Melanie Dreher *from previous page*

It's for prevention, it's a strength-inducing, appetite inducing substance.

Appetite is very important in Jamaica. They do not like skinny people. They find it unattractive. So losing your appetite is not a good thing in Jamaica. But those psychoactive effects, when you ask farmers and cane workers, or women who are home attending to their gardens, cleaning their house, where they have a lot to do, and I found this in pregnant women who consistently said, "It just gives me the energy I need to do all the tasks I have to perform."

The study we did with children was very interesting for me because, one, it showed what good parenting was about. These schools in Jamaica are likely to have 50 in a classroom, with four children squeezed into a desk about this size. Lots of noise, lots of things going on, and for a child to concentrate in that kind of environment is really difficult.

Parents believe that the ganja tea helps them concentrate in that kind of environment. And they would go without ganja themselves, if their supply was low, so the children could have their tea.

Student: Why just two or three days of the week, if it's so effective? Why not every morning?

MD: Because they have a range of other teas that they drink, to give to their children. They have worms every summer and are regularly "purged" with ceresee tea (this takes at least two days) before school starts. Since the outhouse gets to be in frequent use, they do only one child at a time. See what you learn when you do field work? They use thyme tea, and a chocolate tea once a week. They try to mix it up and not give their children the same tea every time.

They always gave them cannabis tea the morning of exams.

Student: How did you know that?

MD: I lived in the community, so I'd go and meet with the mothers every day. There were only 28 children in that study. So I would go to the mothers, I'd give them a sheet to fill out, I'd go and talk to them, and this is the value of living where you do your research, because they trust you and they tell you the truth.

The children who were getting the ganja tea did very well. They were the leaders in their class. They had their little notebooks, their sharp pencil, we're talking primitive things, fresh uniforms. How much is attributable to the ganja? It's hard to say. But I think one of the areas of research where it's really going to be important in the future, is looking at the significance of ganja preparations, or cannabis preparations, for children who are easily distracted.

I think we're missing a big opportunity for these kids who have attention deficit disorders. I'm not recommending that they all go out and smoke marijuana, but it seems to me that we should be identifying some sort of therapeutic substance that children with ADD can have.

Ritalin is a terrible drug. If you can really get kids on something that is harmless, yet does the trick to get them focused, that's phenomenal. I think the problem is we can't experiment with children. Maybe the best we could do is to get adults who had taken Ritalin as children, who were identified with this problem as children, because it continues into adulthood.

I never saw dementia in Jamaica. They live longer than we do, and I never saw a hint of dementia there.

In addition to Attention Deficit Disorder, I think something can be done with very elderly people. I never saw dementia in Jamaica. They live longer than we do, and I never saw a hint of dementia there. I'm sure there were some, but in all the villages I lived, in Kingston and wherever, it just wasn't there. So I think it's worth really examining the role of this substance in brain functioning in much older people.

Student: Do you have any idea how the ganja-using children turned out?

MD: In 2000 I got a tiny grant from the Ruth Landes Field Study Fund, Research Institute for the Study of Man and I went back to look at these kids, who were then between 18 and 20. We didn't have a lot of time, but we found 14 of them just by going around the villages and asking where they were. It was so much fun! We'd pull up to the house, and look. "Miss Mel, it's you?"

We asked what they were doing now. Many of them had gone on to college — meaning high school in Kingston— and then went on to do professions like accounting, nursing, teaching, which I thought was pretty good. These were all the using children. But since I didn't have the whole sample, and couldn't do a comparison, I just didn't think it was yet worthy of publication. But it was gratifying to see these kids, who were allegedly doomed by nurses and teachers to not succeed, in fact succeeded quite nicely in a country in which it's quite difficult to succeed.

Valuing anthropological evidence

It's very hard to understand any kind of human behavior when you take it out of the context in which it occurs and put it into a laboratory or test tube and try to figure out what's going on. Or even to do a questionnaire or a survey. But when you can actually witness this behavior as it occurs, it's intelligible, you can understand it. And that's the real value of social science.

I don't know if any of you are considering a career in social science, but I would say we add an enormous amount. What we don't do is double-blind studies that have clearly formulated hypotheses. What we do do very well is record and compare human behavior. And that in itself can be extraordinarily enlightening, and enriching for people to help them understand their own culture as well.

What I've found is that nursing is the practice of anthropology.

Anybody in nursing? *(A hand goes up)* Great, is there a program here at Sonoma State? And where are you along in your course?

Student: I'm still in pre-nursing, so I'll start applying next year.

MD: It's a really great career. Sometimes people will say to me, "Hmm, nursing and anthropology, that's a kind of interesting mix." But what I've found is that nursing is the practice of anthropology. I'm not sure why they don't require anthropology the way they require pathophysiology in nursing. Because nursing is all about human behavior in context, and comparisons. So each patient you have, you compare with the patient you just had.

Student: Do you think of yourself as having been blackballed by the medical journals?

Courage is greatly lacking in our culture today.

MD: I don't hold any rancor for them at all. People and organizations act in their self interest. It's just a fact. And I can understand, if I was head of NIDA and I thought that my budget was going to drop as a result of this person's work, or the funding of this particular scientist, I'd have to think twice. But what I think NIDA should do, and what NIH should do and doesn't, is to actually go to Congress and have an audience with them and tell them "We have some really interesting findings. You need to be informed so that you can inform your constituents."

Courage is greatly lacking in our culture today. If we're really serious about healthcare in the US, we can't just look at the same science that has guided us forever and ever. We have to step outside those boundaries and look at other ways of doing things, other ways of thinking and learning.

Melanie Dreher, Ph.D., RN, FAAN has served as the dean of four Schools of Nursing. While at the University of Iowa College of Nursing she established a Masters in Nursing and Health Care Practice degree, which became the national model for professional nursing education. The author of books, articles and reports, her research interests include cross-cultural studies of the health care systems and financing of community health care.

Working Men and Ganja: Marijuana Use in Rural Jamaica

Author:
Melanie Dreher
Institute for the Study of Human Issues. Philadelphia, 1982
Year:
1982

The War on Mothers

1. "Perinatal Marijuana Use and the Developing Child" was published by *JAMA* July 16. Lead author Lauren Janson is in the Department of Pediatrics at Johns Hopkins. Co-author Chloe Jordan, PhD, is with the National Institute of Drug Abuse.

Their fear is that "Expanding use of cannabis among pregnant and lactating women (as likely will occur with legalization) may lead to increased risk from fetal and child exposures if the teratogenic potential of cannabis remains underappreciated."

The neoprobes' goal —summed up in the quote highlighted by the *JAMA* editors and reprinted below— is to suppress dissent among physicians.

> Advice from medical professionals should be consistent: pregnant and lactating women should be advised to avoid cannabis use...

The authors cite numerous published allegations of harm and then express dismay that many clinicians do not consider these allegations conclusive.

"...Despite these risks, it appears that clinicians are not addressing cannabis use during pregnancy or lactation; in one study of 74 lactation professionals, 85% encouraged breastfeeding among marijuana-using mothers. Most national breastfeeding guidelines (eg, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists) have remained steadfast in recommending against cannabis use during lactation. However, the Academy of Breastfeeding Medicine has changed guidelines (2009 and 2015) to allow the potential use of cannabis during lactation, citing "data...not strong enough to recommend not breastfeeding with any marijuana use" despite urging caution due to "possible long-term neurobehavioral effects."

The failure of the Academy of Breatfeeding Medicine to remain "steadfast" upsets the authors, who want doctors to propel the cannabis-using mothers into treatment.

"The medical community should advise pregnant women to avoid perinatal THC exposure and **intervene for women** needing treatment, for children at risk for neurobiological and developmental problems, or for dyads at risk for negative outcomes associated with an untreated substance use disorder.

"Advice from medical professionals should be consistent: pregnant and lactating women should be advised to avoid cannabis use, and women (and men) caring for developing children also should be advised to maintain abstinence. Treatment programs for women with CUD should be available and accessible, and gender and culturally specific, particularly during pregnancy and postpartum periods."

2. "Association of Nausea and Vomiting in Pregnancy with Prenatal Marijuana Use" ran in *JAMA* online as a research letter August 20. The authors are with Kaiser Permanente's Northern California Division of Research. In response to more pregnant women using cannabis as an antiemetic, Kaiser records were analyzed to find a correlation between marijuana use and nausea and vomiting during pregnancy (NVP, also known as "morning sickness"). They found, unsurprisingly, that the more severe her nausea, the more likely it is that a woman will use marijuana.

"In a large, diverse sample of pregnant females from 2009 to 2016 who underwent universal marijuana screening in California, those with severe NVP had nearly 4 times greater odds of prenatal marijuana use, and those with mild NVP had more than 2 times greater odds of prenatal marijuana use than females without NVP. Although results are consistent with the hypothesis that women use marijuana to self-medicate for NVP, marijuana use may also contribute to NVP, or clinicians may diagnose NVP more frequently among women who report using marijuana to treat it."

The authors conclude with a reminder tha "national guidelines" promote abstinence. They advocate drug-testing for the mothers-to-be!

"The health effects of prenatal marijuana use are unclear, and national guidelines recommend that pregnant women discontinue use. Patients with NVP should be screened for marijuana use and educated about effective and safe NVP treatments."

U.S. DELEGATION DISRUPTS ACCORD ON BREAST MILK

ROUTINE DEAL UPENDED

New Threats of Trade Sanctions Stun World Health Officials