

Issue 5 | Fall 2022

Microdosing Magic Mushrooms



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Cover by Natalie Ammari

Letter from the *editor*



As I sit here writing this, I can't fathom the fact that we are on our last issue of the semester. Behind the scenes there have been countless late night editing sessions, way too much caffeine, and of course trying to keep each other's heads on straight. Even if this magazine has aged me 10 years, I've learned so many valuable things. I'm very grateful to be surrounded by a team of such hard-working people. Without such a diligent team, there would be no magazine. As well, to the support that isn't seen in the newsroom but in my heart. My family who's always believed in my strength even when I didn't see it and of course my kitten Honey who owns my entire heart. Without all these amazing beings in my life, this couldn't come to life. Moving forward, to our latest issue on drugs! I believe it's something truly valuable for a source to offer open conversation, even on sensitive topics. I take antidepressants every day of my life, but when I first started it was really hard to have a conversation with someone on drugs that wasn't skewed by personal beliefs. Even when deciding to take medication, it was really hard to find a source simply just explaining the medication. I wanted to offer our audience just a simple look into what certain drugs are used for and why. I hope that not just for our last issue but all we were able to offer you new information that'll expand your knowledge.

A handwritten signature in black ink, which appears to be "Ash O", written in a cursive, flowing style.

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Print Editor

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Sundial**

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MEDICAL CANNABIS

WRITTEN BY BRANDON SARMIENTO

California became the first state to legalize medical cannabis in 1996. Since then, the practice of using cannabis to treat health concerns has seen a change in perceptions toward the drug. For example, 84% percent of U.S. adults in 2016 believed cannabis should be legal for either recreational or medical use, according to the Pew Research Center. Six years later in 2022, 59% of U.S. adults want it legal for recreational and medical use, while 30% want it legal for medical use only. With a shift in attitudes toward the plant, more individuals may consider using cannabis for medicinal purposes.

Cannabis is a psychoactive drug that contains hundreds of chemical compounds called cannabinoids. Tetrahydrocannabinol and cannabidiol are the most common chemicals. The euphoric high often felt after consuming cannabis is primarily caused by THC, the main cannabinoid that alters one's mental state, according to the National Center for Complementary and Integrative Health.

When it comes to medical cannabis, research supports the potential help that it may have in treating certain illnesses and symptoms. Studies compiled by the NCCIH found that cannabis may help relieve chronic pain, reduce anxiety, treat seizures associated with epilepsy and alleviate chemotherapy-induced nausea and vomiting, to name a few benefits.

How someone takes medical cannabis depends on preference and medical history, which physicians both consider with patients. Methods of consuming cannabis can be categorized in four ways: inhalation, ingestion, sublingual consumption and topicals, as defined by the Drug Policy Alliance.

Inhalation includes smoking and vaporizing. Smoking involves burning dried cannabis flowers and inhaling the chemicals into the lungs. Often this is done in the form of cannabis cigarettes or pipes, including water pipes known as bubblers and bongs. Vaporizing involves inhaling cannabinoid vapor without breathing in traditional smoke, which is typically done through a vape pen.

Ingestion involves eating edibles, which are foods that contain cannabinoids like THC and CBD. Cannabis-infused gummy candy, brownies baked with cannabis-infused butter and salads drizzled in cannabis-infused oil dressing are a few examples.

Sublingual consumption involves dropping or spraying

liquid cannabis extracts under the tongue where blood vessels can absorb the cannabinoids.

Topicals are lotions, salves, bath salts and oils that are applied to the skin. This non-psychoactive method is often used to treat pain and inflammation in the body.

The various methods of cannabis consumption may be overwhelming. Figuring out if using cannabis is advisable, as well as what forms and dosages are recommended, may require seeing a medical professional.

Dr. Sherry Yafai, a medical cannabis physician and owner of the Releaf Institute, a cannabis clinic in Santa Monica, believes getting professional help when considering medical cannabis is important.

"At some point along the way, I do believe that especially depending on the diagnosis, depending on how much you're using, depending on if you're utilizing this as your primary medication, I do think that you need to seek guidance," Yafai said.

Yafai mentions that factors like dosages and cannabinoid ratios, such as the amount of THC versus CBD in a product, create a range of options for patients to choose from. This abundance of choices is another reason to consult a physician.

"If you're going to try it like a Tylenol, use a small dose and use it on your own, sure, I'm not opposed to that. But if you're trying to use it as a Percocet or something stronger, the goal is that you should have someone guiding you on that at least once or twice to make better suggestions and recommendations," Yafai explained.

Like any prescribed drug, cannabis can produce negative side effects. These may include impaired memory, difficulty thinking, respiratory issues, and intense nausea and vomiting, according to the National Institute on Drug Abuse. Cannabis is still banned on a federal level and classified as a Schedule 1 drug that has "no currently accepted medical use, and a high potential for abuse."

Regardless of social attitudes toward cannabis, the plant will always be out there for eligible adults to consume. Getting educated on why and how it is used can be the first step in determining if it may help or hinder one's health. For those who decide to use medical cannabis, Yafai emphasizes one piece of advice.

"The most important thing I can get across to every young adult out there is: know your dose, know what you're using," Yafai said.

101:



Cannabis for medical usage

How microdosing magic mushrooms

cured my **ANXIETY**, solved my **DEPRESSION**
and changed my **OUTLOOK** on life, or so I thought

BY ANONYMOUS SUNDIAL STAFF MEMBER

My fascination with fungi began after my short-lived stay behind Northern California's Redwood Curtain in Humboldt County. With no plans after high school graduation, I scrounged together what little money I had and packed up my four-door Chevy Aveo to head north to be with my girlfriend who had recently been admitted to Humboldt State University. Not before long we were shackled up together in a dingy one-bedroom apartment in the quaint college town of Arcata, California, but unbeknownst to either of us at the time, the apartment was infested with toxic mold.

What began as an escape from the confusion of life back home, quickly turned into a sharp decline in my overall mental health and well-being. My partner and I would often kid to ourselves about how it was more than likely not normal to be experiencing such an unusually high amount of mildew and mold buildup in our living areas, yet we were reassured by our property manager that "everyone in Humboldt deals with a little bit of mold at some point," and so we continued to scrub and spray away in the hopes that we would stay on top of the growth of mold in the apartment.

Our concerns suddenly hit a little too close to home on the day we were set to move back to Los Angeles and discovered blotches of mold layered on the underside of the mattress that we slept on night after night.

I decided to take some time off from school now that I was back home in Los

Angeles. With plenty of spare time on my hands I let my morbid curiosities get the best of me and embarked on a month's long journey looking into the effects of toxic mold exposure on the human body while contrasting my findings to my experiences up north, and with how I continued to feel. Somewhere along the way I discovered the flip side of fungi and stumbled across research linking psilocybin, the active ingredient in magic mushrooms, and improvements in an individual's mental health and cognition and soon enough the lightbulb switched on in my mind.

The effects of mold exposure are well established yet it is often misunderstood and underdiagnosed. Published research on the subject finds that mold toxicity can manifest itself in a wide variety of ways. It's believed that these reactions are caused by the body's autoimmune response in the brain to certain metabolites found in fungi known as mycotoxins. In addition to common symptoms such as fatigue, headaches and difficulty breathing, exposure to toxic mold can result in brain fog, depression, anxiety, difficulties concentrating and a host of other psychiatric issues.

I've struggled with depression and anxiety since at least my early teens, but I've never struggled as hard as I did in the years following my arrival back home. In addition to the emotional turmoil that I was experiencing, moments of decreased mental acuity occasionally emerged, sometimes worsening to the extent that there would be times where

my partner and I would be arguing and in the middle of the argument I'd inexplicably forget what it was that we were fighting about in the first place.

Frustrated and concerned for myself, I sought out help in the form of talk therapy. I finally settled on a therapist after spending a great deal of time navigating the confusing web of medical insurance networks and co-payments. Our sessions were stiff and awkward, and I found her suggestions generally to be your typical feel-good, self-love, positive-affirmation-messaging one could find scrolling Pinterest. This carried on for several months, occasionally gaining insight here and there until one afternoon, during one of our regularly scheduled sessions, I was attempting to describe a mental disturbance I had experienced during my time up north, and she entirely dismissed my concerns telling me instead that some unknown assailant must have slipped me a cigarette dipped in LSD, and that must have been what triggered my episode. I fought back on her hypothesis explaining to her this scenario was highly unlikely due to the fact that I didn't know anyone who smoked cigarettes, nor did I know anyone at all for that matter. Without much of an answer for me, she threw up her hands and gave me an impatient smile. The topic of medication shortly followed.

This interaction left me with an unpleasant feeling in the pit of my soul. I ultimately made the decision to end our weekly sessions altogether by simply not showing up one day. In hindsight,

I understand how that wasn't the best way to go about dealing with things, but her lack of a phone call or email to check in on me somehow validated me ghosting. I bounced around several different therapists in the years that followed, taking in bits of insight here and there but never quite finding the level understanding that I was seeking, and the specter of medication and its many side effects lingered in the thoughts and conversations that I was having.

In the background during this period of time magic mushrooms were having their cultural moment. Interesting news was emerging from Johns Hopkins School of Medicine on the use of psilocybin in cognitive behavioral therapy as well as its benefits in treating anxiety and treatment resistant depression. Additionally, COMPASS Pathways, a life sciences company dedicated to advancing access to evidence-based innovations in mental health received a Breakthrough Therapy designation by the FDA for its work with psilocybin

therapies, legitimizing psilocybin's place in the cultural zeitgeist. People such as VICE journalist and pharmacological researcher Hamilton Morris, and mycologist Paul Stamets sparked further interest in impressionable 20-something-year-olds such as myself. "20 years ago, if you wanted to talk about psychedelics, you're mostly talking to people that were either dismissing it or marginalizing it, or didn't know about the history, which includes me," said CSUN biology professor and president of the Mycological Society of Los Angeles, David Bermudes. "And now, it's respectable to talk about it, we get to talk about it openly, we get to talk about it scientifically, and we get to talk about it without being as judgmental, as it certainly was, in the past stigmatized."

As I poured over all the information that I came across on the subject, I came to recognize that this was something I could only experience myself. Without access to magic mushrooms, I decidedly committed myself to figuring out how

I could cultivate the mushrooms on my own.

I won't divulge the specifics of how, where, or when I acquired the necessary materials to embark on this experiment, but I will say however that the entire process going from spore to mushroom provided me with a deep level of self-satisfaction. The level of dedication and attention to detail required to take on an endeavor such as this did wonders for my mental health in ways I'm unsure I would have achieved through talk therapy and psychiatric medicine alone.

As time progressed, I was able to dial in my dosage and frequency of use after scaling up and down as necessary. I found the microdoses had more of a profound effect on my overall sense of well-being in the days following dosage, but it became apparent to me that the microdoses had many of the same positive emotional effects without any of the more visual effects that psilocybin can bring about, so I settled on a



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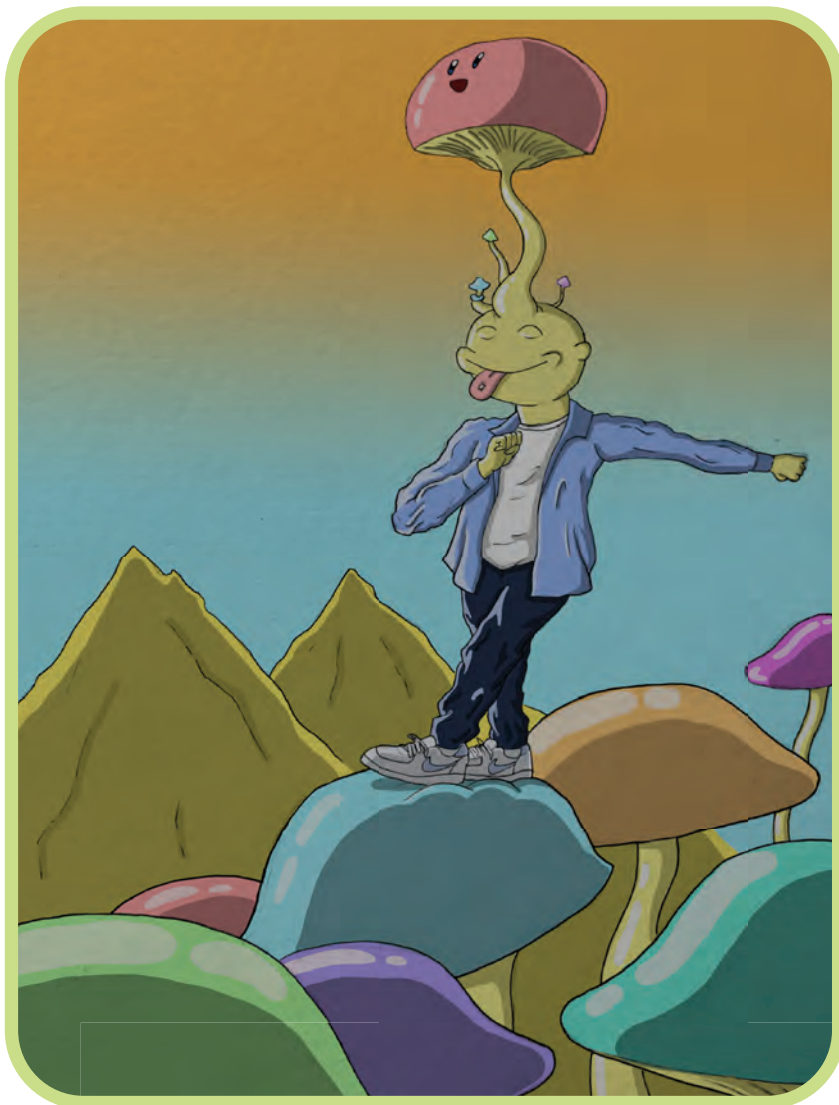


ILLUSTRATION BY DAVID MESQUITA

regiment of 0.5g of psilocybin, three days on, three days off. While I can't point to a single moment where things suddenly began to click for me in the weeks that followed, for the first time in a long time I felt on top of my mental and emotional health, which had taken a sharp decline in the aftermath of the COVID-19 lockdowns. It was almost as if a large weight had been lifted off of my shoulders. "I know well, of anxiety and depression for students," said professor Bermudes, "And we've seen a lot more of it since COVID. It's one of the things that we don't know how to treat. And the same with the other psychiatric or mental disorders, there's at least four or more conditions that we don't have much ability to treat, and these drugs seem to treat them."

Around a month and a half into regularly microdosing myself, my body had grown accustomed to ingesting psilocybin on a regular basis. But despite this, I still felt an enormous improvement in my cognitive functions and emotional wellbeing. I wondered to myself whether or not the months-long experiment on myself actually had helped me work through my issues or if it helped solely because I set out with the intentions of having it work for me.

As it turns out, the answer could be both. The research surrounding the therapeutic benefits of microdosing psychedelics has proven to be rather inconclusive and researchers have just begun scratching the surface. While the benefits of macrodoses of psilocybin are well established, findings suggest that

the reported benefits of microdosing are more anecdotal and can vary from person to person. Dr. Wesley Ryan M.D., a board-certified psychiatrist and psychotherapist specializing in psychedelic psychiatry and ketamine assisted psychotherapy argues that the verdict is out on microdosing. "There's been a bunch of studies that have been done on microdosing. The more rigorous ones would be placebo controlled, and double blinded. And all of those more rigorous studies have basically shown that there's not much of an effect that it's likely to be a placebo," said Dr. Ryan. "The rigorous methodology kind of doesn't yield much. And, the less rigorous one showed there is an effect. So, in my conclusion from that is that it's probably a placebo effect and expectancy thing."

While it's understood that what works for one person won't always work for the next, talk therapy and psychiatric medicine certainly have their place in society – there is no doubt about that. But as the floodgates of psychedelic assisted therapies continue to swing open there is no doubt in my mind that there will soon be a day where we consider the full spectrum of options that are available to us when seeking therapy and rehabilitation.

Whether or not the perceived benefits I got from my microdosing regimen were solely in my head ultimately didn't matter. I finally felt in control of myself and my emotions. I wouldn't go as far as to say I felt "better" in the sense that one feels better after recovering from a cold, but day to day life simply felt easier. I still felt like myself, and my problems, whether they be emotional or physical, were still present, too, and yet it all felt so very manageable. The fact that I didn't experience any side effects that are comparable to side effects that are associated with pharmaceutical drugs also felt encouraging. Soon after, fungi found its permanent place in my life. My fascination with fungi, both as a species and as medicine, continues to grow with each passing day, yet with so many different resources at my disposal I feel as though my work has only just begun.



Antidepressants Among the Youth

BY GESSELE MALUBAG

Being a college student isn't easy. These students undergo trials and tribulations during their early years of adulthood, and many of these problems create mental challenges which can lead to the usage of antidepressants.

There are many different kinds of antidepressants, and each of them have their own symptoms and side effects. Some of these antidepressants include selective serotonin reuptake inhibitors, otherwise known as SSRIs, as well as serotonin and norepinephrine reuptake inhibitors, called SNRIs, and atypical antidepressants.

They are used to treat various mental illnesses and conditions such as depression, anxiety and insomnia. But what causes students to develop these mental illnesses and conditions? According to the Mayo Clinic, some situations that can cause depression and anxiety in college students are stressful life events, sexual identity adjustment difficulties, sexual assault, comparison of academic, athletic or social performance to peers, fears of disappointing parents/guardians because of grades or career path choice, and more.

The effects of these medications can vary between each user. Third-year student Abigail Custodio shared her experience with antidepressants.

"When I first started taking antidepressants, I wasn't necessarily sure it would help me. It wasn't until two weeks in that I started to notice change," Custodio said. "It felt like things weren't so heavy anymore. I slowly started feeling like I had more control over my life."

Antidepressants can not only improve day-to-day feelings and emotions, but can be lifesaving for some.

"Being on antidepressants saved my life," said third-year student Jenna Jariabek. "Coping and other ways can be done to get through depressive episodes without medication, but for a period of time, I truly needed medication for chemical balancing."

Depression is a mood disorder that can occur when there is a chemical imbalance in the brain. Neurotransmitters are the chemical messengers that send signals to parts of the body. However, depression affects these neurotransmitters, which causes a change in the levels of serotonin and norepinephrine

in the brain. These levels can be changed or improved by using antidepressants.

Other ways to cope with mental health conditions include therapy, self-care, and reaching out to friends and family. These strategies can alleviate negative symptoms, according to the Substance Abuse and Mental Health Services Administration.

Although antidepressants can be the most helpful to some users and alleviate poor mental health symptoms, they can also have negative effects. Each antidepressant has its own side effects, and some have more serious effects than others.

"A major issue with taking antidepressants was that it made my anxiety worse. As the dosage got higher, I became irritable, struggled with discipline for getting my work done, and it negatively impacted my appetite and sleep schedule," Jariabek said.

Sometimes, the side effects do not last for the duration of using antidepressants. Some users' side effects diminished within a certain amount of time.

Custodio had her own negative experience. "I felt light-headed for the first week, which I was informed of by my psychiatrist and she recommended I take it at night," she said. "I did feel an increased codependency, where I felt I needed extra physical and emotional support. There were also nights where I had insomnia, but progressively the symptoms subsided."

As many college students are experiencing life and situations while studying to earn their degrees, it is common for them to be on medication due to stress. The National Library of Medicine has done extensive research and found that "the proportion of college students who have taken psychiatric medications of all categories has risen in the last decade," and that "these students are increasingly likely to be on more than one kind of psychiatric medication and be treated by healthcare providers at a greater frequency." In their research, they found that the percentage of university students who were taking antidepressant medication increased from 8.0% to 15.3%.

WHAT'S ALL THE RAVE ABOUT?

BY KAMRYN MARTELL

Rave culture began in the European music scene in the 1980s. With the popularity of raves growing, they began to pop up around America shortly after that. With rave culture comes drugs. Drugs were introduced around the 1980s as well. Ecstasy, methamphetamine and ketamine are just some of the drugs people take at raves. But, people do not know just how dangerous and detrimental they are.

One of the most popular party drugs is ecstasy. Ecstasy typically comes in a powder form that can be turned into a tablet so it is easier to take. The drug creates a sense of euphoria and enhances the experience the person is having. Some side effects include dehydration, anxiety, sweating, chills, impulsivity and irregular heartbeat, according to an article

Understanding rave culture can be more challenging because of the shifts it has gone through over the years.

from June 2020 on the Agape Treatment Center website.

Rave culture has been dubbed as something that promotes the message of “peace, love, unity and respect,” or PLUR. So it makes more sense for ravers to turn to taking drugs to heighten those feelings to have a good time, according to a review from June 2000 by Erica Weir of the Canadian Medical Association Journal. Weir continued to talk about raves and the fact that they typically do not sell alcohol. This is because there is no age restriction on attending many raves.

Understanding rave culture can be more challenging because of the shifts it has gone through over the years. The unique culture of raves introduced many new ideas, from PLUR to taking drugs for enjoyment.

“Raves had an alternative and deviant set of norms and behaviors. Dancing all night and into the early morning hours was the primary activity at a rave and identity markers catered to it. The dancing simultaneously embodied the values of independence and connection, running consistent with PLUR and raves’ collective identity,” according to Tammy L. Anderson from the Wiley Online Library.



ILLUSTRATION BY ZASHA HAYES

RECREATIONAL DRUGS: *Harms, Benefits and the Truth*

BY MATTHEW ARAT

In 2016, California voted to legalize the recreational use of cannabis. Following the trend of successful ballot measures from states like Alaska two years before and Arizona two years after, the United States opened the floodgates for the cannabis industry to thrive. Cannabis companies like Aurora, SNDL and Cronos have gone public on U.S. stock markets, cannabis dispensaries have taken prime real estate on main streets, and states like California will no longer criminalize citizens for possessing 1 ounce of cannabis for personal use. What, then, has this meant for the harms and benefits of recreational drugs to our country? Why use depressants, stimulants and hallucinogens?

Recreational drugs do not just refer to previously illicit substances, but are lawful psychoactive drugs used regularly by a populace. The National Institute of Health lists various drugs, from heroin and cocaine to alcohol and marijuana as mind-and-body-altering substances. The prevalence of recreational drugs in society is strong before even considering the rise of legalized cannabis. Alcohol and caffeine are in many different products made by large corporations like Anheuser-Busch and Starbucks.

Even so, the NIH calls for caution when using recreational drugs. “Drug addiction is a chronic disease. That means it stays with you for a long time, even if you stop using for a while,” NIH states. This is the major risk that comes with recreational drug usage.

A 2013 study published in the *Journal of Psychopharmacology* asked 5691 participants to rate the negatives and positives of drugs like alcohol and cannabis based on risks and benefits. The Drug Enforcement Administration lists

drugs on a series of schedules from strongest, I, to weakest, V, based on how much a user could depend on or abuse one, plus medical benefits.

From the perceptions of the study’s participants, what the DEA lists as Schedule I drugs, including LSD and cannabis, do not invoke the same magnitude of harm as some Schedule II drugs like cocaine and painkillers. It should be noted that over half of the participants were young, white, educated Americans. What, then, would the benefits of these drugs be?

The same study covers the positives of drugs based on 10 categories, such as sociability, enjoyment, state of mind, pain, depression and anxiety. Participants were told to match each drug with whichever category it benefits. Cannabis, a Schedule I drug, is rated to be not only the least harmful of drugs in this list, but also the most beneficial for pain relief and enjoyment. The DEA lists cannabis as a more harmful drug than painkillers, although this study finds the opposite. Where did this contradiction come from?

The University of Georgia published a guide to the “History of Marijuana Regulation in America.” In the aftermath of the Mexican Revolution of 1910, immigrants came to America and brought cannabis, at the time still legal to produce in the U.S. and used in pharmaceutical remedies, with them. “The drug became associated with the immigrants and the fear and, in turn, prejudice about the newcomers became associated with marijuana,” it reads. This growing connection led to numerous bills passed by states and the federal government in the 1920s and 1930s banning the sale and use of marijuana in a war on drugs.

Public perception turned on the plant and destroyed the industry for decades. During that time period,

the painkiller industry has grown to include much more harmful drugs like Demerol and Oxycontin that achieve similar benefits. “The global analgesics market was valued at \$26.7 billion in 2020, and is projected to reach \$50.7 billion by 2030,” according to Allied Market Research. The history and perception of drugs in the U.S. may have made the DEA’s drug scheduling as questionable as they are today.

The use of recreational drugs is ultimately up to the user’s knowledge of drugs and their motivations. One might say that using them makes them feel relieved, or that they enjoy using them. Addiction to these drugs is still a reality for many, so caution is necessary when using any

of these substances.

The history of the United States and its deep fear of immigration may tie directly into why it has taken until 2016 for recreational cannabis to no longer be heavily criminalized. As the survey concluded, the classification of cannabis by the DEA seems to be arbitrary when the harms are considered quite low and the benefits exceptionally high. If users educate themselves on the detailed histories and scientific studies of drugs, a more informed populace can make better decisions and could see the true harms and benefits of drugs.



Lemon bars with a surprise

CREATED BY JASMINE CUZA



A refreshing and delicious lemon bar with a surprise inside. These weed-infused lemon bars are sure to be a hit at your next event. These bars are quick and easy to make!

Ingredients

6 tablespoons cannabutter
2 1/4 cups flour
2 cups sugar
6 eggs
5-6 lemons
salt to taste

Equipment

9 x 13 inch pan
bowls
whisk
measuring cups

Instructions

- First step is to preheat your oven to 350 degrees.
- Blend room temperature cannabutter, 2 cups flour and 1/2 cup sugar in a bowl. Add a pinch of salt to the crust.
- Press the mixture into the pan. Make sure your pan is not greased.
- Bake the crust for 15-20 minutes or until it's golden brown.
- Squeeze 1 cup of lemon juice into a cup.
- While the crust is cooking, get another bowl and whisk together the remaining 1 1/2 cups of sugar and 1/4 cup flour. Whisk in the eggs and lemon juice.
- Pour the lemon curd mixture over the baked crust.
- Bake the bars for an additional 20 minutes in the preheated oven.
- Take the bars out, let them cool off. Cut into 24 squares and enjoy!

Warning: For ages 21+. Do not eat and drive or operate heavy machinery. Start with a small serving and wait 30 to 90 minutes before consuming more.

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THE STIGMA BEHIND DRUG USAGE



WRITTEN BY ELIZABETH ORDONEZ

ILLUSTRATION BY ZASHA HAYES

Congress criminalized cannabis when it passed the Marihuana Tax Act of 1937. This was later overturned in 1969 and repealed by Congress the year after. Fast forward to 2022, and use of cannabis is now legal in 21 states and the District of Columbia, with Maryland and Missouri being the most recent areas of the country to decriminalize it.

With the gradual legalization of recreational and medical cannabis in the U.S., stigma around the drug may also lessen. As you drive on the freeway, you might see billboard signs advertising services delivering cannabis straight to your door, rather than just signs warning drivers about being on the road while high.

Lifestyle retail stores like Urban Outfitters now sell smoke-themed accessories such as decorative ashtrays, grinders and lighters.

Society is slowly but surely becoming more accepting of cannabis than ever before.

According to the Pew Research Center, 59% of U.S. adults think that cannabis should be legal for recreational and medical use, while 30% say it should be legal for medical use only. In contrast, only one in 10 respondents felt that cannabis should be

illegal, regardless if it is for medical or recreational purposes.

As many states are now legalizing cannabis, citizens are celebrating and fighting to break the stigma. Gallup found that cannabis legalization support, whether medical or recreational, has doubled over the past decade. Thirty-four percent of Americans supported cannabis legalization in 2001, compared with 68% in a poll earlier this year.

The rise of news sections dedicated to covering the cannabis industry in major publications, such as the Los Angeles Times and Business Insider, may also be an indicator of growing cannabis acceptance.

According to an article titled “Break that stigma” by The Daily Orange, the acceptance and celebration of “4/20” is viewed by many as a sign of how far society has come. Cannabis entrepreneurs, university students and others expressed how they hope the normalization of dispensaries and public use is a step forward to combat the negative stigma associated with cannabis.

The trend of increased cannabis legalization and public acceptance may point toward a direction of erasing cannabis stigma in the future.



JEN! THAT
BETTER NOT BE
THAT DAMN REEFER!

No! It's -uh,
just alcohol!
Yeah.
Just booze!

California
BS4756

Smile

BANG!

Oh!
Carry on
then.



A COUNTRY FACING ADDICTION

Does the U.S have adequate support for those dealing with

DRUG ADDICTIONS

WRITTEN BY EDWARD SEGAL

Substance use is an issue that can reach the deepest depths of any community in the world and can tear anyone apart with no regard for their background or demographics. But many resources are available to help people overcome the battle before it is too late.

“Substance abuse” is defined by Verywell Mind as “a pattern of harmful use of any substance for mood-altering purposes,” and is not limited to illegal drugs or even prescription ones.

The “2020 National Survey on Drug Use and Health” found that 59.3 million Americans aged 12 or older used some kind of illicit drug within a year of taking the survey. In 2019, this number was 57.2 million, according to the National Institute on Drug Abuse.

The 2020 survey also reported that 40.3 million Americans — about 14.5% of the U.S. population — have a “substance abuse disorder.”

The Substance Abuse and Mental Health Services Administration reported that the COVID-19 pandemic is partially responsible for the increased rates of drug use in 2020, with many individuals stating that the outbreak affected their mental health.

With a variety of factors playing a role in people’s decisions to start using, it is almost impossible to find one way to tame this beast that works for everyone.

A good place to start is USA.gov, a federal government website that lists

a variety of services. The organization lists help hotlines and locators for people anywhere in the country who are dealing with a variety of mental and physical health issues, including substance use, and are looking for treatment.

CSUN also has many resources available to those struggling with drug use, catered to what they are using. From websites to centers on campus, students can find the resources they need at their disposal regardless if they attend classes in person or online.

Located in Bayramian Hall, the University Counseling Services center provides mental health services to anyone who might need them. The center allows students to book appointments with counselors to talk about what they are going through, and has three “dedicated student peer education programs” that students can join to learn about various mental health issues. They are Project DATE, a rape prevention program; the BLUES Project, a suicide prevention program; and JADE, a program that educates people on eating disorders.

For those who would prefer to find treatment on their own or online, the self-help library provides books, articles, websites for groups such as the Kelty Mental Health Resource Centre, and other resources students can use to get treatment.

CSUN also has a program called

iSTART, which is funded by SAMHSA and is partnered with Tarzana Treatment Centers. The program lists many resources for substance use prevention and suggests activities that promote health and wellness.

The iSTART website provides resources from the National Institute on Alcohol Abuse and Alcoholism, as well as Verywell Mind, whose mission is “to help you prioritize your mental health and find balance amid the chaos of daily life.” These give students and other individuals advice for what they can say if they are trying to avoid using, such as, “I’m driving” and, “No thanks, I’ve tried it and I didn’t like it.”

The website also provides resources to combat the misuse of prescription and illicit drugs. These include the Generation Rx toolkit, an educational organization whose website is built to guide people of all ages through the dangers of prescription drug misuse, and the NIDA, which has resources that range from how to resist peer pressure to a list of commonly used drugs, why people use them, what their effects are and how to get treatment for them.

The issue of drug use is one that does not have a single solution. For this reason, it is necessary that resources like these exist for people to take advantage of as they look to overcome substance use problems in a way that works for them.



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