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GEORGE SOROS – "DADDY WARBUCKS" OF DRUG LEGALIZATION

By Terrence P. Farley, Esq.

Media spin indicates we are "Losing the War on Drugs." This is false, masking the propaganda efforts of a well-financed cadre of individuals who want all drugs legalized for personal use. To gain support for their position, they engage PR firms, newswire services, and lobbying firms that plant misleading stories. For the past 12 years pro legalization advocates have been pushing the medicalization of marijuana as a toehold for full legalization, buying television time, planting news stories, and organizing pro-legalization groups on our nation's college and university campuses.

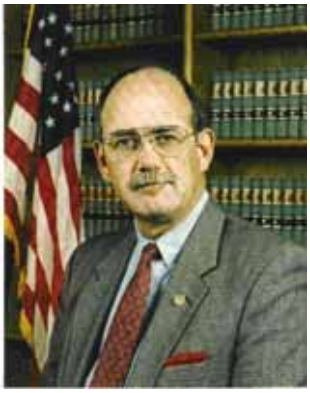
The world should know who is behind this effort. Where did the pro legalization funds come from? Those working in the trenches of drug prevention, thousands of whom have lost children to illicit drugs, know. Since 1994, much of the funding has come from George Soros, a self-made billionaire who acquired most of his money through investing in off-shore, unregulated hedge funds.

Soros was born in Hungary, educated at Oxford, England, and is a naturalized U.S. citizen. He masterminded the fall of the English pound, which almost bankrupted the country, and was involved in dramatic drops in the value of the Japanese yen, the Thai baht, and the Malaysian Ringlet.

Mr. Soros and his pet pro-legalization organization, the Drug Policy Alliance (DPA) have spent millions attacking drug statutes throughout the U.S. in pursuit of legalization.

In California, DPA ads stated that Proposition 215 would permit doctors to give dying patients marijuana to treat various maladies such as nausea from chemotherapy, appetite loss due to AIDS, and pain. In truth, however, Prop 215 permitted marijuana cigarettes to be given to individuals of any age, for any illness, simply on the oral recommendation of any doctor. An undercover narcotics agent reported seeing a 14-year-old buy marijuana after presenting a note scrawled on a restaurant napkin.

In Arizona, Soros-financed ads trumpeted Proposition 200 as a law requiring violent criminals to serve their full sentences and supporting drug prevention and education. In fact, the law made it legal for doctors to *recommend* LSD, heroin, and marijuana. The word "recommend" was used, because federal law bars physicians from *prescribing* illicit substances.



Terrence P. Farley is First Asst. Ocean County, (NJ) Prosecutor, former Director of the New Jersey Division of Criminal Justice and former Director of the National Drug Prosecution Center at the American Prosecutor's Research Institute, at the National District Attorneys' Association in Alexandria, Virginia.

Soros has stated that he "favors the legalization of most drugs and would establish a legal distribution network," and that he supports giving addicts "clean needles and even heroin." Ethan Nadelman, executive director of the Soros-funded DPA, speaking at a DPA conference in New Jersey, indicated that, although there were some divisions in the drug legalization movement, "they all have a powerful common goal—legalization!" In numerous articles, Nadelman has argued for the outright legalization of <u>*all*</u> drugs.

Drug studies published by Soros-funded organizations and fed to newswire services often make exaggerated or misleading claims that undermine prevention and law enforcement efforts. These studies give false hope to the very ill and often mislead legislators. One only has to scan <u>www.cannabisnews.com</u>, a pro-drug website, and read some of the titles to grasp the situation.

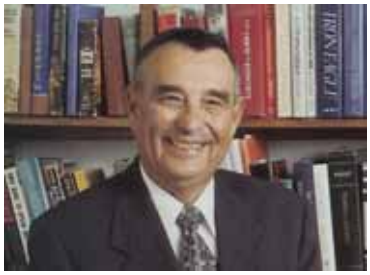
In addition to spoon-feeding misleading stories to newswire services, DPA and other Soros-funded organizations have also manipulated the results of national polls. A June 3, 2002, article in *The Washington Post* revealed that pollster John Zogby approached Rob Kampia, director of the pro legalization Marijuana Policy Project, an early recipient of Soros money, with a novel proposition: "Help us recruit smokers and their pals to participate in our cyber surveys, and we'll let you add a few dope questions to our national polls." If you ask pot smokers if they'd like to smoke pot, the answer is obvious! Thus, the percentages are skewed and meaningless.

By providing massive funding in selected district attorney campaigns, Soros has attempted to intimidate district attorneys nationwide who are attempting to uphold the drug laws in their states. We must not let pro legalization advocates influence science and law. As the late Robert E. Gilkeson, MD, Child and Adolescent Neuro-psychiatrist, said, "We cannot govern the electromagnetic behavior of chemical molecules by popular vote, judicial proclamation, personal opinion, or individual desire."

Joyce Nalepka, President of Drug Free Kids: America's Challenge, contributed to this article.

WHY WE DO WHAT WE DO

By The Honorable Ron Godbey, Esq., President, Drug Watch International



I am sometimes asked why those of us involved in the prevention effort do what we do. Those in the drug legalization movement perhaps believe us to be zealots wanting to keep people from feeling blissful following the ingestion of whatever their drugs of choice might be. Some users have suggested that we are fanatics attempting to interfere with their constitutional and inherent right to put whatever they choose into their bodies. Others believe we are well-meaning but misguided officious interlopers stuck in a time past.

There is another explanation. We have seen first hand the devastation that often follows illicit drug use. Each of us is driven by a desire to share our experience and collective wisdom with the hope of steering some misguided soul from a life of misery and depravity.

Some of us have lost a loved one – a son, a daughter, a brother, or a sister because of illicit drugs – whether through a fatal overdose, a drug deal going bad, or through murder to obtain drug money. We have seen the devastation illicit drugs can bring to a family. Many of us have seen the ruination that addiction brings to a once loveable and trusted family member. Most of us have seen first hand the deterioration of moral values, physical and mental well-being, and self-worth following heavy drug use and addiction.

As an attorney, I have seen families driven into bankruptcy to save a wayward child addicted to drugs. Parents have mortgaged their future to pay legal fees in order to keep their teens out of the penal system. They have spent far beyond their financial capability to pay for drug treatment and rehabilitation. Too often, after paying legal fees and drug treatment costs, the child is shortly back on the street and eventually goes to jail anyway, following the conviction of an ensuing drug or burglary charge.

I saw a law partner suffer disgrace because of illicit drug use. He lost his family, his law license, a promising career, his good name, and the respect of friends and professional associates.

I suffered along with a secretary as she mourned the drug induced suicide of an only child – a teen whom she, as a single mom, worked tirelessly to care for, to love, support, and to educate.

I saw a cousin squander a million dollars of pre-inheritance funds on drugs – money she wheedled from her wealthy father prior to his death. And in the end, she was financially destitute. She lost her family, custody of her child, her reputation, and she brought disgrace to an otherwise good family's sterling name.

I watched with a sense of deep frustration and a feeling of helplessness as a talented nephew squandered an otherwise promising athletic career because of cocaine use. In later years, to his credit, he overcame his addiction, but too late to salvage his career in sports.

As an attorney, I represented defendants charged under drug statutes ranging from simple possession to felony drug charges. Usually, the defendants were caught, not from some elaborate police undercover sting, but from a foolish mistake made by believing themselves to be clear and lucid, while in reality, their minds and thinking were clouded by a drug-induced collapse of reason.

Two friends were flying from Cincinnati, Ohio, to Las Vegas, Nevada, for a "dream" vacation. Before leaving Ohio, they got high on marijuana. With a change of aircraft in Dallas, they decided to have another "hit." When approached by uniformed officers, they offered the officers a "hit" on the joint they were sharing. So much for that dream vacation!

In another case, four military members had left their base and were smoking marijuana while waiting at a red light. Little did they realize, parked next to them were four undercover narcotics officers also waiting for the light to change. The military was far harsher on them than civil courts would have been.

In another instance, a college student set his marijuana plant outdoors for sunlight. A police officer, driving by in a marked cruiser, spotted the plant sitting on the porch. After a bench trial, the student received a probated sentence. But, after legal fees, bond money, court costs, etc, he lost one semester in college. And who knows what effect the conviction may have had on his future employability.

A nursing student and her boyfriend were on their way to lunch. Although the car was registered to her, the boyfriend was driving. They were stopped for a traffic violation. Upon searching the car, the officer found felony amounts of marijuana. In court, I was able to get probated sentences for the two, but I could do little to salvage the nursing student's career.

There are dozens of stories each of us could cite, all leading to the same disastrous results. Loss of self-worth, of career, of family and friends, of freedom, loss of mental and physical health, and even loss of life are some of the unintended consequences of drug use.

We in Drug Watch International have seen the devastation drug use brings, and we wish to spare others the sorrow it has brought to our families and to our friends. I think that's why we do what we do.

THE LIGHTHOUSE

By John J. Coleman

Director, International Drug Strategy Institute, a division of Drug Watch International

Whether the objective is to identify terrorists in faraway places or drug traffickers closer to home, few would dispute the value of good intelligence.

Professionals describe intelligence as being strategic and tactical. Strategic intelligence, they say, looks at the big picture to forecast opportunities and vulnerabilities, whereas tactical intelligence is operational and designed to produce tangible results in the near-term. By most accounts, a mix of the two is needed for success.

When it comes to forecasting drug control policies, it is strategically important to know the amount of arable land in Afghanistan, for example, that may be available for next year's opium crop. It is also important for tactical purposes to identify how illicit drugs find their way into our local communities. For the sake of this discussion, let us assume that our strategic and tactical intelligence capabilities are adequately meeting the day-to-day needs of the law enforcement community when it comes to street drugs like heroin, cocaine, and marihuana.

However, there is a "third" category of intelligence that receives far less attention despite being just as important, if not more so. Let's refer to this third category as data -- information about the types of drugs that people abuse and the consequences of that abuse. For the most part, present systems for collecting this type of information are under-funded, poorly designed, and imprecise. These deficiencies are compounded when prescription drugs are involved. According to federal authorities, in 2002, prescription drug abuse was the second highest category of drug abuse. Abuse of narcotic analgesics, alone, increased 163 percent over the last decade.

The Drug Abuse Warning Network (DAWN) was designed as an early warning system to monitor hospital admissions for acute drug-related emergencies and identify the drugs. Originally it was housed in the Drug Enforcement Administration (DEA) in the early 1970s, then moved to the National Institute on Drug Abuse, and finally to the Substance Abuse and Mental Health Services Administration.

DAWN arrived around the same time as the Controlled Substances Act of 1970, an Act that was heralded for recognizing the need for government to consider the health consequences of drug abuse when establishing anti-drug priorities. Over time, DAWN became the only system producing empirical evidence of drug abuse, and, while its authors are careful to note that DAWN data cannot be used to measure the prevalence of drug abuse in society, policymakers routinely have used it for that very purpose. In 2001, DAWN was called into question when it failed to detect the sudden rise in oxycodone abuse in rural America. The reason, according to DAWN managers, was that the system was designed to monitor only metropolitan areas.

In 2002, the folks in charge of DAWN decided to close shop and redesign the survey. Two years later, in December 2004, DAWN re-emerged with a new format that eliminated the reporting of incidental drug mentions -- meaning that it is no longer possible to identify and compare the frequency of drugs by their generic or chemical name when they are mentioned by patients admitted to hospitals for drug-related emergencies. The new format places all analgesics in four general categories: Opiates/opioids; Nonsteroidal anti-inflammatory agents; Salicylates/combinations; and Miscellaneous analgesics/combinations. Published frequencies are reported only in numbers of episodes per quarter that involve general categories of drugs.

Earlier this year, DAWN announced that its new system would be known as "DAWN-Live!" and be available on the Internet only to drug manufacturers, medical examiners, hospitals, and selected government agencies. Although published summaries will continue to provide generalized data on episodes of drug abuse morbidity and mortality, only those with access to the restricted data will know whether the reformatted DAWN-Live system is an improvement over the "old" DAWN. The exclusion of the public from information of this importance is very difficult to justify.

The obvious question raised by all this is: *If we extinguish the light in the lighthouse, will the rocks disappear?* The answer is equally obvious. The old DAWN system was obsolete and badly needed repair, but its original purpose was, and continues to be, an important component of our collective responsibility to control the illegal use of drugs. An informed public is the cornerstone of democracy and order.

It is time to re-evaluate how we collect drug abuse data and bring all of these systems, including DAWN, into the 21st century. As we approach the 100th anniversary of the Pure Food and Drug Act, it is worth noting that the authors of this landmark law believed that by requiring ingredients to be listed on product labels, an informed public would make intelligent choices and be well served. We could accomplish something similar today by requiring drug companies to include in the labeling of their products annual statistics on abuse levels for all drugs in their class. Sure, drug makers might complain at first, but, over time, it is likely that they would develop abuse-resistant drugs, much the same as some of the bogus medicine makers a hundred years ago reformulated their products to stay in business.

In closing vital systems of information to those in academia, researchers, and just ordinary folks, the public's ability to protect itself is greatly diminished. It's time to turn the light back on! greatly diminished. It's time to turn the light back on!

John J. Coleman, Assistant Administrator (ret.), U.S. Drug Enforcement Administration, is President of the Association of Former Federal Narcotics Agents and Chairman of the International Drug Strategy

SERIOUS CRIME WILL GET YOU SERIOUS TIME!

By: David E. Risley, J.D.
Assistant U.S. Attorney, Illinois

The purpose of mandatory minimum sentences is to prevent the judicial trivialization of serious drug crimes. They do that well, to which some object.

Before the advent of mandatory minimum sentences in serious drug cases, federal judges had unbridled discretion to impose whatever sentences they deemed appropriate, in their personal view, up to the statutory maximum. Because individual judges differ widely in their personal views about crime and sentencing, the sentences they imposed for similar offenses by similar defendants varied widely. What some judges treated as serious offenses, and punished accordingly, others minimized with much more lenient sentences. When serious crime becomes routine, there is human tendency to treat it routinely, and sentences often drop accordingly.

While the ideal is that sentences be perfectly personalized by wise, prudent, and consistent judges to fit every individual defendant and crime, the reality is that judges are human, and their wide human differences and perspectives lead to widely different sentences, if given completely unbridled discretion.

Such wide disparity in sentencing is inherently unfair. But such inconsistency was welcomed by drug dealers, since it meant they could hope for a light sentence for serious drug crimes.

Drug dealers are risk takers by nature. Lack of certainty of serious sentences for serious crimes encourages, rather than deters, such risk takers to elevate their level of criminal activity in the hope that, if caught, they will be lucky enough to draw a lenient judge and receive a lenient sentence. The only possible deterrence for people who are willing to take extreme risks is to remove their cause for hope for leniency.

Some counter that drug dealers are undeterrable by criminal sanctions because they sell drugs to support their own addictions; however, most dealers and distributors at any substantial level do not use drugs themselves, or do so infrequently. They are exploiters and predators, and users are their captive prey. Drug dealing is a business. As in any other business, drug addicts are unreliable and untrustworthy, especially around drugs, and so make poor business partners. Because drug dealers usually run their operations as high-risk businesses, they necessarily weigh those risks carefully, and so are deterrable when the risks become too high. Many dealers who used to carry firearms, for example, now avoid doing so when they are selling drugs due to the high mandatory federal penalties when guns and drugs are mixed.

However, drug dealers seldom view the risks as too high when they see reason to hope for a light sentence. Congress stepped in to take away that hope. By establishing mandatory minimum sentences for serious drug offenses, Congress sent a clear message to drug dealers: no matter who the judge is, serious crime will get you serious time.

To those who do not view crimes subject to mandatory minimum sentences as serious, including drug dealers and their support systems, that message is objectionable. To most, it is welcome. Mandatory minimum sentences put steel in the spine of our criminal justice system.

In the case of marijuana, those who oppose mandatory minimum sentencing on so-called "humanitarian" grounds seldom mention that, to be eligible for even a five-year minimum sentence, a defendant must be convicted of an offense involving at least 100 kilograms (220 pounds) of marijuana, or, in the case of a marijuana-growing operation, at least 100 plants. Such defendants are not low-level offenders.

It would be difficult to describe any offense involving between $130,000 to $440,000 worth of drugs as undeserving of even a five-year prison sentence. Yet, those who oppose mandatory minimum sentences for marijuana and other drug offenses do just that, usually by attempting to convey the false impression that the criminals they are attempting to protect are only low-level offenders.

The debate, it would seem, should be about whether the mandatory minimum penalties for marijuana offenses are currently too lenient, not too harsh.

Ultimately, whether the effect of mandatory minimum sentences is good or bad depends upon how seriously one views marijuana use. If a person believes a sentence of five years is too harsh for growing 100 marijuana plants capable of producing at least $28,600 and more likely $130,000 worth of marijuana, or distributing 220 pounds of marijuana worth a wholesale price of at least $132,000 and retail price of at least $286,000, the mandatory minimum sentences for marijuana should be abolished. If, however, a five-year sentence for such crimes seems reasonable, or even lenient, the mandatory minimums should be retained, and perhaps toughened.

There is no doubt about on which side of that question the marijuana growers, dealers, users, and their supporters stand. There is also little room to doubt on which side those who take marijuana crimes seriously should stand.

The full text of this article includes footnotes and a discussion of why mandatory minimum sentences are necessary in order for Congress to control the federal Sentencing Guidelines. You are encouraged to view the complete article on Mandatory Minimum Sentences.

David Risley is an Assistant United States Attorney in the Central District of Illinois, where he serves as the Lead Organized Crime Drug Enforcement Task Force Attorney over that district's 46 counties. Prior to becoming a federal prosecutor over 20 years ago, he served as a state prosecutor in Champaign County, Illinois. He received a Bachelor of Science degree in finance and urban economics from the University of Illinois in 1975 and graduated with honors from the J. Reuben Clark Law School at Brigham Young University in 1981.

NIDA BULLETIN . . . ADULT CONTENT

NIDA Community Club Drug Alert Bulletin (2004) www.drugabuse.gov

Gamma-hydroxybutyrate (GHB).

Slang or Street Names: ***Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy***

GHB can be produced in clear liquid, white powder, tablet, and capsule forms, and it is often used in combination with alcohol, making it even more hazardous. GHB has been increasingly involved in poisonings, overdoses, drug-facilitated sexual assaults (such as "date rapes"), and fatalities. The drug is used predominantly by adolescents and young adults - often when they attend nightclubs and raves - and is prominent in many gay male communities.

- GHB is usually abused either for its intoxicating/sedating/ euphoria-inducing properties or for its growth hormone-releasing effects.
- Chemicals that can be converted by the body into GHB include gamma-butyrolactone (GBL) and 1,4-butanediol (BD), which are found in a number of products that are labeled as cleaning agents and are often sold over the Internet and in retail stores.
- GHB is a central nervous system depressant and its intoxicating effects begin 10 to 20 minutes after the drug is taken. The effects typically last up to 4 hours, depending on the dosage. At higher doses, GHB's sedative effects may result in sleep, coma, or death.
- GHB is cleared from the body relatively quickly (in approximately 2 hours). There are no GHB detection tests for use in emergency rooms and many clinicians are unfamiliar with it, so many GHB incidents go undetected.

In July 2002, the Food and Drug Administration approved the medically supervised use of GHB for the treatment of cataplexy (episodes in which muscles suddenly go limp) associated with narcolepsy.

GHB – The Perfect Poison

Excerpted from an article by Dr. Janet Parker—June 2005

Drug Facilitated Rape is similar to other poisonings, as it is one of the easiest crimes to commit, and very hard to prosecute. The perfect drug poison for this purpose would be tasteless, odorless, colorless, easy to obtain and impossible to detect. So it is now evident that a new weapon in the form of a drug, is now available for rapists and it costs only a few dollars to buy. It is readily available on the streets of our major cities, at raves, in health food stores and gyms. It is a drug called GHB. There are also several analogs GBL, GB and others. It renders the victims unable to protect themselves.

Drug Facilitated Rape is a crime that is difficult to investigate and even harder to prosecute. This drug not only may render the victim unconscious but produces *Anterograde* amnesia which is a condition in which events that occurred during the time the drug was in effect are forgotten. Because the drug impairs the victim's memory and their ability to recognize signs of sexual assault, victims may not seek help until days after the assault.

The symptoms of GHB (generally brought on by only one to two teaspoons) may peak in as few as 15 minutes and last from 3 to 6 hours. The person feels as though they are extremely intoxicated and may experience impaired judgment. GHB may cause enhanced sexual feelings by the victim. Thus the victim may participate in reciprocal acts, as a result of the drug, rather than free will. After ingestion, GHB will remain in the blood stream in a measurable amount for only 4 to 7 hours. However, the urine stream should have GHB in it for up to 12 hours after ingestion. There is no hospital screening test for GHB/GBL and very few forensic labs can perform the analysis.

While the victim is still under the effects of the drug, which may last 72 hours, the rapist has plenty of time to create a plausible cover story. In drug-facilitated rapes, the additional deprivation of cognition during the assault, combined with anterograde amnesia afterwards, subjects the victim to an extreme form of powerlessness, which is profoundly traumatic. Victims may be unable or unwilling to go to a hospital until after the drug may have completely metabolized from their system. Victims feel powerless and out of control as a result of the sexual assault and being drugged, but also because they are now unable to prosecute. Because the victim's ability to describe the events of the rape is impaired, these cases are especially hard to investigate and prosecute. The victim's statement is essential to guide the medical/ evidentiary examination and the police investigation

For more information visit: www.projectghb.org

DATE RAPE DRUGS. HOW CAN I PROTECT MYSELF FROM BEING A VICTIM?

www.4woman.gov

- Don't accept drinks from other people.
- Open containers yourself.
- Keep your drink with you at all times, even when you go to the bathroom.
- Don't share drinks.
- Don't drink from punch bowls or other large, common, open containers. They may already have drugs in them.
- Don't drink anything that tastes or smells strange. Sometimes, GHB tastes salty.
- Have a non-drinking friend with you to make sure nothing happens.
- If you think that you have been drugged and raped:
  - Go to the police station or hospital right away.
  - Get a urine test as soon as possible.
  - Don't urinate before getting help.
  - Don't douche, bathe, or change clothes before getting help. These things may give evidence of the rape.
  - Get help. One national hotline is the National Domestic Violence Hotline at 800-787-3224. Feelings of shame, guilt, fear, and shock are normal. It is important to get counseling from a trusted professional.

INTERNATIONAL NEWS BRIEFS

- According to the results reached by a CASA study, August 2005, more then half of USA youths are at moderate or high risk for substance abuse. Eighteen percent of youths ages 12-17 were found to be at high risk for substance abuse. Thirty-eight percent were at moderate risk. The study also found that substance abuse risk increased with age, and that youths who frequently watched R-rated movies had higher risk scores. (*CESAR FAX, 9/5/2005)*
- According to a study by US Substance Abuse and Mental Health Services Administration, 2004, more than three-fourths of western states have higher rates of methamphetamine treatment admissions than cocaine- or heroin-related admissions. *(CESAR FAX, 3/21/200.)* Of the 13 western states listed, nine have approved marijuana for medical use. (*CEDARS Research, 1/7/2005*)
- Jeremy Hooss pleaded guilty to second-degree murder, and a Jefferson County, MO, judge sentenced him to 25 years in prison for causing an apartment fire that killed a woman in 2003. Hooss was cooking meth in a ground-floor apartment when he accidentally spilled camping fuel on a lit stove. *(St. Louis Post-Dispatch, 8/20/2005)*
- Wyoming's methamphetamine crisis is leading to steep increases in the number of children placed in foster homes and treatment programs. Of the newborns taken in the past year, 85 percent were identified as victims of parents' drug use. *(Denver Post, 11/3/2005)*
- According to a joint study conducted by the US Centers for Disease Control and Prevention, University of California San Francisco, and the San Francisco Dept. of Public Health, people who use crystal meth are at least three times more likely to be infected with HIV than those who don't use the drug. *(San Francisco Chronicle, 8/16/2005)*
- According to a recent report from the Bureau of Justice Assistance, drug courts can be an effective tool for communities facing methamphetamine problems. Recommendations are:
  - Random, unannounced home visits and drug testing using trained probation and law enforcement officers
  - Weekly status hearings to increase accountability
  - Set goals and provide positive reinforcements
  - Provide long term, evidence-based treatment, relevant to meth population
  - Provide total service coordination and comprehensive case management
  - *(CESAR FAX 10/31/2005)*
- According to the DEA, an estimated 80 percent of the meth used in the U.S. is now made in Mexico. (*Brownsville Herald, 8/16/2005.)* The Oregonian newspaper reported on September 25, 2005, that average Mexican meth purity is 75 percent pure today, compared to 37 percent in 2003. *(CEDARS Research. 9/27/2005*)
- A recent study by Bryan Yamamoto and colleagues of Boston University, USA, presented at the Society for Neuroscience 2005 annual meeting in Washington DC found that Ecstasy (MDMA) reduces the brain's defenses, leaving it vulnerable to viruses and other pathogens. Brain infections could cause permanent damage to brain cells or alter the ability of the brain to function normally. *(New Scientist, 11/14/2005)*
- Venezuela has become the safe haven of choice for drug traffickers. The vast majority of Colombian cocaine passes through Venezuela on its way to Europe. The government's own statistics on seizures show a massive increase under Venezuelan President Hugo Chavez. *(Miami Herald, 12/19/2005)*
- According to recent reports, the Dutch may shut down their medical marijuana program. Doctors, who had lobbied for legalizing prescription marijuana, failed to prescribe it once it was available in drug stores, and sales fell flat. Hans Hoogervorst, the current Dutch Health Minister, says that the

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INTERNATIONAL NEWS BRIEFS

(Continued from page 6)

medical value of marijuana has never been scientifically proven, despite anecdotal testimony. *(NewsMax.com Wires, 6/7/2005)*

- A recent study by researchers at the French National Institute for Transport and Safety showed that those who drove witheven low concentrations of cannabis in their blood increased their chances of being involved in a deadly crash by 89 percent. *(Science correspondent, The Telegraph, UK, 2/12/2005)*
- **Canada** is considering giving sharp and potentially deadly needles to prison inmates in an attempt to curb the spread of HIV and other infectious diseases. However, there is no discussion about providing the illicit drugs to go with them. *(The Gazette, Montreal, Canada, 11/25/2005.)* On the other hand, **Ireland** is attempting to stamp out drugs in prisons. Justice Minister Michael McDowell is totally opposed to needle exchange or the provision of bleach tablets. Sniffer dog units will regularly search cells. There will be tougher security on visits to prevent smuggling. There will be mandatory drug testing for inmates, and treatment programs will be expanded. Prisoners who kick the habit in prison will be offered an early release option. *(Irish Independent, 11/22/2005)*
- The number of people in Northern Ireland seeking treatment for drugs increased 24 percent in 2005. The Health Promotions Agency said that almost a third of people between the ages of 15 and 34 in the province have taken illegal drugs. *(Press Association, 11/15/2005)*
- Naples, Italy's, Secondigliano and Scampia neighborhoods are the center of the regional drug trade, supplying much of the Campania region and other parts of southern Italy with cocaine, heroin, and other narcotics. *(Time Magazine, 2/7/2005)*
- North Korea has long been suspected of being involved in drug smuggling and with the manufacture of heroin and meth. Recently, there have been very clear indications that North Koreans traffic in, and probably manufacture methamphetamine drugs. On two occasions in 2004, North Korean diplomats were arrested for involvement in narcotics smuggling. *(C.E. Edwards, Demand Reduction Office, Arizona High Intensity Drug Trafficking Area. 11/16/2005)*
- In July 2005, the head of the Moscow directorate of the Russian Federal Narcotics Service said that drug abuse in Russia has reached "catastrophic" proportions, with 4 percent of the population (approx. six million people) being addicts. *(C.E. Edwards, Demand Reduction Office, Arizona High Intensity Drug Trafficking Area. 11/16/2005)*
- The U.S. President and Department of State released the major illicit drug producing and drug transit countries list for FY2006: *(AZHITDA 11/16/2005)*
  - Afghanistan
  - Bahamas
  - Bolivia
  - Brazil
  - Colombia
  - Dominican Republic
  - Ecuador
  - Guatemala
  - Haiti
  - India
  - Jamaica
  - Laos
  - Mexico
  - Nigeria
  - Pakistan
  - Panama
  - Paraguay
  - Peru
  - Venezuela

- County supervisors voted in closed session Tuesday, November 8, 2005, to sue the state of California over its medical marijuana laws, saying the regulations should be pre-empted by federal law that makes all marijuana use illegal. *(North County Times, serving San Diego and Riverside Counties, 11/9/2005)*
- "The health risks associated with smoking marijuana are an appropriate reason for physicians to deny patients access to marijuana for medical purposes. *(Physicians for a Smoke-Free Canada, January 2002)*

IT'S SIMPLY WRONG!

By Sandra S. Bennett
Director, Northwest Center for Health and Safety
Past President, Drug Watch International

Because drug dealers and violent gangs make tremendous profits from selling marijuana to anyone who wants it, including children, proponents of drug legalization believe legalizing and taxing it would "take the crime out." By this same reasoning, these individuals would likely argue that child pornography should be legalized and taxed, because those engaged in this practice also make tremendous profits.

Some proponents of legalization wrongly say that people are arrested in their homes for simply smoking a joint. This is absurd! A new study by John Caulkin, formerly of the RAND Institute, documents what Preventionists and law enforcement officials have been saying for years, i.e., that when an individual is arrested for any crime, all possible charges are levied against him/her. Thus, a person who bludgeons someone to death and is found to be carrying marijuana is also charged with possession. Unless there is some egregious violation, youngsters are not arrested for using alcohol or tobacco in their own home even though, for them, these substances are illegal. In case anyone has forgotten, during the 1980's many high schools had a smoking area for students even though tobacco was illegal for that age group.

A number of years ago, one of the leaders of the pro-legalization movement, a self-admitted, pot-smoking attorney named Eric Sterling, coached his audience at a drug culture conference on how to use the "l*egalize and tax it"* strategy to promote full legalization of psychoactive and addictive substances. He talked about taxing marijuana for starters. His pot-smoking audience did not like the idea of being taxed for something they were already doing for free. Sterling explained to them that probably not many would pay the tax, but it was an effective way to seduce the public.

The bottom line is that marijuana is both a leading cause of drug addiction treatment for youngsters and for drug-related emergency room episodes. Recent studies have found it to be a factor for psychosis, particularly in young users. It causes premature death of sperm and egg cells leading to sterility, interferes with short-term memory making it debilitating for students, leads to lower IQ in children born to mothers who smoked during pregnancy, is associated with anti-social and violent behavior in young adults, and is linked to head and neck cancer in young users. Two low-THC joints are reported to have as much carcinogens as 28 tobacco cigarettes. If as many people smoked marijuana as once smoked tobacco, marijuana-related medical deaths would likely exceed the 500,000 yearly death toll associated with tobacco use. What we need to do is stop winking at marijuana use and make the sanctions against it meaningful.

Legalizing and taxing marijuana is simply wrong.

ORGANIZED CRIME SITUATION REPORT 2004:

From the Council of Europe, December 2004

This report is a major strategic product of Europol (European Police Office). While the title to this 191-page annual report on the 46 member countries specifies 'organized crime', it encompasses drug production and trafficking [these activities being synonymous in most European countries with the term 'organized crime' for many years].

Highlights of the report:

- Almost all the heroin consumed originates from Afghanistan opium
- The Balkan route continues to be the main route for heroin trafficking into Europe, but the Silk route (from Afghanistan via central Asia) is growing in use
- Ethnic Albanian criminal groups are reported to be major heroin wholesalers and Turkish organized crime groups dominate the heroin market by being involved in all aspects from the poppy fields of Afghanistan to the European markets
- Spain and the Netherlands are the cocaine entry points for Europe
- Morocco is the main supplier of foreign cannabis resin
- Methamphetamine is mainly produced in Southeast Asia, the U.S. and Mexico
- Amphetamines and ecstasy are mainly supplied by the Netherlands [Poland is 2nd and Belgium a distant 3rd]
- The Russian Federation is the largest market for heroin [the prevalence rate is the highest in the world]
- Spain has the highest prevalence rate in the world for cocaine use, followed closely by Ireland and Great Britain
- The Czech Republic and the United Kingdom have the highest incidence of cannabis use in Europe
- Ireland, the United Kingdom and Denmark have the highest amphetamine use rates in Europe
- Ireland, the Czech Republic and the United Kingdom have the highest ecstasy use rates in Europe

The situation is such that Europe is the most profitable market in the world for production and trafficking of drugs, and in about one-third of the Council of Europe's member states (including all 25 EU [European Union] member countries), drug trafficking is deemed to be the most important activity of organized crime groups and networks.

Full report: (*The Scotsman, Crime Report Highlights UK and Ireland Drug Problem, by Geoff Meade, PA Europe Editor, Brussels. January 25, 2005)*

Information provided as a benefit and service of the Arizona H.I.D.T.A., Demand-Reduction Program: Drug-Free Workplaces, Communities and Schools

ARTICLES OF INTEREST

The following news article is not from a medical journal but rather is an interview with a respiratory specialist in Glasgow, Scotland. Scotland's national drug policy is based on "harm reduction" ideology. The premise of "harm reduction" is to "reduce" harm to the user rather than to prevent or "stop" harm. Thus, in actuality it facilitates use by making it easier, safer and more affordable to continue doing drugs. The vanguard of harm reduction or harm minimization is decriminalization/legalization of marijuana. Drug use cannot be reduced by aiding and abetting it.
Sandra S. Bennett, Director, Northwest Center for Health & Safety

Vanishing Lung Syndrome

Regular cannabis smoking was blamed yesterday by doctors for causing a rise in a debilitating disease known as "vanishing lung syndrome."

Doctors treating respiratory illnesses in people aged 25 to 40 are increasingly finding the condition, associated with tobacco smoking, in patients who have seldom, if ever, smoked normal cigarettes.

Cannabis smokers are particularly at risk because they hold smoke in their lungs for longer than other smokers, and marijuana spliffs are rolled without filters. Last month, a doctor in Newcastle had to do a lung transplant on a patient who had only smoked cannabis.

At the Glasgow Royal Infirmary, Dr Mark Johnson, a specialist registrar in respiratory medicine, said he had found a regular stream of patients showing signs of the syndrome, a form of emphysema that reduces the surface of the lungs and replaces it with huge cysts known as giant bullae.

The result was that the alveoli, the air sacs in the lung that permit the transfer of oxygen into the blood, are restricted by the cysts and in effect collapse the lung.

"Much more work needs to be done in this field," said Dr Johnson yesterday. "Every couple of months I finding a new patient showing signs of this condition but nobody knows for sure just how many people are affected." Research by Dr Johnson and his colleagues found patients who smoked two to three spliffs a day suffered similar lung damage to smokers who inhaled more than 20 cigarettes a day. The study found cannabis smokers inhaled more deeply and held the smoke in their lungs up to four times longer than tobacco users.

"When this smoking practice is combined with the lack of filter tips on marijuana cigarettes, it leads to a fourfold greater delivery of tar and a five times greater increase in carboxyhemoglobin per cigarette smoked," they concluded.

"It is a condition that has also been reported in heroin smokers," Dr Johnson said. He found sufferers are predominately male, between 25 and 40, and chronic cannabis smokers.

Other ill-effects associated with marijuana use included cancer, schizophrenia and impotence.

Living Abroad Magazine
By Paul Kelbie Scotland Correspondent
27 February 2003

Cocaine and Ecstasy Cause DNA Mutation

December 5, 2003

ROME (Reuters) - Cocaine and ecstasy not only cause addiction and raise the risk of cancer but also provoke genetic mutations, Italian scientists said on Friday.

``Cocaine and ecstasy have proved to be more dangerous than we had imagined," said Giorgio Bronzetti, chief scientist at the National Center for Research's (CNR) biotechnology department.

``These drugs, on top of their toxicological effects, attack DNA provoking mutations and altering the hereditary material. This is very worrying for the effects it could have on future generations," he said.

The use of ecstasy, a drug popular at all-night dance parties, increased by 70 percent between 1995 and 2000 according to a United Nations report published in September.

Ecstasy and amphetamines have overtaken cocaine and heroin as the fastest growing global narcotics menace, the study said.

The CNR report, which took more than three years to complete, said animal tests had shown a direct relationship between ecstasy and cocaine intake and the effects on DNA.

``In other words, the longer the time frame of drug consumption, the greater the damage to DNA," Bronzetti said

According to an article in the Aberdeen Press and Journal (United Kingdom), December 17, 2005, a three-year-old girl was a hair's breadth away from suffering a horrific syringe injury when she stepped on a discarded needle in a busy town centre. The incident prompted a furious call from local politicians for drug addicts to dispose of needles safely, without putting others at risk

Part of the problem with needle exchanges, is that those who run and use the program do not seem to understand the true meaning of the word "exchange," and as a result children and others come into contact with dirty needles.

ex·change) (*verb*)
To give in return for something received; trade
To give and receive reciprocally; interchange
To give up for a substitute
To turn in for replacement

Ecstasy is linked with long-term memory loss

SOURCE: Journal of Psychopharmacology, December 2003

Washington, Jan 15, 2004
By Kate Holton

LONDON (Reuters) - People who take the drug ecstasy are more likely to suffer from long-term memory loss, according to a British study published on Thursday.

The study, which surveyed users in Europe, the United States and Australia, found that those who regularly took the dance club drug were 23 percent more likely to report problems with their memory than non-users.

The study has been published in the current edition of the Journal of Psychopharmacology. Ecstasy users who also use cannabis were facing a "myriad of memory afflictions," the report said, which could represent "a time bomb" of cognitive problems for later life. The report, led by the University of Newcastle upon Tyne, said short-term memory was affected by cannabis.

Despite some high-profile deaths caused by ecstasy, there has been a widespread perception among young users that the drug is safe.

Users say it heightens awareness, intensifies their emotions and makes them feel good. But in extreme cases, ecstasy can cause spikes in body temperatures severe enough to be fatal. "Users may think that ecstasy is fun and that it feels fairly harmless at the time," said lead researcher Dr. Jacqui Rodgers of Newcastle University in Britain. "However, our results show slight but measurable impairments to memory as a result of use, which is worrying."

The survey team based their findings on responses from 763 participants but they also looked closely at a sub-group of 81 "typical" ecstasy users who had taken the drug at least 10 times.

The typical users showed their long-term memory to be 14 percent worse than the 480 people who had never taken ecstasy and 23 percent worse than the 242 who had never taken drugs at all. Additionally, the typical users made 29 percent more mistakes on the questionnaire form than the people who did not take drugs at all.

"The findings also suggest that ecstasy users who take cannabis are suffering from a 'double whammy' where both their long-term and short-term memory is being impaired," Rodgers said.

Research on MDMA, published in *NeuroPharmacology, August 2005* by a research team in Ireland, linked caffeine, taken with, or in combination form, as increasing the toxicity of the MDMA.

Kids often consume No Doz caffeine tablets or Red Bull and other energy drinks containing caffeine along with the MDMA tablets. They don't realize that the caffeine combines with the principal MDMA metabolite, MDA, to affect brain chemistry and body temperature. The combination may contribute to dehydration and some of the other acute side effects of MDMA, when taken by kids at "raves" – all night dance parties where MDMA is readily available.

Needle exchange was first introduced in the United Kingdom in 1985 in response to the AIDS epidemic. Most areas within the UK have pharmacy-based needle-exchange services. Mobile, agency-based and automated needle exchange programs also exist.

Despite this widespread availability of free needles, a recent report published by the U.K. Health Protection Agency has found HIV, Hepatitis C (HCV,) and Hepatitis A are on the rise among injection drug users (IDUs). There were as many cases of HIV among U.K. IDUs reported in 2004 as there were in the preceding five years. An enhanced survey found that more than half, 54 percent, of IDUs were infected with HCV.

Likewise, there are outbreaks of hepatitis A among IDUs. The report also found that only half of the IDUs with HIV were aware that they were infected, and half of IDUs reported sharing drug-taking paraphernalia (28 per-cent reported sharing needles specifically).

SUPREME COURT DECISION: SO-CALLED MEDICAL MARIJUANA

June 6th, 2005

(Washington, D.C.) -- John Walters, Director of National Drug Control Policy (ONDCP), and President Bush's "Drug Czar," today issued the following statement regarding the United States Supreme Court's decision regarding so-called medical marijuana.

Director Walters said, "Today's decision marks the end of medical marijuana as a political issue. Our Nation has the highest standards and most sophisticated institutions in the world for determining the safety and effectiveness of medication. Our national medical system relies on proven scientific research, not popular opinion. To date, science and research have not determined that smoking a crude plant is safe or effective. We have a responsibility as a civilized society to ensure that the medicine Americans receive from their doctors is effective, safe, and free from the pro-drug politics that are being promoted in America under the guise of medicine.

Too many of our citizens suffer from pain and chronic illnesses. Smoking illegal drugs may make some people "feel better." However, civilized societies and modern day medical practices differentiate between inebriation and the safe, supervised delivery of proven medicine by legitimate doctors. In 1999, the Institute of Medicine (IOM) published a review of the available scientific evidence in an effort to assess the potential health benefits of marijuana and its constituent cannabinoids. The review concluded that smoking marijuana is not recommended for any long-term medical use, and a subsequent IOM report declared, "Marijuana is not a modern medicine."

For years, pro-drug groups seeking the legalization of marijuana and other drugs have preyed on the compassion of Americans to promote their political agenda and bypass F.D.A.'s rigorous standards which have safeguarded our medical supply for over 100 years. Marinol – the synthetic form of THC and the psychoactive ingredient contained in marijuana – is already legally available for prescription by physicians whose patients suffer from pain and chronic illness."

MARIJUANA CAN TRIGGER RAPID DROP IN BLOOD PRESSURE

In a recent double-blind, placebo-controlled study, using both smoked marijuana and THC infusions, Mathew et al studied the effect of tetrahydrocannabinol (THC) on blood pressure, pulse rate and blood flow to the brain to determine the extent of the phenomenon of dizziness or fainting associated with blood pressure drop when standing up after smoking a joint. A blood pressure drop that results in fainting "has considerable clinical relevance. In healthy individuals, it can cause injuries including lacerations and fractures. In individuals with preexisting cerebrovascular disorders it can lead to stroke and sudden death." Further, it "complicates a variety of diseases including multiple sclerosis, diabetes mellitus, Shy Drager syndrome, nephrosis, chronic fatigue syndrome, parkinsonism, organic dementias and cervical myelopathy." In "elderly ambulatory men" it was "found to be a signficant indepenent predictor of mortality."

Twenty-eight percent of those studied reported severe symptoms, both with smoked marijuana and the THC infusions. The study found that the "most marked" autonomic change caused by marijuana was increased pulse rate.."The results of the study clearly show loss of cerebral autoregulation and postural syncope [fainting when standing up] after marijuana/THC. However the mechanism responsible for these phenomena is unclear."

NOTE: The 29 subjects were all experienced marijuana smokers. The study was reviewed and approved by the Institution Review Board (IRB) at Duke University Medical Center.

Reference: Postural syncope after marijuana: a transcranial Doppler study of the hemodynamics, R.J. Mathew et al, Pharmacology; *Biochemistry and Behavior* 75 (2003) 309-318

November 19, 2003
Northwest Center for Health & Safety
www.drugandhealthinfo.org

DrugWatch International™

PRINCIPLES

- Support clear messages and standards of no illegal use of alcohol, tobacco and other drugs, (including "no use" under legal age) and no abuse of legal drugs for adults or youth.
- Support comprehensive and coordinated approaches that include prevention, education, law enforcement, and treatment in addressing the issues regarding alcohol, tobacco, and other drugs.
- Support strong laws and meaningful legal penalties that hold users and dealers accountable for their actions.
- Support the requirement that any medical use of psychoactive or addictive drugs meets the current criteria required of all other therapeutic drugs.
- Support adherence to the scientific research standards and ethics that are prescribed by the world scientific community and professional associations, in conducting studies and reviews on alcohol, tobacco, and other drugs (without exception to illicit drugs).
- Support efforts to prevent availability and use of drugs, and oppose policies and programs that accept drug use based on reduction or minimization of harm.
- Support International Treaties and Agreements, including international sanctions and penalties against drug trafficking, and oppose attempts to weaken international drug policies and laws.
- Support efforts to halt legalization or decriminalization of drugs.
- Support the freedom and rights of individuals without jeopardizing the stability, health, and general welfare of society.

This newsletter is for educational purposes, and nothing in it should be construed as an attempt to aid or hinder the passage of any legislation.

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MISSION STATEMENT: Drug Watch International shall provide accurate information on psychoactive and addictive substances; promote sound drug policies based on scientific research; and shall oppose efforts to legalize or decriminalize drugs.

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