



# LAKE COUNTY NARCOTICS AGENCY

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## P.L.U.S.<sup>2</sup> Parent's Guide Lesson 4 Marijuana

This week we have asked the students to research information on Marijuana. Similar to last week we asked the students to write some notes on the information from the research search. We asked the students to share with you what they had learned and to receive input from you regarding the information collected. We want the students to use what they learned from their notes to write 2 short opinions on “facts” they learned. Ask your child to share what they learned.

The P.L.U.S.<sup>2</sup> officer talks with students about what they bring in as “facts”. What tends to lead the discussion is whether marijuana should be used as a medicine or remain as it currently is, a schedule I drug. One bit of information that needs to be understood is the difference between THC and delta9-THC. THC is not found in marijuana, contrary to most popular belief, written news articles, and some published books. The chemical in marijuana is delta9-THC. This may seem unimportant, however, that is far from the truth.

We have been lead to believe that THC is the chemical in marijuana that gets a person high. THC is actually a man-made copy, a synthetic drug, of delta9-THC (this is the chemical in marijuana that gets a person high). THC was made a legal prescription drug in 1985, known as dronabinol (Marinol<sup>®</sup>). Dronabinol is used to treat nausea and vomiting caused by chemotherapy in people who have already taken other medications to treat this type of nausea and vomiting without good results. Dronabinol is also used to treat loss of appetite and weight loss in people who have acquired immune deficiency syndrome (AIDS). Again, dronabinol is THC and has been legal to prescribe since 1985.

The chemical in marijuana that gets a person high is delta9-THC. This is a fat-soluble drug that stays in the system for a very long period of time. There is some research indicating medical benefits from putting delta9-THC (marijuana) into the body; HOWEVER, none being worth the risk of putting it into the body in its current form – smoking (*source: Institute of Medicine report Marijuana and Medicine: Assessing the Science Base, March 1999*). The chemicals in marijuana are more cancer causing and damaging to the lungs than smoking cigarettes. One study "*Effects of Marijuana on the Lungs and Its Immune Defenses*", University of California-Los Angeles School of Medicine Study, 1997, found that smoking **3-5 marijuana joints per week** does equivalent damage to the lungs as smoking **16 cigarettes per day**. Researchers, including David Moir of the Safe Environments Program in Kitchener, Ontario, determined that ammonia levels were 20 times higher in marijuana smoke than in tobacco smoke, while hydrogen cyanide, nitric oxide and certain aromatic amines occurred at levels 3-5 times higher in the marijuana smoke. This Canadian report says “marijuana smoke contains more toxic compounds, including ammonia and hydrogen cyanide, than tobacco smoke.” (*source: Dec. 17 issue of American Chemical Society's journal Chemical Research in Toxicology*).

Another "medical use" myth has to do with Glaucoma. "The quantities of marijuana required to reduce intraocular pressure in glaucoma sufferers are large, and would require in inhalation of at least six to ten (6-10) marijuana cigarettes each day," said Dr. Keith Green, *American Journal of Ophthalmology* (1982). Furthermore, glaucoma experts testify that "at this quantity of use a reduction of blood supply to the optic nerves due to low blood pressure would speed up, rather than slow down, the loss of eyesight and cause blindness."

How often have you read an article or news release talking about “medical marijuana” and how beneficial marijuana is, while at the same time leading the reader into the assumption that they are speaking about smoking marijuana? Read a little closer. See if anywhere in the article they mention the benefits of “THC”. Very often these articles and news releases are talking about the medical benefits from dronabinol (THC), BUT the author makes it sound like smoking marijuana is medically effective. Very misleading journalism.

In 1970, the United States Congress enacted into law the statutory definition of drugs for "currently accepted medical use" *Controlled Substances Act of 1970*. What this did was set up criteria for ALL drugs to meet in order for them to become a medicine. Since 1970, for a drug to have a "currently accepted medical use" in the U.S. it must meet the following eight criteria:

**1. The drug's chemistry must be known and reproducible.**

The substance's chemistry must be scientifically established to permit it to be reproduced into dosages, which can be standardized.

**2. There must be adequate safety studies.**

No drug can be considered safe in the abstract. Safety has meaning only when judged against the intended use of the drug, its known effectiveness, its known and potential risks, the severity of the illness to be treated, and the availability of alternative therapies.

**3. There must be adequate and well-controlled studies proving efficacy.**

Studies involving related, but not identical drugs are irrelevant. Studies involving the same drug combined with other drugs are irrelevant. Incomplete studies, uncontrolled studies, statistically insignificant studies, poorly designed studies, poorly conducted studies, poorly documented studies, studies by investigators who are not qualified, and studies which cannot be replicated (provide the same results across more than one study) are insufficient. Lay testimonials, impressions of physicians, isolated case studies, random clinical experience, reports so lacking in detail they cannot be scientifically evaluated, and all other forms of anecdotal proof are entirely irrelevant.

**4. Acceptance by qualified experts is required.**

Lay testimonials, impressions of physicians, isolated case studies, random clinical experience, reports so lacking in detail they cannot be scientifically evaluated, and all other forms of anecdotal proof are entirely irrelevant. The observations and opinions of medical practitioners who are not experts in evaluating drugs are also irrelevant.

**5. The scientific evidence must be widely available.**

Information concerning the chemistry, pharmacology, toxicology and effectiveness of the substance must be reported, published, or otherwise widely available, in sufficient detail to permit experts, qualified by scientific training and experience to evaluate the safety and effectiveness of the drug.

**6. General availability of a drug is irrelevant.**

To simply measure the availability or use of a substance does not support points 1 through 5, and certainly does not mean the substance is medically beneficial.

**7. Recognition in generally accepted text is irrelevant.**

Information concerning the chemistry, pharmacology, toxicology and effectiveness of the substance must be reported, published, or otherwise widely available to evaluate the safety and effectiveness of the drug.

**8. Specific recognized disorders are the referent.**

It is impossible to judge the safety and effectiveness of a drug except in relation to a specific intended use. A drug cannot obtain approval except in relation to the treatment of a specific, recognized disorder.

**Marijuana cannot meet any of these criteria.**

So what does this all mean? The latest report from *Monitoring the Future* (conducted by the University of Michigan every year since 1975) shows that in 2010 marijuana use among 8<sup>th</sup> to 12<sup>th</sup> graders is rising compared to the gradual decline seen between 1998 and 2008. The biggest contributing factor to this increase is the decrease in "perceived risk" of the use of marijuana. It appears that the perceived risk of marijuana use among youth is declining as the increased news about "marijuana as a safe medicine" continues to grow. Do kids really see "medicines" as safe to recreationally use? I don't think so. I think kids see marijuana as *safer* to use as our society accepts its use as *safer*.

**This Week's Homework: Prescription Drugs and Synthetic Street Drugs**

During our next lesson we will be talking about drug scheduling and classification, the abuse of Prescription Drugs, and Synthetic Street Drugs. For homework this week, students need to list three Schedule I drugs (have no accepted medical use and have high potential for abuse). Help your child list examples of what would be considered prescription drug *abuse*. The last section of the homework focuses on illegal synthetic street drugs. Some websites that may be helpful this week: [http://teens.drugabuse.gov/facts/facts\\_rx1.php](http://teens.drugabuse.gov/facts/facts_rx1.php) and <http://www.drugabuse.gov/drugs-abuse/emerging-drugs>

*Don't forget....you can get homework, Parent's Guides and much more information at our web site:  
[www.lakecountyohio.gov/lcna](http://www.lakecountyohio.gov/lcna).*

*You need to login in with your username and password to see the homework and Parent's Guides.*