the way I dressed. I ran away from home one time. I stayed away for a couple of days after one big fight I had with my parents.

My first sexual experience happened when I was high on drugs and after that I really started to go way down. By the time I came into the program I had gotten really promiscuous. In fact, in order to get money for drugs I turned to prostitution at least three times. I overdosed on alcohol lots of times.

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