

FCD UPDATE

FCD Educational Services, Inc.

A Nonprofit Organization

Alcohol, Tobacco, and Other Drug Education

Spring 1999

RITALIN RITALIN RITALIN

Too Much of a Good Thing?

UNTIL THE 1990s, Ritalin languished as a seldom prescribed stimulant medication. Its life as a relatively obscure prescription drug changed dramatically as diagnostic tools for spotting Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (ADD, ADHD) became more sophisticated. Clinical evidence continues to mount suggesting that Ritalin is a safe and effective treatment for these syndromes. With its newfound popularity, the number of prescriptions for Ritalin has more than tripled since 1990. As with many prescription drugs, Ritalin now has a dual reputation: one, as an effective medication that has helped thousands of children find relief from the symptoms of ADD; the other, as an over-prescribed, under-monitored panacea for controlling "rambunctious" and "undisciplined" kids. As more and more adolescents have access to Ritalin, the drug is now not only used as an effective medication, but abused as a recreational drug. Children with ADD are reportedly sharing their prescriptions and selling their pills to friends who use the stimulant to get high and to aid in all-night studying. When abused, the pills are often ground into a powder and snorted like cocaine, or even melted down and injected. We talked about this dilemma with Dr. Edward M. Hallowell, an internationally recognized expert on ADD and its treatment, and author of Driven to Distraction: Recognizing and Coping with ADD from Childhood through Adulthood.



Edward M. Hallowell, M.D.

There has been a lot of concern in the media, and among teachers and parents, that ADD is over-diagnosed, that it has become the trendy disorder of the nineties, and that Ritalin, the drug used to treat ADD, is widely over-prescribed.

Is that a fair assessment?

Actually, that's not my sense at all. Certainly awareness of ADD has grown tremendously in the past few years, and so, of course, we hear more about it. That is great news, because more people who have suffered undiagnosed are thankfully receiving the treatment that they need. It's estimated that three to five per cent of the population in this country have ADD. The actual number of children taking Ritalin is only about one to two per cent. So while Ritalin use has certainly increased, it's not nearly as high as it would be if we were treating everyone who has ADD. Certainly, it's a lot better

than it used to be, but there are still a large number of folks out there who are undiagnosed and untreated.

But we're hearing so much about kids abusing Ritalin, it almost sounds like it's doing more harm than good. What's your take on that?

I think the emphasis is on "we're hearing" more about this. I think it's a footnote to a headline; the headline is that we are diagnosing and treating ADD effectively, and that's good news. The footnote is that some people are abusing this medication. Unfortunately, the press turns this around and promotes hysteria around a relatively small number of people abusing Ritalin. If we compare this to a drug like aspirin,

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Some of What's Inside...

Ritalin: Too Much of a Good Thing?

Prescriptions for Ritalin have more than tripled since 1990. Is it an effective medication, or an over-prescribed, under-monitored panacea for controlling "undisciplined" kids? Noted psychiatrist, author, and ADD expert Edward M. Hallowell, M.D., addresses these and other questions in our feature interview.

Does a Child You Know Have ADD?

Two tests to assess whether a student or child you know might have inattentive or hyperactive type ADD.

Did You Know...

that 98 percent of the top video movie rentals in 1996 and 1997 featured people drinking, smoking, or doing drugs? Learn more about this and other important findings from recent studies.

Does FCD Work?

FCD president Alex Packer considers FCD's mission in the light of the recent tragedy at Littleton.



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From the President

A few weeks ago, Will Slotnick, FCD's director of education, was enjoying a quiet evening with his family. The phone rang. He picked it up.

"Will?"

"Yes?"

"This is Andrew."

"Hi, Andrew. Uh, do I know you?"

"Yeah, you taught me last year when FCD came to my school."

"Oh. Sure. Well, what can I do for you, Andrew?"

Andrew wanted to know if you can get addicted to marijuana. And for the next hour, he poured out his heart and soul, talking about his life, his worries, and his drug use. A seed planted one year earlier by FCD's visit had taken root so strongly as to motivate this boy to track down Will and place what must have been a very difficult call.



Alex J. Packer

Just last week, we received a different cry for help. An FCD teacher was looking through student evaluations of the four-day course she had just taught: "...Loved it..."; "...best drug program I've ever had"; "really made me think." And then the teacher came to a letter that brought tears to her eyes. It was from a student who was sure the teacher wouldn't remember him. Because he was a "nobody, and always would be." The kind that people tease and bully. That no one cares about. Or wants to be around. He wanted to disappear. Because he hated school. He hated himself. He hated life.

But the boy signed his name. We immediately called our contact at the school and told him about the letter we had received. He was as concerned as we were. And we knew that that boy would discover there is somebody to talk to. Somebody who cares.

What brings these incidents to mind is the recent massacre in Littleton, Colorado. Every parent, teacher, and school administrator we know has been shaken to the core by this horrific tragedy. Somehow, those last defenses — the ones that allowed us to believe it couldn't happen in our school, in our town, with our kids — have crumbled. We can't distance ourselves from this crime by blaming it on drugs or poverty or abuse. For amidst the finger pointing; amidst the hypocritical and self-righteous political posturing; amidst the cries to ban trenchcoats and T-shirts and video games — we know that this crime was committed by boys who could be in our classrooms and neighborhoods. Boys who felt like nobodies. Who were teased and bullied. Who hated school and life. It would be so much easier if we could demonize the perpetrators of this crime. But as educators and parents, we recognize that the pain, isolation, rage, and hopelessness that caused these boys to disconnect from all moral and societal anchors could be brewing in any one of the nice, quiet, attractive children we know.

Schools often ask us, "Does FCD work?" Usually, what they mean is: can we *prove* that FCD reduces or prevents drug use. In response, we cite numerous studies that identify the prevention strategies upon which FCD bases its approach as those shown most effective in changing attitudes and behaviors. We mention the hundreds of thousands of glowing student and teacher evaluations we receive that attest to the positive impact we

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have. But in the light of what happened at Littleton, I have been thinking about how FCD “works” in a different way.

I have been thinking about Andrew, who tracked down his FCD teacher to ask for help. And the boy who felt like a nobody. And the students in every school who share their anguish with FCD teachers. I have been thinking about the thousands of kids we teach every year who thank us for treating them with dignity, respect, and compassion; for listening and understanding.

Research tells us that teens who feel loved and understood are less likely to engage in high-risk behavior. Those of us who live and work with adolescents must never forget that the young people we see may be deep in pain and aloneness. One extra moment we spend with a teenager, one hug or pat on the back, one expression of kindness, acceptance, or encouragement, can make a profound difference in the life of that teenager — *and we may never even know it happened.*

At its core, education is about human connection. It is about nurturing a child’s trust, confidence, and belief in a hopeful future. These are the most powerful tools we have to prevent tragedies such as Littleton. When FCD goes into a classroom, we talk about so much more than “just drugs.” We talk with students about their friends and families; their aspirations and fears. We talk about the risks, pressures, and choices they face every day; the ways they treat one another; the ways they treat themselves. For many students, the four-day course provides a safe haven for dealing with some of the most powerful and important issues of adolescence.

So, does FCD work? As a school head recently wrote us, “As long as we have the money, we will always have FCD. If it helps just one student, it’s worth it.”



Alex J. Packer, Ph.D.

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you’ll see what I mean. Thousands of people a year die from aspirin toxicity, but we never hear outcries from the press about getting rid of aspirin. No one has ever died from Ritalin abuse that I know of, and very few people are abusing it.

How dangerous is it for adolescents who abuse it?

It’s like any prescription drug; if it’s not your prescription, then it’s dangerous to take it. I personally don’t think that Ritalin has much potential for becoming a popular street drug, though. Compared to drugs like cocaine or marijuana or alcohol, it just isn’t that powerful.

Do prescription users ever abuse it?

In some cases, sure, they do. But Ritalin doesn’t really do much in terms of a high, so I doubt the appeal is really there. Of course, when it’s abused it’s dangerous, but it’s not abused in this way very often.

Snort it, inject it, it’s not going to kill you?

It’s certainly bad for you, but the way it’s reported makes it look like there’s this huge catastrophic problem. It’s never said outright, “Let’s get rid of Ritalin,” but it plants the seed in parents’ minds that Ritalin is dangerous. They come away terrified by these reports and say, “I’ll never let my children take it.” As a result, kids who would really benefit by taking Ritalin are denied it.

How does Ritalin help children diagnosed with ADD?

Ritalin and the other stimulant medications act on the frontal lobes of the brain, in essence, to wake them up. Research shows that the frontal lobes in people with ADD don’t work as efficiently as they should. The frontal lobes normally regulate behavior by letting the right information into the brain, being the master planning station, and helping the brain to integrate information from the outside world so that situations can be accurately assessed, and plans can be made to meet goals in a reasonable way. So naturally,

Ritalin unlikely to cause a “high”

The potential for abuse or addiction in children taking Ritalin for the treatment of attention-deficit hyperactivity disorder (ADHD) is very low, according to a study reported in the October 1, 1998 issue of the *American Journal of Psychiatry*. Researchers found that it takes 60 minutes for oral doses of Ritalin to reach peak concentrations in the brain after ingestion. Cocaine, by comparison, takes five minutes. The slow rate of absorption means that users are unlikely to experience a “high” when taking Ritalin properly for treatment of ADHD. If, however, the drug were taken intravenously or crushed and inhaled, it would enter the brain more quickly. This could lead to abuse and addiction.

For further information, contact Nora D. Volkow, M.D., Medical Department, Brookhaven National Laboratory, Upton, NY 11973; or e-mail volkow@bnl.gov.

when the frontal lobes are stimulated by medication, this can alleviate a lot of the symptoms of impulsivity, distractibility, and hyperactivity associated with ADD.

Does prescribing drugs for children with ADD in any way set them up for future drug abuse?

Far from being the slippery slope to drug abuse, treating children for ADD is a positive step that a parent can take to prevent drug abuse. The risk of a person with ADD developing a substance abuse problem over the course of his or her lifetime is double that of the general population. Additionally, people with ADD usually have an earlier onset of substance abuse, and the addiction generally has a longer duration. These kids are at really high risk.

A recent study of children ages 10-11 who were on stimulant medication was conducted by Tim Wilens, a psychiatrist at Harvard Medical School. Over time, this study showed that the children being

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treated for ADD had a 68% reduction in substance abuse, and treatment also reduced the risk substantially for further substance abuse in those who had already started. That is incredible news. That should be the headline.

Are there certain drugs that people with ADD are more likely to use in order to “self-medicate”?

Most clinicians working with people with ADD note higher than usual rates of alcohol, cocaine, and marijuana use. I’ve listened to my adult patients for years tell me how they used drugs to alleviate the symptoms of ADD: “I use pot to chill out”; “I use cocaine to gain focus”; “I drink alcohol to feel better.” These drugs help them to slow down, to be in the moment, to gain focus. Young people who are being treated for the symptoms of ADD under a doctor’s supervision will not feel the same need to seek relief. The symptoms are already being treated. In order to prevent young people from self-medicating with the wrong substances, it is crucial that they be given the right one.

We sometimes hear from our students who are taking Ritalin as prescribed that they are worried about their own safety after hearing all of the Ritalin abuse stories. Are there any risks to kids who use it as prescribed?

It is extremely safe. Doctors and parents need to educate children about the safety of Ritalin. Children should never feel unsure about their prescriptions. When it’s properly used, the only possible side effect should be appetite suppression. If it’s doing anything else that makes the child uncomfortable, it should be discontinued.

Have there been long-term studies about prolonged use?

Stimulant medication has been around since 1937, so its safety has been evaluated for decades. What we don’t have are studies where kids have taken drugs like

Ritalin for fifteen or twenty years, because treatment used to be stopped at puberty. We no longer automatically stop treating a person with ADD as he or she gets older. Some people continue to benefit from stimulant medication well into adulthood.

A recent study of children ages 10-11 who were on stimulant medication . . . showed that the children being treated for ADD had a 68% reduction in substance abuse, and treatment also reduced the risk substantially for further substance abuse in those who had already started. That is incredible news. That should be the headline.

Are children with ADD getting the support they need from their families and school communities?

It’s certainly not as bad as it used to be, but there is still a huge stigma. I see the ADD brain as a *kind* of brain, a kind of brain that I certainly have and probably 10,000,000 other people in this country also have. I don’t see it as a disorder, particularly. I see it as a trait. It’s a trait that, depending on how you manage it, can lead you to wonderful places or to big trouble.

We ought to be talking to children and adults, not in terms of pathology, but in terms of “What kind of brain do I have?” and “How can I manage it best?” This takes in everybody. It’s also an end-run against the stigma which, in my opinion,

is the chief reason people don’t get the treatment they need.

Posing the question in this respectful way recognizes that we are all different: “My brain is good at math and loves math.” “My brain studies best at night.” “Mine studies best in the morning.” If you can catch kids before they are ashamed of their brain, they will tell you candidly how it works. They will help problem-solve with their peers ways of managing their brains. Once the stigma sets in, people stop talking about their differences.

But you see improvement?

Certainly. Just the fact that I can stand up and say I have ADD, I have dyslexia, helps me enormously and it helps others too. We need to be able to talk about these things with as little shame as we talk about cardiovascular disease and other physical differences.

You have said that in addition to being at higher risk for chemical dependency, people with ADD are often attracted to high intensity activities. Could you tell us more about that?

Adrenaline is nature’s Ritalin, so to speak. People with ADD want their brains to focus. Sometimes they get treated with Ritalin, sometimes they self-medicate through inappropriate use of alcohol or tobacco or marijuana, and sometimes they create their own high by engaging in thrill-seeking activities that produce adrenaline. These can be high risk activities like sky-diving or driving too fast, or they can be wonderfully adaptive behaviors such as becoming a trial attorney, an entrepreneur, a brain surgeon or some other high-intensity career.

How can we encourage children to seek healthier ways of getting this fix?

By naming positive activities, and also by positive role-modeling. It isn’t terribly productive to just preach abstinence from drug-taking and other risky behavior without also including alternative ways of get-

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ting pleasure. Teaching children how to feel good and have fun in non-dangerous ways is very important.

Edward M. Hallowell, M.D., is a senior lecturer at Harvard Medical School and the founder and director of The Hallowell Center for Cognitive and Emotional Health in Concord, Massachusetts. He is the author of the soon-to-be-released Connect: 12 Vital Ties that Open Your Heart, Lengthen Your Life, and Deepen Your Soul.

FCD appoints Directors of Education and Curriculum



FCD is pleased to announce the appointment of **Will Slotnick** as FCD's director of education. As many of you know, Will has been an FCD teacher

for nine years. During that time, students have delighted in Will's warm, witty, and engaging teaching style; and parents, teachers, and school administrators have profited from Will's knowledge and insight as an educator. For the past year, Will has served as senior mentor to the FCD teaching staff. Will's new responsibilities will include program development, and teacher recruitment, training, and supervision.



Former FCD health educator and prevention specialist **Beth Seiser** has been appointed FCD's first director of curriculum.

A graduate of Hampshire College, Beth was a Fulbright Scholar at the University of Singapore. Beth currently serves as a consultant and smoking cessation counselor for Cape Cod Health Care, Inc. She is the chairperson of the Nauset Together We Can Prevention Council, and a member of the Barnstable County Task Force on Children, as well as the Provincetown and Chatham Health Advisory Councils.

DOES A CHILD YOU KNOW HAVE ADD?

THE ADD KIDS TEST #1

Check each of the following statements that apply to your child.

- My child makes careless mistakes.
- It's very difficult for my child to stay focused on homework or other tasks.
- My child rarely completes an activity before moving to the next activity.
- Even when spoken to directly, my child seems to not be paying attention.
- My child is disorganized and even with my help can't seem to learn how to become organized.
- My child frequently loses things like homework and personal belongings.
- My child tries to avoid activities that require sustained concentration and a lot of mental effort.
- My child frequently forgets to do things, even when constantly reminded.
- Even the smallest distractions throw my child off task.

If you checked six or more of these behaviors, your child may have inattentive type ADD. However, your child may have ADD even if fewer than six of these behaviors were checked. This test is intended as an informal guide and does not claim to be accurate. If you believe your child has ADD, check with your physician or a licensed mental health practitioner. Treatments are available that can reduce substantially these neurologically-based behaviors.

THE ADD KIDS TEST #2

Check each of the following statements that apply to your child.

- Sometimes my child acts as if s/he's driven by a motor.
- My child always seems to be fidgeting.
- No matter how hard s/he tries, my child has problems remaining seated even when s/he's supposed to.
- My child talks a lot, even when s/he has nothing much to say.
- My child often interferes in the classroom because s/he has difficulty engaging in quiet activities without disturbing others.
- In class or at home, my child blurts out answers to questions before they are fully asked.
- My child has difficulty waiting patiently to take turns, and frequently butts ahead in lines or grabs toys from playmates.
- Sometimes my child seems intrusive. S/he interrupts constantly other people's activities and conversations.

If you checked six or more of these behaviors, your child may have hyperactive-impulsive type ADD. However, your child may have ADD even if fewer than six of these behaviors were checked. This test is intended as an informal guide and does not claim to be accurate. If you believe your child has ADD, check with your physician or a licensed mental health practitioner. Treatments are available that can reduce substantially these neurologically-based behaviors.

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Give a Gift, Get a Gift

FCD's Special Book Offer A Hit with Adults and Teens

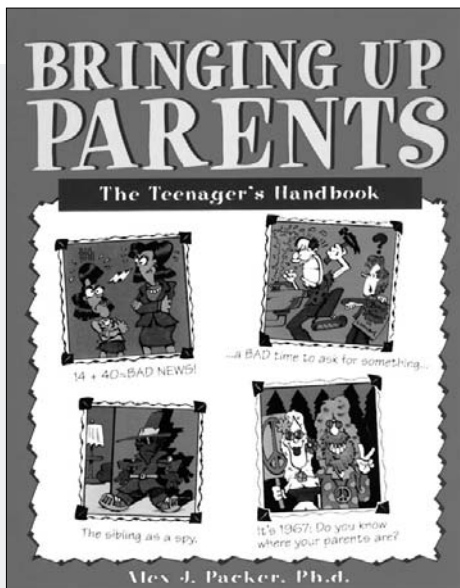
Parents and teenagers alike are responding enthusiastically to FCD's special book offer, introduced in the last issue of FCDUPDATE. Through this offer, you can give the teenagers in your life one of two highly acclaimed books that could change their lives – and yours – while at the same time help FCD carry on with its important mission.

Here's how it works. For a \$50 donation to FCD, we'll send you as our gift one of two best-selling books for teenagers by FCD's president, Alex Packer – *How Rude! The Teenagers' Guide to Good Manners, Proper Behavior, and Not Grossing People Out*; or *Bringing Up Parents: The Teenager's Handbook*. For a \$75 donation, we'll send you both books.

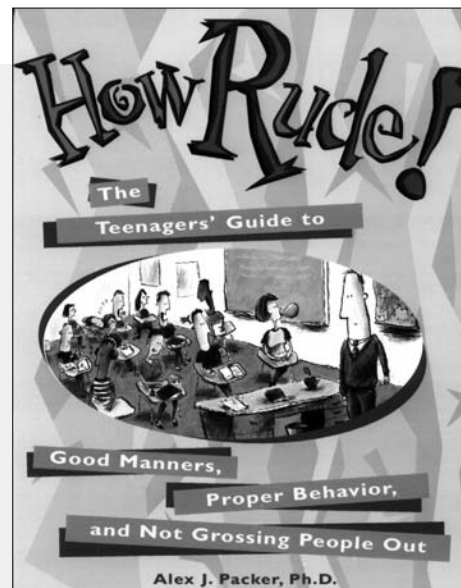
As a special bonus, Dr. Packer will inscribe each book with a personalized message.

All you have to do is fill out the enclosed envelope, including the inscription instructions, and return it to us with your check or money order. Within a week of receiving your order, we'll send you your autographed book(s) and a receipt for tax purposes.

Both books are written with humor, wit and practical wisdom and have been widely praised by educators, parents, critics, and teenagers.



Parade magazine called *Bringing Up Parents* “a wonderful – and funny – handbook that can help teens get along with their parents and understand them better.” The book shows teens how to resolve conflict, build trust, take responsibility, earn the freedom they crave – even learn to apologize. It emphasizes open communication, mutual respect, and common sense.



How Rude!, winner of several young adult library awards, is now in its fifth printing. *Voice of Youth Advocates* calls it “The most incredibly readable, enjoyable, laughable, enlightening, and insightful book about who we are and who we can be as social beings...deserves to be widely read by teenagers and adults alike.”

Both books support FCD's core mission, which is to arm students with the knowledge, understanding, and skills they need to make intelligent, healthy choices about alcohol and other drug use. Research has shown that young people who regularly talk with their parents about these important issues, and who have acquired basic social skills and proper standards of behavior, are far less likely than their peers to get into trouble with alcohol or other drugs.

Dr. Packer, who joined FCD as president and CEO in May 1997, is an educator and developmental psychologist. He's the author of numerous books, including *Parenting One Day at a Time*, recently published by Hazelden, and *365 Ways to Love Your Child* (Dell).

A specialist in adolescence, substance abuse, and parent education, Dr. Packer holds undergraduate and Master's degrees from Harvard University, and a Ph.D. in educational and developmental psychology from Boston College.

Did you know?

A chemical to die for

A chemical sold as a dietary supplement has been linked to three deaths and 119 life-threatening reactions, including seizures and comatose-like states. Many of those affected were young adults and teenagers. The chemical, known as GBL (gamma butyrolactone) and Blue Nitro, is widely available in health food stores and over the Internet, and purports to enhance sexual performance, build muscle, and reduce anxiety. It is sold under the name of Revitalize Plus, Serenity, Enliven, GHRE, SomatoPro, NRG3, Thunder Nectar, and Weight Belt Cleaner. When GBL is ingested, it breaks down into another drug known as GHB (gamma hydroxybutyrate). This potent “party” drug was linked to several deaths and numerous hospitalizations before being banned in the United States in 1991. Odorless and tasteless, GHB became known as a “date rape” drug since, if slipped into a drink, it could render its victim helpless. The FDA has been urging people not to buy products containing GBL¹

Sex on television

According to a study conducted by the Henry J. Kaiser Family Foundation, 67 percent of prime-time shows contain sexual content — yet only one in ten mention safe sex, contraception, or the option of abstinence. On the positive side, shows with sexual content involving teenagers (e.g., *Dawson’s Creek*, *Party of Five*), are twice as likely (one in five) to refer to safe or delayed sex. The survey selected 1,351 shows at random, and then examined their content over the course of one week. Sex was defined as everything from flirting to intimate touching to passionate kissing to intercourse. When the 88 scenes of implied or depicted sexual intercourse

were analyzed, researchers found that not one show “made even a passing reference” to safe sex. And only one percent of all shows with sexual content made the risks and responsibilities of sexual activity their primary focus.²

Playing at your neighborhood theater

Ninety-eight percent of the top movie rentals and 27 percent of the most popular songs in 1996 and 1997 featured people drinking, smoking, or doing drugs, according to a government study commissioned by the Office of National Drug Control Policy and the Department of Health and Human Services. Yet fewer than half of the song lyrics and movies referred to any potential negative consequences of these activities, such as hangovers, addiction, physical or emotional harm, or legal jeopardy.³

Confused sperm

Scientists have known for decades that very heavy marijuana use has a significant negative effect on sperm production, which can cause higher infertility rates. A group of researchers led by Herbert Schuel at the University of Buffalo believes it has discovered why. The human body contains natural compounds known as anandamides. Anandamides are neurotransmitters and are similar in many ways to cannabinoids, the active ingredients found in marijuana. Because of their similarities, both cannabinoids and anandamides enter brain cells through the same receptors or “chemical doorways.” Schuel’s team discovered that sperm also carry anandamide receptors. Heavy marijuana smoking inundates the body with cannabinoids which attach themselves to the anandamide receptors, thus confusing the body. This interferes with normal anandamide functioning which releases enzymes necessary for sperm to reach and penetrate an egg.⁴

Drug lingo

The expression “4:20” (four twenty) has entered the drug lexicon as a synonym for marijuana. Our teen sources report two different etymologies for the term: 1) Marijuana is comprised of approximately 420 different chemicals, and 2) studies

show that teenagers are most likely to get into trouble during after school hours, hence, 4:20. Four-twenty also means “time to get stoned”; “4:19” means “let’s get stoned in a minute”; “4:21” means “stoned again”; “4:20-24-7” means “stoned all the time.” “Rolling” is used to describe being high on Ecstasy; “wet” is a term for liquid PCP or embalming fluid to dip joints or cigarettes in. “The kind” and “kind bud” mean strong marijuana.⁵

Parents make a difference

Children who hear about the risks of drugs from their parents are much less likely to use drugs than are children who do not learn about drugs at home, according to a survey conducted by the Partnership for a Drug-Free America. The study, which involved 10,000 pre-teens, teenagers, and parents, found that 45 percent of the teens who said their parents did not talk to them about the risks of drugs reported using marijuana in the last year. The figure dropped to 33 percent for teenagers who learned “a little” from their parents, and to 26 percent for teens who said they learned “a lot” about the risks of drugs from their parents. The earlier parents start talking, the better. Seventy-four percent of fourth-graders welcomed parental guidance on drugs; by eighth grade, that figure had dropped to 19 percent. The correlations between parental involvement and children’s usage were consistent regardless of the drugs used or the ethnicity of those surveyed.⁶

1. Associated Press. “Drug fad draws US warning.” *The Boston Globe*, p. A9, May 12, 1999.
2. Aucoin, Don, “Survey finds half of TV shows refer to sex, few responsibly.” *The Boston Globe*, February 10, 1999.
3. Riechmann, Deb, “US checks entertainment’s influence on drugs among youth.” Associated Press, reported in *The Boston Globe*, April 19, 1999.
4. Schuel, Herbert et al., University of Buffalo in New York. Reuters News Service. “Theory explains fertility loss from marijuana.” *The Boston Globe*, p. A10, December 17, 1998.
5. FCD students.
6. Lichtblau, Eric, “Teaching by parents linked to lower drug use among children.” Reported in *The Boston Globe*, April 26, 1999.

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New Schools for 1998-1999

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The American School in Switzerland

Lugano, Switzerland

The British School of Brussels

Brussels, Belgium

The Bullis School

Potomac, Maryland

Cairo American College

Cairo, Egypt

Canadian Academy

Kobe, Japan

Charles River School

Dover, Massachusetts

Cranbrook Kingswood Upper School

Bloomfield, Michigan

Dedham Country Day School

Dedham, Massachusetts

Dennis Haley Elementary School

Dorchester, Massachusetts

The Episcopal Academy

Merion, Pennsylvania

Forsyth Country Day School

Lewisville, North Carolina

French-American International School

San Francisco, California

Friends Academy

Locust Valley, New York

Friends Seminary

New York, New York

Graland Country Day School

Denver, Colorado

Greenhills School

Ann Arbor, Michigan

The Inter-Community School of Zurich

Zurich, Switzerland

International School of Bangkok

Bangkok, Thailand

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Jersey City, New Jersey

Marblehead Middle School

Marblehead, Massachusetts

Mary Institute and Saint Louis

St. Louis, Missouri

Country Day School

Middleberg, Virginia

Notre Dame Academy

Arlington, Texas

The Oakridge School

Arlington, Texas

O'Bryant School of Math and Science

Roxbury, Massachusetts

Parish of the Epiphany

Winchester, Massachusetts

The Peck School

Morristown, New Jersey

Pelham Memorial High School

Pelham, New York

The Purnell School

Pottersville, New Jersey

Ranney School

Tinton Falls, New Jersey

The Riverside School

Zug, Switzerland

Ross School

East Hampton, New York

San Domenico School

San Anselmo, California

Seisen International School

Tokyo, Japan

Shady Side Academy

Pittsburgh, Pennsylvania

St. Mark's School of Texas

Dallas, Texas

St. Mary's International School

Tokyo, Japan

Saint Paul Academy and Summit School

St Paul, Minnesota

Saint Stephen's Episcopal School

Bradentown, Florida

Valwood School

Valdosta, Georgia

The Wardlaw-Hartridge School

Edison, New Jersey

Western Reserve Academy

Hudson, Ohio

William Penn Charter School

Philadelphia, Pennsylvania

Women's International

Zionist Organization

Bay Harbor Islands, Florida

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