

## **THE HAZARDS OF MARIJUANA ON ADOLESCENTS:**

**Biological Hazards of Marijuana** (as presented at the first United States government hearing into the medical effects of marijuana use, and reported in the text, Keep Off the Grass, by Gabriel G. Nahas, M.D., Ph.D)

THC, the major psychoactive substance in cannabis, tends to accumulate in the brain, sex glands, and other fatty tissues. Regular use of marijuana may cause damage to the process of cell division. Researchers have expressed fears that such cellular damage could lead to cancer, increased susceptibility to disease, and an increased possibility of genetically damaged offspring. Scientists have proven that the incidence of cells missing a full chromosomal complement was twice as great among marijuana smokers as in non-smoking controls.

There is evidence that marijuana may cause irreversible damage to the brain, including actual brain atrophy, when used daily for several years. Several psychiatrists testified that there were many cases on record of brilliant young people who had gone on a cannabis binge and then found they could no longer perform at their previous level of efficiency. Animal experiments have shown that rats exposed to marijuana had smaller brains than those raised in a cannabis-free environment.

Marijuana adversely affects the reproductive process, and it poses potential genetic damage to the offspring. Five scientists working at as many different medical schools found: evidence that the male hormone level was reduced by forty four percent in young males who had used marijuana at least four times a week for a minimum of six months; evidence that the sperm count in this same group dropped in proportion to the amount of marijuana smoked, falling to almost zero or sterility – in some very heavy smokers. In women, marijuana impairs the production of hormones, which regulate the menstrual cycle and ovarian function including egg maturation.

One year of regular cannabis smoking – twenty cigarettes a day – can produce as much sinusitis, pharyngitis, bronchitis, emphysema, and other respiratory conditions, as would be expected from smoking twenty to forty tobacco cigarettes daily for twenty years. Marijuana smoke, particularly when it is mixed with tobacco smoke, is far more damaging to lung tissues than tobacco smoke alone.

Chronic marijuana use results in deterioration of mental functioning, pathological forms of thinking resembling paranoia, a progressive and chronic passivity, and lack of motivation.

Dr Paton (professor of pharmacology at Oxford University) states:

*“Alcohol is taken...and eliminated (from the body) in a few hours (while) cannabis...is cumulative and persistent...The price for overuse is paid early in life...it can predispose to the use of other drugs...The major (personality) manifestations (in marijuana users) were apathy, dullness and lethargy, with mild to severe impairment of judgement, concentration, memory...physical appearance was stereotyped in that all patients appeared dull, exhibited poor hygiene, and had slightly slowed speech...” (p.151).*

### **The Vulnerable Adolescent**

Drugs provide artificial stimulation of the pleasure centre of the brain. The indiscriminate use of marijuana and other related “recreational” drugs, allows the user to obtain immediate gratification without requiring him/her to exert any sustained or disciplined effort of his/her own mental faculties. While this is a problem at any age, the adolescent is particularly susceptible to harmful effects. Chemical stimulation of the pleasure centre endangers the adolescent’s chance to develop his/her own natural resources for joy and emotional stability. Fooled by the effects of the drug, he/she is unable to judge either the extent or the consequences of his “habit”. When tolerance develops, and the same degree of pleasure is no longer provided, young people may seek more potent drugs. The cumulative effect of marijuana might lead to a state of “sensory deprivation”, a condition in which the “blunted” pleasure centre may not respond to activities, which could otherwise bring natural gratification (p. 193 – 194).

### **Signs of Marijuana Use:**

- Youngsters who smoke marijuana sooner or later show some degree of estrangement from their family. They become less concerned for the other family members.
- With the chronic user, school grades may begin to slip, and there is less talk of future goals. A hostility toward ‘the establishment’ frequently occurs.
- The user’s appearance deteriorates. Hair gets longer and sometimes clothing gets grungy.

- Check for eye drops. Marijuana causes the eyes to be bloodshot and users will attempt to conceal this with eye drops.
- Is your child out of money and is vague about it? It may be because he/she is buying marijuana. If he/she has an unexplained ample supply of money, he/she may be selling drugs.
- Strange phone calls are cause for concern, as is vagueness about social activities, and staying out all night.
- Frequent colds, boils or other kinds of infections are often signs of marijuana smokers, for users commonly have less resistance to infection. A chronic cough is often due to the irritating effects of the smoke.
- Wild mood swings
- Sudden change of friends.

### **What should I do if I find out my child is using drugs?**

**DON'T PANIC:** Easier said than done, but over-reacting will make it much harder to find out exactly what has happened.

**GET THE FACTS:** Talk to your child and find out which drug is being taken and how often. Once you know the facts, you may find that things aren't as bad as you first thought. Your child may only have experimented with the drug and then stopped using it.

**SHOW YOUR CONCERN:** Talk calmly about what's happening and try to understand how your child feels. Make it clear that you love your child, but you don't like him/her taking drugs.

**CHOOSE YOUR MOMENT:** If you try to discuss your child's drug use with them when they are intoxicated or under the influence of the drug, or you are angry and upset, it is likely that the discussion will deteriorate into an argument. Wait until they are sober and you feel calmer.

**RECOGNISE PROBLEMS:** If your child is regularly using a drug to satisfy a need or solve a problem, then they need help and support. Don't be afraid to get professional help.

**DON'T BLAME YOURSELF:** If your child is using drugs, it doesn't mean that you've failed as a parent; many young people go through difficult times no matter how caring or supportive their parents are.

### **How can I make sure my child won't use drugs?**

Experimenting is a natural part of growing up. Nearly all teenagers experiment with alcohol and tobacco. Many will experiment with illegal drugs too. But there are some things parents can do to make it much less likely their child will develop drug problems:

**PROVIDE A GOOD ROLE MODEL:** Children are exposed to legal drugs such as alcohol and tobacco at a very early age. Parents who role model binge drinking or substance misuse, are very likely to influence their children to misuse drugs in the same way. Young people are quick to spot hypocrisy and can't understand why parents' drug taking is OK but their drug use is wrong.

**BE INFORMED:** Be prepared to openly, accurately and honestly discuss drug issues.

**LISTEN:** Be prepared to listen to whatever problems or concerns your child might have. Don't over-react. A young person who can discuss problems with his/her parents is less likely to use drugs to try to solve these problems.

**TALK:** It is important to be able to talk to your children about everyday issues. Parents, who don't discuss things like music, school or sport with their children, will find it difficult to discuss an emotional issue like drug use.

**SET GROUND RULES:** Plan ahead for potentially difficult situations. It is useful to establish some rules about acceptable behaviour in relation to alcohol and drugs. For example:

*Never drive if you've been drinking, or travel in a car with someone who has been drinking or under the influence of a drug. Either stay over, take a taxi or phone home so Mum or Dad can come and collect you.*

Part of the agreement is that the parents will come without any fuss. All discussions should wait until the next day.

**For more information:** NSW Alcohol and Drug Information Service (ADIS) – 24hr hotline pH: (02) 9361 8000. Toll free number: 1800 422 599