



The Phyllis Schlafly Report



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New Evidence on Marijuana

The word "assassin" was originally derived from the Arabic word "hashshashin," which means eaters of hashish. This bit of etymology tells something about the world's practical experience with the dehumanizing effect on those who use hashish, one of the two products of the cannabis plant.

The other product of cannabis is marijuana. During the last few years, its illegal use has reached epidemic proportions as a result of a militant propaganda campaign by marijuana users, unsubstantiated claims that it is harmless, and frivolous statements by prominent persons. The Illinois Bar Association came out for partial legalization, and Mrs. Gerald Ford casually told reporters that she is "sure" her four children have experimented with marijuana.

Fortunately, everybody hasn't taken the advice of Illinois lawyers or followed the example of the First Family, because a mountain of scientific evidence is beginning to accumulate that marijuana use results in massive damage to the cellular process, to the reproductive system, and to the respiratory system.

The principal ingredient in marijuana tends to accumulate in the brain and creates the serious possibility of brain damage, distortion of perception and reality, chronic passivity, and lack of motivation. These effects are all the more dangerous because its early use is deceptive: the marijuana user is not aware that an irreversible deterioration of mental functioning has begun.

Other scientific data show that marijuana causes genetic damage and mutation, weakens immunity to disease, has a "precancerous" effect on lung tissues, and severely damages the process by which cells are restored and replaced in a healthy body.

The Myth of Harmlessness

The myth of harmlessness was nurtured at Berkeley where in 1967 Dr. Harvey Powelson, chief of the Department of Psychiatry in the Student Health Center at the University of California, was quoted in the campus newspapers as saying: "There is no evidence that marijuana does anything except make people feel good. It has never made anyone into a criminal or a narcotics addict. It should be legalized."

After treating more than 1,000 patients, both in consultation and in therapy sessions, Dr. Powelson came to the conclusion that his earlier statement was "totally wrong." He cites example after example of brilliant graduate students upon whom marijuana had the following effects: difficulty in concentration, loss of sense of

time and memory, loss of will to do sustained work, inability to sleep regular hours, loss of normal appetite, sexual impotence, loss of ability to handle mathematics at a prior level of achievement or to follow logical arguments, hostile suspiciousness, and gullibility.

Dr. Powelson warns us that the early use of marijuana "is beguiling. Pot smokers are so enraptured by the illusion of warm feelings that they are unable to sense the deterioration of their own mental and physiological processes. Its continued use leads to delusional thinking."

The Most Dangerous Drug

The evidence suggests that marijuana is far more dangerous than tobacco or alcohol. Marijuana damages the lungs and respiratory system ten times as fast as cigarette smoking. It usually takes years for a social drinker to become an alcoholic and drink himself to death or out of a job. Marijuana, however, can destroy our young people in a couple of years, before they ever have the chance to know life and the excitement of confronting its challenges.

Many state legislatures are considering proposals to legalize marijuana. This would be the greatest disservice we could do for our young people and for society. Legal respectability would open the door for marijuana manufacturers to conduct an advertising campaign that would rival the tobacco companies, the soft drink companies, and the whiskey distillers in convincing the unsuspecting consumer that their products are a positive good.

If we legalize marijuana or remove penalties for its use or possession, hundreds of thousands of young people who have refrained from using it will be tempted to try it. Like Russian roulette, they might get by safely with one casual experiment; but then, again, they might not.

There is NO argument FOR marijuana. In the opinion of many scientific experts, marijuana is actually "the most dangerous drug with which we must contend today."

The U.S. Senate Internal Security Subcommittee has rendered a tremendous service to our nation by collecting the findings of top scientific experts on this subject and summarizing them in a report entitled "The Marijuana-Hashish Epidemic." Because of the importance of this document and the new material it presents, the remainder of this newsletter is devoted to verbatim excerpts.

Excerpts from: "The Marijuana-Hashish Epidemic"

1974 Report by the U.S. Senate

Internal Security Subcommittee

The collective testimony of the eminent scientists who came to Washington to testify may be summarized as follows:

(1) THC, the principal psycho-active factor in cannabis, tends to accumulate in the brain and gonads and other fatty tissues in the manner of DDT. This was established beyond challenge by the research of NIMH Nobel Laureate, Dr. Julius Axelrod, and his associates. As a corollary of this, they found that THC persists in the body long after the act of ingestion. In some parts of the body, residual amounts could be found as much as a week after ingestion.

(2) Marijuana, even when used in moderate amounts, causes massive damage to the entire cellular process:

(a) It reduces DNA and RNA synthesis within the cell, which in turn sharply reduces the mitotic index, or the rate at which the cells give birth to new cells.

(b) In the case of the T-lymphocytes (the cells involved in the immune process), marijuana use at the three-times-a-week level results in a 41 percent reduction in cell birth.

(c) It results in far more cells with defective chromosome complements -- from 38 to 8 chromosomes instead of the normal complement of 46.

The findings of five of the scientists who testified converged on the central theme of cellular damage. Other research that had been done in this field was also referred to. Professor W.D.M. Paton of Oxford University, one of the world's leading pharmacologists, summarized this recent research in these terms:

"Numerous such effects have now been described, including actions on microsomes, on mitochondria, on neurones, fibroblasts, white blood cells, and on dividing cells, affecting metabolism, energy utilization, synthesis of cellular constituents, and immunological responses."

On the specific question of cellular damage, additional evidence is becoming available almost by the week. Since Dr. Nahas testified, for example, his findings on damage to the immune cells have been confirmed by two nationally prominent medical scientists, Dr. Louis Harris and Dr. Louis Lemberger. Other aspects of cellular damage will be covered in several research reports, prepared under official auspices, which are shortly to be published.

Needless to say, the confirmation that marijuana does such serious damage to the entire cellular process opens up an entire spectrum of frightening possibilities.

(3) Tied in with its tendency to accumulate in the brain and its capacity for cellular damage, there is a growing body of evidence that marijuana inflicts irreversible damage on the brain, including actual brain atrophy, when used in a chronic manner for several years. Psychiatrists who testified said that they knew of many cases of brilliant young people who went on prolonged cannabis binges, and then tried to go straight -- only to discover that they could no longer perform at the level of which they had been capable.

Professor Paton referred to animal experiments which

demonstrated that rats exposed to marijuana had smaller brains than rats which were not exposed, and to research by Dr. Campbell and associates in England which found brain atrophy in a group of young cannabis smokers comparable to the atrophy that is normally found in people aged 70 to 90. Professor Heath reported that, in experiments with rhesus monkeys exposed to marijuana, highly abnormal brain wave patterns persisted after the marijuana was withdrawn, suggesting long-term or permanent damage to the brain.

(4) There is also a growing body of evidence that marijuana adversely affects the reproductive process in a number of ways, and that it poses a serious danger of genetic damage and even of genetic mutation. Scientific testimony presented pointed to the following conclusions:

(a) Male hormone (testosterone) level was reduced by 44 percent in young males who had used marijuana at least four days a week for a minimum of six months.

(b) Sperm count was dramatically reduced in the same group of marijuana smokers, falling almost to zero with heavy smokers, so that they had to be considered sterile. A similar result was found with mice.

(c) Very heavy smoking in a number of cases resulted in impotence. Potency was recovered in some cases when marijuana was given up.

(d) In animal experiments, the spermatids (the precursors of the sperm cells) were found to be abnormal in the sense that they carried reduced amounts of DNA.

(e) Regular marijuana use, even down to the once a week level, results in roughly three times as many broken chromosomes as are found in non-users. While further research is necessary, this suggests the possibility of genetic abnormalities.

(f) In a number of animal experiments, marijuana was found to cause a very high rate of fetal deaths and fetal abnormalities, including runting and lack of limbs -- the thalidomide effect.

(5) Chronic cannabis smoking can produce sinusitis, pharyngitis, bronchitis, emphysema and other respiratory difficulties in a year or less, as opposed to ten to twenty years of cigarette smoking to produce comparable complications. Professor Paton pointed out that emphysema, which is normally a condition of later life, is now cropping up with increasing frequency in young people, opening up the prospect of "a new crop of respiratory cripples" early in life.

(6) Cannabis smoke, or cannabis smoke mixed with cigarette smoke, is far more damaging to lung tissues than tobacco smoke alone. The damage done was described as "precancerous." Although further research is indicated, preliminary observations suggest that marijuana may be a far more potent carcinogen than tobacco.

(7) Chronic cannabis use results in deterioration of mental functioning, pathological forms of thinking resembling paranoia, and "a massive and chronic passivity" and lack of motivation -- the so-called "amotivational syndrome."

Describing the zombie-like appearance of chronic cannabis users, Dr. Tennant said: "Major manifestations were apathy, dullness and lethargy, with mild to severe impairment of judgment, concentration and memory . . . physical appearance was stereotyped in that all patients appeared dull, exhibited poor hygiene, and had slightly slowed speech." . . .

The Social Consequences of Marijuana

The scientific evidence presented to the subcommittee points to an array of frightening social consequences, or possible consequences.

(1) If the cannabis epidemic continues to spread at the rate of the post-Berkeley period, we may find ourselves saddled with a large population of semi-zombies -- of young people acutely afflicted by the amotivational syndrome. There is evidence that many of our young people, including high school and junior high school students, are already afflicted by the "amotivational syndrome." The general lack of motivation of the current generation of high school students is a common complaint of teachers. Some of them point out that the growth of this phenomenon in recent years has roughly paralleled the spread of the cannabis epidemic.

(2) We may also find ourselves saddled with a partial generation of young people -- people in their teens and early twenties -- suffering from irreversible brain damage. Their ability to function may improve if they abandon cannabis, but they will remain partial cripples, unable to fully recover the abilities of their pre-cannabis years.

(3) The millions of junior high school and grade school children who are today using marijuana may produce another partial generation of teenagers who have never matured, either intellectually or physically, because of hormonal deficiency and a deficiency in cell-production during the critical period of puberty. This fear was expressed in particularly urgent terms by Dr. Paton and Dr. Kolodny. As Dr. Paton put it, we may witness the phenomenon of a generation of young people who have begun to grow old before they have even matured.

(4) There are other frightening possibilities, too. There is the possibility of which Dr. Paton spoke that we may develop a large population of youthful respiratory cripples. And there is the possibility -- which can only be confirmed by epidemiological studies -- that marijuana smokers are producing far more than their quota of malformed or genetically damaged children. . . .

(5) If the epidemic is not rolled back, our society may be largely taken over by a "marijuana culture" -- a culture motivated by a desire to escape from reality and by a consuming lust for self-gratification, and lacking any higher moral guidance. Such a society could not long endure.

These are some of the reasons why we cannot legalize marijuana, and why society cannot remain indifferent to the epidemic.

Epidemic Potential of Cannabis

What makes the prospect even more terrifying is the extraordinary epidemic potential of cannabis. It is doubtful that any other drug in common use today has a comparable potential.

I do not underestimate the damage done by the abusive use of alcohol. But the nature of alcohol places certain limitations on its epidemic spread. It is impossible, or at least very difficult, to take a quart of whiskey or a

six-pack of beer to one's place of work, or, in the case of a teenager or grade schooler, to take it to school. If one did take it to school or to work, it would be difficult to find the time during the workday or during school hours to get oneself really intoxicated on alcohol. And if a worker or a student did manage to get himself stoned on alcohol, he would be given away by his drunken stagger or by the smell of alcohol on his breath.

But with marijuana, there are no such limitations. It is cheap enough so that even a fourth or fifth grader can afford to buy a joint or two with his weekly allowance. It is compact enough so that a few joints can be easily concealed on the body. All it requires is a 10 or 15 minute break to get thoroughly stoned. And, apart from a tired and passive look which may suggest that the user is short on sleep, there are no telltale symptoms; the user, though stoned, does not walk with a stagger, nor is there any odor on his breath. A student could sit through an entire day in a cannabis stupor, and learn nothing -- and his teacher would be none the wiser.

On top of this, users of marijuana suffer from a much more compelling urge to proselytize and involve others than do users of alcohol. One can attend a cocktail party and drink ginger ale, and not be harassed and pushed by one's cocktail friends to get in on the act and drink. At pot parties, the pressures are infinitely greater.

Another factor contributing to the spread of the cannabis epidemic is the tremendous potency of the material available and the ease with which it can be concealed and transported. A pound of "liquid hashish" -- a concentrated distillate derived from either marijuana or hashish -- would theoretically be enough to intoxicate a city of 15,000 people.

Still another factor is that, with marijuana and hashish, chronic abuse begins at a use level which would be insignificant with alcohol. A person who took a drink of whiskey once a week or even three times a week, would be considered a light drinker; it has yet to be argued that alcohol consumption at this level can do any damage. But a person who smokes marijuana three times a week or more is generally considered a chronic smoker; and there are some scientists who insist that even once a week smoking constitutes chronic use. In support of this contention, they point to the facts that THC persists in the brain for a week or more after smoking, and that some of the research covered in our recent hearings found dramatic changes even at the once a week level.

Finally, there is the almost unbelievable rate at which, if it is readily available, a cannabis user can escalate from occasional social use to chronic and massive abuse. It generally takes years before a chronic drinker escalates to a quart a day. But, according to Dr. Tennant, GIs who arrived in Germany as casual marijuana users, would a month or two later be consuming 50 to 100 grams -- and in some cases up to 600 grams -- of hashish monthly. Three grams of hashish a day, it should be pointed out, is roughly 12 times the amount required to produce a hashish intoxication. . . .

An Alcohol-Cannabis Epidemic

It must be emphasized that those who are caught up in the cannabis epidemic are not using marijuana or hashish as a substitute for alcohol. With increasing frequency they are being consumed together. The scientists who testified before the subcommittee were agreed that adding marijuana to alcohol, or alcohol to marijuana does not produce an arithmetic effect but a synergistic, or compounding, effect. The combination of the two into

List of the Scientists Who Testified Before The Senate Internal Security Subcommittee

Dr. Harvey Powelson. Research Psychiatrist, Berkeley University; Chief of the Psychiatric Division of the Student Health Service at Berkeley from 1964 to 1972.

Dr. Henry Brill. Regional Director of the New York State Department of Mental Hygiene; member and/or chairman of drug dependence committees of American Medical Association, National Research Council, the World Health Organization, and the FDA; senior psychiatric member of the Shafer Commission.

Dr. Donald Louria. Chairman, Department of Preventive Medicine and Community Health, New Jersey Medical School; Chairman and President, New York State Council of Drug Addiction, 1965 to 1972.

Professor W.D.M. Paton. Head of the Department of Pharmacology at Oxford University; Chairman of committee overseeing the British Government's drug research program; author of a standard textbook of pharmacology and widely recognized as one of the world's leading pharmacologists.

Professor Morton Stenchever. Chairman of the Department of Obstetrics and Gynecology at the University of Utah Medical School.

Dr. Gabriel Nahas. Research Professor at the Columbia University College of Physicians and Surgeons; simultaneously Visiting Professor at the University of Paris.

Dr. Akira Morishima. Research geneticist; Associate Professor, Department of Pediatrics, Columbia University College of Physicians and Surgeons; Chief of the Division of pediatric endocrine service at Babies Hospital, New York.

Dr. Cecile Leuchtenberger of Switzerland. Head of the Department of Cell Chemistry at the Institute for Experimental Cancer Research in Lausanne; founder and first Director of Cell Chemistry Department at Western Reserve University.

Dr. John A.S. Hall. Senior physician and Chairman, Department of Medicine, Kingston Hospital, Jamaica, since 1965; Associate Lecturer in Medicine, University of West Indies and visiting Assistant Professor of Neurology at Columbia University.

Dr. Robert Kolodny. Director of the endocrine research section at the Reproductive Biology Research Foundation in St. Louis.

Professor M.I. Soueif. Chairman of the Department of Psychology and Philosophy at Cairo University; member of World Health Organization Panel on Drug Dependence; author of classic study on consequences of hashish addiction in Egypt.

Professor Nils Bejerot. Karolinska Institute, Sweden; author of "Addiction and Society" and several other standard texts on the epidemiology of drug abuse. Widely recognized as one of the foremost international experts in this field.

Dr. Andrew Malcolm. Toronto psychiatrist; member, Drug Advisory Committee, Ontario College of Pharmacy; formerly Senior Psychiatrist, Rockland State Hospital, New York (1955-1958).

Dr. Harold Kolansky. Currently Associate Professor of Psychiatry at the University of Pennsylvania School of Medicine; twice President of the Regional Council (Pennsylvania, New Jersey, Delaware) of Child Psychiatry; Director of Child Psychiatry, Albert Einstein Medical Center, Philadelphia, 1955-1969; Chairman, Department of Psychiatry, Albert Einstein Medical Center, 1968-1969.

Dr. William T. Moore. Currently Associate Professor in Clinical Psychiatry, University of Pennsylvania School of Medicine; Associate Professor of Child Psychiatry at Hahnemann Medical College for 13 years up until 1972; for the past five years Director of Training, Division of Child Analysis, Institute of Philadelphia Association for Psychoanalysis.

Professor Robert Heath. Chairman of the Department of Psychiatry and Neurology at Tulane University Medical School.

Dr. Phillip Zeidenberg. Professor of Psychiatry at Columbia University; Chairman of the Drug Dependence Committee of the New York State Psychiatric Institute.

Dr. Julius Axelrod. Nobel Prize winning research scientist at the National Institute of Mental Health.

Professor Hardin B. Jones. Professor of Physiology and Professor of Medical Physics at the University of California, Berkeley; Assistant Director of the Donner Laboratory of Medical Physics at Berkeley.

Dr. Conrad Schwarz. Associate Professor, Department of Psychiatry, University of British Columbia and Consultant Psychiatrist to the Student Health Service; Chairman of the Drug Habituation Committee of the British Columbia Medical Association.

Dr. Forest S. Tennant, Jr. Medical Director for several drug abuse programs in the Los Angeles area; officer in charge of the drug abuse program in the U.S. Army, Europe, 1971-1972.

xicants produces a far more potent and dangerous form of intoxication, whose short and long-term consequences we still know very little about.

While there are reported to be some 10 million problem drinkers in our country, the overwhelming majority of those who use alcohol are what we call social drinkers, who take it occasionally and with moderation. But at the point where a person takes one drink of whiskey with a joint of pot, we are no longer dealing with a social drinker -- we are dealing with someone who is suffering from a highly dangerous form of intoxication.

In its own right, the scale of the current cannabis epidemic would give us plenty to worry about, and so would the scale of alcohol abuse. The emergence of an alcohol-cannabis epidemic is even more worrisome. . . .

Marijuana and the Law

There are some who argue that tough law enforcement is not the answer to the drug problem, that we won't be able to deal effectively with the drug problem until we eliminate our slums, eliminate poverty, eliminate unemployment, and create a social utopia. I am all in favor of doing everything we reasonably can do to improve the quality of our society. But the fact is that every year since the early sixties has witnessed a massive increase in the amount we spend for new social programs and the same period of time has witnessed a staggering increase in our drug problem.

No drug problem has ever been controlled by decriminalization or by social reforms. In every country where the drug problems have been effectively controlled, it has been thanks to strong laws against both the use and sale of the drug. That is how it is controlled in Communist countries; and that is how it has been controlled in some non-Communist countries, both authoritarian and democratic. There is no serious drug problem, for the indigenous population or for the GIs, in either Taiwan or South Korea. Nor is there one in Japan.

The contrast between Germany and Italy is most instructive in this connection. In Germany, where drug laws are lax and law enforcement ineffective because it is fragmented among the Laender, or states, there has been a runaway epidemic of hashish consumption among the American GIs. (According to Defense Department witnesses, this situation has now improved significantly -- although it still remains serious.) In Italy, where the drug laws are much stronger, drug use among GIs has been kept to a minimal level. The GIs in both countries are basically the same. The difference is the law.

Phyllis Schlafly is the author of seven books. She broadcasts twice a week on "Spectrum" for the CBS radio network and every other week on "Matters of Opinion" for WBBM in Chicago. Her twice-a-week newspaper column appears in the *Phoenix Gazette* and other papers. The *Phyllis Schlafly Report* has been published monthly since 1967.

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