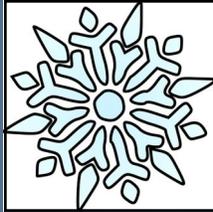




"TODAY'S HEALTHY CHOICES ARE TOMORROW'S HEALTHY OUTCOMES"

Winter 2012-13



School Policies on Medical Marijuana

"The medical marijuana law does not apply to any institutions accepting federal money--therefore for the majority of our schools it is not applicable. Even if the federal government pays for milk, this counts and the MA law is not applicable." said Anne Sheetz, Director of School Health Services, DPH.

There's a title I never thought I would ever need to type but with a new state law allowing the use of marijuana for medical purposes, we know it will affect our students.

It is now legal to possess marijuana with a note from your doctor. The Department of Public Health will need months to create a regulatory system so the new law allows that in the meantime, a doctor's written recommendation will act as a state medical marijuana card.

How many students will write their own doctor's notes and bring marijuana to school? How many teens will go to school "high" with a note in their pockets? How will school administrators address that problem?



Most schools already have drug policies in place. They prohibit the possession and smoking of marijuana on school property, and impairment

of marijuana intoxication during the school day. But schools also have a medication policy which requires that all medicines, prescription or over-the-counter, be brought to the school nurse. Students must go to the nurse's office to take their medication.

Where does medical marijuana fall between these two policies?

Neither policy accurately addresses the use of medical marijuana. Students and their parents may use that loophole when a student is caught with marijuana in school.

A growing number of parents condone medical marijuana use. There are many articles on the internet citing the use of marijuana for ADHD. Imagine dealing with parents who condone marijuana use for this increasingly common learning disability.

School districts need to adapt policy to address medical use of marijuana.

Now for the good news!

According to Anne Sheetz, the Director of School Health Services at the Department of Public Health, schools receiving federal funding are exempt from the state marijuana law.

"The medical marijuana law does not apply to any institutions accepting federal money--therefore for the majority of our schools it is not applicable. Even if the federal government pays for milk, this counts and the MA law is not applicable" said Anne Sheetz in response to my email on the subject.

Federal law trumps state law when institutions receive grants and funding from the federal government. The Supreme Court has upheld federal law over state marijuana laws in every case regarding medical marijuana to date.

But doing nothing will not alleviate potential conflicts.

I recommend that all school districts adapt their policies to include medical marijuana prohibition. Update the student handbook. Students and parents must read and sign the handbook at the beginning of each school year. Taking action now may reduce conflicts later.

"Smart Pills" Invade the Classroom

When you hear the term "Performance-Enhancing Drugs", you probably think of sports. But students are now using prescription drugs to compete for better grades. These "smart pills" are being touted as common-place and acceptable in news articles in many well known publications. A group of scientists in a 2008 editorial in *Nature* encouraged the use of "cognitive enhancers" to produce a nation of people performing at their best.

If we accept this behavior as normal, are we breeding a generation of winners or cheaters?

This casual attitude towards prescription drug abuse will teach our children that success comes not by hard work, but by taking shortcuts.

In recent studies, young people say that using drugs to improve grades is less dangerous than steroid use in sports. But performance-enhancing drugs for sports and academics

are equally unhealthy and unfair.

According to the Partnership at Drug-free.org, one in ten teens use Adderall or Ritalin without a doctor's prescription. One in four college students misuse ADHD medications. Students abuse prescription stimulant drugs to enhance their focus and boost their energy, in order to study longer and remember more.

But the abuse of prescription stimulants can cause serious medical



problems such as depression, severe mood swings, exhaustion, high blood pressure, irregular heartbeat and psychosis. In large doses, users may experience convulsions, hallucinations and heart attacks.

The Drug Enforcement Administration has classified ADHD medications including Adderall,

Vyvanse, Ritalin and Focalin, as Schedule II controlled substances, just like cocaine. Teens who abuse ADHD meds are more likely to abuse prescription painkillers such as OxyContin, sleep aids, cocaine, meth or heroin.

If drugs are needed to achieve intellectual goals, perhaps we need to change our definition of intelligence. Our children need to know that we will love them for doing their best. They need not be THE best to make us proud. Their emotional health and physical well-being is just as important as grades and the name of their college. One day, when their school days are behind them, will they be addicted to prescription drugs or healthy, productive adults?



In the August 2012 edition of the "Proceedings of the National Academy of Sciences", researchers at Duke University published results of a 30-year study on the effect of marijuana on I.Q. Over one thousand people were followed from birth to age 38 in one of the longest, most effective studies on marijuana.

At age 13, before the subjects began marijuana use, they were given an I.Q. test. Another I.Q. test was administered at age 38. Generally I.Q. test scores are constant through life since they do not measure knowledge which increases over time but the individual's ability to solve problems.

Subjects who began using marijuana before the age of 18 and continued using marijuana through adulthood had the highest drop in I.Q. of 8 points. This decrease of 8 points is considered by experts to be a significant drop which can place a person in a different level of intellect.

Subjects who began using marijuana before age 18 but stopped marijuana use later in life, also had a decrease in I.Q. score but

not as much as 8 points. The longer the subjects used marijuana before quitting, the bigger the drop in their I.Q.



Subjects who began use of marijuana after age 18 had little to no change to their test scores. The older the subjects were when they began use of marijuana, the less the decrease in their test scores.

These results indicate that marijuana use during middle school and high school can have a permanent negative effect on intelligence. The earlier a person starts using marijuana in adolescence and the longer a person uses marijuana during adulthood, the greater loss of intellect.

Think about everything we do for our children starting at an early age to increase their chances for a college education. We spend a lot of money and time on sports over the years to increase the chance for a college athletic scholarship. Years of music, dance and

the arts increase physical and intellectual health. We even pay for private tutoring and SAT preparation courses to give our children any edge for academic success.

Yet most parents do not know about the mountains of research proving that marijuana impairs learning, memory, attention span and higher cognitive function.

Now we have proof that marijuana actually lowers I.Q.

All that time and money we spend as parents to ensure that our children will achieve their academic potential and become successful adults may just go up in smoke.



Designing the Future of Drugs

HEALTHY OUTCOMES

WINTER 2012-13 NEWSLETTER

Editor :

**Marilyn G. Belmonte,
Executive Director
Healthy Outcomes, Inc.**

Marilyn G. Belmonte reserves all rights to the Healthy Outcomes Newsletter. Individual articles belong to Marilyn Belmonte. Permission is granted to forward the entire newsletter via email to schools and parents. Please contact Marilyn Belmonte for permission to print copies of the Healthy Outcomes Newsletter for distribution to parents.



Contact us at:

781-572-1478

mbelmonte@GetHealthyOutcomes.org

www.GetHealthyOutcomes.org

“Designer drugs” have been making the news but they have been a law enforcement nightmare for a few decades. Perhaps you have heard of “bath salts”, “jewelry cleaner”, “spice” or “K2”. These are the latest in a long line of drugs that experts call designer drugs.

Basically, these are man-made synthetic drugs created in a lab much like many prescription drugs. But instead of being made by scientists in pharmaceutical companies, they are created by chemists in clandestine labs.

These chemists can look at a popular illegal drug’s molecular structure and manipulate it slightly to create a new chemical; close enough to the original to have similar properties but different enough to be legal.

These newly designed drugs have similar “highs” to their parent drug so customers will want to buy them. But if the dealer is caught, it will not show up as an illegal drug in current drug lab tests. Therefore the dealer can not be prosecuted.

That is the driving force behind designer drugs: to avoid detection by law enforcement. Drugs are not “born” illegal. We ban them with legislation after they demonstrate serious consequences such as death or addiction.



“Bath salts” and “jewelry cleaner” are stimulant drugs chemically close to cocaine and methamphetamine, disguised to look like common

household products. Their effects are similar to but more potent than these two illegal stimulants. The powder is generally snorted, smoked or injected.

Signs of intoxication are extreme hyperactivity, delusions, hallucinations, screaming, sweating, dilated pupils, hysteria, racing heart and palpitations. These drugs are connected to homicides, suicides, bizarre behavior and extreme violence.



“K2” or “spice” are slangs for a group of synthetic cannabinoids created to be similar to very potent marijuana. Generally this fake pot is smoked like marijuana. Symptoms are blood-shot eyes with pupil dilation, muscle tremors, severe agitation, panic attacks, paranoia, vomiting, hallucinations and violent behaviors.

The Drug Enforcement Administration banned the compounds in K2 and bath salts in 2011 but the clandestine chemists merely created more compounds to replace the newly banned chemicals. President Obama signed a law banning all synthetic drugs in July 2012.

I recommend that all school professionals such as coaches, teachers, nurses, counselors and administrators be trained to recognize the signs of all drugs of abuse, including these new designer drugs. Please consider a staff development course on drug abuse recognition soon.