There You Go Again, Joe [Califano]: CASA Report Uses Suspect Science to Hype Teen Marijuana Menace

Phillip S. Smith, Editor, David Borden, Executive Director; Drug War Chronicles #335, 2004-04-30

The National Center on Addiction and Substance Abuse (CASA) at Columbia University has once again raised the alarm about teens and marijuana. And once again, CASA head Joseph Califano and his team of researchers appear to be playing games with the numbers in order to advance an anti-marijuana political agenda in lockstep with drug czar John Walters.

CASA's most recent report, released April 20, was sensational: "New CASA Report Finds More Teens in Treatment for Marijuana Than for Alcohol or All Other Illegal Drugs Combined," shrieked the headline on the CASA press release accompanying the report. "Huge Increase in Emergency Room Admissions Among 12 to 17 Year Olds Where Marijuana is Implicated," read the subheading. There has been a 142% increase in teens in drug treatment for marijuana, the report noted.

And if the screeching all-caps headlines were not enough to make the point, Califano was on hand to reiterate. "The evidence is overwhelming that marijuana is a dangerous drug," he said in the press release announcing the report. "Parents should recognize -- and help their children understand -- that playing with marijuana is like playing with fire. More kids are in treatment for marijuana dependence and abuse than ever before, and marijuana is a culprit in an increasing proportion of emergency room visits. Moreover, CASA's latest analysis provides increasing evidence that marijuana is a gateway to other drug use. The more researchers study the drug and the consequences of its use, the clearer it becomes that teens who smoke pot are playing a dangerous game of Russian roulette, not engaging in a harmless rite of passage."

Kudos to Califano for managing to stuff three controversial and widely criticized ideas -- about teens in treatment, teens in emergency rooms, and the gateway theory -- into the space of a single paragraph. His work here would make the drug czar proud. But there is no need to speculate about that, because Walters was up next.

As if evidence were needed that Califano and CASA are working hand in glove with the drug czar, Walters gladly provided it by contributing his own anti-marijuana rhetoric to the CASA press release. "The CASA white paper reinforces the fact that today's marijuana is very different from what was available in the 1970's and 1980's, in terms of
its potency and addictive potential," Walters chimed in. "Thanks to research such as this, we know more than we ever have about the adverse health impacts of using the drug, particularly for our youth. Marijuana poses a significant danger to young bodies and minds, and should be a matter of serious concern for American parents."

It all sounds pretty darned scary, which, of course, is precisely what Califano and Walters intended. But there is less to the report than meets the eye. For starters, take the claim that teens are flocking to drug treatment to get a grip on their marijuana habits.

The numbers are indeed going up, but not for the reasons CASA suggested. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Drug & Alcohol Services Information System (DASIS) Treatment Episode Data Sets (TEDS), which CASA used, the increase in teen marijuana treatment is driven almost entirely by referrals from the criminal justice system or the schools. In the most recent TEDS numbers, only 16.6% of teen marijuana treatment episodes were self-referrals, while nearly two-thirds (64.9%) were the result of referrals from the courts (54.1%) or the schools (10.8%). An additional 10.3% of treatment referrals came from health care providers. Another 8.6% of referrals came from "other community," which can include defense attorneys advising their young clients to cop a treatment plea.

"Why are there more teens in treatment for marijuana now? Duh," snorted Mitchell Earleywine, author of "Understanding Marijuana: A New Look at the Scientific Evidence" and professor of clinical psychology at the University of Southern California. "It's because you can go to treatment or you can go to jail," he told DRCNet.

"This is bogus," said Paul Armentano, Senior Policy Analyst for the National Organization for the Reform of Marijuana Laws (http://www.norml.org). "If you take out all the referrals from the criminal justice system or school authorities, you find that less than 17% of teens who underwent treatment for marijuana checked themselves into treatment. What happens is that someone is arrested for marijuana possession and he is offered a choice between doing jail time or attending a treatment program. They either volunteer or a judge orders them into treatment."

The increase in teen marijuana treatment admissions is not due to high potency pot or people reporting negative health consequences, Armentano told DRCNet, but to increased enforcement of the marijuana laws. "In reality, the increase in treatment episodes merely mimics the proportional increase that we have seen in marijuana arrests in recent years," he explained. "The rise in treatment episodes correlates strongly with the rise in arrests."

The upshot is that teenagers who do not need drug treatment are undertaking it to avoid jail or other unpleasantness. And the consequences of filling treatment slots with those who don't need them extend beyond the teenagers in question. "The reality is that every individual ordered to go to treatment because of marijuana is taking bed space from people who could be addicted to hard drugs," said Armentano. "If a large percentage of those people in treatment for marijuana are there even though they don't meet the
scientific criteria for treatment, but because a judge didn't want to send them to jail, then we are just wasting scarce and valuable treatment slots."

There are indeed a few who seek treatment for their marijuana use, conceded NORML executive director Keith Stroup. "Some people may decide they need help, and if they want treatment, that is terrific," he told DRCNet. "But there is no increase in marijuana smokers in treatment in the last few years except for those referred by the criminal justice system. On the one hand, the cops and the courts pack these treatment programs with people doing it to stay out of jail, and on the other hand, people like Califano and Walters turn around and point to the increase as evidence of a problem," Stroup growled. "That's bullshit. It doesn't prove that marijuana is making more people seek treatment, it merely shows that people will do almost anything, even undergo humiliating and unnecessary treatment, to avoid going to jail."

Well, then, what about that high potency marijuana sending kids to hospital emergency rooms? The numbers cited by CASA come from the Drug Abuse Warning Network (DAWN), a network of big city emergency rooms that reports all visits where drugs are mentioned. Drug War Chronicle has reported on problems in the DAWN statistics (http://stopthedrugwar.org/chronicle/252/futilityofdawn.shtml), but it is worth repeating that under DAWN nomenclature an "emergency room mention" of marijuana means not that marijuana caused the visit but only that pot was one of up to four drugs mentioned by the patient. For example, if a person is run down by a drunken driver and goes to the emergency room and tells hospital personnel he smoked a joint that day, that is an "emergency room mention" of marijuana.

The CASA report trumpets a 48% increase in "mentions" of marijuana by young emergency room patients, but fails to explain what a "mention" means, instead leaving readers to reach the incorrect, but politically useful, conclusion that kids are overdosing on high potency marijuana in droves. What is really occurring is that a miniscule number (7,000 -- less than 0.5% of all emergency room drug "mentions") of young people have arrived in emergency rooms saying they used marijuana that day. And according to the DAWN numbers, nearly half of them reported no problems related to their marijuana use but were there for other reasons. The remainder cited "unexpected reactions" to getting high or other non-life-threatening.

CASA and Walters would like to blame teen marijuana-related emergency room visits on high potency weed. "Especially troubling is the possibility that this rise in teen emergency department mentions is related to the increased potency of the drug," the CASA press release speculated. But marijuana experts aren't buying it despite repeated statements from Walters and other prohibitionists that today's marijuana "is not your father's pot" or is 10 or 20 or even 30 times stronger than marijuana available in the 1970s.

"It is easily apparent that these estimates of the increase in pot potency are really far off the mark," said Earleywine. "They are based on estimates from the 1970s that suggested 1% THC levels, but that was from marijuana police had in evidence that had been sitting
in hot evidence lockers for months before they sent it down to Mississippi to be tested," he explained. "You don't even get high at 1% THC levels. Now they're saying it's 20% THC, but that is extraordinary, and if you look at the averages from other labs, you see that average potency has increased two or three times since the 1970s, not the 10 or 20 times claimed by people like Walters."

But don't take the word of Earleywine. Here's what the Justice Department's National Drug Intelligence Center had to say about marijuana potency in its 2004 National Drug Threat Assessment released this month: "Reporting from the Potency Monitoring Project indicates that the average THC content in submitted samples of commercial-grade marijuana was 5.03 percent in 2001 and 5.14 percent in 2002. In those same years, the average THC content in submitted samples of sinsemilla was 9.60 and 11.42 percent, respectively. Rising marijuana potency is perhaps more a factor of the demand for better quality marijuana, however, than a reflection of marijuana's widespread availability. Marijuana testing at 9.0 percent THC or higher accounted for 15.3 percent of submitted samples in 2001 and 23.2 percent in 2002."

And besides, said Earleywine, that high potency marijuana could be beneficial in some respects. "Data that researchers Peter Cohen and Craig Reinarman have collected show that no one reports getting any higher on high potency pot, they just smoke less to get high. In that sense, high potency pot could be seen as harm reduction. There is no lethal dose, so making marijuana stronger doesn't make it worse or more dangerous. The idea that higher potency marijuana is leading to more need for treatment does not seem to be the most parsimonious explanation," he said. It is also unclear that teenagers are actually buying and smoking high potency marijuana, Earleywine said. "Go up to a teenager and ask him whether he would rather buy a whole bag of Mexican pot for $100 or a couple of grams of the high potency pot. Most teens have limited budgets; they aren't even smoking the stronger stuff."

So much for the threat of "not your father's pot." That leaves the claim that marijuana is a gateway drug, a claim upheld not by the scientific community but only by prohibitionist propagandists. The gateway theory has been debunked numerous times by reputable scientists, including the National Academy of Science's 1999 Institute of Medicine Study on the medical uses of marijuana. While researchers are apt to carefully couch their conclusions, the Institute of Medicine was forthright: "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs."

Other than misleading, distorting, or being downright wrong on each of its major points, CASA's report on the teen marijuana menace is a fine piece of science.
To read the CASA report, "Medical Marijuana II: Rite of Passage or Russian Roulette" online, visit:

To read the National Drug Intelligence Center on marijuana potency online, visit:
http://www.usdoj.gov/ndic/pubs8/8731/marijuana.htm#text16

To read about the methodology and data in the Drug Abuse Warning Network (DAWN) project online, visit:
http://dawninfo.samhsa.gov/

To read the government’s Treatment Episode Data Sets (TEDS) online, visit:
http://wwwdasis.samhsa.gov/dasis2/teds.htm

To read the 1999 Institute of Medicine report, "Marijuana and Medicine: Assessing the Science Base," online, visit:
http://books.nap.edu/html/marimed/

For other reports by reputable authorities debunking the gateway theory, see:
http://stopthedrugwar.org/chronicle/172/ajphgateway.shtml
http://stopthedrugwar.org/chronicle/266/randreport.shtml

A helpful online resource for debunking prohibitionist distortions is Common Sense for Drug Policy "Drug War Distortions" web site:
http://www.drugwardistortions.org

Addiction, Pain, & Public Health website - www.doctordeluca.com/