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A 2010 CDC report shows a 36 percent increase in smokeless tobacco use since 2003. Use among high school boys rose from 11 percent in 2003 to 15 percent in 2009. Overall, 92 percent of smokeless tobacco users are young men and boys.

Smoking Down, But Still Deadly

by Ceil Than

Although the American Lung Association reports a significant decrease in the percent of teens who acknowledge smoking tobacco products, from 36.4 percent in 1997 to 20 percent in 2007, tobacco smoking remains a powerful addiction among teens. The American Lung Association also provides some startling statistics about tobacco use that remain constant: 68 percent of adult smokers say they began smoking at age 18 or younger; every day nearly 3,900 children under 18 years of age smoke their first cigarette, and more than 950 of these first timer users will become daily smokers. Teens are hooked through advertising and peer pressure; many switch to cigars for a cheaper smoke; new studies link cigarette smoking and decreased brain function, and cigarette smoking is a gateway to other addictions.

"I tried it because I thought it was cool," explains Renee, a 15-year-old who began smoking in fourth grade, in a 2010 *Connect With Kids* article.

Connect With Kids points out that 60 percent of teens begin to smoke for the same reason as Renee; 57 percent

follow the behavior of their friends, and 15 percent of girls cite "weight control" as a reason for smoking. *Pediatrics* identifies two additional, related influences that target teens: movies in which the characters smoke, and glamorous ads for cigarette brands. A 2009 article in *Pediatrics* describes a survey in which 34.9 percent of the smokers in the 10 to 14-year-old age group attribute their smoking to the influence of movie stars' smoking. A 2010 *Pediatrics* article reports a survey of cigarette ads in which 21.5 percent of teenage girls surveyed identified Camels as their favorite ad after an intense advertising campaign for a new brand, Camel No. 9.

Light Up, Camera, Action

The Centers for Disease Control and Prevention (CDC) reports that in 2010 the number of times a character uses tobacco on-screen or is implied to be using it while off-screen in movies rated G, PG, or PG-13 decreased 71.6 percent from 2,093 incidents in 2005 to 595 incidents. Still, scenes in which characters smoke are considered influential and will be included when rating a film.

"The more you see, the more likely you are to be open to smoking and start smoking," explained Ursula Bauer of the CDC in a recent *New York Daily News* article.

Days after the release of Paramount's PG-animated film *Rango*, an American Academy of Pediatrics press release protested the depictions of smoking by the characters in the film. The film uses cartoon animals, such as a lizard named Rango, to spoof the staples of the classic Western, one of which is cigar and cigarette smoking by cowboys.

"Based on the evidence, on-screen smoking is one of the biggest media dangers to children," said O. Marion Burton, MD, FAAP, president of the American Academy of Pediatrics (AAP). "There is no safe level of exposure."

Teens may agree with the link between smoking in films and smoking by teens. A 2010 issue of the Staples High School online newspaper in Westport, CT, *The Inklings*, quotes students' opinions such as Will Horne of the Class of 2013: "If Harry Potter smoked, [students] would be trying to smoke anything they could."

Suggestive Chic

The link between glamour and smoking influencing young people to try smoking is also supported by a 2010 study linking teen girls, cigarette smoking, and the R.J. Reynolds ad campaign for Camel No. 9 that was discontinued in 2008. According to *The New York Times*, the ads suggested fashion spreads and ran in magazines with teen readership such as *Vogue* and *Glamour*.

The AAP researchers recruited 1,036 participants between 10 and 13 years old and contacted each of them five times between 2003 and 2008 to inquire about their daily lives and smoking habits including their favorite cigarette ad. Two responses stand out: After the Camel No. 9 ad campaign, the percent of girls who reported a favorite ad showed a 43 percent increase, and the teens who reported any favorite ad in the first interview were 50 percent more likely to have smoked by the fifth interview.



"There was no such increase in brand awareness among boys, which strongly suggests it was the Camel No. 9 brand—the girl brand—that did it," commented Dr. Cheryl G. Heaton, president of the American Legacy Foundation, a non-profit, anti-smoking organization aimed at youths, and one of the authors of the AAP study, to *The New York Times*.

Cheaper Fix

The glamour of cigarette smoking comes at a price, and with ever-increasing taxes and charges, the cost of a pack or two of cigarettes can exceed a teen's pocket money. Young smokers are turning to cheaper ways to satisfy a nicotine craving.

A 2011 Ohio News Network story quotes Johonna Hughes, a 21 year old who began smoking when she was 11: "I went from cigarettes to Black and Milds [cigars] because they were 50 cents back then. They are probably a dollar now."

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©2011, Children's Rights of New York, Inc.
15 Arbutus Lane, Stony Brook, NY 11790-1408
Phone: 631-751-7840
e-mail: JohnEdwardGill@cs.com
Publisher: John E. Gill
Editor: Ceil Than
Production Manager: Dolores C. Bilges

Tyquan Wakefield, a non-smoking teen interviewed for the article, agrees: "That's usually what my friends smoke because they are a lot cheaper, and you can buy them individually instead of packs."

The teens describe how teen smokers would hang out in front of a smoke shop and ask adults to purchase a cigar or cigarillo for them. Many times adults would comply. Because cigars are not as heavily regulated as cigarettes, and they offer fruit flavored tobacco, the instance of cigar smoking among teens is rapidly increasing.

Robert Paschen of the American Cancer Society sums up the implication of this trend: "There are 293,000 Ohio kids 18 and under alive today in Ohio who will die prematurely from smoking-related illnesses."

Brain Drain

Smoking related illnesses are well known to teens, even teens who choose to smoke. Smokers suffering from lung cancer and oral cancer have been featured in anti-smoking campaigns. Even the original model for the Marlboro man appeared in ads before he succumbed to lung cancer caused by years of smoking. Now, a 2011 UCLA study presents a new smoking-related danger that immediately affects teenage smokers in particular: lower levels of brain function in the prefrontal cortex responsible for executive functions such as decision making. The heavier the smoker, the lower the levels of brain



function reported via MRI scans done while teens, smokers and non-smokers, responded to researchers' questions by either pressing a button or refraining from pressing a button.

Researchers had expected the 15 to 21-year-old respondents who smoked the most to have the lowest decision-making ability represented by being able to refrain from pressing the button. However, the scores between smokers and non-smokers remained roughly the same. Researchers theorize that other areas of the brain "cover" for the lower functioning areas. This gives researchers hope that if teens are helped to quit smoking at an early age, they can indeed make and carry out the decision to transition from smoker to nonsmoker and stick with it.

Gateway Drug

Early intervention and transition away from smoking is crucial because smoking is a gateway drug that leads users to other harmful stimulants. Renee, featured in the 2010 *Connect with Kids* article, explains how easy it is for a smoker to transition to other drugs:

"I started smoking cigarettes when I was 10, I started smoking weed and drinking when I was 13, I started doing crystal [methamphetamine] when I was 14, I started doing cocaine when I was 15," she says.

The article quotes statistics from the National Center on Addiction and Substance Abuse which claim that teens who start smoking at a young age are three times more likely to binge drink, 13 times more likely to smoke marijuana, and seven times more likely to use cocaine or heroin. Researchers theorize that nicotine preps the brain to "want" more addictive drugs.

Cold Turkey

"Parents can try to focus on the issue and pay attention to it," states John Pierce, a professor of family and preventive medicine and Director of the Cancer Prevention and Control Program at the Moores Cancer Center at the University of California, San Diego, and an author of the study on the link between teen smoking and the Camel No. 9 ad, in the 2010 *Business*

Week article. "But sometimes the adult admonishing something can be a green light for a teenager. Unfortunately, we don't have easy prevention strategies for parents to use."

The most widely prescribed prevention strategy is perhaps the most difficult for parents to implement: give your children attention and support. Most anti-smoking websites and campaigns reiterate that parents are the most powerful force to help their children overcome the influence of peers, movie stars, advertisements, and nicotine dependence.

The CDC gives tips on how to build a connection with your child that will help him or her stop smoking or, even better, resist the pressure to start:

- Don't turn off your child by scolding him or her. Instead, try to talk with your child about why he or she began smoking, discover the root cause, such as peer pressure, and help your child deal with it in a healthier way.
- Show interest in your child and figure out the changes that can be made to help him or her quit.
- If you smoke, quit. If you have already quit, share what the process was like. However difficult it was, it will teach your child the challenge and the importance of quitting.
- Make a list of the reasons for quitting. Support your child through the quitting process. Reward your child when he or she has quit.

No matter how difficult it is, parents and children need to work together to overcome a smoking habit or prevent such a habit to ensure a healthy life.

American Academy of Pediatrics
Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
<http://pediatrics.aappublications.org>
www.aap.org

American Cancer Society
www.cancer.org

American Lung Association
1301 Pennsylvania Ave. NW
Washington, DC 20004
202-555-1212
webmaster@lungusa.org
www.lungusa.org

Business Week
www.businessweek.com

Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333
800-232-4636
cdcinfo@cdc.gov
www.cdc.gov

Connect with Kids
www.connectwithkids.com

New York Daily News
4 New York Plaza
New York, NY 10004
www.nydailynews.com
<http://nydailynews.com/articles>

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Staples High School
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620 Eighth Ave.
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770 Twin Rivers Drive
Columbus, Ohio 43215
www.onntv.com

HOTLINE

Spit It Out

By Ceil Than

Smokeless tobacco, known as spit, dip, chew, plug, pinch, and snuff, may have the grossest-sounding nicknames, but its association with professional baseball players gives it an allure that rivals the aura that the Marlboro Man gave cigarettes. According to the Centers for Disease Control, 20 percent of high school boys and 2 percent of high school girls use smokeless tobacco. Of the 12 to 14 million smokeless tobacco users, one third are under 21 years old and over one half of them were hooked before they turned 13.

Twice as Yucky

Smokeless tobacco is available in two main forms: snuff and chewing tobacco. Snuff is a finely ground tobacco that is sometimes prepackaged into tiny pouches. It is placed between a user's gum and lower lip. Chewing tobacco is sometimes flavored, coarsely shredded tobacco leaves that a user wads between his cheek and gum. The user of either type of smokeless tobacco sucks the tobacco, spits out the black juice that builds up in his or her mouth, and allows the nicotine to be absorbed into his or her bloodstream. If spitting out black juice every five minutes doesn't appeal, newer products are spitless. Snus are tiny packets of smokeless tobacco that a user puts between his or her cheek and gum and leaves there for 30 minutes before discarding. Tobacco candies are compressed and often candy-coated smokeless tobacco that dissolves in the user's mouth and is swallowed. The nicotine absorbed in 30 minutes of sucking on smokeless tobacco is similar to smoking three cigarettes. A can of smokeless tobacco contains as much nicotine as 60 cigarettes.

Twice as Glamorous

Chewing tobacco has a long history in professional baseball. Kidshealth.org, sponsored by the Nemours organization, recounts an association between chewing tobacco and baseball that reaches back to the beginnings of the sport. Players chewed tobacco to keep their mouths wet, and used the spit to

condition their leather gloves and work a magic pitch. The technique banned from baseball in 1920, was called a "spitball." Chewing tobacco use waned in the 1950s in favor of cigarettes and resurged in the 1970s, sometimes combined with bubble gum.

A 2010 CDC report shows a 36 percent increase in smokeless tobacco use since 2003. Use among high school boys rose from 11 percent in 2003 to 15 percent in 2009. Overall, 92 percent of smokeless tobacco users are young men and boys. A 2011 Reuters article describes U.S. Senators and members of the House of Representatives calling on Major League Baseball to ban the use of smokeless tobacco. It has already been banned by the NCAA and the NHL and was banned in minor league baseball in 1993.

"The use of smokeless tobacco by baseball players undermines the positive image of the sport and sends a dangerous message to young fans who may be influenced by the players they look up to as role models," stated Senator Dick Durbin of Illinois and Senator Frank Lautenberg of New Jersey in a 2011 letter to MLB Commissioner Bud Selig.

Rob Manfred, Major League Baseball's Executive Vice President for labor relations, responded by stating that the use of smokeless tobacco "remains a significant concern to Major League Baseball."

Health Risks

The health risks associated with chewing tobacco parallel those of cigarettes with an additional risk of oral cancers and diseases of the mouth that can result in gross disfigurement. The Mayo Clinic lists some of the oral health risks associated with smokeless tobacco use:

- Cavities in your teeth caused by the sugar and particles in the tobacco.
- Gum disease that can result in tooth loss.
- Precancerous mouth lesions called leukoplakia

visible as thick, white patches on the tongue or cheek. The University of Minnesota's Division of Periodontology states that, in 40 to 60 percent of smokeless tobacco users, leukoplakia appears where the user places the tobacco in his or her mouth within a few months of regular use.

- Oral cancers of the mouth, throat, cheek, gums, lips, and tongue, as well as esophageal cancer, stomach cancer, and increased risk of pancreatic and kidney cancer. According to the American Dental Association, tobacco (smoking and smokeless) causes 75 percent of oral cancers.

Dead and Disfigured

Learning that Babe Ruth, a user of smokeless tobacco, died at 52 of an oropharyngeal tumor, a cancerous tumor at the back part of the throat, might not strike fear into a young smokeless user's heart. Hearing the stories of Bill Tuttle, a pro baseball player, and Sean Marsee, a young track star, and seeing pictures of them before and after their unsuccessful struggles against oral cancer should.

Tuttle played centerfield for the Detroit Tigers, Kansas City Athletics, and Minnesota Twins through the 1950s and into the early 1960s. The kidshealth.org article stresses that Tuttle's photos on baseball cards almost always showed a cheek bulging with a wad of chewing tobacco. By the 1990s a huge cancerous tumor had formed on that spot, and Tuttle lost his jawbone, right cheekbone, and most of his teeth and gums to surgeries to remove the cancer before he died from it in 1998.

Sean Marsee was a high school track star with 28 medals who had begun using smokeless tobacco at age 12 and progressed to using a can and a half of snuff every day. By the time a tell-tale sore appeared on his tongue, the cancer had spread. Doctors removed most of his lower jaw, but 10 months after his diagnosis, Marsee died in 1985 at just 19 years old.

Tuttle and Marsee's family publicized these struggles with oral cancer to help young people avoid this



horrible suffering by avoiding tobacco. According to the CDC, 30,000 Americans are diagnosed with oral cancers each year. Roughly 50 percent live more than five years after diagnosis.

The Signs

Healthcorps, a proactive health movement founded by Dr. Mehmet Oz and his wife, lists the warning signs of oral cancer:

- Red or white patches in the mouth that remain more than 10 days.
- Sore throat pain that persists and unilateral ear pain with a sore throat that lasts for more than two weeks.
- A lump in the neck which can signal the spread of a tumor from the mouth.
- A persistent hoarse voice without a cause.

Every dental exam should include a quick, non-invasive exam of the mouth and tongue to check for signs of possible oral cancer. Kidshealth.org urges users to see their doctors for help kicking the smokeless tobacco habit. The site also offers tips to help smokeless users quit:

Sugar Coating Addiction

by Ceil Than

Taking candy from a baby isn't easy, even if it's candy shaped like marijuana leaves or cigarettes or tobacco that's flavored and packaged in a way that suggests candy. The Quit Doc Research and Education Foundation terms products like these "starter products" because they blur the line between candy and tobacco and, although marketed to adults, are designed to attract the attention of under-aged potential users.

"It's the whole idea that it promotes drugs and the idea that, here, you'll look cool if you use this--which is what gets these kids in trouble in the very first place," explains Jodie Altman, program supervisor at Renaissance House, a treatment center for drug and alcohol-addicted teens, in a 2011 *Nation* article on pot-leaf shaped candy.

Candy Smokes

An article published in the August 2000 issue of *British Medical Journal* considers candy cigarettes as having a long history as a starter product. Candy cigarettes have been available since the early 1900s, and although the packaging was altered in 1997-98 so that it was not an exact replica of popular cigarette brand cartons, the correlation between the candy and the tobacco cigarette packages is still obvious. The report surveyed available products and concluded that penny-candy pricing as well as displays at eye-level for a four-to-eight-year old suggested an appeal to children.

However, the only study done on the correlation between children switching from candy cigarettes to tobacco products as they grow older was funded by candy companies. The version of this report released in the 1990s omitted findings that stated 5.3% of smokers felt candy cigarettes were a starting point for their smoking later in life as well as the fact that researchers observed children imitating adult smoking gestures while holding the candy, and the recommendation: "Given the well-established health risks of smoking it would be wise for manufacturers



to minimize this identification [between the candy and cigarettes]."

Pot Pops Protested

Candy cigarettes are restricted or banned in many countries such as Canada, the United Kingdom, Finland, Norway, Australia, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. However, U. S. bans proposed in 1970, at the federal level, and in 1990, in eleven states, have failed. The FDA is powerless because the product must contain tobacco in order to come under FDA regulation. Current protests against candies shaped like marijuana leaves may revive efforts against candy cigarettes.

The 2011 article in *Nation* focuses on the protests surrounding "Pothead Ring Pops" and "Pothead Lollipops" distributed by Kalan LP of Lansdowne, PA that have been available on the shelves in approximately 1,000 stores nationwide for nearly a year.

"That's not right. It's just promoting marijuana," comments Charmaine Rosendary of Buffalo, NY, in the *Nation* article. "I would not buy it or give them [her 5 children ages 15 to 19] the money to buy it. It looks like weed."

Buffalo, NY Council members Darius Pridgen and Demone Smith brought the candy and packages of K2 to a Common Council meeting to see what action can be taken to remove the products from stores.

The most successful protest against a suggestive product came in 2008 when the Philadelphia police department criticism of Hershey's Ice Breakers Pacs caused the company to stop manufacturing them. Ice Breakers Pacs were colorful powdered sweetener sealed inside a clear pouch the size of a nickel that dissolved on the tongue. The police felt the product looked too similar to heat-sealed bags used to sell heroin.

Bitter Pill

Pothead candy's distributor counters protests stating in an article for KXRM Fox 21, Colorado Springs, CO: "It's just candy. . .It's sour apple flavor. It doesn't claim to be pot in disguise or anything like that." His product may be all sugar, but three new products, Camel Orbs, Camel Sticks and Camel Strips, are sugar-coating a deadly secret.

"While candy designed to look like tobacco products is dangerous," explains the Quit Doc Research and Education Foundation, "tobacco products designed to look like candy is truly subversive."

All three products candy-coat dissolvable smokeless tobacco. Camel Orbs look like breath mints, Camel Sticks like toothpicks, and Camel Strips like mini-teabags. All are marketed to adults and designed to be dissolved in the user's mouth when the user craves nicotine but isn't in a place where he or she can light up.

"The candy form can only mean trouble, particularly for children and infants," comments Greg N. Connolly, D.M.D., director of the Tobacco Control Research Group at the Harvard School of Public Health, in a 2010 CNN Health article.

A 2011 letter delivered from the American Academy of Pediatrics (AAP) to the Food and Drug Administration (FDA) explains the particular danger these products present to children due to the amount of nicotine contained in the product and the ease with which a child can access the product.

With "Snus," Kids Lose

A 12-pellet pack of Camel Orbs contains a total of 14 mg of nicotine (1.2 mg per pellet), a potentially fatal dose for the average 2-year-old. A 12-pack of Camel sticks contains 29 mg of nicotine (2.4 mg per stick), a potentially fatal dose for an average 9-year-old. The letter points out that only the outer packaging is childproof, and statistics show that, of the more than 86,000 poisoning incidents of all kinds reported in 2004, 55 percent involved products that were stored in childproof packaging. In addition, the letter claims that the candy coating will mask the bitter flavor of the tobacco, making it more likely that children will eat many pellets.

Young children may not be able to tell the difference between these products and the candies, such as M&Ms or Tic Tacs, that they closely resemble. However, the products are also attractive to teens who can make the distinction precisely because these products are virtually undetectable as tobacco products. A packet of Camel Strips, also called "snus," makes no tell-tale cigarette-package bulge in a child's pocket.

"If you wanted to design a product that would appeal to youth and addict adolescents and young adults to nicotine, this would be it," the AAP letter claims. The products do not produce the tobacco smoke or "tobacco breath" parents can detect on their children, and users do not have to spit out juice as they do with chewing tobacco. The candy-like appearance suggests to teens that the product is "safe," when use of the products can lead to nicotine addiction, exposes the users to all of the dangers of oral tobacco use, such as oral cancer, and may be a gateway to cigarette smoking.

Some "Candy" Banned

The FDA did ban candy, clove, and fruit-flavored cigarettes in 2009 as part of the Family Smoking Prevention and Tobacco Control Act. "Flavored cigarettes attract and allure kids into lifetime addiction," states Howard K. Koh, M.D. M.P.H., U. S. Department of Health and Human Services Assistant Secretary for Health, in a 2009 FDA press

release announcing the ban. The release cites a 2004-2005 study that found smokers who were 17 years old were three times as likely to use flavored cigarettes as smokers over 25 years old.

Bidis and clove cigarettes (kreteks), the bulk of which are manufactured in and imported from the Far East, are two products affected by the ban which penalizes companies who continue to make, ship, or sell products that match those described in the ban. Bidis are unfiltered cigarettes which contain flavorings such as chocolate, cherry, or mango that are added to the tobacco. Kreteks are cigarettes that are made from a mixture of two parts tobacco and one part cloves plus clove oil and other additives.

In 2009, the Centers for Disease Control (CDC) estimated that 1.6 percent of middle school students and 2.4 percent of high school students smoked bidis, and 1.2 percent of middle school students and 2.4 percent of high school students smoked kreteks. The CDC emphasizes that bidis and kreteks have significantly higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes sold in the U.S. The fruity flavors and pleasant smell of the products attracts young people and masks the dangers of the products.

"Youth are twice as likely to report seeing advertising for these flavored products as adults are," states Dr. Joshua Sharfstein, a pediatrician and the FDA Principal Deputy Commissioner, in the 2009 FDA press release. "Marketing campaigns for products with sweet candy and fruit flavors can mislead young people into thinking that these products are less addictive and less harmful."

Since cigars are exempt from the 2009 ban, fruit-flavored cigarillos are becoming increasingly popular. The bottom line is that the appeal of candy, whether it be sour apple flavored pure sugar shaped like a pot leaf or a sweet-smelling cigarette that packs more nicotine than a conventional cigarette, is powerful enough to overcome a teen's common sense. Parents need to keep informed on the new types of products being marketed to stay one step ahead of a "sugar rush" with potentially deadly consequences.

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007
847-434-4000
kids1st@aap.org
www.aap.org

British Medical Journal (BMJ)
BMA House
Tavistock Sq.
London, WC1H 9JP, UK
www.ncbi.nlm.nih.gov

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Centers for Disease Control and Prevention
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800-CDC-INFO
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www.buffalonews.com

Quit Doc Research and Education Foundation
c/o Barry Hummel, Jr, MD
5944 Coral Ridge Dr. #255
Coral Springs, FL 33076
866-355-7848
bhummel@quitdoc.com
www.qdref.org

U.S. Food and Drug Administration (FDA)
10903 New Hampshire Ave.
Silver Spring, MD 20993-0002
888-463-6332
www.FDA.gov

HOTLINE

Don't Spice Up Your Life

By Ceil Than

"Spice" is a small packet containing a dried substance and labeled "Not for Human Consumption," but teens are purchasing it, rolling it into cigarettes, and smoking it. Since Spice (also known as K2, Demon, or Genie) is sold as a type of incense or potpourri on the Internet, or in convenience stores, mall kiosks, and even health stores, it is a legal substance with a deadly use.

"Teens may reason that they can get high at the same cost as buying real pot, pass any drug test, and truly not do anything illegal," comments Lt. Andy Reinhardt of Florida's Prescott Police Department in a 2010 article published in *The Prescott Daily Courier*.

Except they may lose their lives. A 2010 *New York Times* article recounts the experience of an 18-year-old Iowan, David Rozga, who smoked K2 with friends, "freaked out," grabbed a gun, and shot himself in the head.

What is Spice?

The packets contain dried herbs laced with synthetic cannabinoids, known to users as synthetic marijuana, that produce a high when smoked, but do not show up on standard drug tests. Several of these drugs, JWH-018, JWH-073, JWH-200, CP-47, 497, and cannabicyclohexanol, have been identified. In fact, one of them, JWH-018, was designed in 1995 for experimentation at Clemson University by researcher John W. Huffman, Ph.D. These synthetic drugs mimic their organic counterpart, THC, found in marijuana and other types of cannabis, and target the brain's and other cells' cannabinoid receptors. However, their structure differs from THC's and seems to affect receptors in a more violent and long-lasting way. Exploring and exploiting the strong adherence of the synthetic drugs to the body's cannabinoid receptors was the purpose of creating the drugs to develop new ways to treat disease since cannabinoid receptors are found in the immune system, for example.

"In terms of biological activity, these things are similar to THC, the active compound in cannabis," Huffman explains in a 2010 WebMD article. "Now, the thing is,

nobody knows anything about how these new compounds act in the human body. Anecdotal reports say they stick around in the body for quite some time."

Spice Is Not Nice

Anecdotal reports, some recounting death, are appearing in newspapers all over the country and abroad as local law enforcement is called in to deal with what looks like a drug overdose. A 2011 article in the South Florida *Sun Sentinel* cites statistics from the American Association of Poison Control Centers to show how Spice use has skyrocketed: 14 cases were reported in the final quarter of 2009, 2,862 cases during 2010, and 42 in the first four days of 2011.

"It's a tidal wave," Ward Franz, a Missouri state legislator sponsoring a bill banning Spice, comments in *The New York Times* article. "It's almost an epidemic. We're seeing middle-school kids walking into stores and buying it."

The Prescott Daily Courier article describes an epidemic of 10 calls to police involving teens and adults who had smoked a brand of Spice and "freaked out." The responding officers described symptoms such as extreme body tremors, paranoia, and extreme racing heartbeats.

"We have no meds to treat it in our paramedic kit," comments Eric Kriwer, spokesman for the Prescott Fire Department.

The WebMD article cites a toxicologist from St. Louis University who claims he has seen people with symptoms such as heart rates of 150 and blood pressure of 200 over 100. Huffman recalls a case where a teen experienced symptoms for a week after smoking K2. German researchers offer the case of a 20-year-old with a Spice Gold habit that resembled the drug dependence of a heroin user. It's this potential for hard-to-break addiction in addition to the violent and long-lasting reactions that worry officials and parents.

What We're Made Of

The Florida Poison Control Center in Miami adds another worry: the potent mix of synthetic cannabinoids varies from package to package between brands, as well as within the same brand. Dr. Jerry Bernstein, medical director of the center, calls these incense packages a "bathtub brew" of ingredients.

"Depending on who made it, who knows what's in it?" Bernstein explains in the *Sun Sentinel* article. "There are inconsistent effects, and I have my doubts that it's even the same drug that is being sold by various manufacturers."

However, even a small change in the dose can increase the side effects. A teen who experimented with the drug once without debilitating side effects might not be so lucky the second time.

On March 1, 2011, the U.S. Drug Enforcement Administration (DEA) used its emergency powers to rule most "legal high" products, such as Spice in all its forms, illegal. The five synthetic cannabinoids were placed on the DEA's Schedule I, reserved for drugs with no potential medical use but a high potential for abuse. After one year, the emergency measure will probably result in a call for permanent control of these drugs. However, the rulings leave distributors of these products nonplussed.

"Once it goes illegal, I already have something to replace it with," Michah Riggs, who sells these products in his Kansas City, MO coffee shop, comments in *The New York Times* article. "There are hundreds of these synthetics and we just go about it a couple of them at a time."

The New York Times
620 Eighth Ave.
New York, NY 10018
nytimes@nytimes.com
www.nytimes.com

The Prescott Daily Courier
1958 Commerce Center Cir.
Prescott, AZ 86301
928-445-3333
www.dcourier.com

The South Florida Sun Sentinel
200 E. Las Olas Blvd.
Fort Lauderdale, FL 33301
www.sun-sentinel.com

WebMD
www.webmd.com

HOTLINE

Not So Smarties

by Ceil Than

A 2009 *Wall Street Journal* article describes a fad that persists in 2011 in middle schools across the United States: "smoking" Smarties candies. Unlike candy cigarettes, Smarties were never intended to resemble or be used as fake cigarettes, but ingenious middle-school students have found a way to have their candy and "smoke" it, too.

Children take still-wrapped candies and grind them to a powder by stomping on them or crushing them under heavy objects. Then, the children open one end of the wrapper, pour the candy dust into their mouths and blow it out the way a smoker would exhale. Some children can exhale the dust through their nose or create smoke rings. Pixy Stix candy is sometimes substituted.

The Wall Street Journal quotes Dr. Mark Shikowitz, an ear, nose, and throat doctor at Schneider Children's hospital in New Hyde Park, NY, who treated a 9-year-old boy for nose irritation due to smoking Smarties. Dr. Shikowitz states that the candy powder will cause irritation to throats, noses, and lungs if inhaled, but isn't life-threatening because the particles eventually dissolve.

"I still don't think it's a great idea," Dr. Shikowitz states.

Parents and school officials aren't keen on this new fad either. Many schools have banned the practice, and parents worry that this behavior can be as much a "starter" for cigarette smoking as candy cigarettes are.

This connection isn't lost on Eric Ostrow, vice president of sales and marketing for Ce De Candy Inc. that makes Smarties, and a former cigarette smoker who quit some years ago. He discourages the smoking Smarties fad.

"It's just dumb," he told *The Wall Street Journal*.

Do Robo Cigarettes Need a Robo Cop?

By Ceil Than

When is a pen not a pen? When it's an electronic cigarette, a trend so hot that blogs claim even teen superstars are smoking them.

"The sale of these electronic devices is absolutely a health issue, especially to children," states Marie Cocco, a spokeswoman for the Campaign for Tobacco-Free Kids, in a 2010 article published on AOLNews.com.

Still, as effective as these faux cigarettes may be in introducing teens to smoking, adults claim the robo cigarettes are so effective as a smoking cessation aid that a ban would hurt adults using them to quit smoking.

E-cig Anatomy

An electronic cigarette consists of four basic parts: a rechargeable battery, a computer chip, a vaporization chamber, and a nicotine cartridge. Many are made to look like traditional tobacco-rolled-in-paper cigarettes right down to the glowing tip, a red LED light that activates with the first drag. Other popular

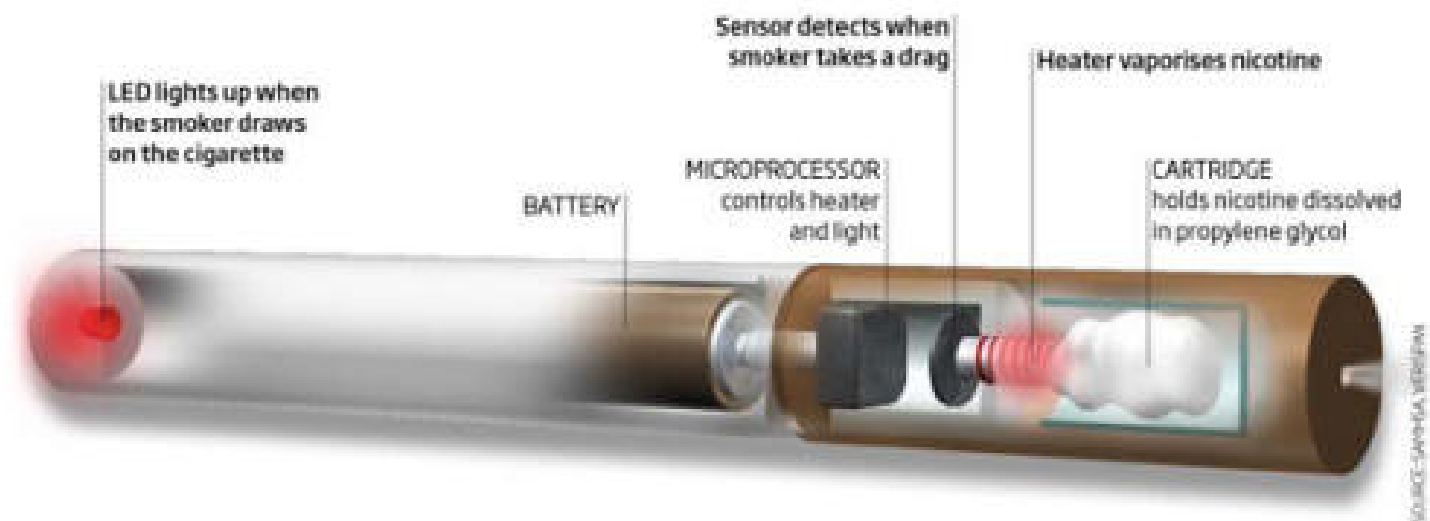
designs are cigars or pipes, but electronic cigarettes, or e-cigarettes, can look like anything, such as a ball point pen or even a USB drive.

The smoker loads a nicotine solution cartridge into one end of the chamber and inhales from a mouthpiece at that end. The computer chip turns on the battery to provide power for the vaporization chamber to heat the liquid nicotine solution, called e-juice, and turn it into vapor instead of smoke. E-cigarette users are "vaping," not smoking, and are called "vapers" not smokers. The nicotine solutions are concentrated from low to high amounts of nicotine, and contain flavors and other chemicals such as propylene glycol that makes the vapor visually similar to smoke.

"The place I go to has 100 flavors," claims Scott Whittlesey, an adult former cigarette smoker, in an interview with News10, an ABC affiliate station in Sacramento, CA. "They even have peanut butter."

Smoke without fire

Suck on an e-cigarette and it produces a cloud of nicotine-carrying vapour with none of the toxic by-products of burning tobacco



Tutti-Frutti Terror

The attractive flavors and the accessibility of e-cigarettes have child health advocates worried. The FDA struggled with how to regulate these products before a spring 2011 court decision labeled them tobacco products, and many stores refrain from selling them to patrons under 18, but online purchasers cannot be carded. In the 2010 news article, Andrew Schneider, Senior Public Health Correspondent for AOLNews.com, reports observing two eighth-grade girls purchasing e-cigarettes from a kiosk in Washington, D.C.'s Union Station. "They're very grown-up, you know," he quotes one girl as saying.

The electronic nature of the e-cigarette may preclude the tar and ash by-products of tobacco, but e-cigarettes are not as harmless as the penny-candy cigarettes made out of sugar or bubble gum. E-cigarettes still deliver nicotine to the smoker.

"These are something that can potentially get kids hooked on nicotine," Bud Nicola, a King's County, WA, Board of Health member and affiliate professor with the University of Washington School of Public Health, emphasizes in an article for seattlepi.com. "E-cigarettes have a high appeal to youth. They come in candy flavors."

The FDA, concerned about the amount of nicotine and the additives used in the nicotine solution, analyzed samples from two of the leading brands of e-cigarettes. A 2009 FDA press release states that, although nicotine levels in the cigarettes conform to the low, medium or high gradations used by the manufacturer, the cartridges that claim to contain no nicotine do contain some nicotine. The cartridges labeled "high" contain more nicotine than allowed by the FDA in the regulated smoking-cessation product Nicotrol, and three independent tests of "menthol high" labeled cartridges yielded results that varied widely from 26.8 to 43.2mcg nicotine/100mL puff.

Investigators also found carcinogens, including nitrosamines, and toxic chemicals such as diethylene glycol, which is commonly used in antifreeze. However, because this testing was limited and not part of an official

process of submission to the FDA for evaluation or approval, the agency does not have accurate information about the levels of nicotine or the amounts or kinds of other chemicals that the various brands of the products transmit to the smoker.

FDA Spokeswoman Siobhhan DeLancey is quoted in the 2010 AOLNews.com article as saying, "FDA is aware of reports of short-term side effects from the use of electronic cigarettes, including racing pulse, dizziness, slurred speech, mouth ulcers, heartburn, coughing, diarrhea and sore throat." However, she points out that the agency is unaware of how common or potentially serious these side effects may be.

"There really are a lot of unknowns with respect to health," states Prue Talbot, a toxicologist at the University of California, Riverside, in a 2011 Discovery News online article. "I don't know of any studies in the literature which are peer-reviewed. Almost all of the studies have been paid for by the e-cigarette companies."

E-cigarettes, as shown in a photo essay posted on *The Los Angeles Times* online, were invented by former smoker Hon Lik in Beijing in the early twenty-first century. They are manufactured by Ruyan in Tianjin, China. The caption on one slide claims that the United States is a target market due to the high price of tobacco cigarettes and the widespread ban on cigarette smoking indoors. E-cigarette brands such as Njoy, Smoking Everywhere, Blu Cigs, Smoke Anywhere, and Ignite E-cig are marketed in the United States by companies such as Sottera of Arizona.

Boon or Bane?

Dr. Michael Siegel, professor at the Boston University School of Public Health and a tobacco and anti-smoking researcher, emphasizes the need for further research into the health risks of e-cigarettes, but also applies his perspective to the potential threat of e-cigarettes to underage smokers.

In a 2010 interview for CBS News, Siegel claims

that underage smokers are more likely to experiment with traditional tobacco cigarettes since e-cigarettes "cost between \$90 and \$120 to buy the starter pack, and most kids walking around do not have \$90 that they can just spring out to buy these things."

In an interview for the Discovery News online article, Siegel emphasizes the potential for e-cigarettes to help smokers quit: "The relevant question is not, 'Are these things safe?' but 'Are these things much safer than real cigarettes, and do they help people quit smoking?'" "The answer to both of those questions we know is 'yes.'"

Talbot puts it a different way: "They may not be as dangerous as real cigarettes, but on the other hand, they could be. We just don't know."

Smokers who have used the e-cigarettes to help them reduce the number of cigarettes smoked per day or stop smoking altogether are nearly unanimous in their praise of e-cigarettes. Whittlesey sees e-cigarettes as "a healthier alternative." He claims, "I do less and less puffing on this now...If I smoke a regular cigarette now, I can't handle it. I start coughing."

A 2011 article on WebMD interviewing Siegel about his study of e-cigarettes as smoking-cessation aids was published in the February 2011 issue of the *American Journal of Preventative Medicine*, Siegel and his fellow researchers contacted 5,000 first-time purchasers of Blu brand e-cigarettes. Of the 222 who completed the requested survey, 216 were smokers. Approximately one-third of the smokers said they had quit cigarettes, with one-third of this group going on to quit e-cigarettes as well, and approximately two-thirds responded that they had reduced the number of cigarettes they smoked. The average cessation rate for cigarette smokers who quit using traditional methods is about 18 percent.

Do these seemingly positive results override the potential health risks from other known and unknown chemicals in the e-cigarette or the potential for e-cigarettes as a first step to smoking tobacco? It depends on who is answering the question. The FDA is taking a cautious approach after losing a court case in 2010 in which it attempted to get the authority to treat e-cigarettes as drug-delivery devices because of

their use as smoking cessation devices. In early spring of 2011, a federal appeals court ruled that e-cigarettes should be regulated as tobacco products. This exempts e-cigarettes from the necessity of costly and time-consuming clinical trials to prove their safety and effectiveness. A U.S. ban on the sale of e-cigarettes similar to the ban in place in Canada and other countries may or may not be enacted, although individual states are considering bans or restrictions because the health effects are still unknown.

"The agency [FDA] has not made a decision to remove all e-cigarettes from the market," DeLancey states in the AOLNews.com article. Instead, it "will regulate electronic cigarettes and related products in a manner consistent with its mission of protecting the public health."

AOLNews.com
www.aolnews.com

CBS News
524 West 57th Street
New York, NY 10019
<http://newyork.cbslocal.com>

DiscoveryNews
<http://news.discovery.com>

Los Angeles Times
www.latimes.com

News10
400 Broadway
Sacramento, CA 95818
(916) 321-3430
www.news10.net

seattlepi.com
Hearst Media
2601 Elliott Ave. Suite 300A
Seattle, WA 98121
www.seattlepi.com

U.S. Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993
(888) 463-6332
www.fda.gov

WebMD
www.webmd.com

HOTLINE

Hookah Smoking

By Ceil Than

If you overhear your children comparing their favorite flavors, don't assume they're discussing ice cream. Children as young as middle-school age have been swept up in the dangerous fad of smoking flavored tobacco using a hookah or water pipe. A 2009 University of Florida study found 4 percent of Florida middle-school students and 11 percent of Florida high school students had smoked hookah at least once. A 2005 University of Pittsburgh study found 10 percent of high school students and 2 percent of middle school students had smoked hookah at least once.

"We're finding a lot of 14-year-olds from Paramus and Ramsey coming down here to smoke," Paterson, New Jersey's chief license inspector commented in an article for *The Bergen Record*. "We call the parents and they're shocked to hear it. We'd rather they come to shop."

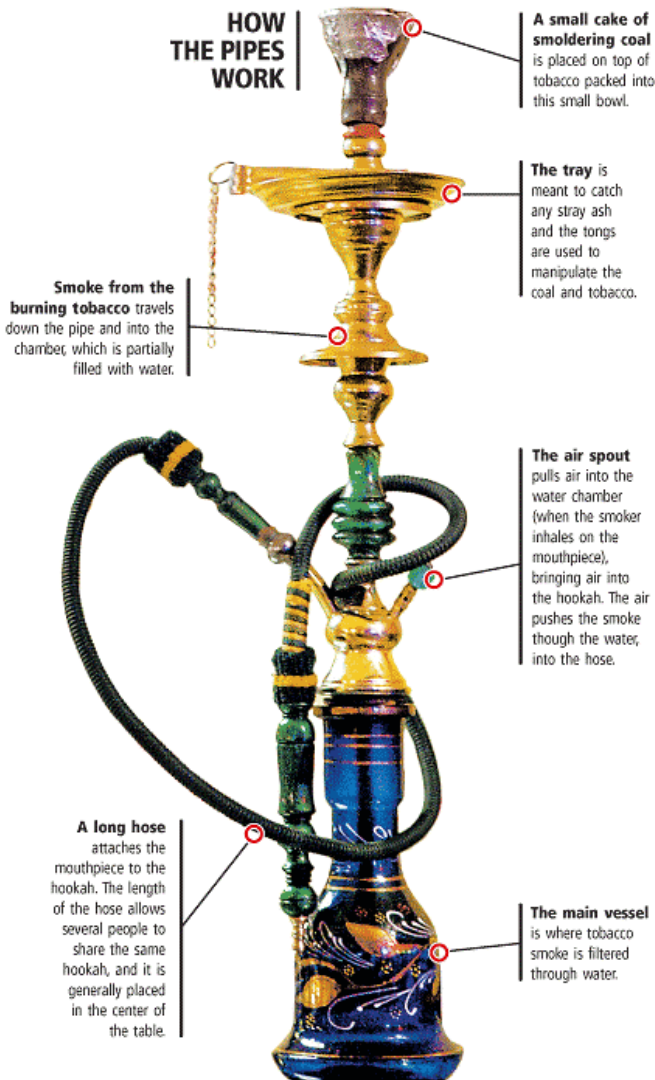
Hookah Shopping

"It was kind of our little niche." Kali Trahanas explained to *The Bergen Record* how she began hookah smoking before she turned 21. "When we were younger, we couldn't drink, so I guess it started out as something else to do."

Hookahs, a centuries-old staple of Middle Eastern culture, are popping up more frequently around the United States as a feature in small businesses or for sale in tobacco shops and malls as well as online. Establishments that offer hookah smoking also offer an attractive, low-key atmosphere for socializing. Often alcohol is not available, allowing the establishment to serve patrons under 21. *The Independent Florida Alligator*, the campus newspaper for the University of Florida, states that college neighborhoods have seen a noticeable increase in hookah bars from 2004-2009. An article in *American Journal of Health Behavior* notes *Smokeshop* magazine's 2004 claim that 200-300 new hookah establishments had opened in the United States since 1999, mostly near college campuses.

Hookah Basics

Hookah is the name used in India; nargile is used in Turkey and Syria, and shisha and goza in Egypt. All are waterpipes, and they have four main parts: bowl, stem, base, and pipe. The shallow bowl, located at the top of the hookah, is made of clay or marble with a hole at the bottom. The smoker places a perforated foil pouch filled with tobacco into the bowl and covers it with hot coals, causing it to



smolder. A hollow tube connecting the bowl with the base discharges the smoke from the tobacco into the water that half fills the base. The water heats, and steamy tobacco smoke rises from the water to the end of the smoking pipe, a long hose inserted at the top of the base. The smoker inhales the steam through the pipe. Some hookahs have multiple smoking pipes, but many have only one, and patrons pass the pipe around during smoking sessions.

"It's a social event," Hanny Soliman, owner of University Lounge, commented in an April 2011 report aired on KABC-TV, a Riverside, CA affiliate of the national network station. "I think people gather here to smoke, chat, and listen to music. It's getting popular."

The New Chill

A typical smoking session lasts for an hour or more and many young smokers gather several times per week to share a pipe and hang out. Hookah establishments often have theme nights built around exotic flavors of the tobacco. Called shisha or maassel, the tobacco is mixed with sweeteners, such as molasses, honey, or fruit, and flavors. Young

smokers have favorite flavors such as lemon-lime or watermelon. The *Alligator* article lists passion fruit and "sex on the beach" as attractive flavors. The tobacco mixture can also be stuffed into grapefruit rinds or a hollowed-out grapefruit rind can replace the base to enhance the flavor.

The Bergen Record reports one hookah establishment advertising hookah smoking as "the new chill." The *Alligator* article interviewed a college sophomore who claimed she would hang out at least once a day with friends to smoke hookah and the sessions would last for at least two hours. Since the college she attends in Rhode Island has banned hookah smoking in the dormitories, she has cut back her smoking to once or twice per month.

The *Alligator* also quotes Danielle Lee, a University of Florida student who is of legal age to purchase cigarettes, but not alcohol as saying, "I'm totally against cigarettes, but I'll smoke hookah all day long. It's very acceptable. Smoking hookah is far more acceptable than smoking a cigarette."

The *American Journal of Health Behavior* cites a Pittsburgh survey that found 35.4% of university students who had smoked a hookah had never smoked a cigarette. It also states that between 2003 and 2010, four new hookah establishments opened in the area around Carnegie Mellon University and University of Pittsburgh alone.

Deadly Puff

"I would say it is less harmful than smoking a cigarette because of the fact it's going through a vaporization process," Travis Brown, a college student, stated in the KABC-TV segment.

The water at the base of a hookah pipe does turn brown because the tobacco smoke discharges particles into it, but the water is not an efficient filter. According to the *American Journal of Health Behavior*, in a single hookah-smoking session, a smoker can be exposed to 1.7 times more nicotine, 6.5 times more carbon monoxide, and 46.4 times more tar than if he or she smoked a single cigarette.



The *Alligator* article cites the World Health Organization's claim that a single 20 to 80-minute hookah session is equal to smoking about 100 cigarettes.

The cancer-causing elements of tobacco smoke remain the same between cigarettes and hookahs. A 2010 American Lung Association article on young people and Water pipe use links hookah smoking to lung cancer, oral cancer, and heart disease, as well as infectious diseases, such as tuberculosis, hepatitis or herpes acquired from sharing the smoking pipe and more easily spread via the moist smoke. Added exposure to carcinogens occurs in hookah smoking because of the cancer-causing substances in the air from the burning charcoal.

Hidden Addiction

The hookah's moist smoke is easier to inhale than cigarette smoke, and the communal atmosphere of a smoking session helps the smoker to not only repeat the experience, but also prolong the smoking session. Smoking more often and for longer periods of time exposes the smoker to even more harmful substances. The sweet, smooth smoke has a particular appeal for increasingly younger patrons. The American Lung Association cites a study of young people ages 12 to 18 living in Israel that states 41 percent had used a hookah and 22 percent smoked at least every weekend.

Since nicotine is still present in the hookah tobacco smoke, hookah smoking can become addictive. The hidden danger to this addiction is that it often inspires a cigarette-smoking habit. The American Lung Association's report states that many hookah smokers are also cigarette smokers and that hookah smoking was the gateway to cigarette smoking. The report points to a study of Arab-American youths living in Michigan in which 23 percent of 14-year-olds and 40 percent of 18-year-olds answered affirmatively when asked if they have ever smoked a hookah. Researchers found that the odds of a teenager experimenting with cigarettes was eight times greater if he or she had ever used a hookah.

Smokers claim to enhance the experience by substituting liquors such as vodka for water in the hookah's base, and many smokers also use the hookah to smoke marijuana.

Tom Parker, communications director for Oregon Partnership, a nonprofit dedicated to raising drug and alcohol awareness, spoke out in a 2010 press release by the Oregon Public Health Division: "Hookah lounges promote a social norm that smoking is cool and safe. They're a training ground for going to bars, drinking and illicit drug use."

Pull the Plug

Many states are scrambling to pass legislation designed to shut down hookah establishments or at least make it more difficult for younger patrons to gain access to hookahs. Many colleges and universities have already banned hookahs from dormitories and fraternity houses. A 2005 World Health Organization study of the use of water pipes urges governments to subject water pipes and water pipe tobacco to the same regulations that govern tobacco and tobacco products.

The Rhode Island Department of Education offers an article posted on education.com entitled "How to Talk to Teens About Dangerous Hookah (Water Pipe) Smoking." It advises parents to discuss the health risks associated with hookah smoking and take proactive measures such as:

- Find out if your teen's friends use hookahs.
- See if your teen has a hookah or hookah-smoking supplies.
- Talk to other parents about hookah smoking and its dangers.
- Advocate for a change in the state laws that permit smoking bars to sell tobacco products for immediate use on the premises.

Katrina Hedberg, M.D., M.P. H., administrator and Oregon state epidemiologist in the state's Office of Disease Prevention and Epidemiology, summed up the impact of waterpipe smoking: "The popularity of hookah smoking that we've seen among young people is putting us in a one-step-forward, two-steps-back situation in the battle against tobacco use."

American Journal of Health Behavior
2205-K Oak Ridge Rd. #115
Oak Ridge, NC 27310
www.ajhb.org

American Lung Association
1301 Pennsylvania Ave. NW, Suite 800
Washington, DC 20004
(202) 785-3355
info@lungusa.org
www.lungusa.org

The Bergen Record
www.northjersey.com/news

The Independent Florida Alligator
University of Florida
1105 West University Ave.
Gainesville, FL 32601
(352) 376-4458
www.alligator.org

KABC-TV
ABC7 Broadcast Center
500 Circle Seven Dr.
Glendale, CA 91201
(818) 863-7777
<http://abclocal.go.com/kabc/>

Pediatrics
American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL,
(847) 434-4000
www.pediatrics.org

Rhode Island Department of Education
www.education.com

The New York Times
www.nytimes.com

Oregon Health Authority
Oregon Department of Human Services
www.oregon.gov/DHS

World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
www.who.int

HOTLINE

Nicotine is a chemical compound naturally occurring in the tobacco plant. When ingested in small amounts, it stimulates the user, but it is also highly addictive and potentially lethal. The National Institute for Drug Abuse (NIDA) for Teens explains that although every cigarette contains 10 milligrams of nicotine, the smoker's body absorbs no more than one or two milligrams with each drag. In eight seconds, the nicotine travels from the lungs through the blood to the brain, where it triggers pleasure sensors. The pleasure sensation disappears quickly leaving the body craving another hit. When a person decides to quit smoking, he or she experiences physical and mental discomfort called withdrawal because the body does not receive the nicotine it craves.

NIDA lists the symptoms of withdrawal:

- irritability
- attention and cognitive lapses
- insomnia
- increased appetite
- cravings

Cravings are particularly strong, persist for months or even years, and are sometimes triggered by being in a place or situation where one would normally smoke. Inability to resist cravings make many people trying to quit return to smoking.

The Centers For Disease control offers the 5 Ds to help teens and parents fight through cravings:

- Delay: The craving will eventually go away.
- Deep breath: Take a few calming deep breaths.
- Drink water: It will help flush out the toxins.
- Do something else: Find a new, healthy habit.
- Discuss: Talk about your thoughts and feelings.

Nicotine poisoning is also common, but it rarely occurs from smoking. Usually the nicotine is ingested in toxic amounts by very young children who swallow cigarettes and tobacco products left within their reach by unsuspecting parents. The American Academy of Pediatrics (AAP) states the minimum lethal pediatric dose of nicotine is one milligram per kg of body weight as in one cigarette, three to five butts, a pinch of chewing tobacco, several pieces of gum, or one transdermal patch. The symptoms of nicotine poisoning include:

- vomiting
- nausea
- diarrhea
- headaches
- involuntary twitching or skeletal muscle paralysis
- difficulty breathing
- sweating
- palpitations
- abdominal pains or cramps
- seizures

If untreated, nicotine poisoning can result in death.

Teens and Pot: A Downward Spiral

By Ceil Than

Marijuana has had the dubious honor of being the most commonly abused drug in the United States for quite some time, but there are some links between marijuana use and teens that can still surprise. Sixty-eight percent of teens who both have a driver's license and do drugs regularly "drug and drive," according to a survey conducted by Monitoring the Future and cited on the Ocean Township, Monmouth County NJ website under "Teen Driving & Marijuana." The same survey reports 27 percent of 16-year-olds and 18 percent of 15-year-olds responding that they used marijuana in the past year, and the most common place to use it was either at a friend's house or in a car. According to Connect with Kids, the most common time for teens to try marijuana is during summer vacation when, as one teen explained, "summer was mostly just a time for me to relax, chill out, and go party."

What is Marijuana?

Marijuana, also known as pot, weed, grass, or reefer, is made from the stem, leaves, seeds, and flowers of the *cannabis sativa* or hemp plant. In its dried form, or its even more potent paste form (hashish), it can be mixed with tobacco and rolled in cigarette paper (a joint), stuffed into a hollowed out cigar (a blunt), or prepared for a water pipe (a bong) and smoked. It can be brewed as a tea or prepared in foods, such as brownies. The plant contains delta-9-tetrahydrocannabinol (THC) that acts on cannabinoid receptors in the brain to produce what users call a "high." Marijuana is addictive. The National Institute on Drug Abuse (NIDA) reports that 9 percent of all users become addicted, but when users start at a young age, 17 percent become addicted; among daily users, the percentage of users who become addicted skyrockets to between 25 and 50 percent. In 2009 alone, 4.3 million marijuana users over the age of 12 were addicted. Marijuana addiction accounts for 63 percent of rehab admission for users between 12 and 14 years old and 69 percent of rehab admission for

users between 15 and 17 years old.

Why do kids smoke marijuana?

"I wasn't the kind of girl who did drugs," explains Jess, a 19-year-old marijuana user who agreed to share her story for an article in *Seventeen* magazine. "But I liked the idea of doing something new with him, [Dave, the boy I liked] and I was so into him that I didn't want to say no. So I agreed." Giving in to pressure from her new boyfriend set Jess on a downward spiral that ended some months later in an ambulance ride to the emergency room because not only was Jess "taking a puff from pretty much *everyone's* drugs" at a party, but she was also drinking heavily.



Jessica, an 18-year-old who shared her story for the same article, explained her reason for starting to smoke pot at age 14 after her mother's divorce changed the family dynamic in her home: "One weekend, I went to my friend's house to escape my mom's mood, and some kids were smoking pot. I thought it was harmless, so I took a puff. And within minutes, I felt a wave of relief; I smiled for the first time in *months*. So I couldn't wait to smoke again the *next* day. I kept smoking over the next few months, until I was doing it every day for hours."

The article points out that the number of high-school-age girls who report using marijuana increased 29 percent between 2008 and 2009 after years of decreasing. Peer pressure, a need to be accepted by a special person or group, a desire to escape personal or academic problems at home or in school, and a perception that marijuana is harmless contribute to its popularity among teenage users.

"It's not a risk-free drug," comments Denise Walker, co-director of the University of Washington's Innovative Programs Research Group in a university press release quoted in an article on MedlinePlus. "Adolescence is a big developmental period for learning adult roles. Smoking marijuana regularly can impede development and school performance, and it sets kids up for other risky behaviors."

Marijuana's Effects

Marijuana reduces a user's attention, motivation, memory, and learning, and these negative effects can last for weeks, especially in a chronic user. Chronic users get lower grades and are more likely to drop out of school. NIDA details psychological effects such as depression, anxiety, suicidal thoughts, and personality disturbances such as "amotivational syndrome," a lack of interest in activities, as well as psychosis. The higher the THC content, the stronger the effects, and the THC content of marijuana has increased since the 1980s.

In 2001, 38,000 high school seniors in the U.S. had a car crash because they were driving while high on marijuana. For 14 percent of drivers in fatal car crashes who chose to "drug and drive," marijuana was the most commonly identified illegal drug involved. Marijuana not only impairs judgment, in high doses it can trigger panic attacks and acute psychosis, including paranoia. The Canadian documentary film *The Downside of High* tracks the development of four teens from British Columbia who began using marijuana at a young age and developed acute psychosis, paranoia, and hallucinations. Filmmakers note that not only does the marijuana farmed today contain a higher THC content, but it also has a decreased level of cannabidiol (CBD), a substance in wild hemp plants that seems to temper the effects of THC.

Pot Panic

Chris Martin, a teenager interviewed on the 2008 ABC documentary *Marijuana Madness*, describes the psychotic episode that happened to him after he smoked a joint and then decided to go out and meet a friend: "I arranged to meet her at Flinders Street. So I get there and she wasn't anywhere to be seen. So, um, I just started freaking out, and I just panicked. I started seeing dead bodies everywhere. They were, like in pools of blood, and, you know, they're just everywhere you look. And everyone is just going about their usual day, walking by as if there's nothing there."

Dr. Jonica Newby, the researcher, producer and reporter for the program, explains the link between smoking marijuana and psychotic episodes this way: "The conclusion—published in the world's most prestigious medical journal, *The Lancet*, couldn't be more clear. Smoking pot at any stage increased your risk of developing a psychotic illness by 40%." This is especially true when users begin smoking at an early age. Martin stated that he began smoking when he was 15.

More and more links between marijuana use and psychotic behaviors, especially in those who begin smoking at an early age or are predisposed to mental illness, are being investigated by medical researchers and chronicled by parents who have seen their children exhibit these behaviors. British author Julie Myerson's memoir, *The Lost Child*, chronicled her son's mental deterioration that seemed to be triggered by his habit of smoking "skunk," a particularly potent form of marijuana grown indoors and widely used by teens in the United Kingdom (UK). Patrick Cockburn and his son Henry collaborated on *Henry's Demons: Living with Schizophrenia* (2011) that chronicles Henry's marijuana use that started at age 14 and his development of schizophrenia.

Recognize the Signs

The National Youth Anti-Drug Campaign also presents stories about teens and their stories of addiction. Amy's addiction began with her first use of marijuana at age 11. "By the middle of my



money than usual, but can't explain why he or she needs it.

Talk About It

The Medline Plus article cites a study in a 2011 issue of *Psychology of Addictive Behaviors* that indicates something as simple as a parent or a counselor talking to children can significantly reduce marijuana use.

The Ocean Township website urges parents to use a teen's quest for his or her driver's license as a perfect time to discuss the deadly trend of "drug and drive" because:

sophomore year in high school, I was using daily and by my junior year, it was multiple times a day," she explains. "After an injury that kept me from competitive gymnastics, I had to find something else to give my time to...something that could help me meet new friends." The most chilling part of the story is not that she used the cell phone that her parents gave her to contact drug dealers, but that her parents didn't suspect anything until the police came to the house and Amy was caught with drug paraphernalia.

In its pamphlet, "Marijuana: Facts Parents Need to Know," NIDA lists 10 things a parent should notice about their children that might indicate their children are using marijuana:

- The child seems dizzy or uncoordinated
- The child is acting goofy or giggly for no reason
- The child has very red, bloodshot eyes
- The child cannot recall events that happened just moments ago
- The child has things such as rolling papers or smoking pipes or other drug paraphernalia
- The child's clothes and bedclothes smell funny
- The child has begun to use incense or room deodorizers
- The child has begun to use eye drops
- The child has begun to wear drug-themed clothing
- The child has begun to ask you for more

- when parents monitor teens, crashes were one-seventh as likely to occur and traffic violations were one-fourth as likely to occur
- 59 percent of teens who drive say their parents have the most influence on their driving, compared to 27 percent who say their friends have the most influence on them
- 1 in 3 high school students say they "want" or "need" to spend more time with their parents
- two-thirds of teens between the ages 13 and 17 cite upsetting parents or losing their parents' and family members' respect as the main reason they don't smoke pot or do drugs
- teens who learn about the risks of drug abuse from their parents or caregivers are 36 percent less likely to smoke marijuana than kids who don't.

Amy has the last word: "If there is any advice I could give parents to help keep their kid safe from drugs is don't assume that just because your kid is an A student, involved in sports and extracurricular activities, that they are exempt from becoming a druggie. Pay at least half the cell phone bill so you have an excuse to see it. And if your kid pitches a fit when you take the cell phone away or never invites her friends to the house, let those be red flags."

Ceil Than is a freelance writer who has published fiction and nonfiction on a variety of topics.

Connect with Kids
CWK Network, Inc.
6849 Peachtree Dunwoody Rd.
Bldg. 4-150
Atlanta, GA 30328
www.connectwithkids.com

Marijuana Madness
Catalyst
ABC Television
www.abc.net.au

MedlinePlus
U.S. National Library of Medicine
National Institutes of Health
www.nlm.nih.gov

National Youth Anti-Drug Campaign
1-800-662-HELP
www.theantidrug.com

NIDA
National Institute on Drug Abuse
National Institutes of Health
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
301-443-1124
www.nida.nih.gov

Ocean Township
Monmouth County, NJ
732-531-5000
www.oceantwp.org

Seventeen Magazine
300 W. 57th St.
17th Fl.
New York, NY 10019
www.seventeen.com

HOTLINE

Suggested Reading Reviews by Ceil Than

Gross Me Out of Smoking

Tobacco by Jason Porterfield (2008) is part of the Incredibly Disgusting Drugs Series, and its presentation of its subject definitely lives up to readers' expectations of a series so named. Its four chapters span just 48 pages. The book takes a narrative approach and puts cigarette smoking into the context of popular culture from its origins as the cash crop of Virginia in the 1800s to the mid-1900s when 43 percent of Americans smokes and smoking was allowed in virtually all public places to the present day dominated by anti-smoking campaigns.

The writing style is conversational and focused on the "yuck" factor of tobacco such as this description of wet snuff: "dark and pre-moistened, it looks like potting soil." The accompanying photo of Phillies outfielder Lenny Dykstra, who stuffed so much chewing tobacco into his mouth that it covers his teeth and hangs over his lower lip to his chin like spinach, is so unappealing it's hard to believe Major League ballplayers in particular helped generations

of kids think chewing tobacco was cool and inspired a shredded bubble gum imitation of chaw right down to the re-sealable pouch that is still popular today, even though more big leaguers chew gum than tobacco. The photo of a tongue with the beginnings of oral cancer occupies half of one page, and the graphic photo of a diseased lung, black, cracked, and full of tumors that look like golf balls dominates another. The puce-colored captions and sidebars full of interesting facts such as famous people "Killed by Tobacco" both catches the reader's attention and completes the gross-out theme.

This book conveys the essential information about the dangers of smoking in language that is very easy to read and a format that is very appealing, especially to middle-school-aged children who need that "yuck" gut reaction to tobacco to keep from trying their first cigarette.

Tobacco by Jason Porterfield (2008) is published by The Rosen Publishing Group, Inc. 29 East 21st Street, New York, NY 10010, 800-237-9932, www.rosenpublishing.com

Smoke Screen

"While there are 599 additives approved for use in cigarettes, a staggering 4,800 different chemicals can potentially be released when a cigarette is burned." Some of these additives, such as hydrogen cyanide and formaldehyde, are clearly lethal if ingested; others, such as coconut oil and basil leaf, can be found on your pantry shelves. However, mix them together and set them aflame, and the smoke they create is deadly. David Hunter's *Thousands of Deadly Chemicals: Smoking and Health* (2009) delves into the science of cigarette making and the manipulation of ingredients that create a toxic brew.

The book is part of the "Tobacco: The Deadly Drug" series and is divided into six chapters of a little more than a dozen pages per chapter. It begins with background on why cigarettes need additives in the first place and builds to the effects of additives on the body. The final chapter explains the benefits of quitting. It's a bit like looking into the rationale behind a mad scientist's cookbook recipes, and it should appeal to older teens.

One thing readers might not realize is that tar is not an additive but the product of all 4,800 chemicals, more than 50 of which are known carcinogens, released in the smoke of the cigarette. The tar stains the filters of cigarettes, but is not trapped there.

The most interesting part is how many ordinary substances that are additives can undergo a chemical change when burned to produce toxic substances. Additives give cigarettes their distinctive look, smell, and feel. Flavorings, such as licorice and sugar, add sweetness. Humectants, such as propylene glycol, keep the tobacco mixture moist and control the rate of burning. Solvents, such as ethyl alcohol, help the ingredients mix together, and fillers and binders help plump and shape the cigarette. The additives are carefully calculated and the combination of all these additives, natural or chemical, produces toxins when burned.

There were three intriguing examples of natural ingredients that yield unnatural results. Sugar, menthol, and ammonia, all found around the house in

food, cough drops, or cleaning products, add to the addictiveness and toxicity of cigarettes. All three are added to cigarettes with their effect on nicotine in mind. Sugar, when burned, produces acetaldehyde that increases the effectiveness of nicotine by prolonging the "high" the smoker feels. Menthol suppresses the cough reflex so smokers hold the smoke in the lungs longer, allowing more nicotine to enter the bloodstream. Ammonia, produced by the additive urea or occurring naturally in the tobacco leaf, also allows more nicotine to enter the bloodstream.

Although written with a decidedly scientific bent, the presentation of information is simple and easy to understand with no hyperbole. Knowing the science behind cigarette making helps the reader understand why and how cigarettes can cause serious diseases such as cancer and heart disease. Realizing that these ingredients are consciously and deliberately in cigarettes makes the tobacco industry sinister. This is a good book for teens who think they know it all and have heard it all to wake them up to the plain facts of the risks of smoking.

Thousands of Deadly Chemicals: Smoking and Health by David Hunter (2009) is published by Mason Crest Publishers, 370 Reed Road, Suite 302 Broomall, PA 19008 (866) MCP-BOOK
www.masoncrest.com

Straight Talk on Marijuana

"Smoking marijuana makes you forgetful, stains and rots your teeth, raises your risk of having a heart attack as you get older, and may make you unable to have children. It can rob you of your coordination, your looks, your ability to think clearly, and the will to make something of your life. Now, does marijuana sound like a harmless drug to you?" The final two paragraphs that introduce *Marijuana* by Jeanne Nagle, another book in the *Incredibly Disgusting Drugs* series, put the facts plainly and forcefully to readers.

The volume continues the four-chapter, 48-page format, puce boxes for captions and sidebars, and plenty of "yuck" captured in photos. It gives readers

what Nagle terms "the lowdown on marijuana" because "when you go up against something that is trying to hurt you, it helps to know a bit about it." This kind of straight talk in the language that appeals most directly to middle-school aged readers, is like getting good advice from a trusted older brother or sister.

It also places the reader in the position of super-hero fighting and winning over a force that seems greater than himself, and that works as the author details the effects of pot smoking that are mental as well as physical. If memory loss and hallucinations are not frightening enough to deter a tween from trying pot, the description of marijuana smoke choking the body with phlegm will: "Smokers tend to cough up tar resin and other awful chemicals, which make the phlegm they produce a gross brown color. Other times, you might cough up phlegm that is green or yellow, which means there's some kind of infection in your lungs. Doesn't that sound pretty?" The half-page close-up of a bloodshot eye and the business-card sized zoom-in of the smoker's mouth, yellowed teeth bared as if they belonged to a werewolf will seal the deal.

Marijuana places all the facts about pot smoking and its negative effects on the user's mind and body, behavior and hygiene, on the table where the reader can see clearly how disgusting they can be.

Marijuana by Jeanne Nagle (2008) is published by The Rosen Publishing Group, Inc. 29 East 21st Street, New York, NY 10010, 800-237-9932, www.rosenpublishing.com

Out of Mind

Alby smoked pot so much, he forgot how to do division. *Marijuana, Mind-Altering Weed* by E.J. Sanna introduces the reader to the effects of pot smoking through recounting Alby's story publicized on the National Institute on Drug Abuse (NIDA) website. Sanna's perspective on the dangers of marijuana focuses on the effects of marijuana on the user's brain, especially the teenage user's brain.

Before discussing the long history of marijuana use across cultures for many purposes, the first chapter establishes the relationship between THC (tetrahydrocannabinol), the active ingredient in marijuana, and the human body's limbic system that is highly developed in a teenager, to show that the effects of pot occur in the brain centers that control memory, emotion, aggression, and fear. This link is crucial as the reader progresses to the descriptions of how teenage smokers act as well as the psychological side effects they may suffer. If the short attention spans, decreased energy and ambition, poor judgment, impaired communication skills, and diminished effectiveness in social situations that teens manifest when smoking pot are not enough to convince them to stop, the descriptions of paranoia, uncontrollable eating binges, and panic attacks will.

In addition to the mental effects of pot smoking, the book describes the physical effects, such as the development of emphysema or heart disease. It also brings to bear the legal consequences of using marijuana, such as legal punishments for possession, dealing, and driving under the influence of drugs (DUID). The final two chapters explore the debate about marijuana for medical use and the legalization of marijuana, as well as treatment options for addiction.

This book, part of the "Illicit and Misused Drugs" series, is for older teens who need all the facts presented to them in a nonjudgmental way. The many fact boxes, sidebars, and pages of questions and answers are helpful for teens to get the point quickly and clearly.

Marijuana, Mind-Altering Weed by E.J. Sanna is published by Mason Crest Publishers, 370 Reed Road, Suite 302, Broomall, PA 19008, (866) MCP-BOOK, www.masoncrest.com

HOTLINE

Stranger Danger

Sometimes it's readily...a parent

by Don Austen, Guest Editor

Ever since the Lindbergh case in 1932, where famed cross-Atlantic pilot Charles A. Lindbergh's 18-month-old son was kidnapped and held for \$50,000 ransom and eventually murdered, fear hung over the rich that it might happen to one of their own children. Before that, the abduction of a child was made rather light of. In 1910, William Sydney Porter, under the pen name of O. Henry, wrote "The Ransom of Red Chief," a story that described how two criminals kidnap the 10-year-old son of a wealthy businessman to try and get \$2,000 for him, only to find that the boy is so much trouble that they wind up having to pay the boy's father \$250 to take him back. Then on July 27, 1981, something happened that rocked the American hearts and bled fear into parents everywhere—the abduction and murder of Adam Walsh.

Reve (pronounced Ri-VEY) Walsh said she had left her 6-year-old son alone in what she had considered a safe place at the Sears Roebuck store in Hollywood, Florida. She claimed that she was only gone seven minutes (Sears investigators claimed it was more than an hour and a half), and that when she returned, Adam was gone. Two weeks later, Adam's severed head was found in a Vero Beach, Florida canal by two fishermen. His body was never recovered. John Walsh, Adam's father, immediately became a prime suspect, when it was learned that Reve had had a four-year-long affair with James Campbell while he lived in the Walsh's home as their houseguest. At the start of their affair, Campbell was 21 years old at the time. Walsh was later exonerated, but questions remained. Jeffrey Dahmer had been living in Miami Beach at the time, and a serial confessor, Ottis Toole, came forward to admit to the crime, but was not taken seriously by authorities and later recanted his confession. But on Dec. 16, 2008, Hollywood, Florida Police Chief Chad Wagner announced that he had decided that Toole had committed the crime. "We would have arrested him today," Wagner told the press,

apparently implying that, back then, Wagner didn't know anything about police investigations. No new evidence had surfaced in the 27 years that had elapsed. But Wagner had become a close friend of Walsh over the years, and he figured that Walsh at least deserved closure. Still, the arrest of a suspect is not the same as a conviction. Wagner alone, as a favor to this old friend, acting as both judge and jury, branded Ottis Toole a child slayer, and so the search for Adam's killer came to a close. So, whodunit? Was it the parents, whose personal lives were somewhat tainted by the Campbell affair? Was it Dahmer or Toole, both long since dead? With the case laid to rest, no one will ever know. The Walshes had sued both Sears and the Hollywood, Florida PD back then. It never came to anything, but, ultimately, who is responsible when you leave a six-year-old to fend for himself in a crowded mall? What sort of a mother does that? What sort of a married woman has a four-year sexual affair with her houseguest in her husband's bed, while her husband is away at work and her child is in the same house in the next room? No witnesses emerged, claiming to have actually seen Adam at the Sears store with Reve. No witnesses came forward to even acknowledge Adam's presence in the store by himself. Investigators at the time (and still today) have had to rely on Reve's sole testimony that Adam was actually there at all, just as the jury in the Casey Anthony trial had to rely on Casey's emotional plea that she was unaware of the circumstances surrounding her two-year-old daughter's murder.

Danielle Van Dam was seven years old in February of 2002 when she was molested and then murdered, her corpse then dumped in some brush by her next-door neighbor David Westerfield, who was then 52. Brenda and Damon, Danielle's parents, were sexually active swingers. The very night Danielle was murdered, Brenda was out having drinks with two of her girlfriends, whom Brenda recalled, had been dirty dancing with each other, while Brenda slow-danced with the man, who, just an hour later, would claim her

daughter's life. When Brenda and the girls went back to her house, one of her friends climbed into bed with Damon, while Brenda and the others engrossed themselves in a joint they had rolled to chill out. Whether Westerfield broke into the Van Dam home or whether Danielle was awakened by the sexual antics in Brenda and Damon's bedroom (and, though more likely the latter) remains to be seen. More likely than not, the seven-year-old, looking for her mother, wandered out of the house, where Westerfield found her, consoled her, told her to wait in his motor home for him to go find her, then simply locked the door and raped her until she died. It is significant to note, as with the Walsh case, that James Selby, a wanted sex offender, wrote to the San Diego police and confessed to murdering Danielle, though it is a proven fact that he did not.

On October 25, 1994, Susan Smith, mother of three-year-old Michael and 14-month-old Daniel, reported to South Carolina authorities that she had been carjacked and that her two children, whom she said were in the car at the time, were abducted. It was later revealed, however, that she had, in fact, murdered both of her children by drowning them.

On October 4, 2011, Deborah Bradley, mother of 11-month-old Lisa Irvin, reported her as having been abducted. Bradley stated that Lisa's father had been working overtime and the night of the abduction was the one time that she had inadvertently left the door unlocked. Kansas City police, however, have not bought into her story. Having obtained a search warrant, they brought in a cadaver dog, which signaled a positive hit for a dead human on the floor of the parents' bedroom. [Note: In a similar case, on August 27, 2010, two-year-old, Trenton Duckett was reported missing from his bedroom by his 21-year-old mother, Melinda Duckett. Trevor's father was Joshua Duckett, whom Melinda had divorced. There were battles over who would keep Trevor, until Melinda finally got a restraining order against Trenton for having sent her a threatening email over her MySpace account, wherein he allegedly threatened to hunt down both Melinda and Trevor and kill them both. Joshua's father was James Duckett, a former Macotte, Florida police officer who

was on death row for the rape, strangulation and drowning of an 11-year-old girl. In keeping with this soap opera scenario, Joshua had previously attempted to obtain a restraining order against this mother for having allegedly made harassing phone calls and threats to kidnap Trevor, but the order was denied. As per Trenton's disappearance, Joshua agreed to take and passed a lie detector test. Twelve days later, however, Melinda Duckett, who, unlike her husband, refused to take a polygraph, shot and killed herself, leaving even more unanswered questions. To date, Trenton's disappearance remains unsolved.]

And then there is the case of Elizabeth Smart, who was abducted on June 5, 2002 by Brian David Mitchell, a vagrant, whom Lois Smart, Elizabeth's mother, had found on a street corner, preaching *the Word of God*. Rather than ignoring him, she immediately hired him and took him home to help Ed, her husband and Elizabeth's father, fix their roof. We teach children to use caution and judgment when dealing with strangers. How about the not-too-Smart parents following similar rules? According to her later testimony, Elizabeth had been raped by Mitchell three times a day throughout her nine-month ordeal. Ed Smart is now signed up with the Premier Motivational Speakers Bureau at \$12,500 per engagement plus airfare, to help other parents learn how to protect their daughters. His talking point: "Be Prepared, Not Scared." Perhaps, though, in his now self-proclaimed infinite wisdom, he should have indoctrinated this adage into his then-14-year-old daughter, and "prepared" her for the ordeal with the card-carrying lunatic that he and his wife had hired, by arming her with either a Glock or a nine-month supply of Trojans.

In each of these *abductions*, the parents were either contributory or guilty themselves. None of them even remotely passed the smell test, and these cases represent some of what the public has been led to believe to be among the most critical abductions in recent history. So, the next time someone talks about *Stranger Danger*, perhaps they had better wonder whether that means stranger danger than you think.

(Editor's Note: This editorial represents Mr. Austen's own opinions, and does not reflect those of Children's Rights of New York, Inc.)

HOTLINE

CHILDREN'S RIGHTS of NEW YORK, Inc.
15 Arbutus Lane
Stony Brook, New York 11790-1408

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Children's Rights of New York, Inc.

"We're here to care, not to scare."



Children's Rights aims to keep children's problems in perspective, informing parents and the public about real dangers to youngsters without needlessly scaring them. For instance, polls have shown that stranger abduction of small children is a big fear among parents. However, extensive research shows that strangers abduct very few children annually and that, when they do, local police and other law enforcement agencies are the ones to look for and recover stranger-abducted or lost children.

From years of research, the group has determined that accidents, guns, disease, and child abuse are the leading risks to children, in that order. Accidents and injuries from guns, in particular, can be prevented by using simple, common sense.

Children's Rights of New York, Inc.
15 Arbutus Lane
Stony Brook, N.Y. 11790-1408
northeaglecorp.com/crny.html

Phone: 631.751.7840
Fax: 631.689.8266

