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MARIJUANA:
A SECOND LOOK

DRAFT
FOR
CRITICAL REVIEW

FOR
POSITIVITY
ONLY

A Guide for Teachers
and Youth Leaders


M

arijuana: A Second Look is a prevention program intended to influence nine-, ten-,

and eleven-year-old children not to smoke or use marijuana. The components of the program include this guide, a slide-tape presentation, a newsmagazine, and a poster.

This guide has been developed for use by classroom teachers, camp counselors, American Lung Association staff, and other youth leaders in the community who work with children of this age. The guide contains information about marijuana and its health effects, a five-lesson curriculum, and suggestions for involving parents and older children in the educational process.

The slide-tape presentation is for parents. It summarizes new research on the harmful effects of marijuana and encourages parental involvement with one's own children and with community groups and schools. It is intended to promote discussion among parents in groups led by teachers and youth leaders.

The newsmagazine is also for parents. It provides detailed information on marijuana and its effects, lists resources in the community, and provides specific information about how to work with children, their teachers, and youth leaders in the community. A single-issue magazine, it may be sent to parents or given to parents by teachers or youth leaders.

The poster is for children. It reinforces the importance of saying "no" to marijuana, and may be displayed in the classroom or in public, provided to individual children, or folded into the parents' newsmagazine.

All materials, including extra copies of this guide, are available for a nominal fee from your local American Lung Association or from the American Council for Drug Education.

T O THOSE OF YOU WHO WORK WITH YOUNG PEOPLE:

Over the past several decades, marijuana has been the focus of passionate debate. Emotions ran especially high in the 1960s, but eventually gave way to toleration and tacit approval by some segments of our society — and disinterest by others. Opinions ranged from the belief that pot was a “harmless giggle” to an exaggerated fear of its effects. At this writing, it is estimated that there are 17.4 million adult Americans and 2.7 million adolescents who smoke marijuana regularly. Recent surveys show that 59 percent of high school seniors have tried marijuana, and one out of sixteen is a daily user. Many marijuana smokers first used the drug in grade school — as early as the fourth or fifth grade.

Well-documented and highly credible medical and scientific research has been accumulating about the health effects of marijuana. During the past ten years, over 8,000 studies have been completed. *The results of these studies have been disturbing, but have received little public attention.* They provide growing evidence that marijuana has damaging health effects on the lungs and on the reproductive and immune systems. The implications for children and teenagers, whose respiratory and reproductive systems are still developing, are especially troubling.

In response to this evidence, the American Lung Association, in cooperation with the American Council for Drug Education, has developed *Marijuana: A Second Look*. The purpose of this program is to influence children ages nine, ten, and eleven not to smoke or use marijuana — now or in the future. Obviously, there are many drugs of abuse, but marijuana is usually the first illicit drug encountered by our young people and is often used in combination with the “licit” drugs, tobacco and alcohol. Use is so widespread that sometime between the ages of twelve and fourteen, nearly every American child is faced with the decision whether to use marijuana.

As a teacher or youth leader, you know that young children care very deeply about what adults think. They need and want the guidance of teachers, youth leaders, and parents. *Marijuana: A Second Look* presents you with the facts about marijuana and its effects. It provides ideas and tools for making these facts understandable to parents and children. It also provides strategies for fostering attitudes and skills that can help steer children away from marijuana and other dangerous substances.

While we urge you to take a stand and speak out in your community and in your child’s school, we recognize some of the obstacles you may have to face. The casual use of marijuana pervades some segments of our society. The “Do Drugs!” message comes across in our popular music and movies. Some parents and some of your colleagues may smoke marijuana. Armed with the new health information presented in this program, you may be better able to overcome these obstacles.

Our two organizations are among many working to close the “information gap” between what people *think* they know about marijuana and *the facts we now have available*. We urge you to join us and other concerned organizations and citizens who wish to get a clear message to the public and to our young people about the serious health hazards of marijuana use.

Sincerely yours,



Edward M. Sewell, M.D.
President
American Lung Association

Robert L. DuPont, M.D.
President
American Council for Drug Education



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MARIJUANA'S
HEALTH
EFFECTS:
WE KNOW A LOT
MORE NOW

FOR
POSITION
ONLY

Many Americans seem to believe that marijuana is a relatively harmless substance. They may call it pot, grass, reefer, or weed, but most know that it comes from the plant *Cannabis sativa* and typically is smoked in a cigarette ("joint") made from the dried flowers, leaves, and leafy stems of the plant. There is, however, a great deal more to know about the drug, and in recent years new and disturbing information has come from scientific studies.

The studies have dealt with marijuana's effects on both the mind and the body — especially on the lungs, male and female reproductive systems, and on thinking, memory, and problem-solving abilities. The research confirms that marijuana is a powerful drug with potentially serious physiological and psychological effects, especially for preteens and adolescents.

Most people know that cigarette smoking is extremely hazardous to health. It is time now for the public to know that marijuana smoking carries the same dangers, plus others unique to the marijuana plant. □

WHAT
EVERYONE
SHOULD
KNOW ABOUT
MARIJUANA

- Marijuana contains over 400 chemicals and is intoxicating, primarily because of its principal psychoactive or mind-altering ingredient: Delta-9-tetrahydrocannabinol, or THC.
- Marijuana smoke contains more of some cancer-causing agents than tobacco smoke.
- Even at moderate levels of use, marijuana affects physical skills, such as the eye-hand coordination so essential for athletics, driving, and the operation of complex machinery.

□ Extended marijuana use impairs learning, memory, thinking, comprehension, and general intellectual performance. Chronic marijuana smokers often lose motivation and interest in the kinds of activities that most healthy people participate in: schoolwork, sports and other after-school activities, spending time with families and friends. □

NEW INFORMATION

□ Marijuana smoke is irritating to the lungs' air passages and impairs the flow of air out of the lungs. Chronic marijuana smoking inflames the air passages and may lead to pharyngitis, sinusitis, bronchitis, and emphysema.

□ Extensive abnormalities in the cell tissues lining the larger air passages in the lungs occur in young, chronic marijuana users. These abnormalities are thought to be precancerous. This kind of damage used to be seen only in older, heavy tobacco smokers — those who had been smoking for ten to twenty years.

□ The breakdown products of just one marijuana cigarette can remain in the body for as long as a month. Unlike alcohol, which is water-soluble and leaves the body within a few hours, THC is fat-soluble — which means that it can be stored for long periods of time in the body in areas of high fat content, such as the lungs, brain, and reproductive organs. *These areas are the very ones in which research is revealing the most serious physiological effects.*

□ Through selective breeding and improved horticultural techniques, some marijuana that is now available in this country contains ten times the THC it did in the 1960s and early 1970s. Furthermore, people are smoking more of it. Among teenage and adult users, daily use of one

or more marijuana cigarettes is not uncommon.

□ A 1982 study showed that women who were chronic marijuana smokers were five times more likely than women who didn't smoke marijuana to have babies with features consistent with fetal alcohol syndrome — low birth weight and some specific kinds of birth defects.

□ THC affects the production and distribution of the hormones that control sexual development, fertility, and sexual functioning. In males, the hormone testosterone, essential for the development of secondary sexual characteristics and full sexual development, may be decreased. Marijuana can also damage the sperm of regular users. In young women, marijuana use may disrupt the menstrual cycle and ovulation, reducing fertility.

□ Recent studies have revealed that a large proportion of highway fatalities have involved drivers who were "high" on marijuana. A study conducted by the Boston University Traffic Accident Research Team, for example, found that one out of six drivers responsible for fatal accidents had been smoking marijuana prior to the accident.

EFFECTS OF MARIJUANA ON CHILDREN AND TEENAGERS

In a 1982 study, 44 percent of high school seniors reported some experience with marijuana during the past year; 11 percent reported that they had smoked at least forty times in that period. Most of these youngsters had their first experience with marijuana somewhere between the ages of twelve and fourteen.

Adolescence is a time of rapid growth and complex hormonal activity, when the body is especially vulnerable to a drug that affects hormonal production and that can damage the just-maturing reproductive system and lungs.

Socially and psychologically, adolescents are beginning to develop greater independence. It is natural for them to try new roles and experiences. What makes experimentation with marijuana problematic is that the user can become dependent on it while believing that he or she can control its use. This illusion of personal control makes experimentation especially risky.

During adolescence, young people learn how to assume increasing responsibility, and to prepare for future education and careers. Chronic marijuana use may cause apathy (clinically known as "amotivational syndrome") and learning problems with severe repercussions for the teenage user.

Adolescence is also a time when young people develop the personal resources to handle strong feelings, to experience and live through life's disappointments and joys, its boring as well as exciting times. Teenage pot smokers never learn to negotiate such varied emotional terrain. By artificially inducing a pleasant state, they sidestep the need to resolve conflicts, or to establish their own "natural highs," which come from achievement in school and sports, or from mature relationships with families and friends.

There are many fine drug education programs that focus on the transition to senior high school years. However, because of the reasons given above, and because drug abuse counselors, psychologists, and others who work with children are beginning to see marijuana use as early as the fourth grade, it is important to reach children before they reach junior high. Fortunately, most preadolescents have not yet experimented with the drug, which makes nine-, ten-, and eleven-year-olds an ideal group for prevention efforts.

GETTING STARTED

FAMILIARIZE YOURSELF WITH ALL THE PROGRAM COMPONENTS

1. Read the Curriculum Overview and skim the instructions for conducting the five activities (pages 14 to 19 in this guide). Familiarize yourself with the worksheets, which are to be duplicated for student use. Determine when the best time will be for you to introduce the program to your students and whether you will teach all five activities consecutively in one block of time, or stretch the lessons out over a longer period of time, teaching them intermittently.
2. Read "Parents: The Crucial Link," on pages 12 to 13 in this guide. This section will tell you how to begin making plans for involving parents in your efforts.
3. Read the Parent Newsmagazine. It will bring you up to date on the latest health research news about marijuana, going into far greater detail than this guide.
4. Preview the slide-tape presentation. If your school or organization does not have a copy, contact your local American Lung Association office.

Throughout the guide, we suggest a number of ideas for reaching parents and children and for involving teenagers in your efforts. As a teacher or youth leader, you are probably most interested in and prepared to use the curriculum component of this program. Teenagers and parents can, however, have a powerful influence on the youngsters with whom you work. We urge you to include teenagers and parents in your plans because they can supplement and deeply enrich your curriculum efforts.

Some of the ideas may not be appropriate to your community or to your needs and interests. Others may occur to you that might work better. Study the suggestions in this guide. Then make them your own: drop some, add others, and adapt them to suit your own situation. Of course, there may be excellent drug education efforts already going on in your own community. You can find out about them by calling your local American Lung Association or by writing the American Council for Drug Education. □



CURRICULUM OVERVIEW

GOALS AND FORMAT

The goals of the curriculum activities are to:

- Influence children aged nine to eleven not to use marijuana — now or in the future
- Provide information about the harmful health effects of marijuana
- Provide children with practice in the skills necessary to resist social pressure to experiment with pot
- Encourage children to speak out against pot-smoking

This leader's guide contains instructions for conducting five activities and twelve worksheets, which are to be duplicated for student use. They can be photocopied, or reproduced through Thermo-Fax and mimeographed. Three of them (7, 8, and 9) also have a symbol in the upper-right-hand corner, which indicates that students should take them home to share with their parents.

SUMMARY OF THE ACTIVITIES

Activities One, Four, and Five take approximately two 50-minute periods each; Activities Two and Three require a total of two 50-minute periods, but can be expanded if necessary. You can cover all five activities in consecutive sessions, or you can use them intermittently throughout the year, to reinforce them over time.

These activities can be used independently or in conjunction with other health programs of a more general nature (for example, the Primary Grades/School Health Curriculum Project, particularly the fifth-grade module, *About Our Lungs and Health*). □

Activity	Activity Includes	Worksheets	Time Estimates
1. Facts About Marijuana: What You Don't Know Can Hurt You	<input type="checkbox"/> Introduction to the program <input type="checkbox"/> Definition and explanation of marijuana terms <input type="checkbox"/> Marijuana research studies	1-5	Two 50-minute lessons
2. More Facts: Where Pot Goes, How It Works*	<input type="checkbox"/> Explanation (with diagram) of how chemicals from marijuana smoke travel through the body <input type="checkbox"/> Quiz and answer sheet to share with families	6-8	One or two 50-minute lessons
3. Give Me One Good Reason*	<input type="checkbox"/> Exercise to help students respond in a positive way to situations involving marijuana use <input type="checkbox"/> Homework assignment to create a cartoon	9,10	One 50-minute lesson
4. The "Nos" You Already Know	<input type="checkbox"/> Practice in developing the skill of saying "no" <input type="checkbox"/> Role playing	—	Two 50-minute lessons
5. Friends Don't Let Friends Pollute Their Minds and Bodies: Speaking Out Against Pot	<input type="checkbox"/> Instructions for developing public service announcements that speak out against marijuana use <input type="checkbox"/> Poster	11	Two 50-minute lessons

*Activity includes a take-home worksheet to be shared with parents.

TAKE ADVANTAGE OF TEACHABLE MOMENTS

Stress the main message of the activities — that marijuana use is harmful to health — when "teachable moments" arise.

Timely events often lead to spirited discussions!

For example, use the opportunities presented by newspaper articles and television shows dealing with marijuana or other drug-related incidents (perhaps the confiscation of marijuana being smuggled into the country, or a local accident involving drugs) to reinforce the messages in

the activities and to discuss why adults in the community are so upset about drug use. Another example of a teachable moment might be the publicity surrounding a drug education effort spearheaded by a prominent public figure or a well-known sports personality. □

CROSS-AGE TEACHING

Preteenagers look up to the students in junior and senior high school. Invite one or two older students to talk with your group. Ask them to talk about their junior and senior high school years, to answer questions, and to give their own ideas for ways to handle peer pressure on issues relating to drug use.

Guidance counselors, junior and senior high school principals, coaches, health teachers, and leaders of youth organizations can help you identify appropriate teenagers. When choosing someone to talk to your group, look for these characteristics:

- Ability to relate to and enjoy younger children
- Relaxed, friendly manner
- Experience with talking before a group, or the willingness to do so
- Enthusiasm
- Participation in sports, drama, or other healthy and productive activities
- Willingness to learn and accept the facts about marijuana's harmful effects
- Ability to articulate reasons for not using drugs


Here's how to involve your teenage volunteers:

First, distribute copies of the Parent Newsmagazine to your volunteers and set up a time to discuss the most recent research about marijuana's health effects.

Second, ask them to take "The Refrigerator Quiz" (Worksheet 7, which is also used by your students as part of Activity Two). Have them correct their quizzes using Worksheet 8, "Answers to the Refrigerator Quiz."

Next, pass out copies of "Hints for Teenage Volunteers," Worksheet 12, which provides guidelines to help the volunteers prepare their presentation for your group.

Be sure to start your plans early. You will need plenty of time to identify the teenagers, to prepare them for their presentation, and to receive the necessary permission from their parents, school administrators, or youth group leaders.



PARENTS: THE CRUCIAL LINK

Children want and need to hear from their parents. Those who can communicate well with their parents are more likely to stay in tune and in touch with family values later on in their teenage years. See the box for some ways you can involve parents in your drug prevention efforts.

WAYS TO INVOLVE PARENTS

Convene a parent meeting.

- Show the slide-tape presentation.
- Invite a guest speaker. (Your local American Lung Association can help.)
- At the end of the meeting, distribute the Parent Newsmagazine.
- Describe the curriculum their children are involved in by distributing copies of "Summary of the Activities" (page 10 of this guide).

Send the "Summary of the Activities" and Worksheets 7, 8, and 9 home with children.

- Encourage parents and children to discuss the worksheets and the activities they have been involved in.

Distribute the Parent Newsmagazine.

- Send one copy home with each child. (Order multiple copies from your local American Lung Association.)
- Distribute it to parents who attend the parent meeting.

MORE ABOUT THE PARENT MEETING

We suggest that you invite parents to a meeting before you teach the student activities. The purposes of such a meeting would be to:

- Acquaint parents with your marijuana prevention efforts.
- Make sure they are aware of the seriousness of the marijuana problem and the damaging health effects of marijuana use, by showing the slide-tape presentation and distributing the Parent Newsmagazine
- Provide a comfortable and supportive setting where they can explore effective communication strategies, and discuss the possibility of continuing to meet as a parent support group

The slide-tape presentation for parents consists of a set of 35mm color slides and a fifteen-minute audio cassette tape. You will need a 35mm slide projector, a 35mm carousel, and an audio cassette player. One side of the tape has audible beeps, to indicate slide changes. The other side has inaudible beeps, which will advance the slides silently and automatically. If you wish to have the slides advance automatically, you will need a tape recorder with a synchronous slide playback capability. If you do not have access to the necessary equipment, contact your local school, library, or American Lung Association office for assistance.

PLANNING THE MEETING

1. Choose a date for the meeting and notify parents six weeks in advance, with a follow-up reminder sent a week beforehand. Don't choose a time that conflicts with other school or community events.
2. Send an invitation home with each youngster. (See box for Sample Letter.) Schedule an evening meeting so working parents can attend. Be sure to set beginning and ending times so parents can arrange for child care and be home by a reasonable hour.
3. Ask your local American Lung Association to suggest a qualified guest speaker to serve as a resource during the discussion period. The speaker should be particularly familiar with local patterns of marijuana use and/or with marijuana's health effects. You might also want to include a member of an ongoing parent support group if there is one in your community. Many such groups have been formed all across the country. See the Parent Newsmagazine for more information.
4. You can help ensure a more successful discussion by meeting in a room where seats can be moved into a circle.
5. Serve simple refreshments and be sure to have a slide projector and a tape recorder on hand. (See box for details about showing the slide-tape presentation.)
6. Parents who want to continue to meet should contact similar groups in nearby communities for ideas about how to organize and how to build on effective existing programs. In addition to the Parent Newsmagazine, schools or departments of health and human services or the local American Lung Association will be able to identify ongoing parent groups and other resources.

Sample Letter

Dear Parents:

Youngsters today are under increasing pressure to experiment at younger and younger ages with drugs. Marijuana is likely to be the first illicit drug children encounter. In fact, somewhere between the ages of twelve and fourteen, nearly every American child is faced with the decision whether to smoke marijuana. By the time they reach high school, four million teenagers have become regular users.

Until recently, there has been little scientific research on marijuana's health effects. But in the last ten years, over 8,000 scientific studies have been conducted. Most of them emphatically demonstrate that pot can have harmful health effects — particularly on the lungs and reproductive organs — and especially for children and teenagers in their growing-up years.

Your children are beginning a program called *Marijuana: A Second Look*. The basic premise behind the program is that our efforts to prevent marijuana use must start early in the elementary grades, before children are faced with the peer pressure that becomes more powerful in the teenage years. *Marijuana: A Second Look* presents important health information about pot's effects and includes strategies to help children resist peer pressure to try drugs like marijuana.

Because parent participation is an important component in the program, we have a slide-tape presentation and informational Parent Newsmagazine to share with you.

We will be showing the slide-tape presentation at an evening meeting on _____ (date) at _____ (location), Mr./Ms./Dr. _____ of the _____ will be present to provide additional information about marijuana use in our own community, and will lead a group discussion after the slide-tape presentation. The meeting will begin at _____ p.m. and end promptly at _____ p.m. Refreshments will be provided.

Please save that evening! I'm looking forward to sharing a lively and informative meeting with you.

Sincerely,

7. After the meeting, send a copy of the Parent Newsmagazine to those who were unable to attend. Write a cover note explaining that you are sorry that they missed the meeting and that you hope the Parent Newsmagazine will be of interest. Offer to meet with them if they have any questions or comments.

Sample Agenda

1. Coffee, welcome, and introductions (15 minutes).
2. View the slide-tape presentation (15 minutes).
3. Discuss the slide-tape presentation (45 minutes); guest speaker can serve as leader and resource.
4. Distribute the Parent Newsmagazine.
5. Discuss future plans, including the possibility of parents' continuing to meet as a Parent Support Group.

Another Idea: Hold Parent-Child Meetings

First Meeting (two leaders necessary): Present the health facts about marijuana to the children, using Activity One in this guide. At the same time, show the parents the slide-tape presentation and pass out the Parent Newsmagazine.

Second Meeting (one leader): Review the health facts by giving the children "The Refrigerator Quiz" (Worksheet 7). Ask the parents to leave while the children correct the quizzes. Invite the parents to return. Now it's the children's turn to be the experts! Have them give their parents the quiz and score the answers. Next, do Activity Three. Have students complete one cartoon each, show it to the rest of the group, and take it home to post in a prominent place.



THE CURRICULUM ACTIVITIES

ONE. FACTS ABOUT MARIJUANA: WHAT YOU DON'T KNOW CAN HURT YOU

Objectives

Students will be able to:

1. Define each of the following: marijuana, high, THC.
2. Describe specific effects marijuana might have on health, safety, academic achievement, and interpersonal relationships.

Before Class

Duplicate Worksheets 1, 2, 3, 4, and 5 — one for each child.

In Class

1. Introduce the program by explaining that it is part of a national effort to teach everyone about the harmful health effects of marijuana use. It is very important that people get the facts straight about marijuana: *many adults, as well as young people, don't know that marijuana is bad for their health and that it can harm their minds and bodies. What they don't know can hurt them!* Explain to students that *in the next few years*, they may have to make a *decision* about whether to try marijuana. This program will tell them why it is so important to say NO — that what they put into their bodies, especially during the years when they are still growing, can affect them for a long time.

2. Use these questions to determine how much students already know about marijuana:

What is marijuana? (Marijuana is a powerful drug that comes from the dried leaves, leaf stems, and flowering tops of a plant called *Cannabis sativa*. Other names for marijuana include grass, pot, dope, reefer, and weed.)

How is it used? (Most people smoke it in a cigarette, called a joint. Some people smoke it in a pipe or water pipe, or a special pipe called a "bong." It can also be eaten.)

What does it mean to be high? (The word *high* describes a change in the way a person feels after smoking marijuana. It is a change from being one's normal self to feeling giddy, talkative or quiet, relaxed or anxious. People don't necessarily react in the same ways.)

What causes the high? (Delta 9-THC, one of over 2,000 chemicals taken into the body when marijuana is smoked, is the principal mind-changing ingredient that causes the high.)

3. Tell students that, until recently, we had very little scientific information about marijuana, but in the last ten years we have learned a lot. Research scientists have conducted studies to find out more about pot. The results of their studies show that marijuana smoke is even more dangerous for the lungs than tobacco smoke — and everybody knows that cigarettes are bad for you. Marijuana also seriously affects our minds and may affect our ability to have healthy children. It's important for the children to understand that marijuana's harmful effects build up slowly over time. It can be hard or impossible to see the damage until it's too late. There are two reasons for this. In the early stage there is very little discernible damage. Later, when the damage becomes more obvious, the drug experience itself prevents the user from understanding what it is doing to him or her.

Be sure to make this point clear, because children most probably won't see exaggerated effects of marijuana use in peers or older siblings who smoke. *Any mismatch between what they learn from you and what they observe around them will diminish their acceptance of the information you have provided.*

4. Pass out copies of Worksheets 1-5 to each child. Read the worksheets aloud, or allow about twenty minutes for the children to read through the material themselves. Some of these worksheets may be a bit difficult for younger children; you may need to explain or simplify them as necessary.

Next, divide the class into small groups. Assign each group a different worksheet. Explain that they will work as a group to write two questions with answers based on information in the worksheet. Tell them to choose their questions carefully, because they are going to be used to develop a quiz that their classmates will take. Be sure the questions can be answered with the information provided in the worksheet.

The questions can be true/false, multiple choice, or "fill-in-the-blanks." For example, a possible question for Worksheet 5, "Marijuana and Driving," might be: "Once the feeling of being high disappears, the effects of marijuana on driving skills are also gone. True or False?"

Ask one child from each group to read the two questions for the assigned worksheet. Children from the other three groups will write down their answers on a sheet of paper. Repeat until each group has had its turn, then have the children correct and discuss their own answers, based on answers provided by the group that created the questions.

5. For additional reinforcement, discuss the implications of these studies for:

- A student
- An athlete
- An actor in a play
- Someone who works with complicated machinery
- Someone who plans to be a parent

TWO. MORE FACTS: WHERE POT GOES, HOW IT WORKS

Objectives

Students will be able to:

1. Describe the path THC follows and the organs it contacts when marijuana smoke is inhaled.
2. Understand that all the THC is not exhaled, but is stored in the body's fatty tissues, such as the lungs and brain, where it causes the most damage.
3. Be familiar with the proven harmful effects of marijuana on young people.

Before Class

Duplicate copies of Worksheets 6, 7, and 8 — one for each student.

In Class

1. Begin by summarizing the main point of the last lesson — namely, that marijuana affects many parts of the body, especially the lungs. Then ask: How do you think marijuana gets to these parts of the body? What happens when it gets there?

2. In order to answer these questions, it is necessary to understand something about oxygen and the respiratory system. Read the group the following brief description:

We all need energy to live — to work, play, think, and sleep. Our bodies get this energy from food. Oxygen helps us turn this food into energy. With the help of oxygen, our bodies actually burn up (oxidize) the food we eat to produce energy.

We get the oxygen we need by breathing. Breathing has two steps: inhaling air (which is 21 percent oxygen) through the mouth and nose, down the windpipe (trachea), and into the lungs through a system of branching air tubes; and exhaling carbon dioxide (a waste product)

out of the lungs, up the windpipe, and out of the nose and mouth. A strong muscle under the lungs, called the diaphragm, pumps air into the lungs. Another name for breathing is respiration. All of the parts of the body that help us breathe are called the respiratory system.

Clear, healthy lungs are a vital part of the respiratory system. The lungs are filled with tubes called bronchial tubes. They begin at the bottom of the trachea like two large tree trunks. One bronchial tube leads into each lung, then branches out into many smaller bronchial tubes.

The bronchial tubes lead to small groups of air sacs, or alveoli. Oxygen goes from the air sacs into the blood. It is then carried to all cells in the body through blood vessels.

3. Pass out Worksheet 6, "Where Does It Go?" Stress again that marijuana smoke contains many chemicals. The main chemical that gives people the feeling of being high is called THC. THC travels to the air sacs in the lungs, where tiny blood vessels (capillaries) absorb it. It then travels in the blood through every blood vessel and every organ in the body. Gradually, it comes to settle and is stored in fatty tissues, like the brain and lungs. *THC and its breakdown products stay in the body for as long as thirty days*, so that if a person smokes marijuana only once every few weeks, there will always be some THC in the body.

4. Ask the children to first label the organs listed on the activity sheet and then trace the path that THC takes in the body. Have them color the organs high in fat content (i.e., the lungs and the brain), where the THC remains for long periods of time. (Note: THC also remains in the reproductive organs, which are not shown on this diagram.) If they are not sure where some parts of the body are, they should feel free to ask you. We have included a completed body outline for your convenience.

5. The following questions will help children trace the path of the THC on their diagram:

- Where does marijuana smoke enter the body? (Through the mouth.)
- Where does it go first? (To the lungs by way of the throat, windpipe, and bronchial tubes.)
- Then what happens? (The chemicals go into the blood stream by passing through the air sacs — alveoli — and the heart pumps the blood throughout the body.)
- When the blood and chemicals get to the brain, what happens? Think about what the brain does and how THC might change things.

(The brain is control headquarters for the body. It receives and sends out signals all the time. Each part of the brain does a particular job. For example, the spinal cord handles quick responses, like pulling a hand away from a hot stove. The base of the brain handles the activities we do without thinking, like breathing. The brain also controls feelings like anger and happiness. Memorizing, reasoning, learning, coordinating, and deciding are other activities that take place there.)

Don't expect children to know all the details. The point is to get them to understand that *marijuana smoke is not simply inhaled and exhaled, but travels throughout the body and is stored in the fatty tissues, affecting many different organs and body parts.*

6. Hand out copies of Worksheet 7, "The Refrigerator Quiz." Explain that in addition to testing their own knowledge, the quiz can help people in their families learn about marijuana. Suggest that they post the quiz on the refrigerator door so others can take it and write their scores in the remaining columns of the worksheet.

Tell children to complete all the questions and put their answers on a separate piece of paper.

7. When everyone has finished, pass out Worksheet 8, "Answers to the Refrigerator Quiz." Have the children correct their quizzes and record their scores — ten points for each right answer — in the column labeled **YOUR SCORE**. They should take the answer sheet home to share with their families. □

THREE. GIVE ME ONE GOOD REASON

Objectives

Students will be able to:

1. Recognize misconceptions in people's statements about marijuana smoking.
2. Use a fact to correct a misconception.

Before Class

Duplicate copies of Worksheets 9 and 10 — one for each student.

In Class

1. Introduce this activity by telling students that they now know some straight facts about marijuana and its harmful health effects. Today they will practice using these facts in an upbeat way that is comfortable for them.

2. Pass out copies of Worksheet 10, "Give Me One Good Reason." Each child will fill in the appropriate facts in the left-hand column, and a reply in the right-hand column. Allow about fifteen minutes to complete the worksheet.

3. Divide the class into small groups of three to five children. Each child will share with the group his or her reply to the first situation. Then the group will decide on the best answer, and write it down on a piece of paper. The children will repeat this process for each situation.

4. Reconvene the class. Ask one child from each group to read the answers he or she has chosen.

5. At-home activity: using the cartoon on Worksheet 9 as a model, have each student draw a cartoon illustrating one of the other situations and caption the drawing with one of the replies. Have students share their cartoons with their families. Artwork can be displayed in the classroom or in a more public spot in the school. □

FOUR. THE "NOS" YOU ALREADY KNOW

Objectives

Students will be able to:

1. Give several reasons why people might agree to do things they don't really want to do.
2. Employ a variety of ways of refusing an invitation from valued peers.
3. Feel increased confidence in their ability to withstand peer pressure to smoke marijuana.
4. Appreciate others who are willing to take an unpopular position.

Before Class

Think of an example of a situation in which you said "no," one that you would be willing to share with the class in the discussion. For example, you might describe a time when you were pressured by a salesperson, or when you refused to ride with someone who had been drinking.

In Class

1. In Activity Three, children began to think about how they might respond in an upbeat way to situations involving marijuana. They based their answers on facts, but tried to frame them in a way that would help them save face. In this activity, they will continue to develop these skills by practicing how to say "no."

Our approach assumes that preteens already use different strategies to avoid doing things they think are dangerous, boring, or embarrassing. Yet we also recognize how hard it is for any of us to say "no," especially when pressures from friends and peers seem to push us to say "yes."

2. Elicit from the children examples of recent occasions when they have said "no" successfully. Jot down these examples on the chalkboard or

newsprint. (You may want to provide your own example to start the discussion.) You can introduce the subject by saying:

We all have ways of getting out of something we don't want to do, or something we believe is dangerous or bad for us. Think of the times when you've said "no." How did you do it? Did you come right out and say it? Or did you joke your way out of it? Maybe you put off answering until later, to give yourself time to think. Perhaps you used an excuse ("I have to mow the lawn." "My mother would have a fit."). Perhaps you used facts and reasoning. What worked best for you?

3. After the children have described situations in which they successfully said "no," discuss them, using these questions:

- Why do some people say "yes" when they really want to say "no"? (They may feel that saying "yes" is the right thing to do in a situation like helping around the house, even if they don't want to. They may think that if they say "no," their friends won't like them, or will think they are "chicken." They may not want to disappoint the person who is asking. There can be many reasons — some good, some not.)
- What would make it easier for a person to say "no" when that's the right thing to do? How do you feel about someone who says "yes" when he or she really wants to say "no"? How do you feel about someone who says "no" even if it's not the popular response?
- Ask the children how they would say "no" in the following situations. (You may want to ask them to jot down their answers on a piece of paper.)

a. Frank double-dares you to spend an hour alone in a house that is supposed to be haunted. Although you don't really believe in ghosts, you are afraid of rats and spiders. How do you say "no"?

b. Mary asks you to keep her company while she babysits for her three-year-old sister. You kept her company last Saturday and were bored stiff. How do you say "no"?

c. David wants to write a mean message in your best friend's notebook. You're just not that kind of person, and you're really surprised that David would be so hurtful. How do you say "no"?

d. A group of kids from the eighth grade are giggling behind the fence in an empty parking lot. You go over to see what's going on and they offer you a joint. You're pleased that they're being friendly, but you don't want to take them up on the offer. How do you say "no"?

4. Divide the class into small groups (four or five children in each group). Each group will develop a role play about saying "no," using one of the situations above, or creating one of their own.

5. Reconvene for the role plays.

FIVE FRIENDS DON'T LET FRIENDS POLLUTE THEIR MINDS AND BODIES: SPEAKING OUT AGAINST POT

Objectives

Students will be able to:

1. Express specific facts about the harmful effects of marijuana in a written, public service message.
2. Collaborate with others, including peers, in communicating the harmful effects of marijuana smoking.

Before Class

1. Duplicate Worksheet 11 — one copy for each child.
2. Bring a tape recorder to class.

In Class

1. In this activity, the children will work in small groups to write a public service announcement (PSA) suitable for broadcast by a local radio station. The purpose of the PSAs is to educate the public about the harmful effects of marijuana and how people can resist pressure to smoke it.

2. Divide the class into four or five small groups. Give each child a copy of "Tips for Writing Public Service Announcements." Explain that each group will have a chance to speak out against pot by writing a PSA about marijuana use, drawing on what they have learned in this program. Remind students of the facts they learned in the first two activities. Encourage them to use the facts to develop a focus for their messages. Review the information on the activity sheet with them.

Tell the children that they have thirty minutes to develop and write down their messages, and that each group should be ready to "perform" their PSA for everyone.

3. Bring the groups together. Have each one read its PSA. If possible, tape record the messages. (If the tape recorder has a microphone, use it to add a realistic touch.)

Play back the tape and give the group a chance to suggest changes in each PSA. Good ideas can be incorporated into the final versions, and the messages recorded again. Be sure to save the tape recordings or written messages.

4. Decide how the PSAs will be used. If the class wants to submit them to a radio station, assign responsibility for contacting a station. If the messages are to be used in school, students should be responsible for contacting the principal and explaining their purpose and content.

5. You can easily expand this activity, if time permits, by involving the children in gathering information from local radio stations (including college stations in your area) about submission procedures, station policies about length of message, and so on. Children can listen to the radio for other public service announcements, before submitting their own messages. They might also read their messages over the public address system in your own school and at other local schools. If you are planning to hold a parents' meeting, you might share the recorded messages with that group, or invite the students themselves to do a live rendition at the meeting.

6. This is an ideal time to give the children the poster. Hang one in your classroom or in the space where you usually meet. If you have multiple copies, ask the children for suggestions for other places to hang it, and involve them in placing it in those places.

If you have enough copies, encourage each child to hang the poster at home as a reminder of what he or she learned in this program.

7. Another idea: reinforce the message of these activities by having children complete and sign a contract like the one shown below. Ask children to complete the statements and share their responses with the rest of the class.

CONTRACT

Name _____

If a friend offers me marijuana, I will _____

If a friend tells me that he or she would like to try marijuana, I will _____

I think three good reasons for saying "no" to marijuana are:

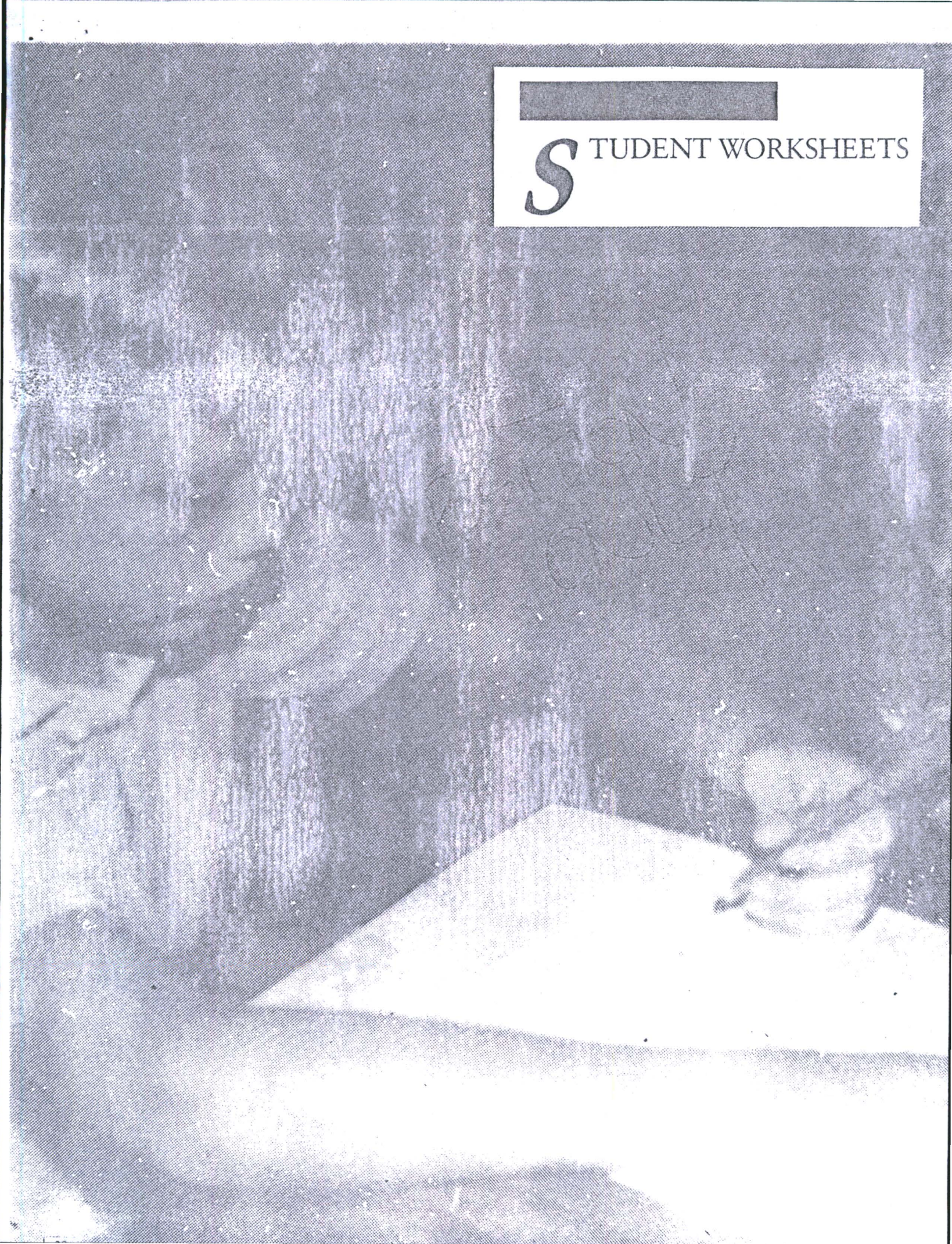
1. _____
2. _____
3. _____

Signature _____

Date _____



S TUDENT WORKSHEETS



Dr. Tashkin wanted to know if and how marijuana smoke affects our lungs.

To find out, he selected a group of 74 young men who had smoked an average of one marijuana cigarette a day for five years. All of them thought that marijuana had no effect on their lungs because they had no symptoms — no coughs or wheezes or any signs of ill effects at all. He then ran a test using a machine called a plethysmograph (pronounced ple-thiz-mo-graf) to measure how well their lungs worked. (See Worksheet 2 to learn more about a plethysmograph.)

Dr. Donald P. Tashkin is a research scientist who studies how the lungs work. He lives in Los Angeles, California.

Next he selected another group of healthy young men. These men were as similar to the first group of men as possible — each person in the first group was matched to someone of the same age, height, weight, and tobacco-smoking habits. The only difference was that it was believed that no one in the second group smoked marijuana. Dr. Tashkin then conducted the same test on this group.



He learned that the lungs of the marijuana smokers had to work harder to breathe. He's not sure exactly what causes this problem, but he thinks it's because the chemicals in marijuana irritate the windpipe and other airways in the lungs. The marijuana chemicals may cause mucous secretions, clogging, and inflammation.

Remember, none of Dr. Tashkin's subjects had any symptoms. That means their lungs were being damaged without their knowing about it. Dr. Tashkin believes that if the damage were to continue, symptoms would eventually appear and the pot smokers would be more likely to *develop serious lung diseases*.

From other studies, we also know that:

- Marijuana smoke contains more of some cancer-causing substances than regular tobacco smoke.
- Smoking marijuana regularly may make it easier to catch colds and develop infections.

Some of Dr. Tashkin's subjects (the people he studied) also smoked tobacco. Couldn't the tobacco have been responsible for the poor scores on the lung test?

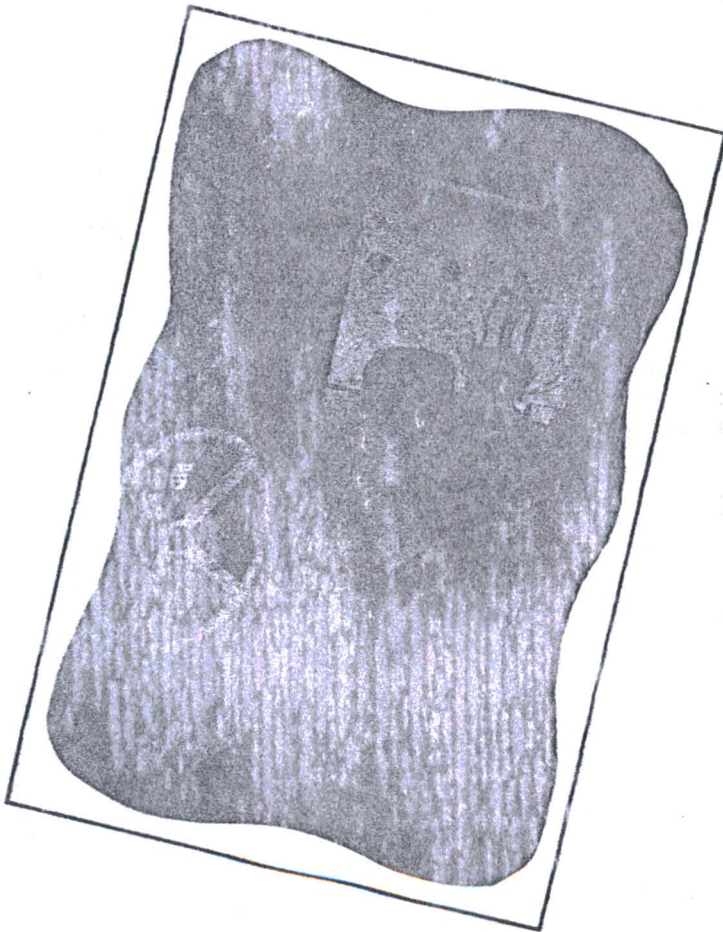
In order to answer this question, Dr. Tashkin compared the scores of:

- those people who smoked marijuana (but did *not* smoke tobacco)
- with
- those people who did not smoke marijuana (but *did* smoke tobacco)

Scores for the "marijuana only" smokers were worse than scores for the "tobacco only" smokers. This finding led Dr. Tashkin to conclude that marijuana smoke may be even more harmful to the lungs than tobacco smoke.

A plethysmograph (pronounced ple-thiz-mo-graf) is a machine that measures airway resistance.

Airway resistance is a measure of how easily you can breathe in and out. The higher your airway resistance score, the harder it is to breathe in and out. In other words, your lungs are providing more resistance to the flow of air. If you have a high airway resistance score, it means that there is something obstructing or blocking the flow of air into and out of your lungs. Airway resistance measures the extent of that obstruction or blockage.



This is how the machine works: Put a “snorkel” on your mouth and clip on your nose. Pant gently for a few seconds. Pressure sensors inside the machine will record how much pressure you use to breathe in and out. This score tells how easy it is for you to take in oxygen and to expel carbon dioxide.

Think of it this way: Imagine a ten-lane highway with a certain number of cars traveling at 55 mph. If you closed five lanes and kept the same number of cars, they would have to travel at a much slower speed. In other words, there would be more obstruction to the flow of traffic — just as there is more obstruction to the flow of air (or greater airway resistance) when your air pipes become smaller through clogging or inflammation.

Or think of it this way: Imagine a pipe with water flowing through it. If the pipe becomes smaller, it will take more pressure (or more work) to move the same amount of water through the pipe at the same speed. If the air pipes in your lungs become irritated and smaller, it takes more work to breathe in and out the same amount of air.

Using a plethysmograph, Dr. Tashkin discovered that marijuana smoke increases airway resistance. In other words, pot makes it harder to breathe in and out, probably because it causes lung inflammation and irritation.

MORE ABOUT MARIJUANA AND THE LUNGS

WORKSHEET 3

Dr. Kilburn wanted to see what happens to the lungs' airways when they breathe in marijuana. He also wanted to find out which was worse for the lungs — marijuana or tobacco smoke.

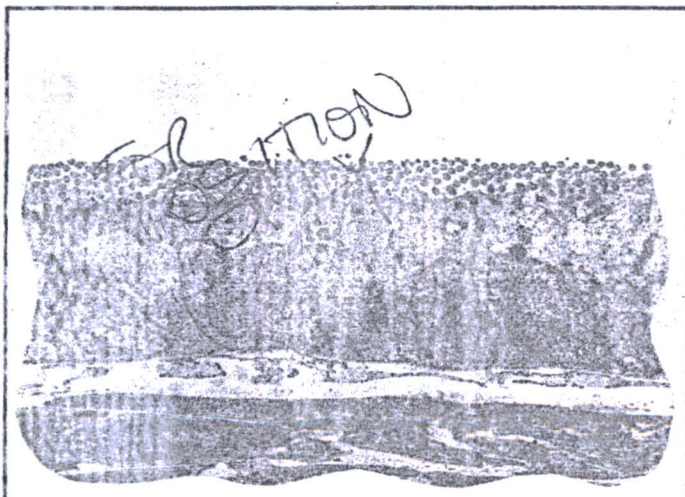
To find out, he placed two groups of rats in special chambers. He blew marijuana smoke into the first chamber. He then blew an equal amount of tobacco smoke into the second chamber. In this way, he had one group of rats breathing a certain amount of marijuana smoke and a second group of rats breathing the same amount of tobacco smoke. He then looked at their lungs under a microscope.

Dr. Kaye Kilburn is a research scientist at the University of Southern California in Los Angeles.



Here's What He Saw

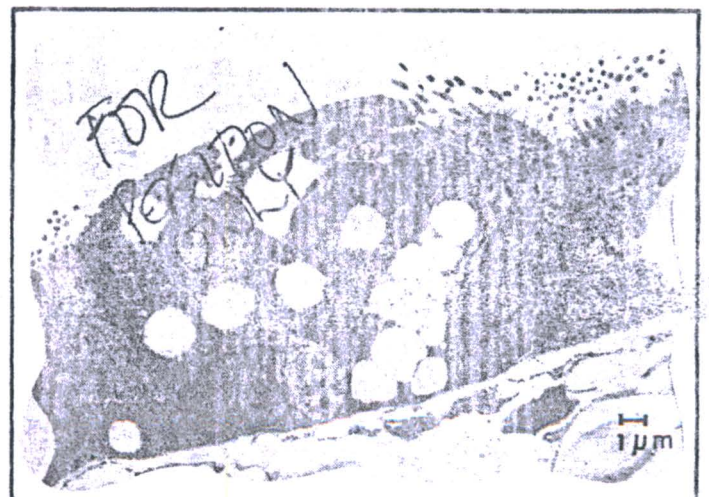
These pictures of the cells that line the lungs have been magnified 5000 times. They allow us to see the inside of a cell. The cells damaged by marijuana smoke have white areas, indicating holes in the tissue. The cells damaged by tobacco smoke also have the same white areas. *This study shows that both marijuana and tobacco damage the lungs' cells.*



This is what a normal cell looks like.

From other studies we also know that:

- Marijuana may cause even more damage to the lungs than tobacco, because it contains more of some cancer-causing substances, plus other lung irritants found only in the marijuana plant.
- Smoking marijuana and tobacco is far worse than smoking either one alone.



This is what a cell damaged by marijuana looks like. The cells damaged by tobacco also looked like this.

Marijuana use can affect concentration, memory, and a person's ability to think or write clearly.

A Case History

Dr. Robert C. Gilkeson, a specialist in adolescent psychiatry, had a seventeen-year-old patient named Mark who had lost interest in schoolwork, sports, and the other activities he used to enjoy. He also showed signs of learning problems. Mark admitted to the doctor that he had smoked pot four or five times a week for the past year.

Dr. Gilkeson had Mark take a brain-wave test. The test showed abnormal and immature brain-wave readings.

Dr. Gilkeson asked Mark to stop smoking pot for two months, and then take the brain-wave test again. This time the test was better, although not yet completely normal. However, Mark's grades were improving and he felt better. After two more months of no pot, his brain-wave test was normal.

Ex-marijuana users say that pot caused the following kinds of problems:

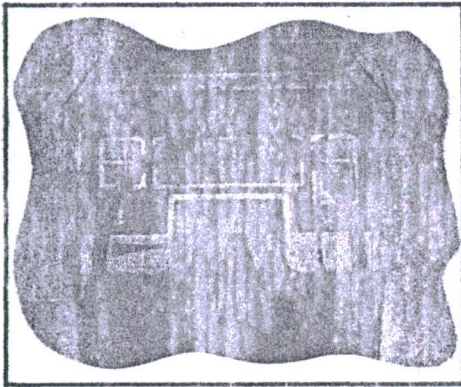
- Loss of energy
- Poor relationships with parents
- Problems thinking clearly
- Loss of interest in activities
- Poor performance in school and/or job

Another problem is that people who smoke pot cannot see its damaging effects. When they are high, they lose the ability to see that the drug is affecting them in harmful ways. They often believe that they are able to control their marijuana use, but in fact may be growing more dependent on it.

Look at the top of this page. *Cover the bottom.* Read it later.

Study these clues. What conclusions can you come to? Then compare what you learned (or guessed) with the information at the bottom of this page.

1.



3.

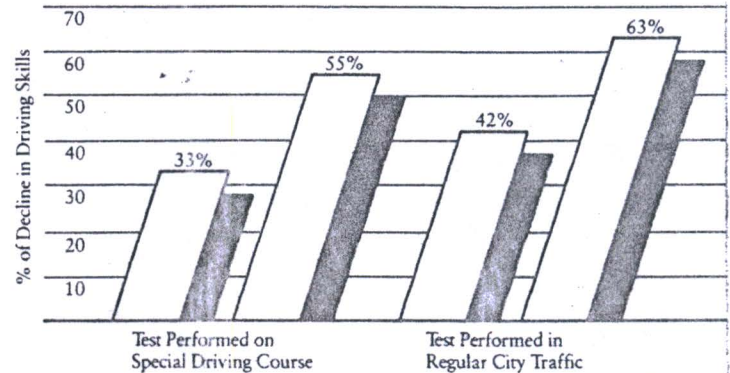
Marijuana: Menace on the Road

Research studies continue to show that the pot smoker who drives while under the influence of marijuana is endangering lives. These drivers often have impaired coordination, altered peripheral vision, and a distorted sense of space.

It is very dangerous to drive while high on pot. Scientists have studied how well people drive after they smoke marijuana. They put the drivers in a driving "simulator" (a machine equipped with driver controls that tests a driver's response to situations like those in real-life driving conditions). They used the driving simulator to measure how well the drivers did on such things as making turns, responding to emergencies, stopping, and starting. Simulator studies have shown that drivers' scores were much worse while they were high on pot, even though they felt they were driving well. Some even thought they were doing better!

2.

- Subjects given low dose of marijuana
- Subjects given high dose of marijuana



Results of a study that tested how well drivers performed after smoking both high- and low-dosage marijuana. Part of the test was held on a special driving course, and part in regular city traffic.

Cover the bottom of this page. Don't peek! Read it later, after you've had a chance to study the clues above.

Some of the mistakes the drivers made were:

- Missing traffic lights and stop signs
- Not noticing pedestrians and parked cars
- Handling the car poorly in traffic

We also know that:

- Many pot smokers rate their driving skills as very good, even when they have records of traffic violations.
- The effects of marijuana can last for five or six hours after the feeling of being high is gone.
- When alcohol and marijuana are used together, the combined effects are generally *greater* than when either is used separately.

WHERE DOES IT GO?

WORKSHEET 6

1. Label these parts of the body: nose, mouth, trachea, heart, bronchial tubes, right lung, left lung, brain. Ask your teacher for help if you need it.
2. Use a pencil to draw the path marijuana smoke and its chemicals take in the body.
3. Color in the organs where THC is stored.

QUIZ

1. Frankie is 14. His best friend suggests that they smoke marijuana together on a Friday. Do you advise smoking a pot, especially dangerous for young people. True or False?
2. Most young people (ages 12 to 17) in the United States smoke marijuana. True or False?
3. Sam is driving a group of friends home after a party at which he has been smoking marijuana. Fortunately, marijuana will not affect his driving skills. True or False?
4. Marijuana is sold in the form of a brown powder that will burn if you heat it. True or False?
5. If you inhale marijuana, you will not get any high, only a headache. That way, you can avoid any worry about the drug affecting your health for the rest of the week. True or False?
6. If a person does not have any noticeable symptoms, like a cough or a wheeze, from smoking marijuana, then it is safe for his or her lungs. True or False?
7. It is safer to smoke marijuana cigarettes than to smoke tobacco cigarettes. True or False?
8. Mr. Smith has a heart condition. Smoking marijuana will relax his heart so it doesn't have to work as hard. True or False?
9. Marilyn is having trouble studying for a science test. Smoking some marijuana will help her memorize her work. True or False?
10. Cynthia plays soccer and wants to be on the varsity team when she gets to high school. Her chances of playing well enough are best if she does not smoke marijuana. True or False?

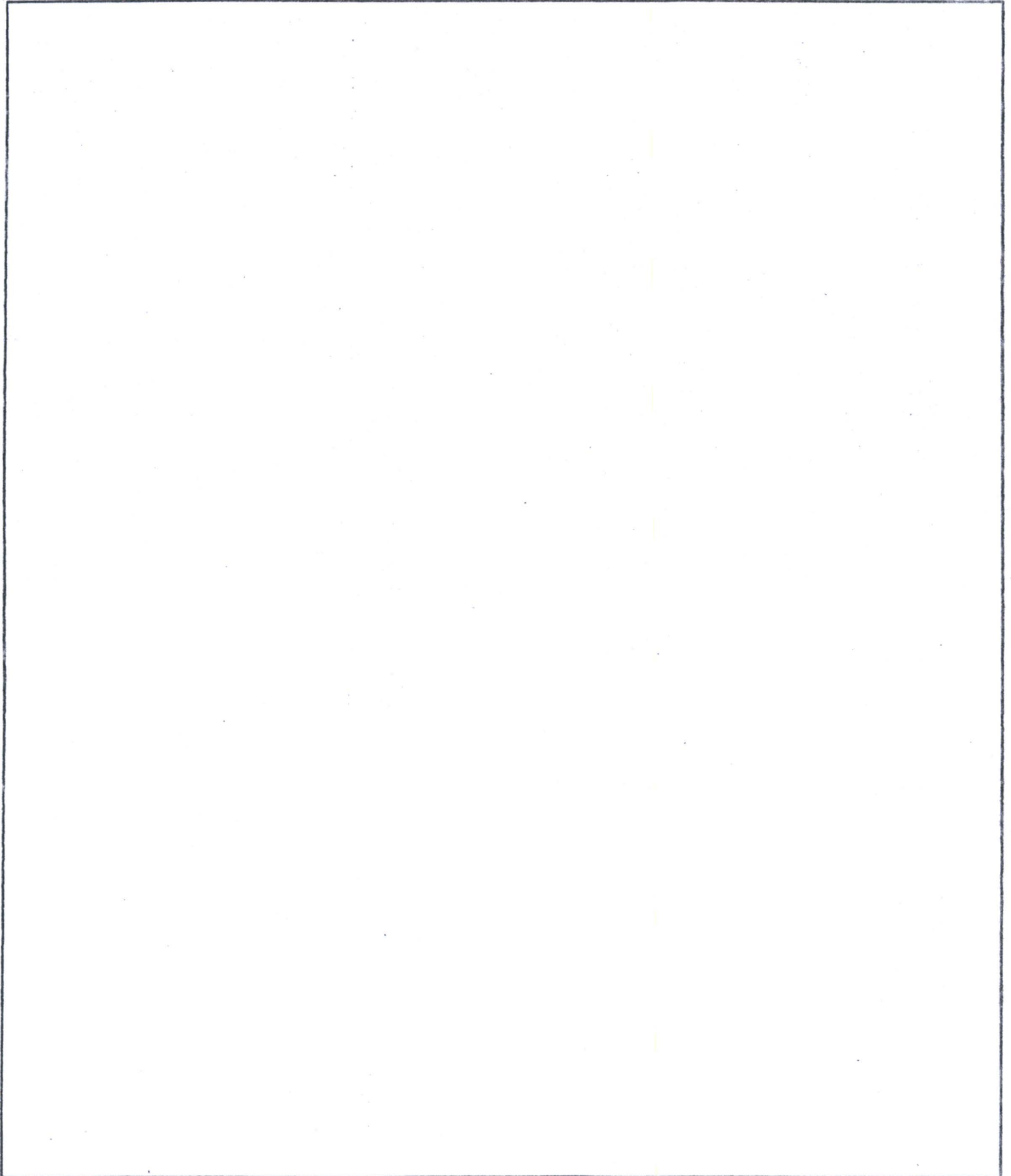
POWER SYM

1. TRUE. Marijuana is a natural substance that has been used for thousands of years. It is a plant that grows in warm climates. The leaves and flowers of the plant are dried and smoked. The active ingredient in marijuana is tetrahydrocannabinol (THC). It is a psychoactive drug that affects the brain and produces a "high" or "stoned" feeling. This feeling is caused by the release of dopamine in the brain. Marijuana is also used for medicinal purposes. It can help with pain, nausea, and loss of appetite. However, it can also have negative effects on the brain and heart. It can cause memory loss, impaired judgment, and increased heart rate. Long-term use can lead to lung disease and addiction.

- 5. FALSE. The THC in marijuana is fat-soluble. This means that it does not dissolve in water, but instead remains in the body in tissues that have high fat content -- like the brain, the reproductive organs, the lungs, and the liver. If a person smokes a marijuana cigarette, the THC in the cigarette is absorbed into the bloodstream and is still in the body 30 days later.
- 6. FALSE. Studies that have measured how well the lungs work in marijuana smokers did less well than longtime regular tobacco smokers, even though they did not yet have any symptoms.
- 7. FALSE. Both cigarette smoking and marijuana smoking are harmful. Also, many people who smoke marijuana also smoke cigarettes -- a dangerous combination.
- 8. FALSE. Smoking marijuana makes the heart beat up to 50 percent faster, which can cause chest pains if the smoker has a heart condition.
- 9. FALSE. Marijuana does affect a person's brain activities, such as attention, concentration, and memory, making it harder to learn things.
- 10. TRUE. Marijuana use definitely affects coordination and the ability to judge distance -- skills that are important in sports. In addition, marijuana use decreases the lungs' ability to work. Also, young people who use marijuana can lose interest in and drop out of activities they used to enjoy.

GIVE ME ONE
GOOD REASON

WORKSHEET 



Example	Fact	The Smart Answer You'd Give
"Try a joint. It's just a plant with all natural ingredients."	Marijuana has most of the same harmful ingredients as tobacco smoke and more cancer-causing chemicals.	"No, thanks. I'm not volunteering to be a toxic waste site."

Read through these other situations. The person speaking does not know the facts about pot, but you do. Write down the facts. Then write down one good answer to each of the statements.

Example	Fact	Your Smart Answer
1. "Jump in the car, kid. I'll drive you to Paul's as soon as I finish this joint."		
2. "Everyone in seventh grade does pot. If you don't smoke it, they'll think you're a baby."		
3. "I always get high before algebra. It helps me do the work better."		
4. "Life is so boring. Nothing's fun anymore. I'd go out of my mind if I couldn't smoke pot."		
5. "One joint every couple of days won't hurt your lungs. Besides, you're young and healthy — you can take it!"		

TIPS FOR WRITING PUBLIC SERVICE ANNOUNCEMENTS

WORKSHEET **11**

A public service announcement (PSA) is a commercial for a good cause; it gives important information to people in the community. It is a short message usually lasting fifteen, thirty, or sixty seconds. (The reason that the lengths are specific is that radio and television stations must plan and observe a very tight time schedule.)

You will want to begin your message with a zippy opening line to grab people's attention. Sometimes a catchy question is a good way to start.

Decide on one or two points you want to make. Ask yourself what you want people to do or know as a result of your message. Remember that you won't have time to put in everything you know!

A PSA can have sound effects or several people speaking. It can even be a jingle that you sing, or a short skit.

Tell people who you are. (For example, "This message is brought to you by the fifth graders at Smithfield School.")

The example below is a public service announcement that tells people how to be prepared in case of a fire. It may give you some ideas for writing a PSA on the subject of marijuana use.

Sound Effects: Crackling fire followed by fire engine siren.

First Voice: Want to save a life? Here's a tip from Project Burn Prevention.

Second Voice: Draw a floor plan of your home.

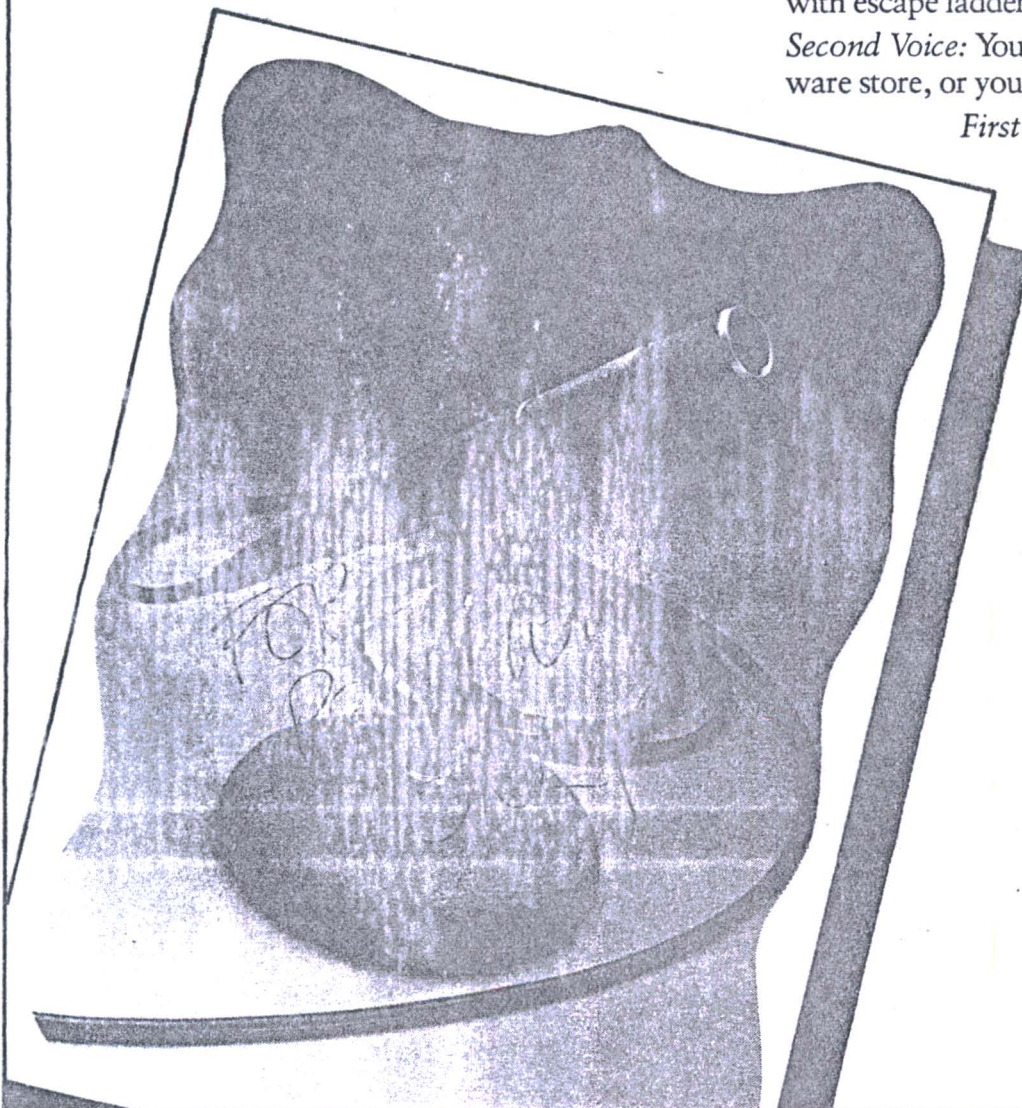
Third Voice: Make sure each bedroom has at least two escape routes.

Fourth Voice: Including the windows!

Third Voice: Upstairs bedrooms should be equipped with escape ladders in case the stairs catch on fire.

Second Voice: You can buy escape ladders at a hardware store, or you can make rope ladders.

First Voice: To learn how, write
BURNS, Boston 02114.
Protect someone you love.



HINTS FOR TEENAGE VOLUNTEERS

Thanks for agreeing to share your ideas with some younger students who are learning about marijuana. You have been asked to share your experiences for several reasons:

- Preteens look up to and admire students your age. They need positive student examples like you to inspire them!
- Younger students are curious — and often anxious — about what their lives will be like when they reach the upper grades. You can help prepare them for that experience by describing in an informal and friendly way what a typical day is like for you. They will probably have lots of questions for you!

- As someone who has chosen *not* to smoke marijuana, you are in a good position to understand and explain not only the personal reasons for your decision, but also the pressures to smoke pot that you may have had to face. Kids should know when and how to say, “No, thanks.”

1. Review the Parent Newsmagazine and Worksheets 7 and 8 (“The Refrigerator Quiz” and “Answers to the Refrigerator Quiz,” available from the classroom teacher), before you come to class.

2. Begin by introducing yourself. Tell the kids what class you’re in and what your interests are. If you have brothers or sisters their age, be sure to mention them, and ask if they have older brothers or sisters whom you might know.

3. Explain that you are in their classroom to talk about life at your school and answer any questions they might have. Tell them what your school is like; include details about classes, homework, sports, teachers, what you do in your free time, etc.

4. Tell them that you hope they recognize that even though they may be encouraged by others to try some potentially dangerous things, there are many kids like yourself who successfully make up their own minds, and who aren’t afraid or embarrassed to say “no.” Use marijuana as an example. Be honest about the reasons for your decision. Draw on your own experience, ideas, and opinions. Use a real-life example of someone you know who has used marijuana, and tell about what happened to his or her life in school.

5. Ask students if they have any questions they would like to ask you. (Before class, you might ask the teacher to prepare a question to start the ball rolling.) *You don’t have to be an expert.* If you don’t know all the answers, it’s okay to say so! However, most of the questions will probably be about your own experiences and opinions.

6. If it takes a little while for students to “loosen up,” remember that they may be a little nervous and shy. Ask them some questions to break the ice: ask about their interests, the sports they enjoy, what they like about school, what bugs them, or what worries them about being in junior or senior high.

7. Remember to be yourself, and try to enjoy the students. They really do look up to you, and you are giving them the confidence and reassurance they will need for the future.

Here are some questions you can ask the children.

1. How many of you have heard of marijuana? (Also known as pot, grass, weed, dope, or reefer.)
2. What is it? (Marijuana is a powerful drug that comes from the dried leaves, leafy stems, and flowering tops of a plant called *Cannabis sativa*.)

WORKSHEET **12**

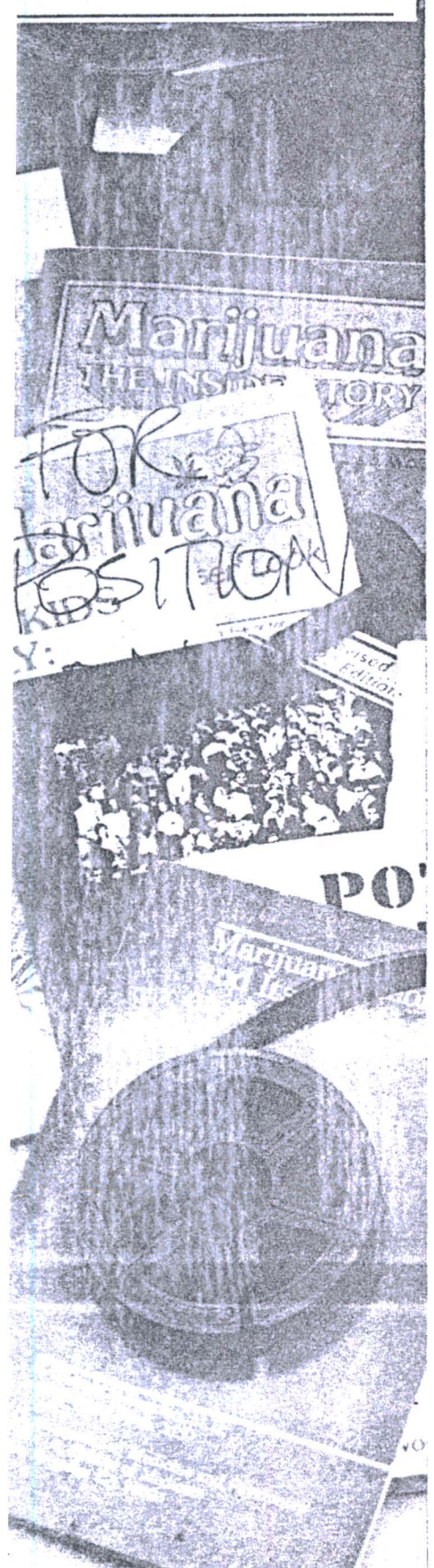
3. What are some of the harmful health effects of smoking marijuana? (Marijuana smoke irritates the lining of the lungs’ airways and can lead to serious lung diseases and increased colds and infections. Marijuana is especially dangerous for growing children and teenagers because it can affect their ability to develop into mature men and women. Marijuana interferes with memory and learning and reduces physical coordination. It is very dangerous to drive while under the influence of marijuana.)

Here are some questions the children may ask you.

1. Does marijuana make you “go crazy”? (No. Marijuana does not make people go crazy, but it can cause very destructive behavior if they smoke too much for too long, or if they mix it with other drugs. One of the reasons people don’t always understand that marijuana is harmful is that it affects us in ways that are hard to see — like inside our lungs. Or it may change our attitudes toward school, friends, or our families. But these changes usually develop slowly and gradually, without the person’s recognizing the change.)

2. Why do people use marijuana if it is bad for them? (People usually begin by trying one or two joints without thinking about its bad effects. Because they can’t see its harmful effects, they continue using it. That’s how drug dependence starts: you think you are in control, then you begin to rely more and more on the drug until finally it — and your desire for it — take over. Pot can give you the feeling that you are in control, when *it* really is. That’s why it’s important not to ever start.)

ADDITIONAL RESOURCES



The following list of organizations, publications, and films is intended to introduce you to some of the major resources available today and to give you a helpful start in locating further information. Local action groups can also be valuable sources of information and support in your own community. For additional help, you are encouraged to contact your local American Lung Association, or the American Council for Drug Education at 6193 Executive Boulevard, Rockville, Maryland 20852.

ORGANIZATIONS

National Institute on Drug Abuse
NCDAI
Dept. AL, P.O. Box 1909
Rockville, Maryland 20852

The National Institute on Drug Abuse is part of the Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service, U.S. Department of Health and Human Services. NIDA conducts surveys on drug abuse, publishes numerous educational and informational materials, and supports research on marijuana.

PRIDE (Parent Resources and Information for Drug Education)
Suite 1216, 100 Edgewood Avenue
Atlanta, Georgia 30303
(800) 241-9746 or (404) 658-2548

One of the first parent groups formed, PRIDE is extremely active, publishes a newsletter with a national overview, and has a Parent Network Coordinator on staff. New groups of PRIDE continue to spring up around the country.

National Federation of Parents for Drug Free Youth
P.O. Box 722
Silver Spring, Maryland 20901
(301) 649-7100

This national organization serves parent groups engendered by organizations such as PRIDE. It publishes and distributes the Parent Group Starter Kit, a newsletter, lists of parent groups, and brochures on marijuana and alcohol. For information, write NFP, P.O. Box 722, Silver Spring, Maryland 20901.

PUBLICATIONS

Marijuana: The Inside Story. Curtis Janeczek, 1982.

Designed for students in grades 4 through 7, and presented in comic-book style, this 32-page booklet presents scientifically established information about marijuana and stresses the message that being healthy is one of the most valuable things in life.

Available from Healthstar Publications, P.O. Box 430, Madison, Ohio 44057.

Marijuana: Time for a Closer Look. Curtis Janeczek, 1980.

A blend of essays, cartoons, common sense, and documented medical facts, this 136-page paperback is written for junior and senior high school students.

Available from Healthstar Publications, P.O. Box 430, Madison, Ohio 44057.

Marijuana: Updated Readings Selected for Families and Others Concerned about Youth. Compiled by Carolyn Quarles, Hampshire Informed Parents, Inc., 1980.

An indexed notebook of resource materials that summarizes recent research, lists agencies, recommends books, names professionals, and includes texts of conference papers and reports on parent groups. 250 pages.

Order from Hampshire Informed Parents, Inc., 24 South Sunset Avenue, Amherst, Massachusetts 01002.

Pot Safari: A Visit to the Top Marijuana Researchers in the U.S. Peggy Mann, 1982.

This book for young people, educators, and parents features engaging portraits of people involved in marijuana research, their findings, and the human values and concerns that give urgency to their work. 131 pages.

Available from Woodmere Press, P.O. Box 1590, Cathedral Station, New York, New York 10025.

For Parents Only: What You Need to Know About Marijuana.

A 20-page booklet on the physical and psychological effects of marijuana use.

For more information, write: National Institute on Drug Abuse, NCDAI, Dept. AL, Box 1909, Rockville, Maryland 20852.

For Kids Only: What You Should Know About Marijuana.

This 12-page version of *For Parents Only: What You Need to Know About Marijuana* is appropriate for preteens and teenagers.

For more information, write to the National Institute on Drug Abuse.

GATE (Gain Awareness Through Education): A Drug Abuse Prevention Program.

Developed by the Junior Leagues of Atlanta, Cobb-Marietta, and DeKalb (text by Marilyn Benveniste), GATE is a comprehensive drug abuse prevention program for PTA, church, civic, and youth organizations that work with children in grades 3 through 8.

For more information, write: The Junior League of Atlanta, 3154 Northside Parkway, N.W., Atlanta, Georgia 30327; (404) 261-7799.

PUBLICATIONS FROM THE AMERICAN COUNCIL FOR DRUG EDUCATION

The following scientific monographs and pamphlets are available from the American Council for Drug Education, 6193 Executive Boulevard, Rockville, Maryland 20852.

Monographs:

Marijuana and Alcohol. S. Cohen and P. J. Lessin.

Marijuana and the Brain. R. G. Heath.

Marijuana: The National Impact on Education.

Marijuana and Driving. H. Moskowitz and R. Petersen.

Marijuana Today: A Compilation of Medical Findings for the Layman. G. K. Russell.

Marijuana and Reproduction. C. G. Smith and R. H. Asch.

Marijuana Smoking and Its Effects on the Lungs. D. P. Tashkin and S. Cohen.

Pamphlets:

Marijuana and Alcohol Combinations

Treating Marijuana Dependency

The Pediatrician and Marijuana

Marijuana Goes to School

Marijuana and Driving

Marijuana

The Effects of Marijuana on the Reproductive System

Marijuana and the Lungs

Marijuana and You: Myth and Fact

Reader's Digest Reprints

Over the past four years, a series of articles about marijuana has appeared in *Reader's Digest*:

"*Marijuana Alert.*" Peggy Mann.

This series of three "Marijuana Alert" articles in *Reader's Digest*

describes the drug's physical and psychological damage.

"*Marijuana Alert I: Brain and Sex Damage*"

"*Marijuana Alert II: More of the Grim Story*"

"*Marijuana Alert III: The Devastation of Personality*"

"*Marijuana and Driving: The Sobering Truth.*" Peggy Mann. A summary of recent findings showing the hazards of driving while marijuana-intoxicated.

"*Parents Against Pot.*" Peggy Mann. A report about the nationwide movement of parent groups formed to combat drug use among teenagers and preteens.

Reprints of these articles are available from *Reader's Digest*. Write to: Reprint Editor, *Reader's Digest*, Box 25, Pleasantville, New York 10570.

Films:

Check with local and regional libraries for films that may be available from local sources.

Breaking Free

PRIDE's 16mm, 22-minute color film is geared to grades 7 through 12. Young people are shown breaking free from harmful drugs and turning toward a variety of alternatives to drug use. Also included with the film is an information brochure for providing an educational program with the film as a focal point. Available for purchase (\$195.00) through: PRIDE, Robert W. Woodruff Building, Suite 1216, Volunteer Service Center, 100 Edgewood Avenue, N.E., Atlanta, Georgia 30303, (800) 241-9746.

Danger Ahead: Marijuana on the Road

Narrated by Jason Robards and produced in conjunction with the National Association of Independent Insurers, the 22-minute color film shows the hazards of driving under the influence of both marijuana and alcohol. Available for purchase (\$225.00) or as a five-day rental (\$25.00) through: American Council for Drug Education.

Epidemic: Kids, Drugs and Alcohol

This 26-minute, 16mm color film aimed at both young people and adults explores the reasons behind the prevalent use of drugs and alcohol in our society. It presents medical information about the effects of these substances, including marijuana, on the body, and looks at the impact of drugs and alcohol on driving. Also included is an examination of the influence of the media, music, and peers on young people's attitudes toward drug and alcohol use. Available for purchase (\$450.00) or one-week rental (\$70.00) through: MTI Teleprograms, Inc., 3710 Commercial Avenue, Northbrook, Illinois 60062, (800) 323-5343.

Epidemic: America Fights Back

This one-hour, 16mm film or video program discusses community action groups, employee assistance programs, and drug problems in the military. Available for purchase (16mm: \$750; video: \$675) or rental (\$125/week). Also available in a 32-minute version that discusses community action groups and employee assistance programs only. Available for purchase (16mm: \$550; video: \$495) or rental (\$80/week). There is a 10 percent discount to owners of *Epidemic: Kids, Drugs and Alcohol*. Available through: MTI Teleprograms, Inc.

For Parents Only

A U.S. government, 16mm, 28-minute film documentary that brings to the attention of parents the increasingly heavy use of marijuana by young people, some of whom present their own views on their use of the drug. The film is intended to be used as a discussion tool among parents and other adults only; it is not suitable for viewing by young people. Available for purchase (\$240) through: National Audiovisual Center, Order Section, Washington, D.C. 20409, (800) 638-1300.

How Do You Tell?

PRIDE's 16mm color/sound movie for elementary and junior high school youngsters combines live footage and animation to deal head-on with peer pressure and the ability to say "no" to smoking, drugs, and alcohol. Accompanied by a Leader's Guide. Purchase (\$295) or rent (\$50) from PRIDE.

Wasted: A True Story

This 22-minute color film conveys a clear health message that adamantly discourages illicit drug use. It is well suited for children in elementary through middle school grades. The film uses animated characters and documented real-life vignettes to recount the negative impacts of drug use. Contact the American Council for Drug Education.

The American Lung Association — the Christmas Seal People® — is the oldest voluntary public health agency in the country. Originally formed to combat tuberculosis, today the American Lung Association and its affiliated lung associations across the country are concerned about the control and prevention of all lung diseases, including emphysema, lung cancer, chronic bronchitis, and asthma, and some of their associated causes, such as smoking, air pollution, and occupational health hazards.

The American Council for Drug Education (ACDE), founded as the American Council on Marijuana and Other Psychoactive Drugs, is a nonprofit membership organization that deals with problems of abusive drug use. ACDE promotes research, organizes conferences and seminars, reviews scientific findings, produces films, develops media campaigns, and prepares and publishes educational materials to inform the public about drug abuse.

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AMERICAN  LUNG ASSOCIATION

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American Lung Association
#4175

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