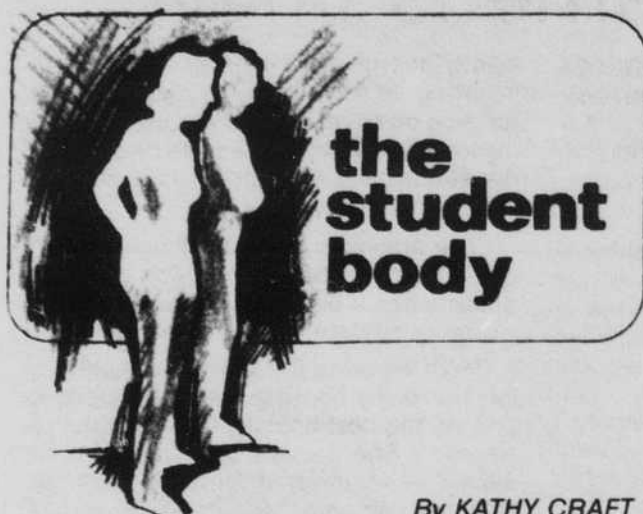


Side effects arise in DES offspring



By KATHY CRAFT
Of the Emerald

For the woman who wants children, repeated miscarriage is obviously a disappointing and frustrating experience. During the 1940s and 1950s—probably around the time of your birth—many pregnant women prone to miscarriage were given a drug to lessen the likelihood of spontaneous abortion—Diethylstilbestrol, of DES, now famous as a "morning-after" contraceptive. DES, a synthetic hormone similar to estrogen, was administered during the first trimester of pregnancy and, although never proven conclusively, it's possible its use helped prevent some women from miscarrying.

In the last five years, however, a dire side effect of this DES use began to appear. In 1971, a physician began seeing a number of teen-aged girls with cancer of the vagina—always a rare disease, but especially so in women under 50 (don't confuse this malady with the much more common cervical cancer). After considerable investigation, he discovered that in all but one case, the mothers of these girls received DES during pregnancy. In the absence of any other apparent reason, he concluded that exposure to the drug in utero was responsible for their cancer.

Although controlled studies with animals haven't reproduced this conclusion, physicians nevertheless no longer administer DES to pregnant women. Many discontinued prescribing it as an "after the fact" contraceptive as well. Now Premarin, another, is often used instead to prevent pregnancy after unprotected intercourse.

Certain research indicates a possibility for health problems in males exposed to DES before birth as well. When male rats were injected with large doses of DES, sterility, low sperm counts and cysts on the epididymus of the testes resulted. If these problems do appear in DES sons, though, it may not be until they grow older—when such prostate-related problems are more common.

As for women, if you suspect you were exposed to DES (or a similar drug—the substance is marketed under a variety of names) before your birth, contact the doctor who cared for your mother during pregnancy. Ask for specific information—the kind of estrogen used, the dosage, the duration of its use and the exact reasons for prescribing it. Then see your physician and have a complete pelvic examination—including complete inspection and palpation of the cervix and vagina, a Pap smear and an iodine staining test.

Journal reports dangers for dope smokers

Dear Doctor Copperman:

I don't smoke cigarettes because my father died of emphysema. Recently, I have started to smoke marijuana. Will this hurt me?

STARTING TO COUGH

Dear Cough:

Despite the fact that most students are very uptight about taking prescribed pills, many are more than willing to inhale far more potent drugs and substances without giving it a thought, and drink outright toxins (read alcohol) by the bottle.

No one knows for sure what component of smoke injures the lungs, blood vessels and heart. There is a fair amount of evidence linking carbon monoxide to the blood vessel damage that occurs from cigarette smoking, and car-

bon monoxide is definitely present in marijuana smoking. Chronic cigarette smoke exposure causes bronchitis and emphysema and while the evidence is incomplete, marijuana smoked steadily over a number of years probably does the same. Whether infrequent exposure to small doses is harmful is doubtful but certainly heavy or steady use is detrimental to your lungs.

The article printed below from The Medical Letter (a prestigious and very conservative medical journal), is noted for its calm and practical discussion of the dangers of marijuana use. To summarize: if you are going to smoke dope, don't drive, don't get pregnant and don't get stoned too often.

Terry Copperman, M.D.
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The Medical Letter, 56 Harrison
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MARIJUANA

According to a recent estimate, about 13 million people in the United States now smoke marijuana (RL DuPont, Science, 192:647, May 14, 1976). Many patients may be asking their physicians for the latest information about the safety of this drug. The pharmacological activity of the plant comes principally from its content of delta-9-tetrahydrocannabinol (THC); hashish, a brown resin derived from high quality marijuana, has a higher THC content (4 to 15 per cent) than ordinary marijuana (1 to 3 per cent).

ACUTE PSYCHOTIC REACTIONS — Psychotic reactions have been observed on first smoking marijuana as well as after long use (JA Halikas, in LL Miller, ed, Marijuana; Effects on Human Behavior, New York: Academic Press, 1974, p. 265). Hallucinations have occurred while a user was driving (JH Davis, JAMA, 221:714, 1972). Treatment of acute psychotic reactions to cannabis consists of reassurance and support; reactions usually subside in a few hours.

PHARMACOLOGICAL AND PATHOLOGICAL EFFECTS — Tachycardia is the most prominent immediate physical effect of marijuana, and is dose-dependent (PF Renault et al, Science, 174:589, 1971); the drug

has been reported to aggravate angina (WS Aronow and J Cassidy, N Engl J Med, 291:65, 1974). Congestion of the conjunctiva, dizziness, nausea, and vomiting are also common. Other adverse effects include tremulousness and impairment of coordination.

From the doctor:



Smoking marijuana over many years may cause bronchitis and emphysema, but most patients in whom this was observed also used tobacco. Smoke from marijuana cigarettes, like smoke from tobacco cigarettes, accelerates malignant transformation of lung cells in tissue culture (C Leuchtenberger and R Leuchtenberger, in MC Braude and S Szara, eds, Pharmacology of Marijuana, New York: Raven Press, 1976, p. 595).

EFFECTS ON DRIVING — In a careful, well-controlled study of driving in city traffic after smoking both high and low doses of marijuana (H Klonoff, Science, 186:317, 1974), the drug had a dose-dependent adverse effect on driving performance. Forty-two per cent of those on low doses (4.90 mg THC per cigarette) and 63 per cent of those on high doses (8.40 mg THC per cigarette) showed a decline in their driving ability after smoking one marijuana cigarette. Unusual behavior included "the missing of traffic lights or stop signs; ... passing maneuvers without sufficient caution; poor anticipation or poor handling of vehicle with respect to traffic flow; (and) unawareness or inappropriate awareness of pedestrians or stationary vehicles. ... Marijuana and alcohol have additive adverse effects on performance of some motor tasks (JE Manno et al, in LL

Miller, ed, Marijuana; Effects on Human Behavior, cited above, p. 45).

PHYSICAL DEPENDENCE AND TOLERANCE — True physical dependence has not been reported in cannabis users; it has been observed, however, with high doses of THC given experimentally (RT Jones and N Benowitz, in MC Braude and S Szara, eds, Pharmacology of Marijuana, cited above, p. 627). Tolerance to the effects of the drug on heart rate, time estimation, and psychomotor coordination has been reported (Committee on Drugs, Amer Acad Pediatrics, Pediatrics, 56:134, 1975).

EFFECTS IN PREGNANCY — The effects of cannabis on mutagenesis and teratogenesis have been reviewed (Committee on Drugs, Amer Acad Pediatrics, cited above); there is little evidence in man of such effects but evidence from animal studies was suggestive enough for the American Academy of Pediatrics to recommend avoiding use of the drug by women who are or may become pregnant. Both THC and metabolites that are not psychoactive are stored in adipose tissue for up to a week after a single dose, and may affect cellular reproduction adversely (GG Nahas et al, eds, Marijuana: Chemistry, Biochemistry and Cellular Effects, New York: Springer-Verlag, 1976, p. 299).

STUDIES ON LONG-TERM USERS — Three retrospective studies of long-term users of cannabis in Jamaica, Greece and Costa Rica have been interpreted as showing no health hazards associated with use of marijuana (RL Dupont, cited above). The studies have, however, been criticized because chronic users with serious health problems were generally excluded. The physical or psychological consequences of the use of marijuana by children or adolescents are unknown.

CONCLUSION — Although marijuana has not been shown to cause physical dependence, and most users apparently suffer no adverse effects, psychotic reactions have been reported. Driving under the influence of marijuana can be dangerous, and the drug should be avoided by women who are or may become pregnant. Experience with tobacco alcohol suggests that the long-term effects of smoking and repeated intoxication are likely to be harmful.

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