

a teacher would give up on a student, because of the fact that he's not teaching him the way of reason and thinking, through not just their subject, but through other subjects. Instead, the teacher was pushing students into one track, one specific subject, like art, but not providing any insight beyond art.

The artist has capabilities of seeing man growing. When you explain this, the artist has the opportunity to visualize himself in other fields and in dealing with other fields of scientific and technical divisions. A lot of people who are on drugs say "I don't feel the change at all," but if they could see the rigorous courses before them in college they would see the difference.

Q: *How are parents responding?*

A: I have made clear to students that they have older brothers and sisters who don't go to college, but go to work and are on drugs and tend to try to convince younger brothers and sisters to follow the same course. I tell them, "educate yourself. You cannot go to them and accept this direction. You have to make it clear in their mind. You have to tell them what's wrong and anybody else: their teacher, or minister who's on marijuana. Go to them and you have to tell them your insight. You know you're talking the truth, you know you're talking the facts."

So we have created an environment in the school which is a model for education.

...We're going to produce a printed update on our activities and send them out to a mailing list to build broader relations that plug into the coalition. We've made quite a few advancements on the Board of Education. The other day I was receiving an award for an educational program I produced on registration and voting, and the principal introduced me to all the good members of the Board of Education and explained to them exactly what we were doing in school and that he was 100 percent for it, and that he would like to sit down with other board members with me and make sure that they set up a strong educational packet on what we are doing.

We talked to another principal who bought four *Dope, Inc.* books for his school, and he will also be working with us.

Q: *Is it true that one of the school Board members is actually part of the Dope, Incorporated network?*

A: Oh yes. This is what got my principal on the track. One of the board members is a director of one of the B'nai B'rith organizations in Philadelphia. NORML put out a pamphlet and it has all of the people who support legalization of marijuana, and when he saw B'nai B'rith on the list he knew....I pulled out the pamphlet and B'nai B'rith is on the top of the list for supporting marijuana, and heroin, and other hard drugs—which threw this board member off his feet.

Medical use of marijuana

Decriminalization of marijuana advocates are fueling the fight for legalization by citing "evidence" that marijuana has some medical value. This line is being used to justify the reclassification of marijuana from its present federal-law status as a Schedule I substance that cannot be prescribed by doctors because it is a dangerous substance with no proven medical value to a Schedule II substance that can be prescribed because it has a known medical use. At least four states have independently revised their state schedules to list marijuana as a prescribable drug, and 35 state legislatures have before them bills to investigate the effects of marijuana.

In New Jersey, several bills, including A1851, are now under discussion in the state legislature to implement the rescheduling of marijuana or undertake experiments in marijuana.

Presented here is written testimony exposing this fraudulent argument which was submitted to the New Jersey legislature by Ned Rosinsky, M.D. of the Fusion Energy Foundation.

The New Jersey Bill A1851 is a medically incompetent and socially destructive measure, to which the New York-New Jersey Anti-Drug Coalition stands opposed. The published medical literature to date, taken as a whole, does not support the medical usage of marijuana in any of its proposed areas of therapy: in glaucoma, in the nausea associated with cancer chemotherapy, and in other areas. Moreover, the harmful effects of marijuana smoking are so great that, even if a medical usage were demonstrated, the drug could never become a standard therapy for the above conditions.

Furthermore, the reclassification of marijuana to a narcotic Schedule II substance, even if this were hypothetically done to benefit a small number of patients, would have a major detrimental impact on the population as a whole by encouraging the illegal use of the drug, particularly among our youth. The recently released report on drug abuse by the Essex County Grand Jury, which documents that 90 percent of the area's youth have tried marijuana, is testimony enough to the extreme vulnerability of children to peer pressure and the message that marijuana is essentially harmless. In this context, the elevation of marijuana to the status of a medicine in the eyes of the public will only worsen this horrendous situation, especially among the upper and middle elementary school grades.

In the neighboring state of Pennsylvania, the state health commissioner has been petitioned directly by the National Organization for the Reform of Marijuana

exposed as a fraud

Laws to reschedule marijuana on medical grounds. This can be charitably characterized as a boldfaced ploy by NORML to achieve their officially stated goals of increasing marijuana acceptance within the population (NORML=*normal*), and has nothing to do with the medical evidence per se.

The medical evidence

Regarding the question of marijuana in the treatment of glaucoma, Dr. John Bellos, director of the International Glaucoma Congress, recently summed up the state of research in this area in a letter to the editor of the *Chicago Tribune* on Sept. 29, 1978. He wrote the following in response to the rescheduling of marijuana by the Illinois state legislature:

"Gov. (James) Thompson signed a bill on Sept. 9 legalizing the use of marijuana for human medical treatment of cancer and glaucoma. As an

ophthalmologist, I am concerned that this legislation may give rise to unforeseen difficulties for the uninformed glaucoma patient.

"The legalization of marijuana for the treatment of glaucoma suggests that it is a valuable therapeutic agent. Though in some patients *marijuana may reduce the increased intraocular pressure caused by glaucoma, conventional remedies are far more effective*. Marijuana decreases intraocular pressure for only two hours, whereas conventional drugs are effective for eight, 12, or even 24 hours. The short-term effectiveness of marijuana lessens its usefulness considerably; for example, the intraocular pressure would be uncontrolled during sleep. Since glaucoma requires lifelong treatment, the exclusive use of marijuana would require that the patient smoke 'pot' for his entire life.

"Marijuana is also known to produce transitory side effects, including nystagmoid movements, impaired focusing, double vision, transitory loss of vision, corneal anesthesia, conjunctival infection, decreased tearing, and constriction of the pupils. In addition, marijuana may alter

Catholic Doctors Guild demands pot eradication

At the national conference of the National Federation of Catholic Physician's Guilds, held in New Orleans during the fall of 1978, the following resolution was passed.

Whereas, the illegal proliferation of marijuana and other mind-altering drugs has reached intolerable levels in the United States; and

Whereas, criminal elements in the nation of Colombia plan to harvest a crop of marijuana intended for the international drug trade; and

Whereas, the projected increase in supplies for the illicit drug market presented by the upcoming Colombian harvest poses an intolerable burden on the youth, parents, teachers, law enforcement personnel, as stated by Peter Bensinger, Administrator for the Drug Enforcement Administration of the U.S. Department of Justice, and on the general population, whose youth may be expected to be the marketing target of drug trafficking; and

Whereas, the means are available to eliminate this drug crop in Colombia; the government of Mexico, in cooperation with the Drug Enforcement Agency of the U.S. and the United States government, has chemically eradicated the bulk of that nation's marijuana and opium crops, causing a welcome disruption in the flow of dangerous drugs into the United States.

Therefore, be it resolved that:

The National Federation of Catholic Physician's Guilds calls upon the President and Congress of the United States to take vigorous and timely actions by providing technical and financial assistance to the government of Colombia, comparable to that given to the government of Mexico in 1976, to facilitate the chemical eradication of the projected October marijuana crop. This must be done in the interests of the mental and physical health of the children of America and the welfare of the entire world.

National Federation of Catholic Physicians Guilds

perceptions of reality, reduce alertness, and impair short-term memory.

"The prevention of glaucoma blindness requires the patient's lifelong compliance in using conventional medication, and periodic examination by a skilled ophthalmologist to determine whether the disease is under control."

The American Medical Association has consistently refused to support any of the various state initiatives to reschedule marijuana and, in an update of their findings on the dangers of the drug released last summer, commented that recent evidence (to be outlined below) shows that marijuana is even more dangerous than the AMA had previously concluded.

Even one of the staunchest supporters and an early investigator in marijuana research for glaucoma, Keith Green, Ph.D., of Atlanta, Ga., admitted in the course of a promarijuana guest editorial for the *Annals of Ophthalmology* (Feb. 1977):

"It is apparent that research on marijuana itself as a potential modality (for glaucoma treatment) is not only fruitless but is also time-wasting, since the undesirable side effect, i.e., the 'high' makes it totally unacceptable as a 'medicant.' The side effects inflicted upon the recipients of marijuana certainly outweigh any conceivable benefit and it behooves us to insure that good medical practice does not get submerged in the political and lay pressures to allow patients to

utilize marijuana under ill-conceived and poorly managed conditions."

In addition, many investigators, such as Dr. Kenneth Benjamin of the Wills Eye Hospital in Philadelphia, have found, in well-controlled experiments, that marijuana has no effect on the intraocular pressure of glaucoma patients. Dr. Lawrence Pape, director of the Glaucoma Clinic at the Harkness Eye Institute of Columbia Presbyterian Hospital in New York City, has gone on record against the use of marijuana in glaucoma, and is available for further discussion of the issue for interested callers.

The second main therapeutic use proposed for marijuana by rescheduling advocates is in the treatment of the nausea which frequently accompanies cancer chemotherapy. As in the case of glaucoma, there are very few published articles in the area, so the evidence is slim. The most recent update on the state of ongoing research was presented at a symposium on the subject at the National Cancer Institute several weeks ago. Nearly all of the 16 licensed research projects around the country involve only very small numbers of patients, and are therefore inconclusive, in addition to being frequently ill-designed.

For example, Dr. Stephen Sallen at the Sidney Farber Cancer Institute in Boston has only 22 patients in his study, and no controls in the experiment, so he has nothing with which to rigorously compare the marijuana effect; Memorial Sloan-Kettering in New York is also running a poorly controlled study. At the

Stop international drug trafficking

On April 18, the Massachusetts Legislature passed and sent to the Congress and the President of the United States the following memorial.

Resolutions memorializing the President and the Congress of the United States:

Stop international drug trafficking

Whereas, the proliferation of dope, including marijuana, the opiates, psychotropic and all other dangerous chemicals has reached epidemic proportions in our homes, schools and work places until our entire "next generation" of American youth are now literally endangered; and

Whereas, the estimated \$200 billion of international dope trafficking revenues is destroying the industrial integrity and scientific basis of the U.S. economy by disrupting honest capital markets and economic transactions; and

Whereas, developing-sector countries, most notably Colombia, Guyana, and others in Latin America and Asia are being forced into converting their economies into cash-crop drug production to satisfy World Bank-International Monetary Fund terms of debt demand; and

Whereas, the Republic of Mexico has demonstrated, in collaboration with U.S. agencies, that dope production can be rapidly and thoroughly eradicated by concentrated scientific use of appropriate advanced technology—paraquat, helicopters, and other devices supplied by the U.S. for the purpose;

Therefore, be it resolved that:

The Massachusetts General Court calls on Congress and the President to take all necessary investigative and prosecutory steps to collaborate with the governments of dope-producing countries to wipe out all

NCI itself, 15 young bone cancer patients were tried on marijuana and eight had an initial "excellent" response, but of these only one remained "excellent" during the course of therapy; that is, the patients rapidly developed a tolerance to the drug. The only large study presented at the symposium was a review of 150 patients in a well-controlled, double-blind investigation at the Mayo Clinic, in which marijuana was tested not only against a placebo but also against Compazine, a standard anti-emetic. According to the presentation at the symposium, THC (the active chemical in question in marijuana) was found to be comparable in anti-emetic effect to Compazine, and no better; but the THC was deemed "not as promising, not as useful" as Compazine because of a number of "dysphoric side effects" noted, including depression, depersonalization (the feeling that your body is not your own), and a long list of other harmful and distressing psychological effects.

The harmful effects of 'pot'

Dr. Robert Heath, chairman of the Dept. of Psychiatry and Neurology at Tulane School of Medicine in New Orleans, has recently found brain damage in Rhesus monkeys exposed to marijuana (*Journal of Neuroscience Research* 1977, 3:87-93). The marijuana was administered as smoke, injections of THC, and other methods. The dosage was comparable to one 5 percent THC marijuana cigarette for a human per day, five days a week for three months. The brain damage found after

dope acreage, and to assist in the rapid and thorough conversion of these economies away from debilitating World Bank policies and into sound agricultural and industrial integration into a growing world economy; and be it further resolved that

The Congress investigate and bring to justice all those banking and corporate networks complicit in the laundering of the international illegal dope trade money, which takes place in particular in the Hong Kong, Caribbean, and Canadian sections of the London-based banking networks;

And to enforce to the fullest the existing laws against dope use and trafficking into and within the United States.

Senate Memorial Resolution 317, passed in both Houses of the Massachusetts Assembly, April 18.

this period included a pathological widening of the synaptic space (the communication space) between brain cells in a deep area of the brain termed the septum. This damage is clearly visible on electron microscopy of the brain tissue, and this particular change is otherwise found in cases of brain poisoning (as in carbon tetrachloride poisoning) and in severe vitamin B deficiencies which are associated with psychosis.

Dr. Heath continued the marijuana administration in some of the animals for several more months, then discontinued the marijuana and waited six months to see if the changes would revert to normal. He found the changes still present, indicating that at least over the medium term the damage is irreversible. The microscopic pathological findings were correlated with abnormal EEG (electroencephalographic) findings recorded from deeply placed electrodes in the septal area, and these abnormalities also did not reverse. The areas of the brain most affected by the marijuana were also found, on chemical analysis, to contain the highest amounts of THC. All of the variables of the experiment, including route of administration dosage, presence of deep electrodes in the brain, smoke with and without THC, and so on, were compared with control animals, and the results were all shown to be statistically significant.

In another medical area, Dr. Gabriel Nahas, Special Advisor to the United Nations Narcotics Commission and Research Professor of Anesthesiology at the Columbia College of Physicians and Surgeons in New York, has found that THC damages cellular functioning on a general level, by interfering with the ability of the cell to produce the most rapidly, such as the white blood cells and the sperm cells; and as well results in the production of abnormal forms of these cells (see *Marijuana—Deceptive Weed*, by Dr. Nahas, 1975, Raven Press Ltd., New York). Several months ago Dr. Nahas chaired a major international conference in Reims, France, on the biological effects of marijuana, in which dozens of other effects were documented by researchers from more than 20 countries.

In the area of psychological damage due to THC, Dr. Robert Souief, head of the Department of Psychiatry at Cairo University, testified extensively during the 1974 U.S. congressional hearings conducted by Senator Eastland that, in his experience with the problem of hashish (a potent form of THC) users, the degree of psychological deterioration seen is directly correlated with the predrug level of intellectual competence of the individual; highly trained and educated people lose the most on the drug, while those who have never developed their intellectual powers show little change.

The loss of motivation, the "drop-out syndrome," which is closely correlated with a decrease in attention span, has been documented by numerous investigators

Canadians join the fight against drugs

The Coalition drive extends into Canada, where the following telegram was sent to Kurt Waldheim, Secretary General of the United Nations:

We, the undersigned strongly object to the planned "relaxation of marijuana laws" announced on Dec. 27, 1978 by the Canadian government.

We further call for a United Nations investigation into the role of Canadian and British banking and government circles in world drug running.

Rakhra Karnail-Saromni Akalidal, Sikh

Ken Shoemith, Principal, Hamilton Central Public School

H. Condie, Principal, Lakeview Secondary School, Toronto

Alf Matthews, Canadian National Education Director for Elevator Construction Workers Union

Ken Perry, Ex-Treasurer, International Brotherhood of Electrical Workers, local 1788

Eamon O'Donnell, Steward, International Brotherhood of Electrical Workers, Local 1788

Kevin Floyd, Ex-Steward, International Brotherhood of Teamsters, Local 419

Dave Laughlin, Steward, IBT 938

Herman Wever, Hamilton Labor Council

Dave Redman, Ex-Steward, CUPE #1

John Dehart, Regional Counselor, Oshawa

Brian Ring, President Ebastec Cavallin (nuclear engineering consulting firm)

Michael McNamee, Professor of Computer Science and Mathematics, York University

Lionel Ellis, Professor of English, Ryerson Polytechnic Institute.

(affiliations for identification only)

in the U.S., including Dr. Roy Hart, and Dr. Doris Milman, who have both published extensively in the literature.

The federal role

The Drug Enforcement Agency testified at the above-mentioned hearing brought by NORML in Pennsylvania. With reference to the motion for rescheduling by the state, the spokesman said: "There is presently no advantage to rescheduling marijuana from Schedule I to Schedule II." When questioned about the possibility of the federal government rescheduling marijuana, he said flatly, "At the present time there is not enough medical evidence for marijuana to be reclassified at the federal level."

There are now a total of 28 active licenses (IND's) for marijuana experimentation in this country, 16 for

anti-emetic tests, five for glaucoma, and the rest for other conditions such as anorexia nervosa (extreme loss of appetite due to a psychological condition) and multiple sclerosis. Given the paltry evidence for the usefulness of marijuana and its known harmful effects, this represents more than enough effort in this dubious area.

The federal government has been rightfully empowered to protect the population against quack treatment and especially against *harmful* quack treatments. There is now grossly insufficient information that marijuana is a useful addition to the pharmaceutical shelf; but the evidence

If NORML, which is backed by tens of thousands of dollars annually from both *Playboy* and *High Times* magazines, is looking for an excuse to push the drug culture on our youth, they will not find it here.