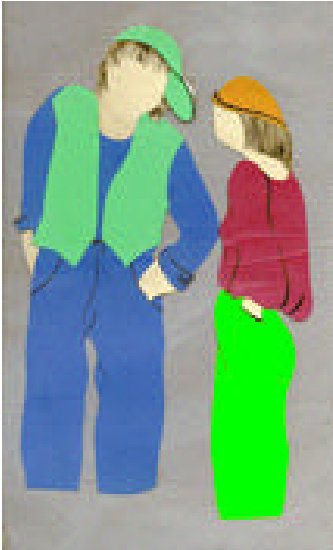


CANADIAN ASSOCIATION
FOR ADOLESCENT HEALTH

June 2002
Volume 11 Number 1&2



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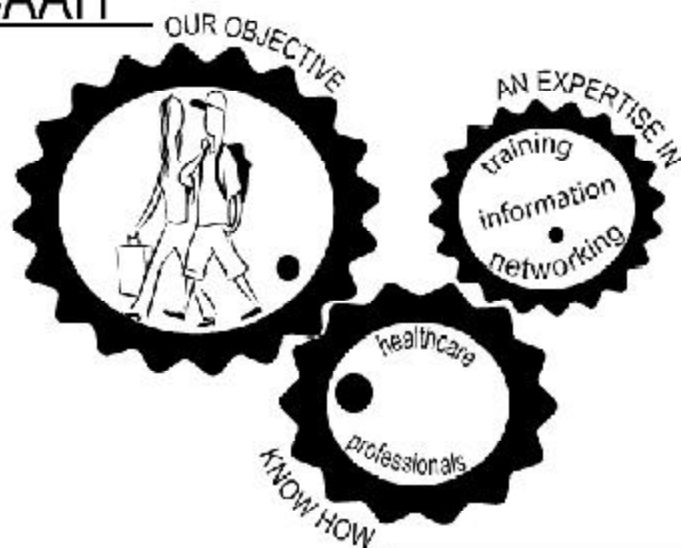
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Legal Deposit, National Library of Canada ISSN 1201-5474
Canada Post-Convention number 40032438



News from the Association

The onset of summer is marked by a tradition. It is a time when we wish to underline the efforts of all those who collaborated in the Association's activities and in the production of our official publication.

We would like to thank André Malo for the important work he does as the coordinator of our main activities: he supervises the membership data bank, PRO-TEEN and other publications, he sees to the logistics for conferences, manages and organizes secretarial and computer work, and coordinates the work of collaborators. Mr Malo also coordinates the work under contracts for the Canadian Health Network. For the fifth year now, CAAH has administrated all of its meetings without an external agency's support.

Philippe Nechkov has done the layout for every issue of PRO-TEEN. We are grateful for the work done by all the members of the PRO-TEEN team. We also thank all of those who have sent us articles, publication announcements, and descriptions of their associations that have greatly contributed to the success and quality of the final product of this publication.

Our web site has benefited from the work of John Duong. He manages and produces the site layout. He also produces the graphics found in the Pro-Ado and Pro-Teen.

We still hold our contract with the Canadian Health Network. The work as affiliate for the youth section of the Canadian Health Network site is carried out by André Malo, John Duong, and Éric Villard.

Within the Association, Philippe Nechkov managed the membership data bank and registered new members. David Blasco offered extra support to the teams. We would also like to thank Ms Nathalie Jacques of the Ste-Justine's Hospital adolescent division secretariat.

I would like to thank the Quebec section committee in charge of the organization of the twelfth CAAH

symposium held in April 2002. Pierre Chartrand, social worker, Ginette Ducharme, nurse, Danièle Boucher, nurse, Judith Gaudet, psychology doctoral student, Yves Lamberts, family medicine. I would like to give special thanks to Pierre Chartrand, who is leaving the committee. Over the years he organised many workshops on the symposiums' main themes.

On the financial level, the Auditor's report for 2001 is presented. We are still in a precarious situation. The association has an accumulated debt of 78,309\$.

Earnings

Subscriptions	21,161
Subventions	76,910
Total	98,071

Expenses

Administrative Support	52,691
Project Assistant	34,904
Journal	6,904
Other	10,234
Total	104,803

In conclusion,

I am grateful to all members who promote our activities and support us. ***I encourage you to promote the activities of your Association. Send us news, a description of your program or activities or an article for publication in the journal.*** Some of you have been members of CAAH for many years now and it is encouraging to see your names coming back as a sign of your appreciation of our work.

Have a nice summer,

Jean-Yves Frappier, President of CAAH



Scientific Events

Adolescence in the New Millenium

CAAH 8th Annual Meeting - Toronto, October 30th 2002

The Canadian Association for Adolescent Health invites all members to attend the 8th yearly National Meeting, which will take place at the Hospital for Sick Children, in Toronto, on the 30th of October 2002.

The Guest speakers are: James Garbarino, Ph.D. Professor of Human Development, Cornell University Co-Director of Family Life Development Centre et Debra Pepler, Ph.D. Professeur en psychologie, Université York, Directrice of The LaMarsh Centre for Research on Violence and Conflict Resolution.

In addition to the keynote address, there will also be interactive workshops and presentations on the most recent developments in adolescent medicine.

For additional information please contact:

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See also the last page of this publication.

Our new Email:

acsacaah@globetrotter.net



World Forum: Drugs, Dependencies

Montreal, September 22nd-27th 2002

The Forum provides a global open platform for constituents involved in or affected by drugs and dependencies, for tackling their causes and consequences in an innovative way at all levels of society. The concept of inclusivity of all interested constituents and the airing of their positions underpin the orientation and success of the Forum. Illicit drugs (includes synthetic ones), and licit substances (such as alcohol and tobacco) as well as compulsive gambling will be covered.

The Forum:

- will consider the human, social, environmental and economic impacts of drugs and dependencies;
- will share information and ideas on the most promising approaches towards prevention, treatment and rehabilitation;
- will contribute to the clarification of the concept of a truly “integrated and balanced approach” in this field and will promote it;
- will build closer partnerships between governments and civil society thus promoting a coalition for action and increased priority to these issues at policy level.

The Forum is aimed at professionals, policy makers, planners and practitioners from various sectors – researchers, educators, students, clinicians, public health workers, public policy officials, decision makers at all levels of society, voluntary agencies

staff, association leaders – and people everywhere concerned by drugs and dependencies.

Special attention will be devoted to youth, prevention, the world of works as well as public health issues such as AIDS/HIV and other transmissible diseases.

The Forum will be organized in plenary keynote presentations and debates, technical sectoral sessions, integrated panels and round tables. A scientific and professional exhibit will be held within the context of the Forum and will last three days.

The themes seen during the Forum are the following: Policy, Base-lining and Benchmarking; Social, Cultural and Health Issues; “Populations”; From Global to Local Issues; Scientific, Technical and Educational Issues and Challenges; Setting Focus; Substances and Dependencies Focus.

For more information please contact:

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13th Annual Pediatric Update

Pediatric/Adolescent Nursing Essentials

The 13th Annual Pediatric Update will take place in Regina, Saskatchewan on September 27 and 28, 2002. It will also be sponsored by the Women's & Children's Health, Regina Health District and Canadian Association of Pediatric Nurses.

The objectives of the conference are the following :

- Understanding the pediatric and adolescent health needs in the context of a family-centered care environment.
- Describe common strategies of care delivery skill from basic to advanced care for infants, children and adolescents.

The conference will be of particular interest for Health Care Professionals who provide care to infants, children, adolescents and families, especially Registered Nurses, Licensed Practical Nurses, Public Health Nurses, Nurse Practitioners, Family Physicians, Emergency Medical Technicians, Practitioners and Respiratory Therapists.

For more information, please contact:

Regina Health District

Phone: (306) 766-4587

Fax: (306) 766-4845

Email: Barb Beurivage at

bbeaurivage@reginahealth.sk.ca

Linda Chorney at

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To all CAAH members

Have a good summer!

.....

Thank you for your support

If it is possible, get Colleagues you know to join the ranks of the Association

.....

PLEASE

If you have not paid your membership fees yet,

PLEASE DO SO IMMEDIATELY

Articles

Youth Culture Research: Survey of Canadian Youth, age 12 to 24

Executive Summary

Interest in searching for health information on the Internet by Canadian Teens increases with age. Just 6% of 12-13 year olds can identify web sites that they go to for health information versus 21% of 22-24 year olds.

Of those identifying an interest in finding health information on the Internet, Health Canada is the top web site listed with Yahoo.com, a portal, being the only Internet destination listed above Health Canada.

Within the younger Teen age groups, the reason for going to a health site is as likely to be for information for school or project research as it is to be because of an interest in a health related issue. As the Teen ages, their interest in getting health related information or advice increases.

Once at a health web site, the main benefits they were looking for were lots of good information in an easy to navigate environment.

	T	M	F	12-13	14-15	16-17	18-19	20-21	22-24
Sample size	1815	886	929	294	305	300	299	299	318
Percentage									
Yahoo.com	3	3	3	2	5	4	1	3	2
Health Canada website	2	3	2	1	2	1	3	2	3
msn.com	1	1	1	1	2	1	0	1	1
medbroadcast.com	1	1	1	0	1	0	1	2	1
Webmd.com	1	1	1			0	1	2	2
Google.com	1	1	1	1	1	0	0	1	1
Not applicable	87	86	88	94	90	89	90	83	79

Table A: What is your "FAVORITE HEALTH INFORMATION INTERNET SITES" by Age

- 87% of youth aged 12 to 24, did not have a favorite Health Information Internet site. The percentage of youth able to answer the question increased with age, rising from a low of 94% at age 12-13 to a high of 79% of 22 to 24 year olds.
- Yahoo.com was the top choice overall with 3% of youth.
- Health Canada's website was number two overall with 2% of youth, but was the top choice with 18-19 year olds and 22-24 year olds. The older groups were more likely to have an opinion on this question.
- Other answers included msn.com (1%), webmed.com (1%), medbroadcast.com (1%) and google.com (1%).
- The older age groups, age 18+ were more likely to use the health specific web sites: webmed.com, medbroadcast.com.



Table B: What is your "favorite health information internet site" Regional						
	T	B.C.	PR	ON	QUE	ATL
Sample size	1815	229	309	703	435	139
Percentage						
Yahoo.com	3	3	1	4	2	3
Health Canada website	2	2	1	2	4	1
msn.com	1	1	1	1	1	1
medbroadcast.com	1	0	1	1	0	
Webmd.com	1	1	1	1	0	
Google.com	1	1	0	1	0	1
Not applicable	87	86	87	86	89	91

Table B: What is your “FAVORITE HEALTH INFORMATION INTERNET SITE” Regional

- Regional access to internet sites for health information was statistically flat with the national result of 87%.
- Quebec was the only province reporting the Health Canada web site as their top choice (4%). In all other provinces, Yahoo was the top choice, followed then by Health Canada.

Table C: Reasons these sites were your favorites - Total		
TOTAL		229
Rank		%
1	Lots of information	19
2	Provides Good Information	18
3	Gives information on health matters	11
4	Easy to navigate/search	10
5	Its the only one that I know	7
6	Its interesting to me	4
7	Easy to access	3
8	Reliable	3
9	Consistently Updated	2
10	Its the best search engine	2
11	Use it most often	2

Table C: Reasons these sites were your favorites – Total

- The top three reasons for their choice of site were lots of information, good information and information specific to health matters.
- After information related issues, the next reason given is ease of navigation.



	T	M	F	12-13	14-15	16-17	18-19	20-21	22-24
Sample size	229	122	107	19	31	33	30	50	66
Percentage									
Lots of information	19	20	18	37	10	18	10	22	20
Provides Good Information	18	16	21	21	16	24	30	18	9
Gives information on health matters	11	14	8	5	6	12	13	6	18
Easy to Navigate/Search	10	7	14	16	10	6	3	16	9
Its the only one that I know	7	7	8		6	3	13	4	12
Its interesting to me	4	3	5	5	10		7	4	2
Easy to access	3	5	2		3	6	3	4	3

Table D – Reasons why these sites are your favorite by Age

- The biggest difference in perceived benefit appears to be between volume of information “lots of information” versus quality of information “provides good information”.
- Boys favor volume of information, girls favor quality of information.
- The youngest and oldest groups favor volume, the 14 to 19 year olds favor quality.

	TOTAL	229
Rank		%
1	Needed Information/Advice	17
2	Medical Information	16
3	School Project/Research Purposes	16
4	Interest in fitness/health information	10
5	Heard about it	9
6	Just of curiosity/recreational purposes	6
7	Read about it in a magazine	4
8	Heard it advertised	3

Table E – Reasons for visiting these sites – Total

The top reason for visiting these sites is the need for information: number one = “needed information/advice” and number two = “medical information”. These two reasons combined account for 33% of the reasons listed.



Table F - Reasons for Visiting these sites - by Age								
	M	F	12-13	14-15	16-17	18-19	20-21	22-24
Percentage								
Needed Information/Advice	17	18	5	13	21	23	14	21
Medical Information	19	13	26	10	12	7	18	21
School Project/Research Purposes	10	22	32	16	15	20	16	9
Interest in fitness/health information	11	9	11	10	6	10	16	9
Heard about it	9	8	21	13	12	3	2	9
Read about it in a magazine	7	1		3	3	10	2	5
Heard it advertised	2	4		3	3	3	6	2

Table F – Reasons for visiting these sites – by Age

- 12-15 year olds:
The main reason for visiting a health site for 12-15 year olds is for school projects or research.
- 16-19 year olds:
Top reason is that they are seeking information or advice, followed by school project or research purposes.
- 20-21 year olds:
Top reason is that they need medical information. But this is followed closely by “school project/ research” and this is the first age group to suggest that it’s just because they have an “interest in fitness/health information”.
- 22-24 year olds:
Are looking for information/advice or need medical information.



Table G - Reasons for visiting these sites - by Region						
	TOTAL	B.C.	PR	ONT	QUE	ATL
Total	229	31	41	95	50	12
Percentage						
Needed Information/Advice	17	16	7	20	20	25
Medical Information	16	13	12	12	32	8
School Project/Research Purposes	16	23	7	20	12	8
Interest in fitness/health information	10	13	15	14		8
Heard about it	6	3	7	5	8	
Read about it in a magazine	4	3	5	5		8
Heard it advertised	3		12	1	2	

Table G – Reasons for visiting these sites – by Region

BC and the Prairies were low for seeking information/advice or medical information from internet sites, they were more likely to be accessing health sites as part of school projects, because they were interested in fitness/health information or just because they “heard about it”. The Prairies were also high for “heard it advertised”.

Ontario was evenly split between seeking advice/information or school project.

Quebec was by far the highest for “medical information”. At 32%, this was the highest percentage within any region for any reason.



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Marijuana use in adolescence

Roger S Tonkin MD FRCPC

The prevalence of marijuana use by adolescents has fluctuated in recent decades, but overall, has increased significantly. In a study of adolescent health status and risk behaviours among students in grades 7 to 12 in British Columbia, it was found that the patterns of marijuana use had changed, especially among early adolescents. An earlier age of onset of use and an increased frequency of use were noted. The present paper examines the clinical and psychosocial implications of early age of onset of marijuana use, and reports important differences in risky behaviours between users and nonusers. The prevailing attitude that marijuana is a 'safe, recreational' drug is challenged.

In a recent survey of almost 26,000 students in grades 7 to 12 in British Columbia schools, several disturbing trends emerged (1). These trends prompted the present clinical note and its challenge to our contemporary thinking about marijuana. Some of the results of the survey are presented in this note and others may be accessed on the Internet (www.mcs.bc.ca). These results indicate the increased frequency of use and earlier age of first use of marijuana among adolescents in British Columbia (Table 1). Similar results have been reported in other provinces and in the United States (2-4).

Since it became popularized in the late 1960s, marijuana use has been socially, if not legally, sanctioned. Contemporary adult culture accepts the notion that marijuana is a 'safe, recreational' drug. As marijuana became more freely available to adults, its use by adolescents soon began to increase. This trend has been monitored over the past three decades, generating numerous scientific papers from many different cultures, and each reporting very similar results. This brief note is intended to alarm people about a particular aspect of current marijuana use: its

early and more frequent use in early adolescence. This note seeks to challenge the notion that marijuana is a benign product or that it offers a 'safe, recreational' activity for adolescents to engage in.

The literature emphasizes the social aspects of cannabis use and reflects the debate about approaches to the drug's use prevention and harm reduction. Within that context, we know a lot about trends in marijuana use by adolescents. The scientific literature on marijuana's health and social effects in adolescence is less developed. We know that marijuana is usually inhaled and its active component (tetrahydrocannabinol [THC]) is delivered to the young person's lungs in a smoke suspension. This smoke is unfiltered, often contains contaminants and may also carry other psychoactive products. Compared with the common cigarette, it is no more benign and, if modern mythology is to be believed, the potency (THC content) of modern marijuana is much higher than that when it first burst upon the scene.

It is commonly argued that marijuana is less of an evil than alcohol or tobacco. There is considerable research on the effects of alcohol and tobacco, including their impact on adolescents. A few short term studies have indicated that marijuana ingestion may impair certain cognitive functions and aspects

Table 1: Frequency of marijuana use in adolescents

Age (years)	1992 (%)	1998 (%)
13	10	20
15	27	48
17	39	58



of physical activities such as driving a vehicle (5,6). There is little research on the impact of marijuana use during pregnancy and lactation, but negative behavioural effects have been noted (7,8). While there are no known effects comparable with fetal alcohol syndrome or fetal alcohol effects, there is some evidence that suggests the existence of subtle, long term behavioural impacts on the fetus (9,10). More long term studies on respiratory function and the prevalence of chronic lung disease, cancers and cognitive capacity among chronic marijuana users are needed, but the available evidence shows that these negative effects are present (11-13). In the face of this lack of sound, adolescent-specific scientific knowledge and given that this is the era of evidence-based medicine, the acceptance of marijuana as being 'safe' is curious.

Clinicians who work with adolescents are well aware that, for at least some youth, the regular use of marijuana is not benign. These clinical impressions are supported by the self-reports in school student surveys. Lack of motivation, declining academic performance, chronic absenteeism and leaving school early are well-recognized clinical presentations. Other side effects among chronic users of marijuana include depression, multiple substance abuse, dietary dysfunction and family conflict (14). Many chronic users of marijuana become involved in the street scene and its related sex trade practices. Indeed, marijuana, along with alcohol and tobacco, has become a gateway drug. Its use is associated with sexually transmitted diseases, unsafe sex practices and other risky behaviours in adolescents (Tables 2,3).

Furthermore, there is growing concern for the physical and psychological dependency-promoting characteristics and the addictive potential of chronic marijuana use among adolescents.

More recently, the medical use of marijuana products has begun to be legalized and federal support has been provided for their production. The primary focus of this initiative is on promoting safe, regulated use by adults with demonstrable medical needs. This federal action has renewed interest in the clinical effects and toxicity of marijuana. Perhaps this new interest will stimulate pharmacologists and other clinical researchers to take a more critical look at the sometimes contradictory evidence on the safety of this "naturally growing herbal product with known health benefits" (15).

The drug culture of a community may have destructive effects on its social institutions. The illegal marketing of marijuana promotes weapon carrying, violence, minor crime and vandalism, and sexual exploitation. The marketing of marijuana to adolescents significantly impacts the juvenile justice system and child welfare resources. The expansion of the underground marijuana cultivation and distribution system has shifted its nature from the benign peacenik movement of the hippie days to a negative criminal force that affects our schools and families. Many of our adolescents have become the willing targets of these negative forces.

It is evident that the marijuana use profile has evolved over the past three decades. As far as early to mid-adolescents are concerned, that evolution has had significant negative consequences. What was once considered to be benign, or safe for use, by young adults can no longer be dismissed as a recreational activity without implications for the nation's adolescents.

What then is the role of the clinician and of the Canadian Paediatric Society (CPS)? To begin, we can talk with our adolescent patients and listen to their perspective. Beyond that we have a clinical role to play in identifying, suitably assessing and referring

Table 2: Marijuana use and associated educational behaviours in adolescents

Educational behavior	Nonuser (%)	Current user (%)
Skipped school in past month	17	63
Dislike/hate school	20	43
Plan to attend postsecondary school	78	64



adolescents who are at risk because of their risky substance use. Adolescents who experience an early onset of puberty; who are young and already engaging in risky behaviours or who have special vulnerabilities (eg, have chronic conditions); and who are in conflict with family, school, police or the community are candidates for a confidential substance use history that can be obtained by a caring physician. To have an impact on individual patients, the physician may benefit by partnering with community agencies, school counsellors and community workers who are familiar with substance use patterns in the community. As leaders in our communities, we can promote dialogue on the issues and help to focus the debate on the shifting paradigm, the risk it poses in early adolescence and the question of what to do about it in specific situations such as during teen pregnancy (16).

The CPS, by commissioning a working paper on the implications of the existing adolescent health surveys

such as the one in British Columbia and by using the vehicle of its broad committee structure, could begin to direct a national discussion on the needed action plan. To have an impact, the CPS needs to partner with government and nongovernment agencies, as well as university research and training establishments.

As has often been the case in the past, our society and local communities have focused on a single behavioural problem among adolescents (eg, tobacco use or drinking and driving), rather than the broader context and correlates of risky behaviour in adolescence. It would seem that during the past several decades the emphasis on tobacco or alcohol use has enabled the emergence of marijuana as a safe, socially accepted substitute. The available evidence does not support such a conclusion. Marijuana is not a safe product. Early adolescents are not protected from its negative outcomes. We cannot afford to continue to ignore the important

Table 3: Marijuana use and associated risk behaviors in adolescents		
Risk behavior	Nonuser (%)	Current user (%)
Sexual health		
Ever had sexual intercourse	7	57
Had sexual intercourse before age 14 years	2	19
Violence		
Involved in one or more physical fights in the past year	22	47
Carried a weapon to school in the past month	5	19
Driving		
Ever driven after using alcohol or drugs (of licensed drivers)	9	71
Rode with drinking driver in the past month	12	50



shifts in marijuana use patterns among Canadian adolescents.

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Reproduced from: Paediatrics&Child Health, February 2002, Vol.7 No.2, p.73-75.





Current and former marijuana use: preliminary findings of a longitudinal study of effects on IQ in young adults.

Peter Fried, Barbara Watkinson, Deborah James, Robert Gray

This article presents the outline of a research done on the relation of marijuana use and IQ by Carleton University in Ottawa, Ontario. It gives a summary of the background, the methods, the results, and the interpretation of those results.

Background: Assessing marijuana's impact on intelligence quotient (IQ) has been hampered by a lack of evaluation of subjects before they begin to use this substance. Using data from a group of young people whom we have been following since birth, we examined IQ scores before, during and after cessation of regular marijuana use to determine any impact of the drug on this measure of cognitive function.

Methods: We determined marijuana use for seventy 17- to 20-year-olds through self reporting and urinalysis. IQ difference scores were calculated by subtracting each person's IQ score at 9-12 years (before initiation of drug use) from his or her score at 17-20 years. We then compared the difference in IQ scores of current heavy users (at least 5 joints per week), current light users (less than 5 joints per week), former users (who had not smoked regularly for at least 3 months) and non-users (who never smoked

more than once per week and no smoking in the past two weeks).

Results: Current marijuana use was significantly correlated ($p < 0.05$) in a dose related fashion with a decline in IQ over the ages studied. The comparison of the IQ difference scores showed an average decrease of 4.1 points in current heavy users ($p < 0.05$) compared to gains in IQ for light current users (5.8) former users (3.5) and non-users (2.6).

Interpretation: Current marijuana use had a negative effect on global IQ score only in subjects who smoked 5 or more joints per week. A negative effect was not observed among subjects who had previously been heavy users but were no longer using the substance. We conclude that marijuana does not have a long-term negative impact on global intelligence. Whether the absence of a residual marijuana effect would be evident in more specific cognitive domains such as memory and attention remains to be ascertained.

Data from the study have been included in the table located on the next page.

Abstract taken from an article in: CMAJ, Avril 2002, p.887-891.

**Table 1: Characteristics of marijuana user groups**

Current User					
Characteristic	Non-Users n=37	Light (< 5 joints/wk) n=9	Heavy (> 5 joints/wk) n=15	Former users n=9	<i>p</i> value
Prenatal substance exposure (mean)					
Nicotine, mg/d	5.9	4.8	7.5	7.1	< 0.001
Marijuana, joints/wk	1.4	1.4	11.6	1.5	
Alcohol, standard drinks/d	0.3	0.2	0.1	1.2	
Family characteristics (mean)					
Mother's age at birth, yr, mo	28.7	29.7	27.4	27.1	
Mother's education during mid-1990's	2.7	2.6	2.0	2.3	0.013
Father's education during mid-1990's	3.1	3.1	2.2	2.6	0.009
Annual family income in mid-1990's	60 500	70 600	60 500	58 100	
Subject characteristics					
Sex, % female	48.6	55.6	33.3	44.4	
Mean age at young adult assessment	17.11	17.11	18.0	17.11	
Education, mean no. of yrs. completed at young adult assessment	11.6	11.4	10.5	11.3	0.003
Subject's substance use					
No. of alcoholic drinks in past week	0.5	2.1	2.7	2.4	
Mean no. of cigarettes/d	0.2	1.1	8.7	5.1	< 0.001
Mean code for passive exposure to marijuana	1.8	2.9	3.7	2.2	< 0.001
Mean IQ score					
Preteen	113.8	112.4	109.1	106.2	
Young adult	116.4	118..2	105.1	109.7	0.02
Within-subject difference score	2.6	5.8	-4.0	3.5	0.021



Gun Control Coalition

These last months, with your help, we overcame numerous obstacles. The success in establishing the program of Law on fire arms surpassed our own expectations: the great majority of the owners submitted to the requirements of the procedure of licensing, and the registration of all AAF is in progress.

However, we have new challenges ahead. The Minister of Justice, Anne McLellan, proposed some amendments to the Law on fire arms within the scope of the law Project C-15 omnibus in last March. Their objective is to improve the efficiency of the system and to reduce the courses; however we afraid that some among them clearly answer the pressures from the lobby of fire arms. We get ready for more pressures aiming to weaken some aspects of the Law, more particularly the antecedents verification, the restriction of side arms weapons and the ban of military assault weapons, at the time of her passage for debating before the Committee and the House of Commons this fall. It has been two years, the Coalition tried in vain to get a meeting with the minister and we know that the ministry of Justice has consulted exclusively the owners of AAF. During the next months, we will double our efforts in order to insure that there won't be any softening of the key principles of the Law again and to monitor closely to make sure it is well implanted.

The tragic events of September 11 heighten the importance of the public security. At the time of discussions on an increased cooperation between Canada and the United States, the question of the common North American perimeter has been raised. We fear that this question will only concentrate on the public security threats from outside of North America, without considering the important differences that exist between the two countries. A softening of the border has serious implications for the weapons traffic. For example, to Canada, approximately 20% of the recovered AAF at the crime scenes are side arms and we estimate that more than half of these come illegally from the United States. At

their last annual meeting, the Canadian Association of Policemen and the Canadian Association of Police's Commissions both have suggested a revision in depth on the consequences of a more flexible border on Canada's public security. The Coalition will follow this case closely and we encourage the federal government to keep our border in order to reduce the illicit traffic.

While we show evidence of our empathy toward the families of the victims of the attacks on September 11 and tempt to find answers to assure the peace and the security throughout the world, the lobby of fire arms uses, without scruples, this tragedy to renew its call to the carrying of weapons. The lobby insists more than ever that everybody should be armed in order to protect themselves! The deputy of the Canadian Alliance, Gary Breitreuz, even participated to the last NRA video available online entitled "Canada Targets Gun Control...Ignoring Real Threat of Terrorism". It affirms here that the Canadian law on weapon control has contributed to the attacks of September 11! Thus, it is crucial that we pursued our efforts in order to protect our country from the AAF.

The Coalition was active in the prevention of illicit traffic of the AAF around the globe. In last July, we participated in the UNO Conference on illicit traffic of light weapons in all its aspects 2001. The goal of the conference was to conceive a mechanism that would prevent the diversions of light weapons toward the illegal markets. However, pressures made by the biggest firearm manufacturers in the world (Russia, China and United States) and by the lobby of the American weapons have forced several compromises. There is still a lot of work at the international level and the Coalition will continue to collaborate closely with others ONG to prevent accidents and deaths by AAF around the world.

As you have noticed, there is still a lot to be done. But once more, we are delighted to tell you that our success would never have been possible without





your help. We thank you of your continuous support. Please, do not hesitate to contact us any time.

www.guncontrol.ca

Gun control: News

Concession of license to the owners of firearms. Mission accomplished

From January 1st, 2001, all owners of firearms (AAF) must possess a license. The Canadian registrar of firearms proved to be an extraordinary success. Indeed, more than 90% of Canadian owners of fire arms submitted to the Law and made demand for a permit before the deadline. We have noticed already significant examples of an increased public security.

In June 2001:

There were 27 times more revocations of license from potentially dangerous individuals than the total during the last five years with the former system.

1.8 millions of fire arms are in the data base of the registrar. More than 3 000 permits have been refused or dismissed by professionals in public security.

Since December 1st, 1998, the special line for notification from the spouse that allows the individuals to announce their relative concerns to their security received more than 23 000 calls. (1-800-731-4000)

There are still a lot to be done!

March 14, the minister of the Justice proposed some amendments to the Law on fire arms within the scope of the law Project C-15 omnibus. They are aimed to make the system more efficient and to rationalize operations. Consequently, the Law will be, once more, the object of discussions in the Committee and of votes in the House of Commons and the Senate. These processes make the Law more vulnerable to the efforts aiming to weaken it.

The amendments aim to:

- To rationalize the procedure of renewal and to lengthen the validity of the first AAF permit
- To rationalize the procedure of registration while requiring less detail for the registration of existing carbines and hunting rifles
- To facilitate electronic submission
- To apply the clause of acquired rights to sidearm weapons presently prohibited recorded between 1995 and 1998 in addition to those detained by sellers in their inventory.
- To allow the owners of restricted AAF to change the uses of possession mentioned at the time of the renewal.
- To amend the imports/exports so that Canada is in conformity with various international agreements.

The regulations of the Law have also been amended. The changes include an exemption of the cessation transfer expenses until December 31, 2002. For this same period, the amnesty for the prohibited side arm weapons and the restricted AAF non-recorded will be lengthened.

The amendments can be necessary to a better system management. However, we must be assured that the standards of public security will be maintained. The Coalition will oppose all effort aiming to soften the process of verification before issuing the permit. Considering the risk factors associated to the possession of firearms, a strict verification, including the signature of the persons of references and the spouse's notification, is essential. Although the new police data base on the violent incidents permits to verify continuously the admissibility, it



doesn't procure an access to all necessary information for an assessment of the risks.

CAP votes on the weapons control

At the time of the ministerial meeting in March 21 2001, the Canadian association of the policemen (CAP) voted to abandon a proposition made by the Edmonton Police Association that aimed to extract the support of the association to the Law. CAP is one of the first organizations to have endorsed the Coalition. In 1990, it made pressure to Kim Campbell in order to introduce the registration of all firearms and asked for universal registration before the legislative and senatorial committees. In 1994, at the time of its annual general assembly, CAP has voted a resolution in favor of the legislation. Since, the support of the organization to the Law has been raised every year by policemen amateur of weapons, but the CAP has withdrawn its support for the legislation in 1998 and 1999.

Injuries by firearms and death - New prevention tools in Quebec

The Direction of public Health of Montreal has published a guide for physicians and other health specialists titled "Weapons at home: a big risk". The bulletin aims to sensitize physicians to the risks caused by the presence of firearms at home and propose codes of conduct and other supplementary resources to prevent tragedies.

Are you in security?

The Center of prevention of suicide (Quebec) issued an educational pamphlet in November. Intended to reduce the number of suicides, homicides and accidents by firearms, the colorful pamphlet contains some facts on gun control as well as information on the secured storage and on the factors of potential risks. For more of information or to order the pamphlet, contact the Center at: (418) 545-9110.

"New survey" of the weapons lobby

The Fraser Institute has published a "new survey" in March, led by Gary Mauser, professor of business administration at Simon Fraser University and objector for a longtime of the Law.

"The survey" doesn't include anything that has already been said by Mr. Mauser, the Canadian alliance or by the weapon lobby. The references are mainly from articles of newspapers and press releases of the reformist Party, several among them being outdated. For example, Mr. Mauser mentions a poll of Angus Reid in 1993, whereas at least seven other polls have been made since. We have a critique of this "survey", available on demand.

To keep our children in security

In the US, many tragic accidents implied youngsters and firearms. These dramas are a bitter recall of what may have happened if we let the weapons lobby take control of public agenda. Although the Canadian government has made of the public security a priority and has created a legislation on first class firearms, we should not take for granted that the problem is settled. Firearms remains the third cause of death among Canadians between 15 and 24 year old. Among the industrialized countries, Canada is classified fifth regarding to the rates of children of less than 15 year old killed by firearms. In some Canadian provinces, the rate of children killed by firearms is higher than Israel and North Ireland together.

Last summer, the federal ministry of the environment introduced some amendments to the regulations concerning the migratory birds in order to create the Days of the relief, days designated to promote hunt at the children of less than 18 years. Last year, P-E-I, N-B, Quebec, Manitoba and B.C have decided to implement this program. Although the weapons lobby affirms that these days train children to use fire arms safely, most experts in children security oppose the amendments. Indeed, they affirm there is no proof that these days improve security. The experts stipulate that the program has more odds to put the children at risk while increasing their exhibition to firearms.



The last survey "Seeing Is Believing: What Do Boys Do When They Find a Real Gun" led by Jackman, Farah, Kellerman and Simon suggests that the majority of the young boys who discovers a firearms tend to manipulate it and even to push on the trigger. The survey underlines once more, the fact that education of firearms doesn't increase children security. Thus, approximately 90% of the participants affirmed to have already received some instructions on the measures of security to be taken with firearms.

Project on the bolts of security.

In May, the liberal critic of the attorney general of the Ontario, Michael Bryant, introduced a parliamentary initiative law project that requires new rifles sold in the province possess devices of bolt incorporated to the models. The sale obligatory of the weapons with bolts would contribute to reduce the number of deadly accidents and suicides resulting from inappropriate access to firearms.

Recent publications

W Cukier, "Focusing Attention one Small Arms: Opportunities heart the A 2001 Conference one the Illicit Trade in Small Arms and Light Weapons", International Action Network one Small Arms, December 2000.

W Cukier, "Licit/Illicit Links,: The Role of Domestic Legislation in Combating Illicit Trafficking", Biting the Bullet, Saferworld, January 2001.

W Cukier, IN Chapdelaine, "Suicide Prevention Canada's and New Firearms Legislation", Lifenotes,: To Suicide Prevention & Community Health Newsletter, flight. 6(1), February 2001.

W Cukier, IN Chapdelaine, "Global Trade in Small Arms: Public Health Effects and Interventions", International Physicians heart the Prevention of Nuclear War SAFER-Clean and, March 2001.

W Cukier, "Firearms,: Licit/Illicit Links", Dutch Newspaper Criminology of, March 2001.

W Cukier, IN Chapdelaine, "Small Arms,: To Regimental adjutant Public Health Hazard", Medicine & Global Survival, flight. 7(1), April 2001.

F Trickey, S Nault, IN Baillargeon, "A weapon has fire in a home: a big risk! ", Prevention in medical practice, June 2001.

The Coalition recently produced in depth data on military assault weapons in Canada, the goals of the Law on firearms, verification of antecedents and licensing for firearms, the possession of firearms in Canada and many others.

Please do not hesitate to contact the "Coalition for Weapons Control" at our office in Montreal at (514) 528-2358. It is our pleasure to provide you with necessary pamphlets and material.

Publications

Your Plan-it

Your Plan-It has been created for youth to enable them to take an active role in their health care planning and health promotion. It was designed as a tool to assist youth in their task of sorting and organizing the enormous amounts of information presented to them during health care visits. It will also provide a medium of recording and finding pertinent information as needed – on a daily basis or when arriving at a new stage in development: school entry, changing care requirements, new medical/school personnel, or transitioning to adult care.

Your Plan-it was developed for youth to:

- Communicate their needs more effectively to health care providers, family members, and others;
- Improve their understanding of their health conditions and health care services available to them; and,

- Provide youth with the opportunity to learn and develop the skills necessary for health management and navigating the adult health care system.

Copies are available from:

On Trac- A Transition Service
For Youth, Families and Health Care Providers
Children's & Women's Health Centre
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2002 Annual Conference on Adolescent Health
Hospital for Sick Children
Toronto, Ontario October 30th 2002



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For more information, please contact:

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