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FIRST DRAFT ①

(Cover)

Marijuana: A Second Look

Parents' Newsmagazine

This magazine is for you if:

- o You have children, especially nine-, ten-, and eleven-year-olds whom you want to help prepare for the decisions about drug use that they are likely to face in junior and senior high school.
- o You want to know more about the latest scientific research on the health effects of marijuana.
- o You want to learn more about ways in which parents can help create a drug-free community for their children.
- o You want to maintain good communication with your children as they enter the teenage years.

Did You Know?

1. New scientific research is showing that marijuana use can cause serious damage to the lungs and to the reproductive systems in both males and females.

2. Sometime between the ages of twelve and fourteen, nearly every American child is faced with the choice of whether or not to smoke marijuana.

3. Nearly 60 percent of all high school seniors have used marijuana at least once. Between ~~two and a half~~^{2 1/2} and ~~three~~³ million teenagers are now regular users.

4. Children and teenagers are especially vulnerable to the harmful health effects of marijuana use.

5. Much of the marijuana available today is ten times stronger and therefore more harmful than it was in the 1960s and early 1970s.

6. The chemicals in marijuana can stay in the body for as long as a month.

These facts are some of the important reasons why we need to take a second look at marijuana. Read below to find out more about each one.

(Amplifications for each of the items numbered above.)

1. Over the past ten years scientists have been gathering information about the health effects of marijuana (also known as pot, grass, dope, reefer, and weed). Marijuana contains all the same cancer-causing agents as tobacco, and more of some of them. It also contains a number of other lung irritants that inflame air passages and may lead to serious lung diseases such as emphysema and bronchitis.

Marijuana lowers the levels of male and female hormones essential to normal sexual development, fertility, and sexual functioning.

In young women, marijuana may disrupt the menstrual cycle and ovulation, reducing fertility.

2. Most children first try marijuana in junior high school, but some use it in grade school--as early as the fourth or fifth grade. An industry has grown up to promote toys and gadgets for smoking marijuana (items like space guns and frisbees that are used to force its smoke deep into the lungs), designed and marketed to appeal to young children. Fortunately, most preteens have not yet experimented with the drug. Reaching them before they enter junior high school can help prevent a problem before it begins.

3. After alcohol and tobacco, marijuana is the drug most widely used by teenagers, and it is usually the first illicit drug they use. The high school seniors who report smoking pot every day face problems in school, in their interpersonal relationships, and in their physical health.

4. The potential effects of smoking marijuana before or during puberty are troubling, because this is a time of rapid and complex hormonal changes involving sexual development. Any disruption of the normal processes at this critical stage in development may have harmful and lasting effects.
5. Through selective breeding and improved growing methods, the marijuana used today is far more potent than that of even five years ago, it now contains as much as ten times the amount of THC as it did earlier. THC (delta-9-tetrahydrocannabinol), a chemical derived from the plant Cannabis sativa, is the principal mind-altering ingredient in marijuana.
6. The breakdown products of 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. This means that it can be stored for long periods of time in the body in areas of high fat content, such as the lungs, the brain, and reproductive organs. These are the areas that are most affected by marijuana use.

cc

SPREAD #1:

Marijuana: What Is the Problem?

- Scanner
- Program Description
- Letter
- Three Perspectives
- Why Do Young People Use Drugs?
(sidebar somewhere in spread)
- Learning

(Scanner for Spread No. 1)

Parents, youth leaders, social workers, doctors, and others who work with young people, as well as the young people themselves, are seeing that marijuana is taking a toll on the physical health, emotional well-being, and learning capacity of many of our young people.

Marijuana: 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 newsmagazine, a slide-tape presentation, a guide for teachers and youth leaders, and a poster.

This newsmagazine is 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.

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

All materials, including extra copies of this ^{newsmagazine} ~~guide~~, are available for a nominal fee from your local American Lung Association

or from the American Council for Drug Education.

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Dear Parents:

Youngsters today are under increasing pressure to experiment with drugs at younger and younger ages, and marijuana is likely to be the first illicit drug they encounter. Somewhere between the ages of twelve and fourteen, nearly every American young person has to decide whether or not to smoke marijuana. Today, between 2 1/2 and 3 million teenagers are regular users.

In response to growing scientific evidence about the damaging health effects of marijuana, the American Lung Association, in cooperation with the American Council for Drug Education, has developed the program Marijuana: A Second Look. The purpose of the program is to influence nine-, ten-, and eleven-year-olds not to smoke or use the drug--now or in the future.

Why focus on young children, when marijuana use is so widespread among teenagers? First, young people need to know where they stand on drug use before they are faced with a decision. And at this age efforts are more likely to succeed because children in the upper elementary grades still care deeply about what their parents and teachers think and feel. They are hungry for facts and want to know where their parents stand on important issues. As they reach their teens they are more and more influenced by their peers and give in more easily to the pressures to do what the group does.

Moreover, children are continually exposed to "do-drug" messages. An industry has grown up that markets equipment for smoking marijuana to young children. Shopping malls sell T-shirts and decals that celebrate the fun of getting high. The popular songs are full of

similar messages.

Because of these strong influences, children need leadership and guidance and a means for developing skills that will help them handle the pressures. Leadership and guidance should be at home, and parents can also be instrumental in helping their children learn the skills they will need.

This Newsmagazine summarizes the latest research and reports on the activities of parents all around the country. We hope you will use this information to get involved in marijuana action groups. But more important, talk with your own children. There is no better means of prevention than good, clear parent-child communication. We believe that the information and ideas in this Newsmagazine will help you with that important job.

Sincerely yours,

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

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

Three Perspectives

Parents

Every year thousands of parents discover the harmful effects of marijuana smoking on their children and their family ties. Denise and Ramon Santos are one of those couples.

Ramon: We've been lucky. We have a big family with lots of relatives pretty near us. We've been close to our own three kids. They are great kids and we have a lot of fun together.

Denise: They did very well in elementary school and when they started junior high. We weren't too crazy about the school when Joey (he's the oldest) started--heard about some drugs and drinking right at the school--but it's the school in our district and Joey seemed to like it and got good grades. And the guidance counselor encouraged him to work hard so he could apply for a scholarship to the university.

Ramon: Linda went to the junior high the next year and at first really got involved in activities and her school work. During that year, though, they both seemed to change. They were less close to us, not so likely to talk things over with us like we had before. Joey wasn't as interested in his school subjects, and his grades weren't as good as the year before.

Denise: Linda didn't spend much time with her cousin who had been her best friend since they were six. She had new friends, we thought, but she seemed so tired and moody and never brought her new friends home. Joey was like that, too. He had lost interest in sports and just didn't seem to care about anything very much. Ramon and I talked it over and finally decided that what we were seeing were growing pains. These kids are teenagers, and they are going to change. You may not like it, but they've got to grow up and get away from you, to think on their own.

Ramon: Then one day at the end of the year there was the real shock. Linda had an awful fight with our youngest--and they always had gotten along so well. Ginna, the youngest, kept saying "I'll tell! I'll tell!!!!" and Linda really screamed at her. Well, in the end we found out that both Joey and Linda were smoking marijuana regularly. They said everyone did it, that even before they got to junior high kids smoked.

At that time we didn't know much about marijuana, but it just seemed like common sense that being high every day would not be good and would certainly interfere with school. We started talking to other parents and got some information from my cousin--he's a doctor. We learned that marijuana has really strong effects, but that they can build up slowly so you don't notice the problem right away.

We told Joey and Linda that smoking pot was definitely out. And

we began paying attention to what their friends did and what was being allowed at school.

Denise: So what we had been seeing was adolescence, growing pains, but it was something else, too, and could have messed up their futures. Marijuana had been making all the usual teenage problems even harder for our kids to deal with.

A Social Worker

Lee Dogoloff is Executive Director of the American Council for Drug Education and a practicing psychiatric social worker.

Lee: Marijuana puts a smokescreen between children and the critical learning experiences of adolescence. Children get two very bad messages. One is that the only way to feel is "good." I think it is important for kids to understand that there are good feelings and there are bad feelings and a whole range of feelings in between, and it's important to experience all of them, not just the good ones. Pre-exam jitters, anxiety about upcoming athletic competition, shyness in social situations, concerns about family are important to growing up emotionally.

Second, kids learn that they can attain the good feelings they get simply by lying back and taking a puff. This, of course, is the great appeal of all drug use. You feel good without working for it. They don't have the motivation to feel good through energy, and they are denied the satisfaction that comes from working or playing hard, from setting goals and reaching them. Intoxicated adolescents miss these opportunities for testing themselves, proving their worth, and learning who they are. Ultimately, they are denied an opportunity to develop the skills that will enable them to function effectively as adults.

Typically what you find are children who, in kindergarten through fifth or sixth grades, do fairly well. Parents don't report many problems. Many are energetic, lovable children who do well, sometimes extremely well, in school. Then, with the onset of

adolescence--usually in the sixth, seventh, maybe eighth or ninth grade--parents start seeing some changes. They usually and correctly attribute these changes to adolescence. However, in children who begin using marijuana and other drugs, there is a continuing gradual deterioration. The family squabbles more; children become more isolated, spending a lot of time in their room alone, or listening to music. School grades begin to go down. Not from an A to an F, but from A's to B's, then B's to C's. And that's part of the problem--marijuana does not create big changes, certainly not in the beginning. As the chemical builds up in the body over time, performance diminishes very gradually. It's hard to notice while it's happening, but when parents look back, they can see it started three or four years earlier.

A Teenager

Alex Smith's experiences are typical of young people who become heavily involved in marijuana and later give it up.

Alex: I guess I started smoking pot when I was thirteen, maybe fourteen. My older brother and his friends used to smoke, and one day my brother offered me some. After that I started smoking with the kids in my class. Some of them had just tried marijuana a few times, but others were smoking pretty regularly. But my friends and I, we were always serious about our school work, got good grades and all that, so we usually only smoked after school. I guess when we were in tenth grade, we started having a joint between classes. There was a whole bunch of us who'd go out to the back parking lot and get high.

There was a girl I was kind of going out with since the ninth grade, but I stopped talking to her. She didn't smoke and she kept trying to get me to stop. I wasn't interested in sports, either. I used to play soccer in junior high, but I just didn't seem to have the energy anymore.

In my junior year, seems like I had a cold all the time. Finally, my mom, who was pretty upset by now, took me off to the doctor. He examined me, asked a lot of questions, and then right out of the blue he said, "You smoke a lot of pot." Just like that. He didn't even ask me; he just said it. So I nodded, and he said, "Why don't you stop for a month or so? That's all. I'm not going to give you any medicine or tell you to eat differently or to get more rest. Just stop smoking for a month and see if you feel better."

Well, I didn't believe this guy. I didn't think he knew anything about marijuana, but my parents--well, they made me quit. They really

meant business, so I promised to show them that I could stop.

I thought it would be easy, but you know, it wasn't. Smoking pot made me feel good, and I was so used to it. Plus my friends always got high, so that made it real hard. Then something happened that made me realize how much pot was messing me up. One Friday night I went to a party, straight, and watched my friends who were high. They all looked silly. They were really boring. I felt almost embarrassed that I had looked like that.

I thought life had been normal all the time I was smoking, but the longer I laid off the stuff, the more I realized that this was normal and smoking was not. After about six or seven weeks, I got more energy. I could concentrate better. I could remember things. I started to feel that my brains weren't rolling around in my head anymore.

I've been off pot for about four months now, and I still sometimes want to get high, but at least now I can see how bad it is for me. I'm hanging around with different kids, and I've started jogging. The major problem is that I have to do a lot of catching up in school. I'm going to do my junior year over, so I can have a shot at college.

Why Do Young People Use Drugs?

- o Because "everyone is doing it." Adolescence is a period when peer pressure is particularly effective.
- o To follow the example of a role model. An older brother or sister, a parent, a teacher using marijuana or other drugs is setting an example.
- o To escape from family problems or from some of the especially troubling aspects of adolescence.
- o In response to cultural and media pressures. Popular songs, magazines, books, T-shirts, posters all give "do drug" messages.
- o Because they think it's fun.
- o Because it can make them feel good.
- o Because they are not aware of the harmful effects of drug use.

Learning

Parents and teachers are discovering that young people who use marijuana are falling seriously behind their potential in school. How does marijuana affect the learning process? Dr. Sidney Cohen of the Neuropsychiatric Institute, Center for the Health Sciences, at UCLA believes that marijuana use, especially in growing youngsters, affects five critical steps in the learning process: memory, logical thought, motivation, "practice" time, and the incentive to learn.

Smoking marijuana can interfere with the ability to form new memories. Someone who is high may have trouble remembering what he or she has just said or heard, and be unable to finish a sentence or complete a thought. In school work, this can translate into gaps in learning and incomplete information.

Second, marijuana disrupts logical thought and the ability to concentrate. It may lead to what Dr. Cohen calls "magical thinking," when the smoker believes he or she is performing well, when, in fact, performance is below average.

Marijuana use can also produce a state of apathy and unconcern. A heavy marijuana user loses motivation and has trouble setting goals even when not intoxicated. "Interest in school work wanes, and grades suffer. The youngster may drop out of school or be removed because of repeatedly cutting classes, absences, or a complete inability to keep up."

Chronic marijuana smokers have little time to practice the skills they do manage to learn. This practice is necessary in order to store what has been learned in long-term memory. For example, learning to

drive a car, speak a foreign language, develop social skills, and deal with frustration all require repetition and practice. Dr. Cohen explains:

The problem with the juvenile marijuana user whose waking hours may be taken over by the "stoned" state is that even if something is learned, practice time is not available. His day consists of "blowing pot" after breakfast, at the 10 o'clock recess, during the lunch hour, and so on. This leaves little time for any sort of practice or other educational involvement.

Finally, marijuana use can interrupt the process that encourages people to keep on learning. The rewards for learning--a good grade, praise from parents or teachers, or feelings of satisfaction and self-worth--are replaced by the instant rewards of intoxication.