

A Budding Special Collection: preserving the cannabis health literature of the past

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camh

AGENDA

1

Setting & Context

About the CAMH Library

Evaluation & weeding considerations for health libraries

A cannabis special collection: why now?

2

First steps

Defining goals and criteria

Gathering collection data snapshot

Workflow

3

Next Steps

What do we have?

Where should it live?

How to promote?

4

Show & Tell

1

Setting and Context

About the CAMH Library Collection

The collection includes books, journals, reprints, research reports, government documents in both print and digital format, as well as videos.

- Only a 20% overlap with University of Toronto Libraries
- We have *a lot* of stuff

Scope is international and historical in core areas

Ontario and other Canadian materials including government and NGO reports were also collected

- Collection focus included federal publications/ephemera from both Canadian /non-Canadian sources

How Did We Get Here?

Collection amalgamation:

- The Addiction Research Foundation (ARF) Library
- The Farrar Library of the Clarke Institute of Psychiatry
- The Queen Street Mental Health Centre, Health Sciences Library.

Addition Research Foundation (ARF) Library:

- De-facto repository library
- Multidisciplinary collection mandate
- Diverse library users

How Amalgamation Shaped Collection History

Majority of the collection:

The Addiction Research Foundation (ARF) Library

- Actively procured info from:
- National Clearinghouse for Drug and Alcohol Information
- US State drug information centers
- Monographs for a wide range of users

Result is a collection time capsule.

How Amalgamation Shaped Collection History

Alcoholism and Drug Addiction

The Addiction Research Foundation Library and Archives, Toronto, has 2,500 books, 4,000 reprint articles, and journal files on alcoholism and other drugs; it is also a depository for the Classified Abstract Archive of Alcohol Literature and for all Alcoholism Agencies' reports, newsletters, and bulletins. The Foundation is building up an extensive archive of world literature on the abuse, toxic and side effects of non-narcotic drugs (sedatives, stimulants, tranquilizers, and hallucinogens).

Downs, R. B. (1967). Resources of Canadian academic and research libraries. Ottawa: Assoc. of Univ. and Colleges of Canada.

Special considerations for collection evaluation

Hospital Libraries

- currency of materials is crucial to ensure “best available evidence” and quality care
- retaining older materials for historical research may not be part of hospital library mandates

CAMH Library

- CAMH’s organizational history imbues us with a responsibility and opportunity to honour our past
- merger of three libraries with different mandates means we inherited special collections
- history of psychiatry is particularly fraught
 - special collections allow researchers to track the development of a specialty or topic over time
- CAMH Archives, which includes a collection on the history of psychiatry in Canada (quite narrowly defined)

A cannabis collection: why now?

Legalization of recreational cannabis 2018

- surge of interest in all things Cannabis
 - > If done soon, can take advantage of the zeitgeist and promote our library!
- our materials suddenly antiquated (some more than others)
 - > e.g. Canadian materials now advocate harm reduction approach
- pre-legalization cannabis materials now have added research value
- our materials are unique and we are in a position to organize, preserve, make available

A cannabis collection: why now?

“THE MOVE” 2020

- CAMH Library moving to brand new space in Fall 2020
- impetus for unprecedented collection evaluation and visioning
- reckoning with evaluation considerations
- literally separating old materials from new

**How do we even
begin to think about
how to do this?!**

First steps

Set goals

1. to gather our **older** cannabis-related literature and see what we have
2. establish a **subset** of older cannabis materials as a special/historical research collection
3. package/present them in a **useful** way
4. promote and make **accessible** so people know this collection exists and can use it!
5. ultimate goal of showcasing and making useful the unique resources we have in our collection through the development of multiple special collections (or research guides to older materials by theme)

bold = we must thoughtfully define

Consult the literature

Guidance exists for

- developing special collections from scratch or from gifts
- academic health science libraries
- archives/museums/historical institutions

Existing guidance will be more useful at later stage (specific tasks)

*list of most relevant works consulted is included at end of presentation

Establish high-level collection criteria

This will be iterative at the initial stages.

1. Cannabis is the main topic of the item

OR

Item is published by the ARF, CAMH, or Canadian government body AND has a section on Cannabis

2. Monographs, reports, consumer health materials

3. Published before 2018

(though materials published between 2010-2018 will remain in circulation for now)

Cannabis Materials Data Snapshot

- with help of technicians, exported records of **all** print materials into grand spreadsheet
- sorted by call number, then identified all items with cannabi*, marijuana, and marihuana in title
- identified key call number ranges and looked for additional (non-obvious) items
- used this list as core data set for initial stage
- 428 items

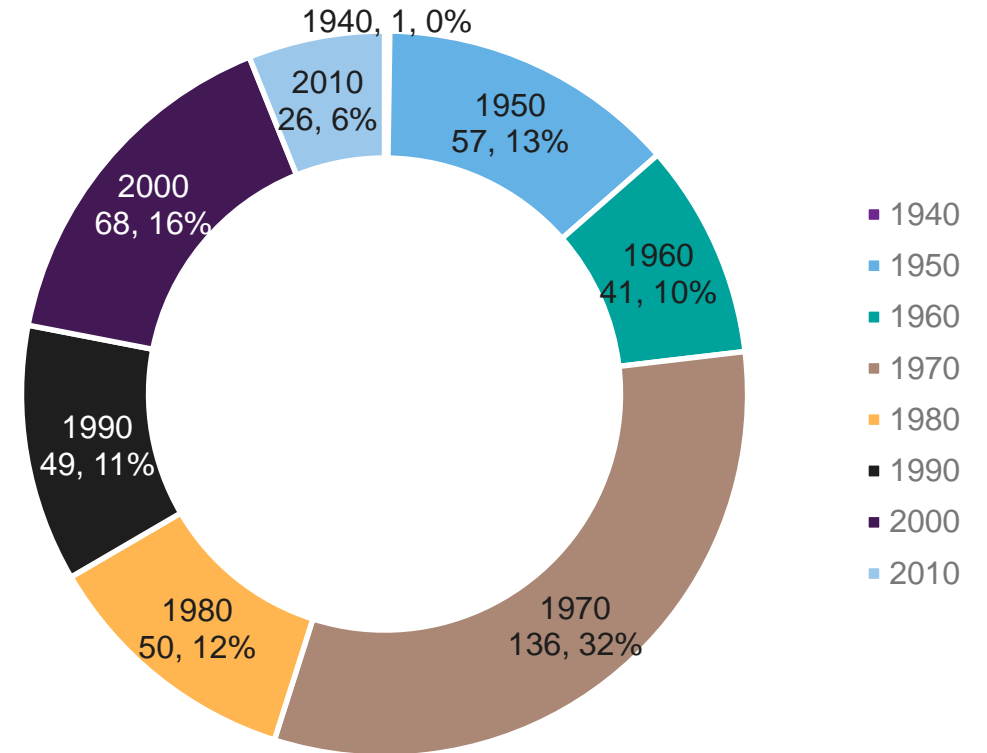
Cannabis Materials Data Snapshot

Note:

This is based on catalogue records (includes many articles printed out and catalogued).

This also reflects the trend moving away from monographs as central format.

Cannabis resources by decade



Workflow – Phase 1

1. Data snapshot
2. Pull items from list (harder than anticipated)
3. Sort through items not catalogued (mystery items!)
4. Revisit collection criteria
5. Use criteria to determine inclusion/exclusion
 - anything excluded is nominated for discard/donation
6. Create master list

**How do we turn a
bunch of stuff into
a collection?**

Next steps

What exactly do we have?

- Develop master list to include additional metadata such as material type categories
- Visualize master list data to understand collection trends, strengths, weaknesses
- Consult experts
- Use this information to reconsider collection parameters, likely users, promotional angles
 - Relevance? Potential research need? Preservation? Quality? Rarity/scarcity? Date/place of publication? (McElfresh, et al, 561)
- Where else can we send people looking for items/topics we do not have (since we will not be purchasing additional items to fill gaps)?

How to present and promote the collection?

Where should it live?

- is there anything in this collection that currently requires formal preservation?
- should we consider digitization and/or inclusion in a repository?
- will the CAMH Archives broaden its scope in the future to include such collections?
 - should this be considered a historical collection at some point? Is it already? Whose definitions?

How to present and promote the collection?

How will we provide access?

- what kind of catalogue/guidance document/finding aid?
- determine access points to this catalogue online and on-site
- establish policies and processes for requesting and accessing materials on site

Marketing and Promotion

- should we give the collection a cutie name?
- develop communication plan (internal and external)

**We still have a very
long way to go!**

Show & Tell



1

Material types

Bibliographies

Reports on usage trends, conferences/meetings,

Scientific texts on chemistry, toxicology

Legal texts

Monographs on difference aspects of cannabis use, control, treatment in various populations, settings, etc.

Consumer health information
- esp. geared at youth

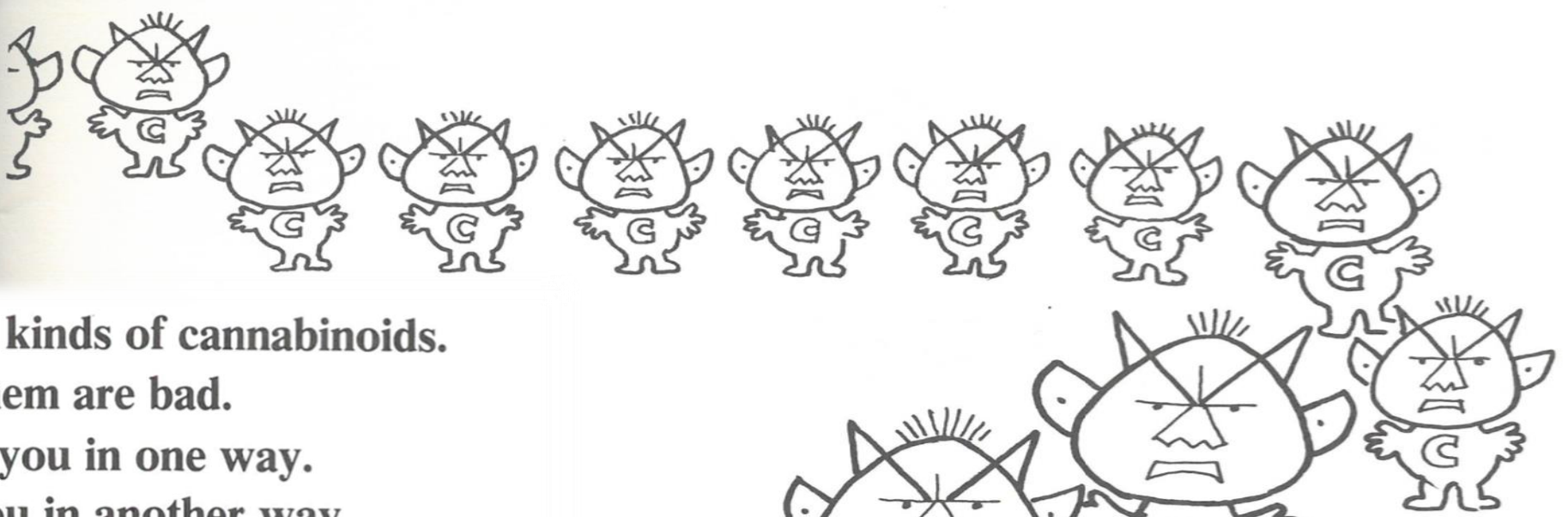


Theme #1: Marijuana is BAD

**I don't mean to do bad things
But I can't help it.**

**Because I have bad things in me.
They're called cannabinoids.
Say the word out loud.
CAN AB IN OIDS.**





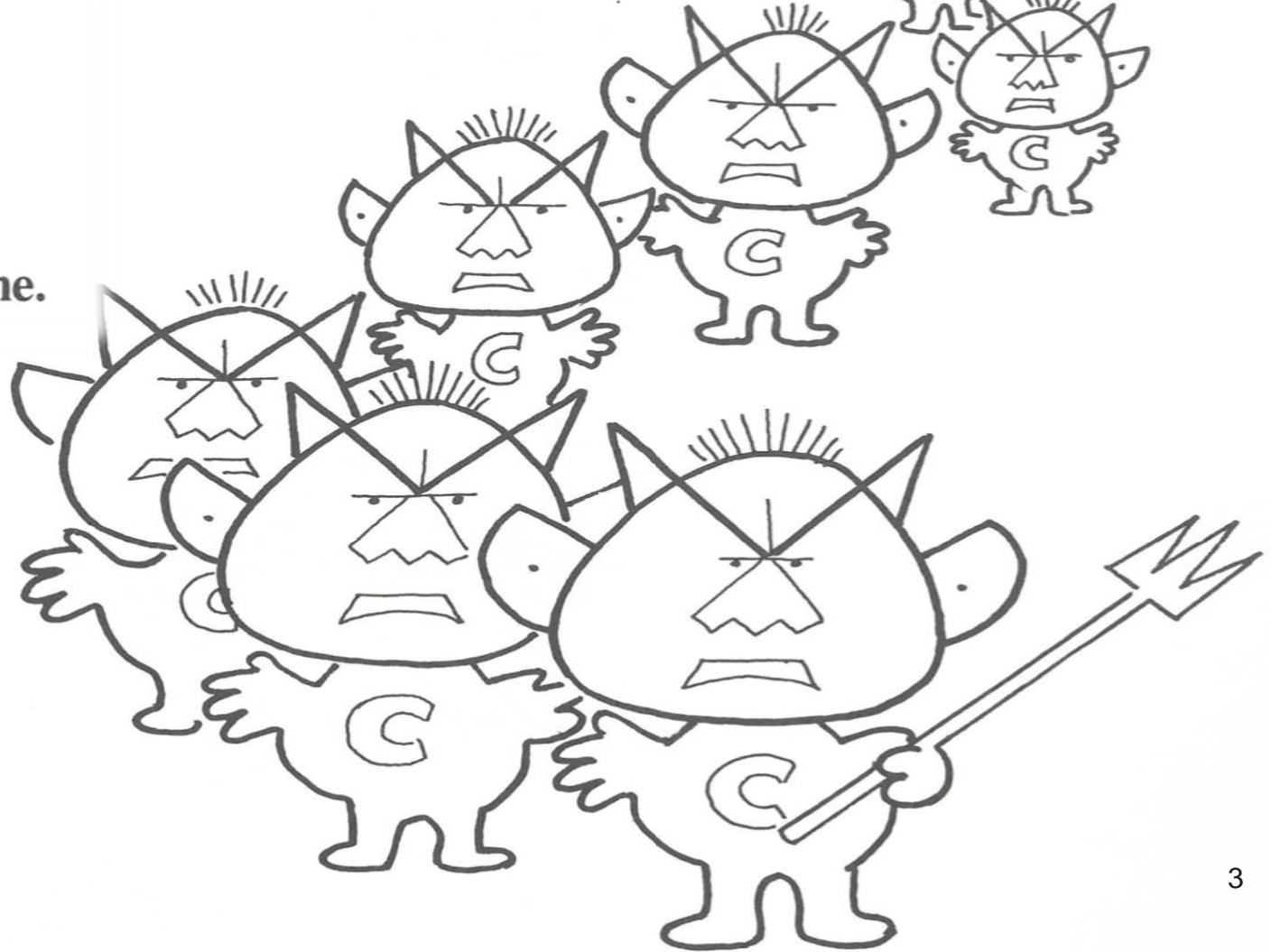
Sixty-one different kinds of cannabinoids.

All of them are bad.

Some harm you in one way.

Some harm you in another way.

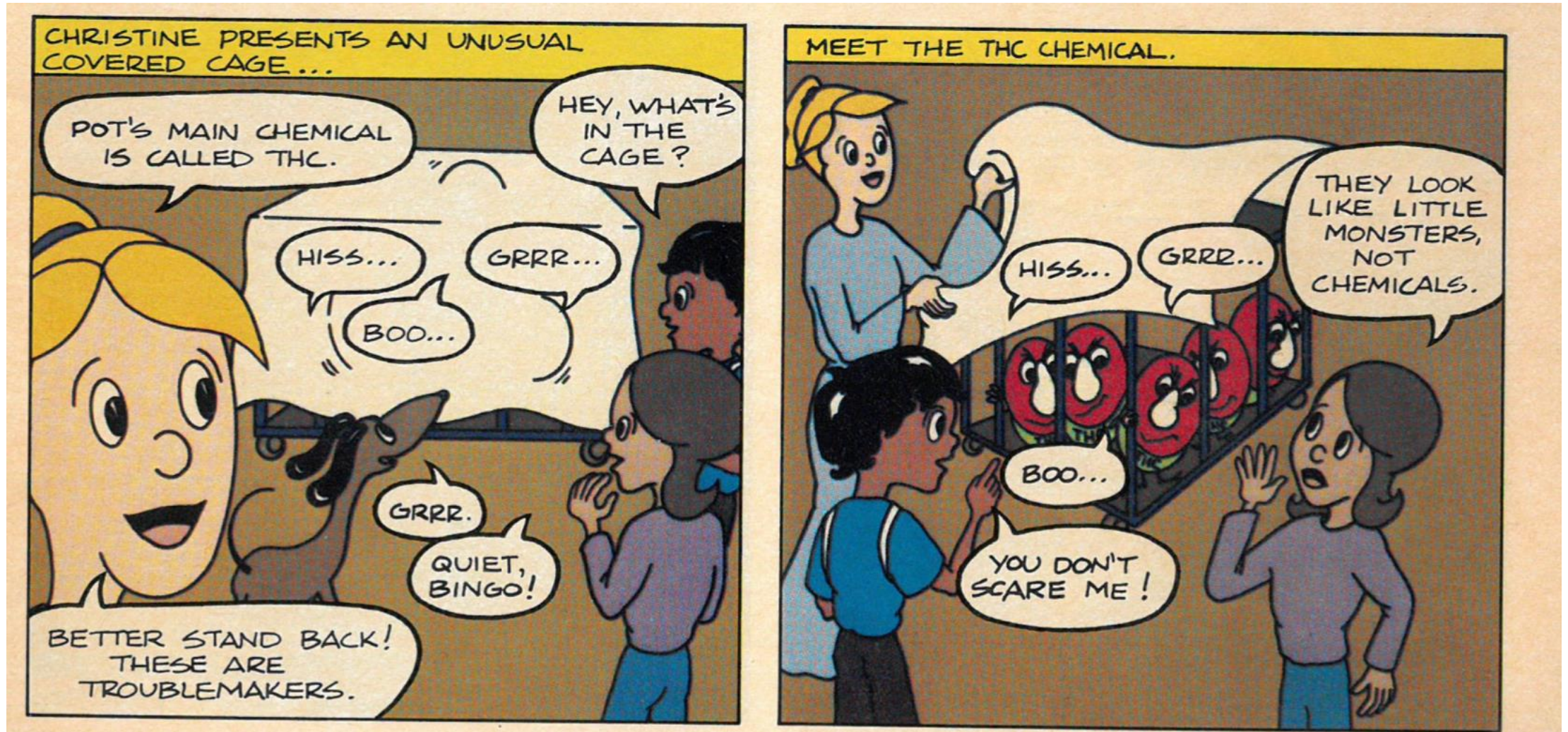
And the worst kind of all has a very long name.



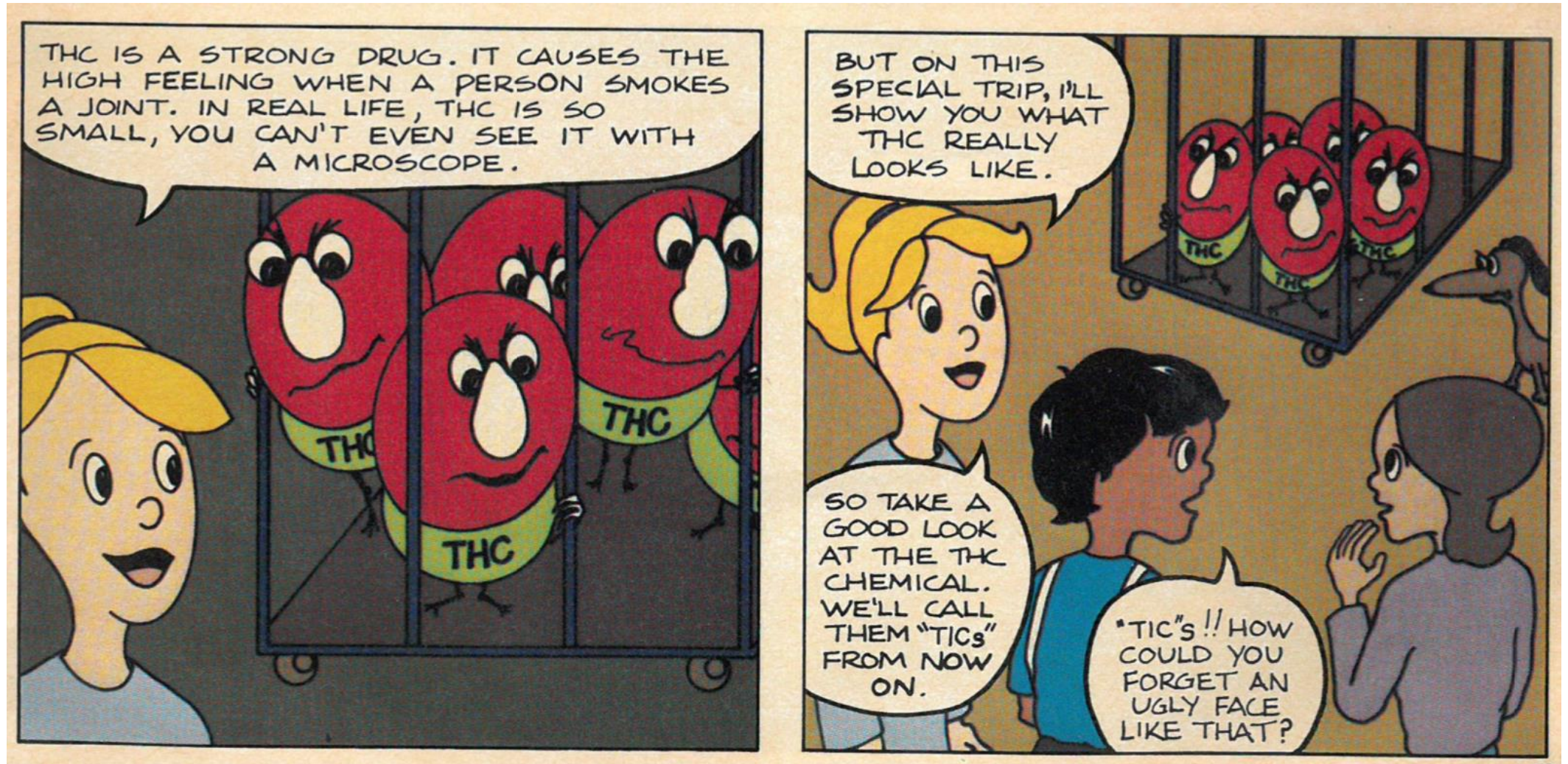
It's called TetraHydroCannabinol.
Its nickname is THC.



Marijuana is BAD



Marijuana is BAD



Marijuana is BAD

WEED OF INSANITY

* * *

The men and women who sell marihuana cigarettes are selling insanity. The boys and girls who buy them are buying madness—temporary madness. They are not purchasing the possibility of delirium tremens in the far future, as may be the case when they drink alcohol. They are purchasing absolute irresponsibility as the immediate effect of first consumption. The nerves are stimulated beyond endurance; the emotions irritated to violent rage; assault and murder seem natural and right.

Marijuana is BAD

Marijuana harms the growing minds of young people. It keeps them from learning about themselves and their world.

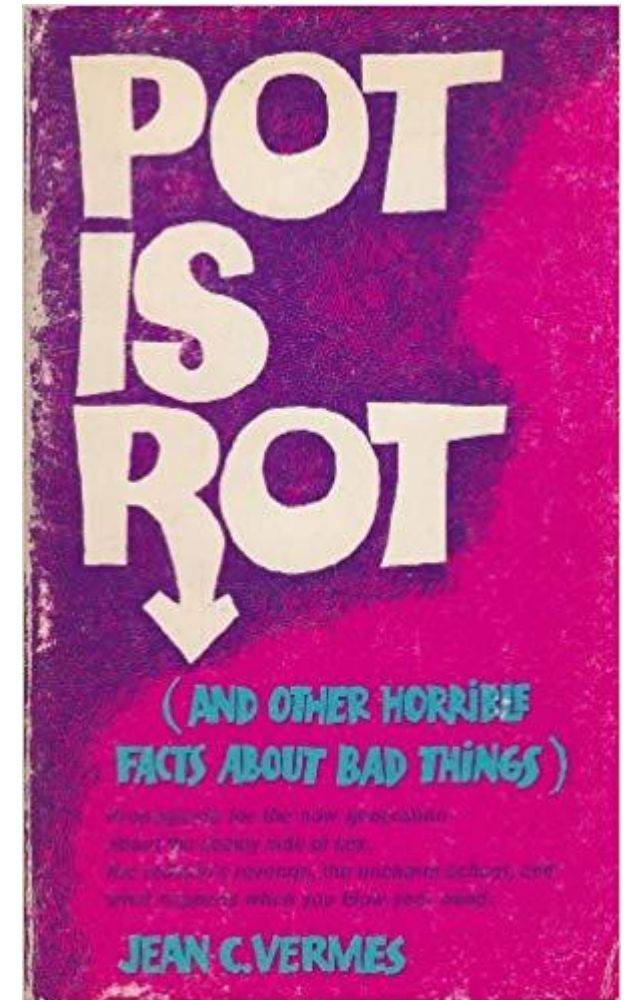
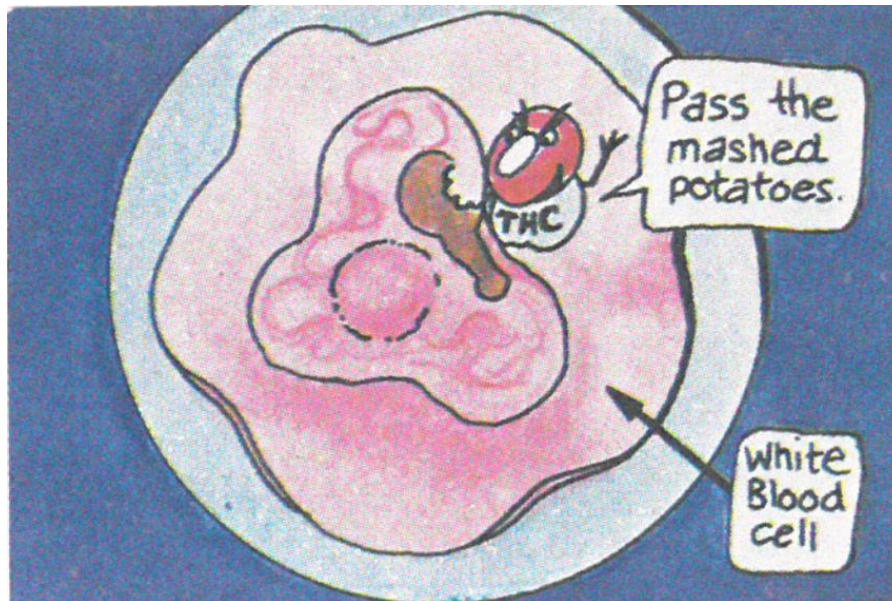
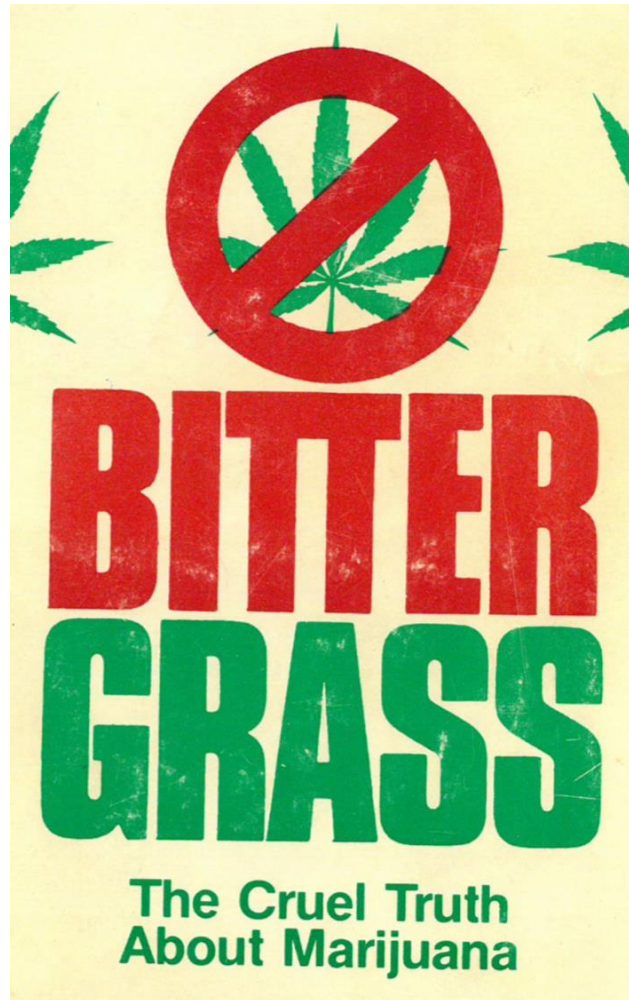
It's a problem because marijuana can harm other people, too. It harms our families and friends. It harms people we don't even know.

It's a problem because using marijuana is against the law. People who use or sell it can be arrested and punished, even if they are children.

It's a problem because marijuana is a gateway drug. That means it opens the door to drug problems. Young people who use marijuana are likely to use other illegal drugs, too.

We now know a great deal about the marijuana problem. We know that marijuana is dangerous.

Marijuana is BAD

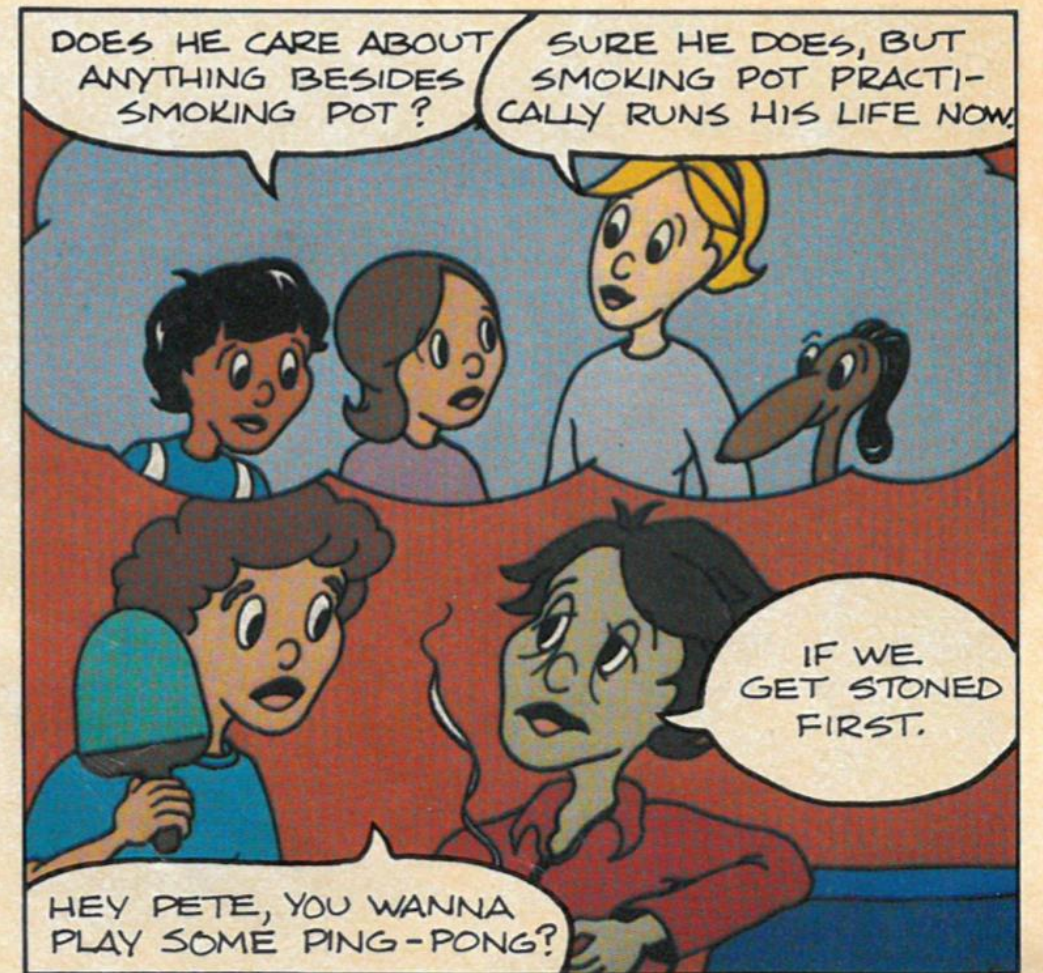


Pot smokers are losers



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Pot smokers are losers



BUT MY DAD SMOKES AND THAT'S BAD FOR YOU...SO WHY CAN'T I BE A DOPER?

WE AREN'T PUSHING CIGARETTES EITHER!
WE DO KNOW THAT CIGARETTES AFFECT THE HEALTH OVER A LONG TIME.



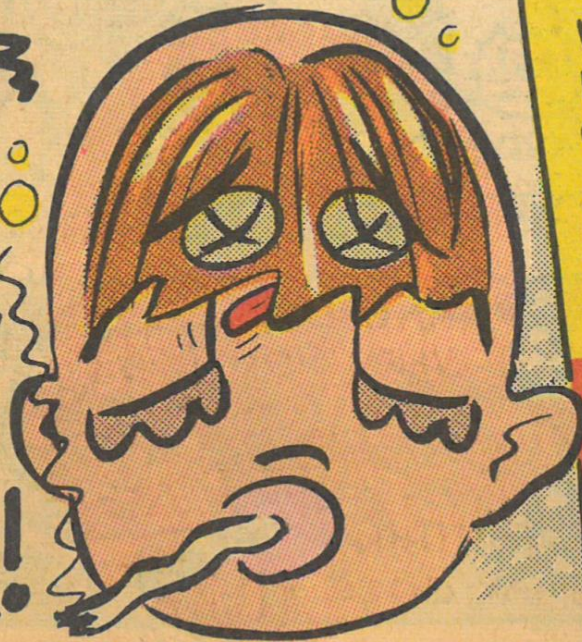
"ANYONE FOR...
CANCER?

EMPHYSEMA?

HEART FAILURE?

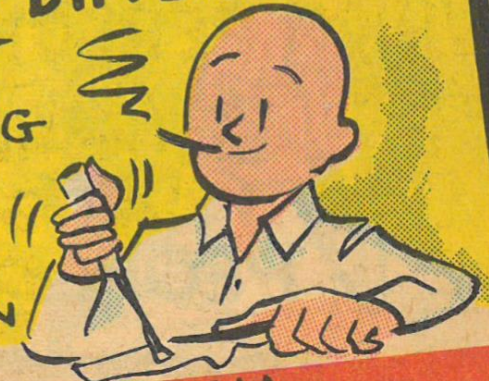
BUT WITH MARIJUANA...

THE
EFFECT IS
IMMEDIATE
AND
INTENSE!



...AND NEXT TIME DAD SMOKES
NOTICE ANOTHER DIFFERENCE.

WHETHER HE IS
READING, WORKING
OR JUST RELAXING
...HE IS **STILL**
PRODUCTIVE! HE
CAN STILL FUNCTION
NORMALLY.



BUT WITH MARIJUANA...
THE PURPOSE IS FOR
ONE REASON ONLY
...**TO GET LOADED!**



"DOES A USER'S BEHAVIOR CHANGE OVER A LONG TIME?"

YES!

CAN'T GET
ALONG WITH
HIS FAMILY!

USUALLY
HE
TURNS
OFF
PEOPLE!

HANGS AROUND
WITH NEW FRIENDS!

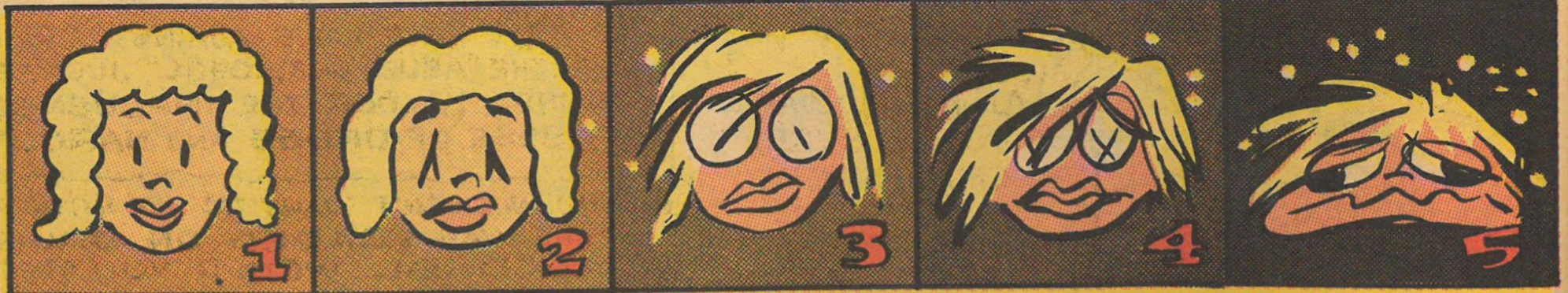
IDEAS
BE-
COME

FAR
OUT!

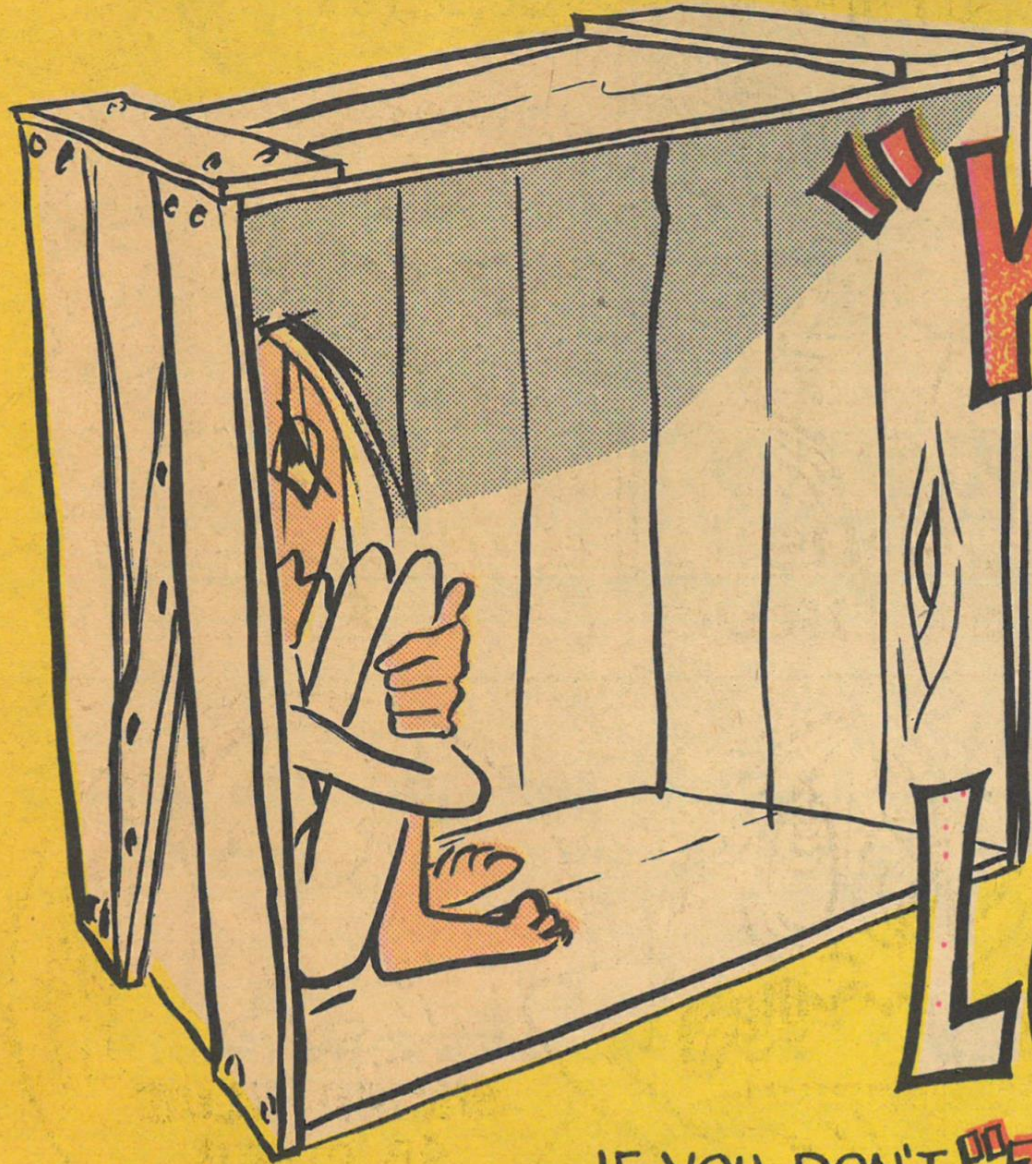
REPORT
CARD
"F"

SCHOOL GRADES
DROP FROM
LACK OF INTEREST!
BECOMES
SECRETIVE!
PERSONALITY CHANGES,
USUALLY HOSTILE
OR **FLAT!**

THERE
ARE
OTHER
CHANGES
TOO!



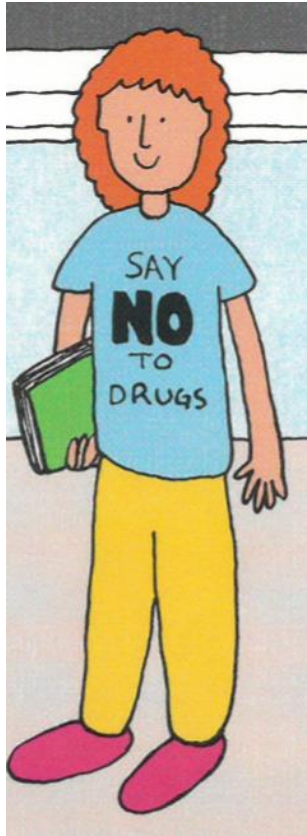
REMEMBER...



**"KIDS WHO
TAKE DRUGS
ARE
LOSERS!"**

IF YOU DON'T **"TURN ON"** YOU WON'T HAVE TO
WORRY ABOUT BEING ABLE TO **"TURN OFF!"**

Just say NO!



6



1



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☐ Lesson 4: Saying No Practice

TO MARIJUANA

☐ Review Clear No Statements

Time: 15 minutes ☐

1. Remind students that in the last two lessons they practiced saying no to friends who wanted them to do something they felt they shouldn't do.
2. Review the four guidelines for saying no. Do a round robin role play by calling on students and asking them to respond with a clear no statement to requests you make.

You may use requests such as the following:

"Let me borrow your bike."

"Hey, let's cut school tomorrow and go have some fun."

"Be a friend and let me copy your homework."

"Tell my mom we were at the library."

"Want to try some of my dad's vodka?"

"I found a pack of cigarettes. Let's go over to the vacant lot and smoke."

"How about lending me a dollar?"

"Want to go over to Andy's party with me after school? His parents are out of town."

Remind them to suggest an alternative activity when it's appropriate.

SAYING NO

Anti-legalization/anti-harm reduction

Those who, like the Federal Bureau of Narcotics, believe in retaining these penalties, have three good arguments: 1) They say that the dangers of marijuana have been underestimated, and that no evidence is yet available on its possible long-range effects. 2) They are afraid that marijuana may lead the user on to more addictive drugs like heroin. 3) They ask, “Even if marijuana is finally proved to be no worse than alcohol, why legalize still another intoxicating drug?”

Mixed messages produce mixed results. Thus, the central theme of this booklet is that the prevention of marijuana use requires a clear and consistent no-use position and continued attention in both families and communities.

BUT I THOUGHT THE GOVERNMENT LEGALIZED MARIJUANA.



Straight Talk About Marijuana



Canada

WRONG.

MARIJUANA IS, AND WILL REMAIN, ILLEGAL.

Societal breakdown



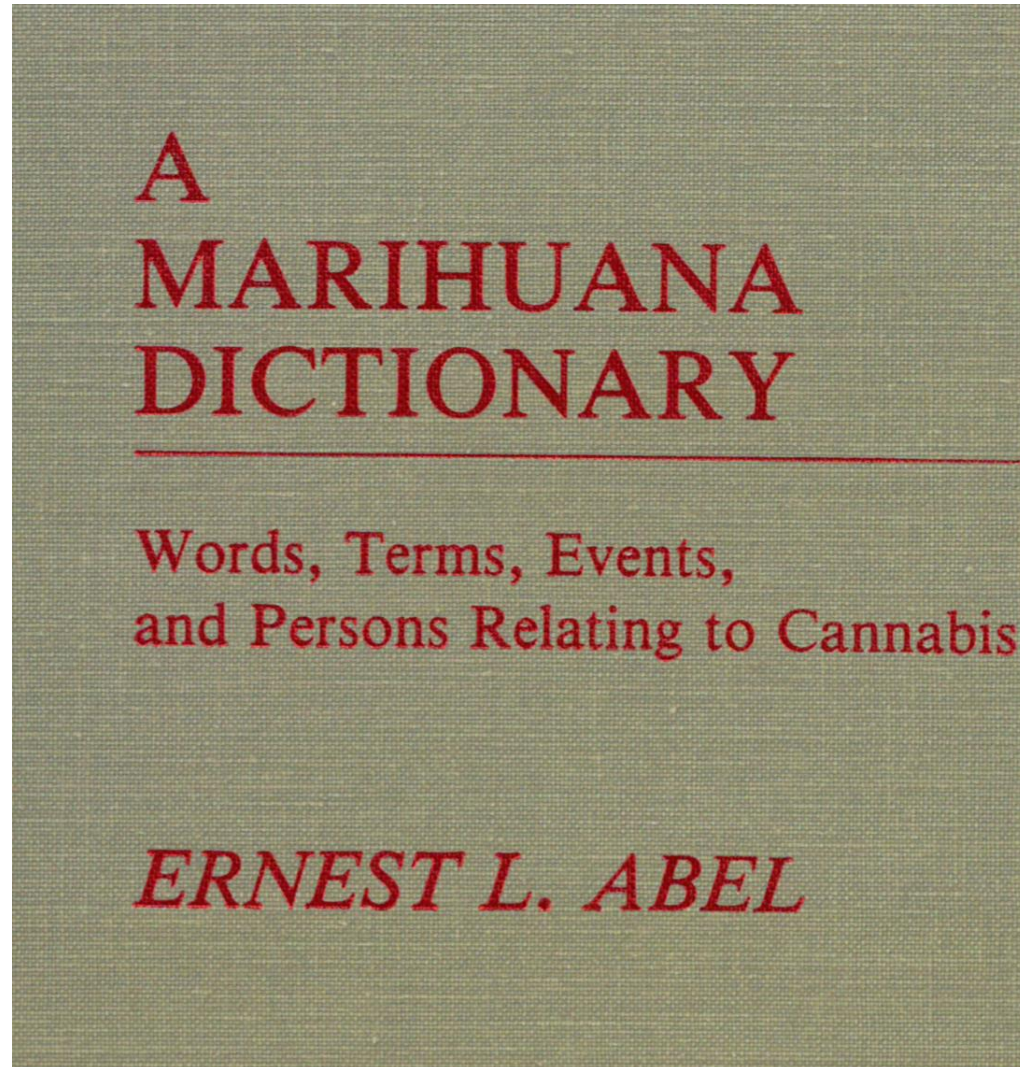
Societal breakdown



The main root, the emotional anchor that was the American family for generations, is hardly being nourished anymore. The structural weakening of the family has left the individual emotionally at a loss. The quintessential fact gleaned from psychodynamic psychiatry as applied to daily living is that the individual cannot survive and thrive in the world without love in his (or her) life. Love leads to inner security, peace of mind, soul peace, bliss and tranquility, or however you wish to phrase it. Without it, as in the loveless world we are building, where the decline of interest and skills in interpersonal relationships is leading to increasing narcissism, with its face of selfishness, the individual is more susceptible to developing existential anxiety, the anxiety that becomes part of any unloved and unloving existence. Marijuana is sought as balm and succor by the individual caught up in this dilemma. I cannot now establish my thesis with the necessary documentation and statistical analysis expected. However, I can say that among the several dozen emotionally fulfilled patients I have treated as a physician over the years, none, as far as I know, has taken to drugs, for none has had the need for chemically-substituted emotional gratification.

The diagnosis of a marijuana syndrome would

Miscellaneous cool item



Do a joint. Smoke marihuana.

Do up. Smoke marihuana.

1967: "Let's do up the joint." (Shorris, *Ofay*, p. 65).

1971: "Dave had several grams of hash, which we planned to do up on the slopes." (Hall, *Heads*, p. 21).

1977: "Do up." (Lentini, *Vice*, p. 135).

Doing your business. Smoking marihuana.

Dona Juanita. Marihuana.

1955: "Dona Juanita." (Braddy, "Narcotic Argot," p. 83).

Doobie, Dubbe, Dubee, Dubie, Duby. Marihuana.

1968: "Dubie." (U. California, *Folklore*, p. 418).

1971: "Duby." (Landy, *Underground Dictionary*, p. 72).

1972: "Dubie." (Smith and Gray, *It's So Good*, p. 201).

1977: "Dubbe." (Lentini, *Vice*, p. 135).

1978: "I settled onto bed and started to roll a nice doobie." (*High Times*, July, p. 15).

Dope. Any drug. Most popular term for marihuana in 1970s.

1928: "... hashish, the dope so common in India." (*Chicago Tribune*, July 1, p. 12).

1934: "I didn't know it was dope." (De Lenoir, *Hundredth Man*, p. 226).

1957: "I saw many other dope 'tea pads' (marijuana dens)." (Danforth and Horan, *Big City*, p. 126).

1979: "He's handing out a lot of good dope for free." (Goldman, *Grass Roots*, p. 23).

Dope Den. Place where marihuana or other drugs are used.

1965: "Enter a dope den, and quote enigmatic Scripture to reefer-smoking delinquents." (Himes, *Imabelle*, p. 33).

Dope Head. Regular marihuana user. *See also* Pot Head.

Dope Lawyer. Attorney who specializes in defending persons accused of violation of drug laws.

1976: "How did you get started as a dope lawyer?" (*High Times*, September, p. 23).

Wish us luck!

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Thank You

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