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THE WHITE HOUSE
WASHINGTON

file

Jan 9, 84

DOC 1-

C.T.

This is still a good idea
but more work than it is worth.
Unless you plan a massive
effort in educating family practice
and pediatric leaders, I
vote no.

Dick

P.S. The system works!

THE WHITE HOUSE
WASHINGTON

Suspense January 1984
Return to Dick Williams
for reconsideration

Thanks.

RONALD G. BARSANTI, M.D. AND
ROBERT J. KNERR, M.D., LTD.

410 MAPLE AVENUE, WEST
VIENNA, VIRGINIA 22180
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1 AUG 1983

R. G. BARSANTI, M.D.
R. J. KNERR, M.D.

W. MICHAEL CASSIDY, M.D.
R. H. SCHWARTZ, M.D.
P. E. SCHWEISTHAL, M.D.

INSTRUCTIONS

29 July 83

Dear Dr. Turner,

I have spoken to Sue Rusche
& Lee Dayloff about an idea
of convening a select group of
family practice and pediatric educators
the editors of major journals,
Presidents of Academies, Presidents
of Boards of Pediatrics & family practice,
& respected gurus. The purpose of this
white house ~~held~~ meeting would be to
present factually clinically relevant
material on drug use (which has been proven in
humans to be an adverse effect.)

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INSTRUCTIONS

Please consider this, even if
you have been unsuccessful
previously - I am motivated,
energetic, and dedicated to educate
physicians to the insidious
malignant effects of drugs ^{on our youth} in particular
marijuana.

Dick Schwartz
410 Maple Ave W
Vienna VA 22180
Off - 9387073, 9383208
H 6910057

"CURRENT" DRUG USE* BY MARYLAND STUDENTS.

Percent of 1982 High School Seniors Nationwide and in Maryland reporting current use of drugs at least once within the month preceding the survey)

	<u>Nationwide NIDA Survey</u>	<u>Maryland Survey</u>
	N = 17,500	N = 10,700
	<u>%</u>	<u>%</u>
Marijuana	29	34
Amphetamines	14	14
Cocaine	5	10*
Hallucinogens	3	8*
PCP	1	4.7*
Cigarettes	30	32

*Marked increase in state of Maryland

*Tables are MPT
Summaries of
Major drug surveys
of drug use in
MD & SR HS students*

*a lot of time and
manpower, is consistent with
thesis. Would need a
sponsor. Seems
like a national
convention or other
forum would be as
logical and effective.
I vote no at this time.
Dick
any possibility?
No
8/2*

GETTING "HIGH" ON INHALENTS - MARYLAND STUDENTS 1982

Percent of Maryland 12,800 8th grade students reporting "current"*
use of inhalents: 1982

<u>Substance</u>	<u>%</u>
Fuels: gasoline	9
Commercial solvents or glues	9
Spray can substances	6.6
Nitrous oxide (laughing gas)	6.3
Nitrites ("poppers", Rush ^R)	5.6%
Any type of inhalent	19

*Current = at least once in the month preceding the survey

One in five 8th graders (N=12,800) used inhalents to get high within the
month preceding the survey

WINCHESTER, VIRGINIA SURVEY: 1982 County-wide Survey

Of 9th Graders (N = 239)

31% have tried marijuana by their fifteenth birthday

13% smoke cigarettes daily

12% smoke marijuana at least weekly

3% smoke marijuana daily

5% have already snorted cocaine

1.3% use cocaine weekly

16% have used stimulants by age 15

7% have used barbiturates by age 15

- 6% of 4775 all Winchester students completing survey smoke marijuana before or during school

1982 NIDA NATIONWIDE HIGH SCHOOL SENIOR DRUG SURVEY

N = 17,500

DEGREE OF "HIGH" OBTAINED BY RECENT USERS

(Within 12 months preceding survey)

	<u>Very high</u>	<u>Moderately high</u>	<u>Not at all high</u>
Marijuana*	22%	48%	8%
Cocaine	23%	47%	9%
Alcohol	7%	42%	20%

*54% stayed high up to two hours; 38% stayed high three hours or more (equivalent duration of high to alcohol)

DAILY DRUG USE - MONTGOMERY COUNTY, MARYLAND

1982 Maryland Statewide Survey of Students:

Montgomery County (N = 3400 students)

	<u>GRADE</u>			<u>Age range in years at 1st use</u>
	<u>8th</u>	<u>10th</u>	<u>12th</u>	
No. of students completing valid questionnaire	1330	1050	1040	
	<u>% WHO USED DRUG DAILY</u>			
	<u>8th grade</u>	<u>10th grade</u>	<u>12th grade</u>	
Students admitting " <u>daily</u> " drug use of:				
Marijuana	4*	5.5	9	11.7 to 13.5
Hashish	2	3	1.5	11.6 to 14.7
Amphetamines	3	1.3	1.7	11.6 to 15
Cocaine	3	1	0.9	11.9 to 15
Hallucinogens	2	0.9	0.8	11.6 to 15.3
Mean no. of drugs used per user	4.6	3.5	3.0	

*Of all the daily users of marijuana, half of daily users began daily use by the 9th grade

MARIJUANA: A Crude Drug with a Spectrum of Underappreciated Toxicity

To the editor:

Weinberg and co-authors¹ in March of 1983 reported on four children who became intoxicated after eating an unknown quantity of marijuana. The discussion section of that paper contains some ^{questionable} statements about which I feel compelled to comment: delta⁹ tetrahydrocannabinol content (Δ^9 -THC) of cannabis plants varies in their content from 1% to 3%; plants grown in the United States have a low level of THC; hashish, a preparation of the dried resin has a THC content of 4% to 15%; and finally, the course of cannabis toxicity in adults is usually benign.

The word marijuana derives from the indigenous Mexican or Central-American word maraguango, a general term meaning any intoxicating substance.² Marijuana, the dried particles of leaves, small stems, flowers, and achenes (seeds), is a crude drug which owes its psychoactive properties primary to Δ^9 -THC, a mixture of nine psychoactive isomers produced by resin-secreting glands of the medicinal varieties of the hemp plant (Cannabis sativa).³ These glands are particularly abundant in the upper leaves and flowering tops of plants of both sexes but are highest in the pistillate (female) plants. A minimum Δ^9 -THC concentration of 1% is necessary for most people to experience psychoactive effects of the drug.⁴ Marijuana of Colombian origin currently accounts for approximately 60% of marijuana used in the United States and Colombian marijuana has an average Δ^9 -THC concentration of 3.7%⁵ (table). Domestic marijuana, grown primarily in California accounts for 10-15% of the total marijuana. Because 85% of marijuana now

*Tentative acceptance
as a commentary
in Pediatrics
will need to be
modified somewhat*

grown in California is of the sinsemilla (seedless) type,⁶ the Δ^9 -THC content of Californian marijuana currently averages more than 5%.⁵ The "high" obtained from quality marijuana is considered to be equal to the "high" obtained from snorting cocaine.⁷

In the United States, marijuana is usually consumed by pyrolysis (smoking) in a marijuana cigarette (joint) or in a smoking pipe, smoking stone, or a bong (water pipe). It is more efficient to smoke marijuana than to eat it - at least if the goal is to get "high". However, the "high" after oral ingestion lasts longer than the "high" obtained after pyrolysis. There is a marked unpredictability of the effect of marijuana because the same consumption of the drug on one occasion, even with experience, may produce a minimal effect and on another occasion may produce its full action. This phenomenon differs greatly from tobacco smoking. Ingestion of fresh Cannabis leaves is harmless because Δ^9 -THC is activated only after curing (drying), boiling, or pyrolysis. Dried crumbled, de-seeded, marijuana can be used as an ingredient in various recipes such as cookies or brownies, and as a topping for salads or spaghetti sauce. There are several cookbooks which focus on the use of marijuana in cooking.⁸

The effects of the recreational use of marijuana which consumers find desirable are dependent upon the concentration of Δ^9 -THC in the smoke, the depth of inhalation of the smoke, the proper set (having an expectation of a positive experience and absence of serious underlying psychopathology), and the proper setting (being in comfortable safe surroundings in the company of trusted good friends). The effects desired include

dream-like relaxation, a sense of contentment, exhaltation, feelings of joviality, and hilarity, improved social interaction, an increased capacity to communicate thoughts, opinions, and experiences, loss of social inhibitions, an inner joy out of proportion to reality, improved self confidence and self awareness, an increased sense of creativity, an increased capacity for abstract thinking, and an unpressured worry-free state in which impending deadlines do not exist.

Behavior during the "high" may be impulsive (particularly in a group of marijuana-intoxicated peers) and mood may be unpredictable. If the user is experienced, the drug is potent, and the proper set and setting exist, such as getting "stoned" in the child's ^{own} bedroom while listening to the beat of hard rock music, there may be complete absorption in one's inner thoughts, and enhanced receptivity to arbitrarily selected sensory clues.³ For instance, the user may become endlessly fascinated by the wonder of the wrinkles over the knuckles. There is often a feeling of utter powerlessness to hold in check the wild torrent of often disparate thoughts which impinge on the conscious mind. New thoughts suddenly appear with awesome clarity and speed but users may have difficulty explaining these thoughts in detail later because even moderate acute marijuana intoxication impedes transfer of memory from short-term to long-term memory stores.. The intensified concentration on selected inner thoughts (visual imagery) inspires feelings of mystical self-creativity. The user is also under the illusion that time is passing more slowly than usual (seconds seem like minutes). The selective memory of everything said and done by others is nearly perfect; but more than normal effort has to be expended to achieve good short-term memory. Marijuana-intoxicated drivers of motor vehicles to fail to

respond normally to visual cues because they may be preoccupied by these inner thoughts. Unlike alcohol intoxication, the "high" of marijuana can easily be overcome (worked through) by volition;⁹ thus, a person "high" on marijuana may seem completely normal in appearance, speed and content of speech, and affect. After several hours of the "high" this state gradually merges, if the Δ^9 -THC concentration is sufficient, into a state of general physical and mental torpidity, irritability easily provoked to anger, drowsiness, and sometimes sleep. During this gradual "coming down" phase, there is a very strong hunger for high calorie sweets such as cookies or "junk food" (known as the marijuana munchies), and an intense craving for sweet drinks such as carbonated beverages. Unlike alcohol there is no "hangover" after the marijuana "high" is gone.

The acute effects of marijuana are usually pleasant but adverse effects not infrequently occur, often unpredictably. There are only two consistent signs: (a) increased heart rate and (b) conjunctival irritation or dilatation. Because many adolescents are proficient users of Visine^R or other ophthalmic drops, conjunctival hyperemia may not be detected. Adverse mental effects of acute intoxication from marijuana may result from a high concentration of psychoactive cannabinoids, the elements in the underlying personality structure of the user, the mind set of the user or his setting, and the concomitant use of other mood altering drugs. Acute adverse (toxic) effects of marijuana include acute toxic psychosis, acute panic reactions, and flashback phenomenon. Symptoms of acute toxic psychosis include excitement, confusion, disorientation, delusions, depersonalization, visual hallucinations, and full blown delirium. Acute panic reactions

(bad trips) may be accompanied by abdominal discomfort, anxiety, depression, morbid fear of being "found out" (by ones' family or by law enforcement officers), fear of dying, restlessness, uncontrollable hostile aggression, and paranoid ideation. The occurrence of flashback phenomenon after marijuana use has been reported, but flashbacks are uncommon.¹⁰ Safe operation of a motor vehicle is compromised if the driver is acutely intoxicated by marijuana. ~~Although~~ ~~It~~ It is estimated at 60% to 80% of marijuana users who are licensed to operate a motor vehicle do so, on occasion, while intoxicated by that drug.¹¹ Marijuana can impair in unpredictable ways: reflex response to sensory stimuli; attention to the "gestalt"; perception of the passage of time; depth perception (distance to a traffic light or a pedestrian); appreciation of colors; and short-term memory. A person driving under the influence of marijuana also has impaired vigilance. In a recent study, marijuana impairment of eye-tracking skills was roughly double that of alcohol.¹² Analysis of heart-blood specimens taken from 169 dead drivers, fatally injured in single motor vehicle accidents, revealed that 10 (6%) had evidence of use of marijuana immediately (within 2 hours) preceding the accident.¹³ Cannabinoid metabolic products are not detectable (by commercial methodology) in the blood after a few hours following marijuana use.¹³

The half-life in humans of a single marijuana cigarette containing a 2% concentration (relatively weak) of Δ^9 -THC is 72 hours.⁴ Depending on the sensitivity and specificity of the test method used and the concentration of Δ^9 -THC consumed, urinary metabolites may be detected by enzyme assay, radioimmunoassay, or gas chromatography/mass spectrophotometry for three to 21 days following last marijuana use. Marijuana

may on occasion be adulterated with phencyclidine (PCP), Raid^R insect spray (known as treated pot in street jargon), or dried, shredded cow manure (which may carry Salmonella). These adulterants, of course, have their own intrinsic toxicities.

Chronic marijuana use (defined herein as multiple use, four or more days a week, for at least 60 consecutive days), may, in an unpredictable manner cause chronic toxicity. Chronic effects of frequent marijuana use may include changes in personality, affect, and behavior such as apathy, passivity, emotional withdrawal, mutual suspicion and mistrust between the user and his or her family, carelessness in appearance, loss of sense of pride in work, academic underachievement, loss of goal direction, deception, chronic prevarication, a don't-give-a-damn attitude (amotivation syndrome)^{14,15}, and pervasive anger^{with} easy provocation to hostile aggression, even against loved ones. The chronic marijuana-user is characterized by his strong denial, often to a delusional degree, that his unkempt appearance, lack of motivation, guilt, anger, and general mental torpidude ("laid back" attitude), are in any way related to his use of the drug.¹⁴ Indeed, one of the most striking features of frequent marijuana use over time is the inability of the user to perceive himself in the light of reality and the inability to gain insight into his problems and to admit that he is in need of help.

Marijuana is an underestimated, deceptive, potent crude drug. Weinberg et al¹ state: "The course of toxicity from cannabis in adults is usually benign." This may be true. The authors might well have added and underscored ~~the~~^{The} caveat that acute or chronic marijuana use^{may} impede^A cognitive and emotional maturation of the adolescent user. Frequent use

of this drug (at some interval yet unknown) may have dramatic negative consequences, particularly when used during childhood and adolescence.

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MARIJUANA: Δ^9 -THC CONCENTRATIONS IN DIFFERENT FORMS OF CANNABIS (MARIJUANA) AND CANNABIS DERIVATIVES

<u>Marijuana Type</u>	<u>Y E A R</u>		
	1980 % of conc. Δ^9 -THC	1981 % of conc. Δ^9 -THC	1982 % of conc. Δ^9 -THC
Crude Plant Material:			
1. Marijuana			
A. loose plant material ¹	.74	1.6	3.3 4 (105 separate specimens analyzed)
B. buds ²	4.3	4.5	3.0 (44 separate specimens analyzed)
C. sinsemilla ³	3.6	4.1	4.6 4 (14 separate specimens analyzed)
Derivatives:			
2. Hashish ⁴	2.6	3.4	2.4
3. Hash oil ⁵	11.5	24.0	21.6

~~Concentration of Δ^9 -THC averaged 3.7% January through March 1983~~
~~Concentration of Δ^9 -THC averaged 7.8% January through March 1983~~

1. Leaves, small stems, seeds
2. Flowering tops, smaller leaves, seeds
3. Seedless, unpollinated flowering tops from female plants
4. Crude resin collected from dried and finely sifted flowering tops often compressed into cakes, balls, or bricks
5. Street term for dark, viscous molasses-like product, highly rich in psychoactive Δ^9 -THC, obtained by alcohol or lead-free gasoline extraction of cannabinoids from flowering tops of the drug variety of hemp (Cannabis)

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