



RESPIRATORY EFFECTS OF CANNABIS

By Stuart Reece, M.D.

With widespread interest in cannabis and an orchestrated, well-financed global campaign to decriminalize it, accurate determination of the medical consequences of smoking cannabis is vital. Further research is necessary; however, it must be underscored that recent position statements from leading pulmonological bodies such as the British Lung Foundation and the Thoracic Society of Australia and New Zealand (TSANZ) have found sufficient evidence to issue strong and unequivocal warnings to the global community against the use of cannabis, particularly by smoking.

US drug use rates, as profiled in the National Institutes of Health "Monitoring the Future Study", show that cannabis is by far the most commonly used illicit drug. However, an important point to remember, when faced with the "inevitably rising tide – drug holocaust" rhetoric of the legalization propagandists, is that, since the most recent peak years of 1997-1999, teenage drug use has declined overall by 22.8%, and for a number of specific drugs, use has fallen even lower. Similar trends have occurred in several countries in Europe, including Scandinavia and Britain. A 6.7% reduction in global cannabis production is documented by the UN Office of Drug Control for 2004-2005. Nevertheless, there still remain 160 million addicted cannabis smokers worldwide.

Cannabis is typically smoked with four-fold longer breath-holding, two-thirds deeper inhalations, and one third greater puff volume than tobacco and is associated with more lung damage (cyst formation, bullous development, pneumothorax, tar inhalation, and tar deposits in airways).

Cannabis contains over 400 compounds, rising to over 5,000 after the partial combustion of smoking. Over 60 of these compounds are unique to cannabis and are referred to as 'cannabinoids.' Partial combustion generates damaging oxygen-free radicals that have been linked with ageing, cancer, and lung inflammation. The content of modern cannabis is repeatedly reported to have risen from 10mg in the 1960's to 150mg today, and up to 300mg when joints are laced with hashish. Cannabis smoke

includes most of the constituents of tobacco smoke and some of the most potent of carcinogens. Acceleration of the ageing effect caused by cannabis use is consistent with various studies performed in this clinic. Furthermore, it is possible to inhale significant amounts of THC passively from the smoke of others.

Microscopic changes occurring in the large airways of cannabis users are characteristic of inflammatory changes and include increased goblet cell number and reduced cilia "hair" like function, over-expanded lungs, reduced lung volume, and cystic change. According to a recent British study, one 0.37g cannabis joint is equivalent to 2.5-5, 1g tobacco cigarettes for effect on airways obstruction, and up to 6 tobacco cigarettes on specific airways conductance. A 2002 British study found that smoking 3 joints was equivalent to smoking 20 cigarettes. In 1994, a study by Starr et al found that two cannabis joints were as harmful as 28 tobacco cigarettes. Results vary according to the potency of the cannabis; however, all studies show that cannabis does considerably more harm to airways than tobacco. A recently published Thorax paper and accompanying journal editorial stated these findings constitute major public health implications.

In addition to respiratory problems, cannabis is increasingly recognized as an immune suppressant, making it particularly dangerous for transplant, cancer, and AIDS patients. The ability of the macrophage cells of the respiratory tract to eradicate tumour cells, or to cope with the bacteria and fungus that often contaminate cannabis, is greatly reduced. Immunosuppression and the compensatory immunostimulation that accompany it have been linked with increased mortality rates in studies of very old people, in rheumatoid arthritis patients, and in drug addicts.

At the molecular level, changes similar to those found in cancer patients have been found in the airways of cannabis smokers. These changes include suppression of the major tumour suppressor protein P53 found in 75% of all respiratory cancers and 11% of cannabis smokers, and raised levels of Ki-76 and

the epidermal growth factor receptor (EGFR); DNA polyploidy and metaplasia of the epithelium to a skin-like epidermis. Cannabis also stimulates the cancerogenic MAP kinase pathway.

At the epidemiological level, cannabis has been linked to the development of cancer, often at young ages, in 75 case report studies and in several epidemiological studies. Studies have found associations for cannabis with cancer of the tongue, larynx, lung, breast, and for an inherited form of leukaemia in babies born to addicted mothers. Cannabis is also mutagenic and has been linked with inheritable chromosomal damage in pre-stem cells.

The concluding remark from the Thoracic Society of Australia and New Zealand position statement bears repeating, "**The burden of respiratory ill health will inevitably increase if [cannabis] consumption increases, particularly in the longer term.**"

Dr. Reece practices medicine in inner city Brisbane, Australia. He is currently involved in a Major Social and Epidemiological Research Project on Australian, American, and International Social Trends in Welfare, Drug and Substance Abuse, Family Studies, Criminology, Sexual, and Cancerous Disease Epidemiology.



Cannabis Use Rates Among High School Seniors by Periodicity

	Lifetime	Annual	Monthly	Daily
1997-99 Peak	49.7%	38.5%	23.7%	6.0%
2006, Present	42.3%	31.5%	18.3%	5.0%
% of Origin	85.1%	81.8%	77.2%	83.3%
Unity	100%	100%	100%	100%
Reduction	14.9%	18.2%	22.8%	16.7%

<http://www.monitoringthefuture.org/>

Components of Cannabis Smoke
Partially combusted vegetable material
Tars and particulate matter
Carbon monoxide
Oxygen radicals
Benzenanthracenes
Benzo[α]pyrenes
Polycyclic aromatic hydrocarbons
Nitrosamines
Vinyl chloride
Cyanide
Acrolein
Aldehydes
Phenols

THE SUMMER OF '94

By John J. Coleman, PhD., President, Drug Watch International

The American Revolution is well-known to many of us as an exciting chapter in our primary school education. Little attention, however, is paid to the “second” revolution that began in Pennsylvania during the summer of 1794. It was there that grain farmers and whiskey producers refused to pay a federal tax imposed by Congress to pay for the first revolution. President George Washington raised a larger militia than he commanded previously and personally marched it into Pennsylvania to quell the revolt and collect the tax. By the time that he and his troops arrived in Pennsylvania, however, the “second” revolution was over.

Today’s debate over federalism and the “rights” of states to produce and market intoxicating substances focuses mainly on cannabis, specifically, the production, distribution, and use of marijuana for medical purposes. Although we tend to think that this debate began in 1996 with the passage of California’s Proposition 215, the real debate on this occurred almost sixty years before with the passage of the 1937 Marijuana Tax Act. During the hearings preceding passage, Congress raised a number of questions regarding the constitutionality of federal authorities to regulate cannabis and, ultimately, settled on a taxing scheme in keeping with its Article I authority to levy and collect taxes. The issue of marijuana as a medicine was not raised back then probably because the act permitted the possession and distribution of cannabis by those authorized by the Treasury Department in accordance with the provisions of the act.

In 1969, as a result of a Supreme Court decision (*Timothy Leary, et al v Supreme Court*), some of the provisions of the 1937 act were ruled unconstitutional. The Court decided, for example, that requiring someone to obtain a federal registration to engage in an activity prohibited by the states, in effect, amounted to a violation of one’s Fifth Amendment rights. Congress moved swiftly to replace the defective tax act with one bedded more firmly in the commerce clause of the Constitution. In doing so, Congress decided to consider cannabis and THC as schedule one drugs under the Controlled Substances Act of 1970 (CSA), thus removing cannabis from the pharmacopoeia of lawful

medicines. Few scientific studies on the effects of marijuana had been done prior to 1937; however, research since then has shown some pretty frightening health and behavioral consequences.

Until 1970, the states uniformly had prohibited cannabis but the federal government permitted its authorized use and distribution by persons complying with the provisions of the 1937 act. The irony here is that, today, about a dozen states have passed laws permitting the use of marijuana for medical purposes, while federal law prohibits all commerce in cannabis except when approved for research purposes by the appropriate federal authorities. Although states have attempted to word their permissive rules to avoid a direct confrontation with federal law, a constitutional collision on this is inevitable and drawing closer every day. Moreover, this uncertain legal status surrounding cannabis has produced unusual legal interpretations that threaten to undermine the public’s respect for the rule of law.

Consider a recent case in California where police stopped a motorist and seized a quantity of cannabis from him. Later, in court, the accused claimed that he was authorized under state law to possess and use the drug for medical purposes. The court accepted this defense, vacated the charge and ordered the police to return the motorist’s property, namely the seized cannabis. The police refused, citing the federal Controlled Substances Act that prohibits giving or distributing cannabis to another person. The police appealed the decision to return the seized cannabis. Recently, a California appeals court ruled that because police are not required to enforce federal law, their claim in this instance is without merit and the police, therefore, must return the property as ordered. It is worth noting that this is a case that emerged only because of the conflicts and ambiguities in existing laws.

The U.S. Supreme Court has ruled that the federal law prohibiting cannabis applies to intrastate commerce, including the commerce in cannabis used for medicinal purposes permitted by states like California. Federal authorities have been resolute in enforcing the law in accordance with the Court’s interpretations. The leading case supporting the supremacy of fed-

eral law regarding this issue was decided in 2005, in *Gonzales v. Raich* (545 U.S. 1). When all was said and done, the Court held that Congress had the authority to ban the use of cannabis even where individual states had approved its use for medicinal purposes.

Several members of Congress, attempting to counter the Court’s decision in *Raich*, have sponsored or co-sponsored bills that would prohibit federal law enforcement in states where cannabis has been approved under state law for medicinal use. Thus far, these bills have failed to attract more than a handful of supporters and none has reached the floor for a vote. Although these bills appeal to constituents and others seeking to overturn federal drug laws, they contain what is typically referred to as a “poison pill”—a clause that insures their failure. In this regard, they would cede to the states powers reserved to the federal Congress by Article One of the Constitution.

Meanwhile, the Drug Enforcement Administration (DEA) continues to enforce federal law in California and elsewhere. On December 15, 2007, the DEA office in San Francisco sent 80 letters to property owners in 15 counties in Northern California warning that it is a violation of law to allow the sale of a controlled substance from one’s property in violation of the law. These letters serve as effective notice that such properties are subject to seizure and forfeiture under federal drug laws. Not surprisingly, the media reported that the DEA letters inspired a protest in front of the federal building in Oakland, California.

How this drama will play out in the coming years is unknown but more collisions between state and federal authority are likely to occur before this is settled. Regardless of what happens, don’t expect President Washington’s successor to raise a militia over this or march into California anytime soon. Unlike the summer of 1794, these battles are fought and decided nowadays in courtrooms.



THE WINNABLE WAR ON DRUGS

House of Representatives
Canberra, Australia
September 2007

“The destruction of an individual’s humanity by the use of illicit drugs is unarguable.

What is required is policy to prevent harm to individuals from illicit drugs, not policy to merely reduce or minimize it.”

STATEMENT by the Hon John Howard MP,
Prime Minister, Australia
16 August 2007

There is no issue that bothers Australian parents more than the threat of illicit drug use. It represents one of the continuing social challenges to the well-being of young Australians, and anything that governments can do to help parents deal with this terrible problem, they ought to do. I am very proud of the fact that, since 1997, this government has spent more than \$1.4 billion under its “Tough on Drugs” strategy across education, treatment, and law enforcement measures. I am very pleased that over that 10-year period there has been a major change in community attitudes to the use of what used to be called “soft” drugs, like marijuana. Eight or nine years ago, attempts were made at a state parliamentary level on both side of politics – both Labor and coalition – to decriminalize marijuana in the mistaken belief that marijuana was harmless. It is now realized by a growing number of Australians, particularly the parents of young people who have taken their lives in deep depression, or because of a severe mental illness occasioned by marijuana abuse, that marijuana and other so-called soft drugs represent an enduring menace to the health of many thousands of young Australians. We are making progress in the war against drugs, but we have a long way to go. I say to those cynics who, over the years have said it was all a waste of time, and the answer was to legalise it all and the problem would go away, that they could not have been more mistaken. The problem will only get worse if you legalise it all, because you are saying to the drug traffickers, and you are saying to the parents of children desperately trying to break the habit that it is all too hard and you might as well give up.

**This government will never give up in the fight against drugs.
We will never adopt a harm minimization strategy.
We will always maintain a zero tolerance approach.**

ONE PERSON CAN MELT A BIG CHOCOLATE MOUNTAIN



Drug Watch International would like to commend Jill Porter, a columnist for the Philadelphia Daily News, who proved to the world that all it takes is one person to start a movement that can accomplish miracles.

On November 30, 2007, Ms. Porter wrote an article published by the Philadelphia Daily News, *Mint or drug: Is Hershey's cracked?* The article exposed "Ice Breakers Pacs," a breath mint that looked like tiny heat-sealed bags of cocaine, crack, heroin, or any other powdered drug. Unbelievably, the tiny pouches were made and distributed by Hershey's and looked so realistic that they even fooled Philadelphia Police Chief Inspector

William Blackburn. Chief Blackburn said that selling a product glorifying the drug trade was despicable and a disgrace. Ms. Porter's article quoted Judges, law enforcement officials, and parents – all expressing their outrage.

The article sparked a national movement to have *Hershey's* get the product off the shelves. There were petition drives, threats of boycotts, and a resolution condemning the company passed unanimously on December 7, 2007, by the Philadelphia City Council.

On December 10, 2007, Ms. Porter wrote in another article, *Hershey's to change candy pacs*, "After initially scoffing at the outcry over Ice Breakers Pacs, *Hershey's* is prepared to change the packaging so the dissolvable pouches no longer look like heat-sealed packets of cocaine. In other words:

Your [the public's] outraged voices melted the big chocolate mountain."



Jill Porter is Philadelphia all the way. Born here, educated here - at Germantown High School and Temple University - and permanent fixture at the Daily News since 1975. In her tiny office are her favorite mementoes of writing a column all these years: plaques in recognition of her work, awards from civic associations for championing their cause, and a t-shirt from a favorite reader that says: "Hand over the chocolate and no one will get hurt." Also on display are photographs of her husband, Fred Hamilton, son Zachary Chalfin Hamilton, and her Golden retriever, Maxi. In real life, Porter likes to dance, read, hike, ride her bike, work out at the gym - and eat chocolate.

Email Jill at
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"I cannot think of one problem that exists in the black community (teenage pregnancy, education, unemployment, infant mortality, health care) that would not be negatively impacted by legalizing drugs."

*Peter Bell
Founder and Past Ex. Dir., Institute on Black Chemical Abuse
Editorial, Summer, 1988, "The Chemical People"*

FREE DRUGS OR DRUG FREE?



Health and Security

With two building blocks of my argumentation in place (namely, stability of the world drug market and the priority of reducing drug demand), let me now turn to the issues of health and security.

Some people say that drug use is a personal and private choice - and nobody else's business. I have a few problems with this argument. First, there is a health issue. A growing body of scientific evidence shows that drug abuse is a disease affecting the brain, as much as any other neurological or psychiatric disorder. It is both triggered by vulnerability, and, in turn, deepens vulnerability. This has consequences both for the drug user and society as a whole.

Second, if people don't care about the dangers to themselves, what about the dangers that drugs cause to others: like road accidents or crimes committed by people under the influence of psycho-active

substances, or the spread of blood borne diseases to others? The pharmacological effects of drugs are independent of their legal status. Drugs are not dangerous because they are illegal. They are illegal because they are dangerous. No wonder that public outcry against the collateral damage of drug use is building, just like successful campaigns against passive smoking or drunk driving.

Third, drugs threaten security - not only public safety in inner-cities, but the security of states -- think of Central America, the Caribbean and West Africa, caught in the cross-fire of drug trafficking.

I know your argument on this last point. Prohibition causes violence and crime by creating a lucrative black market for drugs: so, legalize drugs to defeat organized crime. Thus far, as an economist, I agree with you. But this is not only an economic argument. Legalization may reduce the profits to organized crime, but it will also increase the damage done to the health of individuals and society. Evidence shows a strong cor-

relation between drug availability and drug abuse. Let us therefore reduce the availability of drugs - through tackling supply and demand - and thereby reduce the risks to health and security.

In short, drug policy does not have to choose between either (i) protecting health, through drug control, or (ii) ensuring law-and-order, by liberalizing drugs. Democratic governments can and must protect both health and safety.

Besides, just because something is hard to control doesn't mean that its legalization will solve the problem. For example, it is hard to stop human trafficking - a modern form of slavery. This is a multi-billion dollar business. Because the problem is out of control, would you equally propose that we accept it?

Taken from a presentation by the Executive Director of UNODC, Antonio Maria Costa, December 7, 2007

<http://www.unodc.org/unodc/en/frontpage/free-drugs-or-drugs-free.html>

“At the deepest levels, the “drug war” is not a war of dealers versus police, but a war of ideas between those who think drug use is a lifestyle issue and those who perceive and oppose the substantial, hurtful, unjust, and costly damage done to families and communities by substance use and abuse.”

*Alan Markwood, M.A.
Drug Prevention Professional*

THE HOPE OF A FIGHT AGAINST BARBARISM

By Roberto Francisco Maldonado



Roberto Francisco del Valle Maldonado lives and practices law in the city of Mar del Plata, Buenos Aires, Argentina. Since 1996, he has been a Civil Servant of the Argentinean Federal Justice, with expertise in drugs, drug's trafficking, and money laundering. He is a Professor at the Drug Addictions Institute, University of Salvador (IPD - USAL), Buenos Aires, Argentina, and the author of several books on drug related issues.

Adopting legalization or decriminalization of illicit drugs in Argentina and in other Latin-American countries would be a violation of existing treaties. Many are signatories to the United Nation's international treaties on drugs and the 1969's Vienna Convention on the Law of Treaties, which in its 27th article states, "a party may not invoke the provisions of its internal law as justification for its failure to perform a treaty."

Sometimes lawmakers exceed their authority, as in my country, Argentina, where a bill to modify the Penal Code by reducing punishment for drug traffickers is under consideration.

Nevertheless, the voices of some Argentine politicians, religious leaders, and scientists are arguing against such a dangerous move. Presenting drug legalization as a public health problem, without mentioning the unsolvable problems that drug legalization brings, is a way to disguise the problems, avoiding the fact that this paradigm failed in other countries.

The Conference of the Argentine Catholic Church, in a Bishops' Pastoral Letter entitled "Drugs, Synonyms of Death," * states that the illegal drug trade is well established and prospers in our country, while destroying families and spreading death. Drug traders have taken advantage of the childhood innocence and fragility of our young people, and drugs have therefore taken root among them. Argentina is now more than a mere "pass-through" country.

The statements of the Pastoral Letter ratify the opinion of Mr. Angel Morello, former coordinator of Urban Politics of the government of the Ciudad Autónoma de Buenos Aires, who has declared that a drug called "paco" is actually being used by some political sectors to exterminate vulnerable people!

Paco, a smokeable, cheap, and highly addictive street drug produced from the waste of cocaine paste production, is used in Argentina and other South American countries. The Buenos Aires' provincial government says that intense paco consumption can cause "cerebral death" in as little as six months. Due to its low cost, paco became popular among teenagers and children of the poorest areas in Buenos Aires Province. Little is said about use of this drug, however, because speaking about paco in Latin America implies the use of cocaine production leftovers, forcing us to admit the existence of clandestine laboratories. It implies that drug-consuming countries have now become drug-producing countries.

In its Pastoral Letter, the Argentine Catholic Church also advocates strengthening the fight against drug-dependence by denouncing and legally prosecuting those "merchants of death that, with the scandalous illegal drug trade, are destroying mankind." The document maintains that drug trafficking generates corruption and death, assassination, extortion, slavery, and prostitution. It denounces the indifference, consumerism, family disunion, lack of values in every social stratum, and lack of educational prevention.

There are three principal directions to fight drug abuse:

1. Promote a culture of life based on the inherent dignity of every human person, their right to pursue happiness, and their right to live free of all slavery;
2. Remove the delusion that psychoactive drugs can be used and then easily be left alone;
3. Denounce and pursue merchants of death who destroy humanity -- especially the young -- with their scandalous trafficking.

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In my country, people are beginning to demand prevention strategies based on multilevel educational tasks; the establishment of open arenas to facilitate education about drug use; drug prevention programs; rehabilitation centers for drug addicts and support for their re-entry into society.

The Pastoral Letter states the seriousness and history of the drug problem, which are important in dealing with today's problems. The Argentine Catholic Church points out that we must protect our children with strong families, education, good cultural values, and law. As a country, we must discourage acceptance and characterization of drug use as a "minor evil" and then attempt to manage the damage it causes.

As psychiatrist Eduardo Kalina says, "Those who injure the frontal brain lobes are less than chimpanzees, because they have no notion of what a human being is."

** Carta Pastoral: "La droga, sinónimo de muerte" - 94a Asamblea Plenaria de la Conferencia Episcopal Argentina - 14/11/2007*

Editors' note: Argentina is experiencing a massive domestic drug addiction wave, and, although there is not obvious legalization of drugs by law, there is de facto legalization. Accurate data is not available, and without data, it is easy to pretend that the problem does not exist. The Catholic Bishops of Argentina bravely took a stand and responded correctly to the emergency. They clearly pointed out in their Pastoral Letter that persons self-enslave when addicted, and their life choices self-destruct. Prevention/education, treatment, and even-handed law enforcement must work together to stop the family destruction and suicidal debasement of life that is caused by drug addiction.

"Medical marijuana" is a cruel hoax. It is easy to see the dishonesty of this movement because the supporters of medical marijuana oppose the use of any purified chemical component of marijuana smoke as a medicine to treat any illness. Instead they insist on smoked dope, or nothing. There is no acceptable role in modern medicine for burning leaves as a drug delivery system, because smoke is inherently unhealthy. Well-publicized and lavishly funded attempts to give smoked marijuana the aura of a medicine make the nation's number one illegal drug seem safer and more attractive to would-be and current users. In this way these efforts to burnish the image of marijuana exacerbate a costly public health problem. As I have supported the medical use of purified THC since 1985, so I will enthusiastically support the use of any of the chemicals found in marijuana smoke that is shown to treat any illness. It is the supporters of "medical marijuana" who reject the use of specific chemicals for specific treatments, not me."

*Robert L. DuPont, M.D.
President, Institute for Behavior and Health, Inc.
Former Dir., National Institute on Drug Abuse
8/1/2007*



INTERNATIONAL NEWS BRIEFS

- ◆ A recent study found emphysema and secondary pneumothorax in young adult cannabis smokers. Some of these patients may become severely handicapped, or even become lung transplant candidates in the future. (*Beshay, Kaiser, Niedhart, Reymone, and Schmid – Division of General Thoracic Surgery, University Hospital Berne, Switzerland: Eur J Cardiothorac Surg. 2007 Oct 9;*)
- ◆ New research from Canada shows that some toxins may be more abundant in marijuana cigarettes than in tobacco cigarettes. Ammonia levels were up to 20 times higher in marijuana smoke than in tobacco smoke. Levels of hydrogen cyanide and nitrogen-related chemicals were three to five times higher in marijuana smoke than in tobacco smoke. (*WebMD, Dec. 14, 2007*)
- ◆ A longitudinal study of the effects of tobacco and cannabis exposure on lung function in young adults suggests that continued cannabis smoking has the potential to result in clinically important impairment of lung function. (*Taylor, Fergusson, Milne, Horwood, Moffitt, Sears, and Poulton – Department of Medical and Surgical Sciences, University of Otago, Dunedin, New Zealand; Addiction, 2002 Aug;97(8):1055-61.*)
- ◆ A follow-up study of 535 incident cases of cannabis-induced psychosis and subsequent schizophrenia-spectrum disorders concluded that cannabis-induced psychotic disorders are of great clinical and prognostic importance. Schizophrenia-spectrum disorders were often delayed, sometimes receiving a diagnosis more than a year after seeking treatment for a cannabis-induced psychosis. (*Arendt, Rosenberg, Foldager, Perto, and Munk-Jergensen, Br J Psychiatry 2005 Dec;187-510-5*)
- ◆ Research done at Christchurch Medical School, Christchurch, New Zealand, found that the development of cannabis dependence is associated with increased rates of psychotic symptoms in young people, even when pre-existing symptoms and other background factors are taken into account. (*1: Psychol Med. 2003 Jan;33(1):15-21.*)
- ◆ Youths and young adults who experienced a major depressive episode in the past year are more likely to have also used alcohol or illicit drugs for the first time in the past year, according to a recent analysis of data from the National Survey on Drug Use and Health. Health care and social service providers should consider the increased risk of recent alcohol and illicit drug initiation when providing services to persons with depression. (*CESAR FAX, Dec. 10, 2007*)
- ◆ The American Medical Association (AMA) recommends that marijuana be retained in Schedule 1 of the Controlled Substances Act unless or until adequate and well-controlled studies show reasons to adjust this. The AMA also recommends the development of a smoke-free delivery system for cannabinoids, “to reduce the health hazards associated with the combustion and inhalation of marijuana.” (*AMA marijuana position statement, April 20, 2001*)
- ◆ Physicians are unlikely to embrace marijuana as medicine. Purified, inhalable, and fast-acting THC could carry more addictive risk and produce a more dangerous dependence than marijuana itself. Many addiction medicine specialists are doubtful that THC will become more than “a bit player in mainstream medicine practice.” (*Keith Humphreys, Professor of Psychiatry, Stanford Medical School, San Francisco [CA] Chronicle, Dec. 2, 2007*)
- ◆ Bladder cancer is tied to marijuana use. (*Renal & Urology News, p. 11, March 2006*)
- ◆ The major active component of marijuana could enhance the ability of the virus that causes Kaposi’s sarcoma to infect cells and multiply, according to a team of researchers at Harvard Medical School. Low doses of THC, equivalent to that in the bloodstream of an average marijuana smoker, could be enough to facilitate infection of skin cells and could even coax these cells into malignancy. (*Science Daily, Aug. 2, 2007*)
- ◆ Research found that Methadone promotes AIDS virus infection. (*Suzuki et al, Department of Medical Pharmacology and Toxicology, Section of Molecular and Cellular Biology, University of California, Davis. February 2002. FEBS Letters 519 (2002) 173-177*)
- ◆ Methadone enhances Human Immunodeficiency Virus Infection of Human Immune Cells. (*Yuan Li et al. Division of Immunologic and Infectious Diseases, Research Institute of The Children’s Hospital of Philadelphia, Department of Pediatrics, University of Pennsylvania School of Medicine. Journal of Infectious Diseases, 2002;185;118-22.*)
- ◆ New Mexico won’t supply marijuana to medical patients. The Dept. of Health will not distribute or produce “medical” marijuana and subject its employees to possible federal prosecution. (*AP, August 16, 2007*) “Under our system of federalism, Article VI of the US Constitution prohibits states from making laws that are in conflict with the Constitution and the laws made by Congress, including the federal drug laws. Besides violations of the federal Controlled Substances Act, state employees who would knowingly and

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INTERNATIONAL NEWS BRIEFS

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intentionally violate federal statutes, as they would be expected to do if the New Mexico rule ever took effect, might be exposed to prosecution under additional federal statutes that prohibit state or federal workers from using the "color of the law" to abridge the rights of others, including the right to be protected from harm by the government. John Coleman, PhD., August 18, 2007

- ◆ "Under federal law, all cannabis plants, regardless of variety or THC content, are simply considered to be "marijuana", which is a federally regulated controlled substance. Any person in the United States that wished to grow cannabis plants for any purpose, including industrial purposes, must first obtain permission and register with the U.S. Drug Enforcement Administration (DEA). Failures to do so would be a violation of federal law and could subject an individual to criminal penalties." (*Arnold Schwarzenegger, Governor of California, Veto of CA Bill # AB 684, 10/11/2007*)
- ◆ The Dutch government announced in October 2007 that it would ban the sale of hallucinatory mushrooms. The decision will go into effect within several months and doesn't need parliamentary approval, Justice Ministry spokesman Wim van der Weegen said. "We intend to forbid the sale of 'magic' mushrooms," he said. "That means shops caught doing so will be closed." Although marijuana and hashish are technically illegal, police don't prosecute for possession of small amounts, and they are sold openly in designated cafes. Possession of drugs like cocaine and Ecstasy is illegal. (*Toby Sterling, AP, 10/12/2007*)
- ◆ The Vatican Congregation for the Doctrine of the Faith, the church's most powerful doctrinal tribunal in Rome, issued a decree that no Catholic organization should participate in the trial of a legal heroin injecting room, ruling this would involve cooperation with "grave evil." Rome also strongly opposes any Catholic involvement in existing harm minimization programs such as needle exchanges. (*AAP General News (Australia), September 23, 2000*)
- ◆ Khat is a flowering plant with evergreen leaves, native to tropical East Africa and the Arabian Peninsula. It is a highly addictive stimulant that is illegal in many countries. In 1980 the World Health Organization classified khat as a drug of abuse. Three members of an international khat trafficking ring were recently sentenced in Manhattan Federal Court. One of the traffickers compared the khat trade to cocaine trafficking and said that khat had devastated Somalia, as well as Somali communities within the United States. (*DEA News Release, October 5, 2007*)
- ◆ Mexico's navy announced the largest cocaine seizure in this country's history. Investigators discovered 23.5 tons of cocaine, with a street value of more than \$400 million. Law enforcement officials said the final tally of cocaine seized could go even higher, because they are still searching containers. (*Washington Post Foreign Service, Mexico City, November 2, 2007*)
- ◆ Although overall drug use by U.S. teenagers is falling, and the use of marijuana, methamphetamine, and various stimulants is declining, there is a rise in the abuse of narcotic prescription painkillers Oxycontin and Vicodin. Meth use has decreased by 64% since 2001; however cocaine use is holding steady, and at least one in every 20 high school seniors has at least tried OxyContin in the past year.
- ◆ Of the 1.4 million emergency room visits associated with drug misuse or abuse recorded by U.S. Drug Abuse Warning Network (DAWN) in 2005, 31 percent involved illicit drugs only and 27 percent involved pharmaceuticals only. An additional 36 percent involved combinations of illicit drugs, alcohol, and/or pharmaceuticals. Cocaine was the most frequently cited, with 448,481 visits; marijuana was involved in 242,200 visits; heroin in 164,572 visits; and stimulants, such as amphetamines and meth, in 138,950 visits. (<http://dawninfo.samhsa.gov>)
- ◆ On an average day, every day, more than 4,300 youths use at least one kind of illicit drug for the first time, primarily marijuana (3,577 new initiates on an average day) and used pain relievers nonmedically (2,517 new initiates). (*CESAR FAX 10/29/2007; OAS Report, 10/18/2007*)

(University of Michigan's Institute for Social Research, 2007 Survey)



THE HEMP REPORT

By Jeanette McDougal, MM, CCDP

Farmers are being used!

North Dakota and other US farmers are being used as cover to legalize the ultimate "cover crop," hemp.

To paraphrase Canadian hemp researcher David Marcus: "In order to overcome government reluctance to legalize industrial hemp, it is necessary to present the image of conservative, 'solid citizen' support." I ask: What groups are perceived as more "solid" than America's farmers - or more conservative than Republicans - especially North Dakota farmers, lawmakers, and officials?

Cover is needed because both the US Congressional Research Service (CRS) and pro-drug activists' publications^{1,2} report that the legalize marihuana (Hemp) movement "has largely been spurred by... Jack Herer [marijuana advocate], whose 1985 book, *The Emperor Wears No Clothes*, has been instrumental in reviving interest in hemp and has helped create the grass-roots movement for marijuana reform," [i.e., legalization].

The hemp legalization movement was launched in 1985 and predated farmer involvement, according to master hemp legalization strategist, Chris Conrad.² By 1994, farmers had been pulled into the

hemp movement as part of the pro-drug strategy to legalize hemp. Conrad is quoted in *High Times* as saying that he and his (marijuana legalization activist) network "linked voters, ecologists, farmers, businesses, doctors, and average citizens into an alliance that knows hemp is here for good."³

This inclusion of "*average citizens, groups, and organizations*" lines up with Marcus' statement that "... Strong support from business and farm groups is indispensable; support from pro-marijuana interests and what are perceived of as fringe groups is generally counterproductive."

The statements of hemp expert and research scientist Hayo M. G. van der Werf, PhD, about inaccurate claims of the economic benefits of hemp, are seemingly being disregarded in the push to "sell" hemp as a crop to farmers. Dr. van der Werf says: [Many] claims [about hemp] are made.... many of these claims are inaccurate; some of the overestimation of hemp's benefits may be due to the emotional commitment many individuals have in making this a viable crop. [Emphasis added] (*van der Werf is a research scientist for the French National Institute of Agronomic research*

(INRA), and former editor of the *Official Journal of the International Hemp Association.*)

Marcus concludes, "It is a combination of prospective economic benefit and assurance that hemp cultivation will not detrimentally affect the enforcement of marijuana legislation that has led most industrially advanced countries to reverse prohibitions against growing hemp. Should the US permit commercial hemp cultivation to resume, it will likely be for the same reasons."

Would-be hemp farmers are being used.

1. [Jean M. Rawson, CRS Report 92-510, "Growing Marihuana (Hemp) for Fiber: Pros and Cons."]
2. *High Times*, April 1995
3. *High Times*, December 1999

Resources:

Hemp Times, 1999

[http://www1.agric.gov.ab.ca/\\$department/deptdocs.nsf/all/crop761](http://www1.agric.gov.ab.ca/$department/deptdocs.nsf/all/crop761)

www.drugwatch.org, Search - "Hemp"

I would add that in Europe, where hemp is lawfully grown in several countries, the EU has had to provide annual subsidies to hemp farmers because the commercial market for hemp isn't robust enough to sustain the industry. To compete with these subsidized foreign markets and lower labor costs in China, producers in the United States, if hemp was legal to grow, would likely need subsidies, too, especially given the higher cost of farm labor in the U.S. But, as far as the U.S. is concerned, this is not the main objection to hemp. Whether hemp should be permitted to be grown in the U.S. should not depend on its market future, for the government has no right to prohibit a person's livelihood unless there's a compelling public interest. With hemp, that interest rests with the government's responsibility to regulate controlled substances, including cannabis, to preserve public health and safety. Hemp, although a subspecies of cannabis having lower levels of THC, is visually indistinguishable from the more potent varieties of cannabis prohibited by law, and at present there is no reliable field test to distinguish hemp from these other varieties. How much of a difference this makes in the enforcement of anti-cannabis laws in Europe is unknown, but here in the U.S., with this level of uncertainty, police would be unable to arrest cannabis violators on the basis of "probable cause," a legal concept that is vital for the enforcement of U.S. drug laws. Given that so many groups and individuals who propose legalizing cannabis also lobby strongly for permitting hemp production only confirms the validity of these important reservations.

To my knowledge, no 0% THC cannabis plant has been developed. Dr. Mahmoud ElSohly, Ph.D., Marijuana Project Director, National Institute on Drug Abuse, states, "Fiber hemp can have significant potential for narcotic application...[The] threshold THC concentration (below which Cannabis would have no significant psychoactive properties) has not been determined."

Dr. Roy H. Hart, Clinical Psychiatrist and research chemist (ret.), asserts that it is possible to experience chronic intoxication without being high. Low-level intoxication, caused from ingesting low but steady amounts of food containing THC and other untested cannabinoids is a serious problem, especially with children.

John Coleman, Ph.D., President, Drug Watch International

Why marijuana isn't real medicine

How many other medicines that people take:

- Are smoked? 0.
- Come in unmeasured doses? 0.
- Have unknown strengths? 0.
- Are taken as often as the patient thinks is needed? 0.
- Are taken in crude form (like aspirin from tree bark, penicillin from bread mold, etc.)? 0.
- Are voted on by the public? 0.
- Circumvent safety testing of the FDA? 0.
- Are allowed to contain no warnings on harm? 0.
- Are recommended, not prescribed, by doctors? 0.
- Are grown or produced by patients for their own use as medicine? 0.
- Are sold by unknown street vendors and criminals? 0.

One exception to any of the above would be amazing, but all of them?

Don't buy the "medical marijuana" lie!



The DEA Position On Marijuana

The campaign to legitimize what is called "medical" marijuana is based on two propositions: that science views marijuana as medicine, and that DEA targets sick and dying people using the drug. Neither proposition is true. Smoked marijuana has not withstood the rigors of science – it is not medicine and it is not safe. DEA targets criminals engaged in cultivation and trafficking, not the sick and dying. No state has legalized the trafficking of marijuana, including the twelve states that have decriminalized certain marijuana use.

SMOKED MARIJUANA IS NOT MEDICINE

There is no consensus of medical evidence that smoking marijuana helps patients. Congress enacted laws against marijuana in 1970 based in

part on its conclusion that marijuana has no scientifically proven medical value. The Food and Drug Administration (FDA) is the federal agency responsible for approving drugs as safe and effective medicine based on valid scientific data. FDA has not approved smoked marijuana for any condition or disease. The FDA noted that "there is currently sound evidence that smoked marijuana is harmful," and "that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use."

In 2001, the Supreme Court affirmed Congress's 1970 judgment about marijuana in *United States v. Oakland Cannabis Buyers' Cooperative et al.*, 532 U.S. 438 (2001), which held that, given the absence of medical usefulness,

medical necessity is not a defense to marijuana prosecution. Furthermore, in *Gonzales v. Raich*, 125 S.Ct. 2195 (2005), the Supreme Court reaffirmed that the authority of Congress to regulate the use of potentially harmful substances through the federal Controlled Substances Act includes the authority to regulate marijuana of a purely intrastate character, regardless of a state law purporting to authorize "medical" use of marijuana.

The DEA and the federal government are not alone in viewing smoked marijuana as having no documented medical value. Voices in the medical community likewise do not accept smoked marijuana as medicine:

- ◆ The American Medical Association has rejected pleas to endorse marijuana as medicine,

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and instead has urged that marijuana remain a prohibited, Schedule I controlled substance, at least until more research is done.

- ◆ The American Cancer Society "does not advocate inhaling smoke, nor the legalization of marijuana," although the organization does support carefully controlled clinical studies for alternative delivery methods, specifically a THC skin patch.
- ◆ The American Academy of Pediatrics (AAP) believes that "[a]ny change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents." While it supports scientific research on the possible medical use of cannabinoids as opposed to smoked marijuana, it opposes the legalization of marijuana.
- ◆ The National Multiple Sclerosis Society (NMSS) states that studies done to date "have not provided convincing evidence that marijuana benefits people with MS," and thus marijuana is not a recommended treatment. Furthermore, the NMSS warns that the "long-term use of marijuana may be associated with significant serious side effects."
- ◆ The British Medical Association (BMA) voiced extreme concern that down-grading the criminal status of marijuana would "mislead" the public into believing that the drug is safe. The BMA maintains that marijuana "has been

linked to greater risk of heart disease, lung cancer, bronchitis and emphysema."

- ◆ The 2004 Deputy Chairman of the BMA's Board of Science said that "[t]he public must be made aware of the harmful effects we know result from smoking this drug."
- ◆ The American Academy of Pediatrics asserted that with regard to marijuana use, "from a public health perspective, even a small increase in use, whether attributable to increased availability or decreased perception of risk, would have significant ramifications."

In 1999, The Institute of Medicine (IOM) released a landmark study reviewing the supposed medical properties of marijuana. The study is frequently cited by "medical" marijuana advocates, but in fact severely undermines their arguments.

- ◆ After release of the IOM study, the principal investigators cautioned that the active compounds in marijuana may have medicinal potential and therefore should be researched further. However, the study concluded that "there is little future in smoked marijuana as a medically approved medication."
- ◆ For some ailments, the IOM found "...potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation." However, it pointed out that "[t]he effects of cannabinoids on the symptoms studied are generally modest, and

in most cases there are more effective medications [than smoked marijuana]."

- ◆ The study concluded that, at best, there is only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. For other ailments, such as epilepsy and glaucoma, the study found no evidence of medical value and did not endorse further research.
- ◆ The IOM study explained that "smoked marijuana . . . is a crude THC delivery system that also delivers harmful substances." In addition, "plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect." Therefore, the study concluded that "there is little future in smoked marijuana as a medically approved medication."
- ◆ The principal investigators explicitly stated that using smoked marijuana in clinical trials "should not be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of cannabinoids."

Thus, even scientists and researchers who believe that certain active ingredients in marijuana may have potential medicinal value openly discount the notion that smoked marijuana is or can become "medicine."

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DEA has approved and will continue to approve research into whether THC has any medicinal use. As of May 8, 2006, DEA had registered every one of the 163 researchers who requested to use marijuana in studies and who met Department of Health and Human Services standards. One of those researchers, The Center for Medicinal Cannabis Research (CMCR), conducts studies "to ascertain the general medical safety and efficacy of cannabis and cannabis products and examine alternative forms of cannabis administration." The CMCR currently has 11 on-going studies involving marijuana and the efficacy of cannabis and cannabis compounds as they relate to medical conditions such as HIV, cancer pain, MS, and nausea.

At present, however, the clear weight of the evidence is that smoked marijuana is harmful. No matter what medical condition has been studied, other drugs already approved by the FDA, such as Marinol – a pill form of synthetic THC – have been proven to be safer and more effective than smoked marijuana.

MARIJUANA IS DANGEROUS TO THE USER AND OTHERS

Legalization of marijuana, no matter how it begins, will come at the expense of our children and public safety. It will create dependency and treatment issues, and open the door to use of other drugs, impaired health, delinquent behavior, and drugged drivers.

This is not the marijuana of the 1970's; today's marijuana is far more

powerful. Average THC levels of seized marijuana rose from less than one per cent in the mid-1970's to a national average of over eight per cent in 2004. And the potency of "B.C. Bud" is roughly twice the national average – ranging from 15 per cent to as high as 25 per cent THC content.

Dependency and Treatment:

- ◆ Adolescents are at highest risk for marijuana addiction, as they are "three times more likely than adults to develop dependency." This is borne out by the fact that treatment admission rates for adolescents reporting marijuana as the primary substance of abuse increased from 32 to 65 per cent between 1993 and 2003. More young people ages 12-17 entered treatment in 2003 for marijuana dependency than for alcohol and all other illegal drugs combined.
- ◆ "[R]esearch shows that use of [marijuana] can lead to dependence. Some heavy users of marijuana develop withdrawal symptoms when they have not used the drug for a period of time. Marijuana use, in fact, is often associated with behavior that meets the criteria for substance dependence established by the American Psychiatric Association."
- ◆ Of the 19.1 million Americans aged 12 or older who used illicit drugs in the past 30 days in 2004, 14.6 million used marijuana, making it the most commonly used illicit drug in 2004.
- ◆ Among all ages, marijuana was the

most common illicit drug responsible for treatment admissions in 2003, accounting for 15 per cent of all admissions -- outdistancing heroin, the next most prevalent cause.

- ◆ In 2003, 20 per cent (185,239) of the 919,833 adults admitted to treatment for illegal drug abuse cited marijuana as their primary drug of abuse.

THE LEGALIZATION LOBBY

The proposition that smoked marijuana is "medicine" is, in sum, false – trickery used by those promoting wholesale legalization. When a statute dramatically reducing penalties for "medical" marijuana took effect in Maryland in October 2003, a defense attorney noted that "[t]here are a whole bunch of people who like marijuana who can now try to use this defense." The attorney observed that lawyers would be "neglecting their clients if they did not try to find out what 'physical, emotional or psychological'" condition could be enlisted to develop a defense to justify a defendant's using the drug. "Sometimes people are self-medicating without even realizing it," he said.



Study shows two marijuana cigarettes as harmful as 28 of tobacco.

This study by Starr et al followed 25 non-tobacco smoking surfers, in excellent physical condition, who smoked an average of two marijuana joints per day. The control was 25 male urban smokers from the San Francisco area and 25 non-smoking male Mormons from the Silicon Valley area. Damage and irritation to the lung cells of the marijuana smokers was comparable to those who smoked a mean of 28 tobacco cigarettes per day. (*Medical Tribune, page 17, 1994*)
Commentary: *Tobacco smoke is the most widespread factor associated with premature death due to cancer and cardiovascular disease in the USA. This study shows that cellular damage to the lungs produced by daily use of two marijuana cigarettes is similar to that seen in those who smoke nearly a pack and a half of tobacco cigarettes a day. (Marijuana Research Review, Vol. 2, No. 2, March 1995)*

Three joints equivalent to 20 cigarettes.

In 2002, a British study found that three cannabis joints are the equivalent of 20 tobacco cigarettes. (British Lung Assn; <http://www.lunguk.org/>)

One cannabis joint as bad as five cigarettes.

2007-07-31 (*Reuters Health*)

LONDON (Reuters) - Smoking one cannabis joint is as harmful to a person's lungs as having up to five cigarettes, according to research published on Tuesday.

Those who smoked cannabis damaged both the lungs' small fine airways, used for transporting oxygen, and the large airways, which blocked air flow, the researchers said.

It meant cannabis smokers complained of wheezing, coughing, and chest tightness, the study by experts at the Medical Research Institute of New Zealand found.

The researchers tested 339 people -- those who smoked only cannabis, those who smoked tobacco, those who smoked both and non-smokers.

The study found only those who smoked tobacco suffered from the crippling lung disease emphysema, but cannabis use stopped the lungs working properly.

"The extent of this damage was directly related to the number of joints smoked, with higher consumption linked to greater incapacity," said the authors of the report published in the medical journal *Thorax*.

"The effect on the lungs of each joint was equivalent to smoking between 2.5 and five cigarettes in one go."

The British government is considering whether cannabis should be reclassified as a more serious drug because of the dangers associated with stronger strains.

"The danger cannabis poses to respiratory health is consistently being overlooked," said Helena Shovelton, Chief Executive of the British Lung Foundation.

"Smoking a joint is more harmful to the lungs than smoking a cigarette and we have just banned people from doing that in public places because of the health risks."

Last week British researchers said using marijuana increased the risk of developing a psychotic illness such as schizophrenia.

Ed. Note – Studies have clearly shown that marijuana smoke is more toxic and causes more cellular damage to the lungs than tobacco smoke. The amount of damage depends upon the potency and size of the cannabis joint.

Drug Watch

International



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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.

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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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