

DRUG WATCH WORLD NEWS

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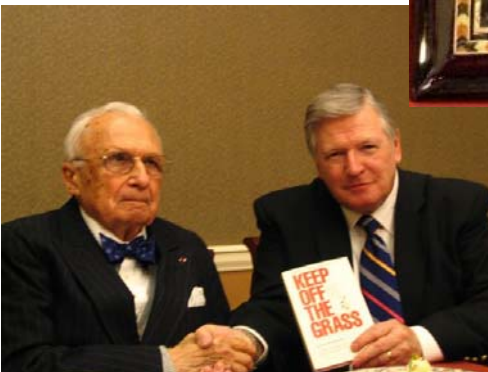
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On Sunday, March 18, 2007, on behalf of Drug Watch International and its Board of Directors, John J. Coleman, President, presented the "Drug Watch Freedom Award" to Dr. Gabriel G. Nahas, MD, PhD. for his outstanding dedication to drug prevention and research. Dr. Nahas was surrounded by his beautiful family, wife Marilyn, daughter, brother, and many nieces and nephews, their spouses and children.



Marilyn Nahas read several congratulatory cards and letters from people who recalled important milestones in her husband's life and his crusade against drug abuse. She reminded everyone that "Gabby" often was fiercely and ruthlessly attacked for his views by those seeking to legalize drugs, especially marihuana, and that in the early years he often stood alone, backed only by parents and early activists in what we call today the preventionists' movement. On behalf of her husband, Mrs. Nahas thanked some of those early supporters.



John Coleman extends heartfelt thanks to Dr. Gabriel Nahas for his 1985 book, "Keep Off the Grass," given to Mr. Coleman in 1986 by Otto Moulton. Mr. Coleman reminded all present how valuable this book was then -- and now -- in presenting the hazards of marihuana from a scientific perspective. The foreword to this book was written by Jacques Yves Cousteau, and the book was endorsed by two Nobel Prize winners in medicine, as well as the then-policy advisor to President Ronald Reagan on drug policy.



Marilyn Nahas and her beloved husband, "Gabby."

DR. GABRIEL G. NAHAS

By John J. Coleman, President, Drug Watch International

“The ability of man to disturb the ecology of the planet is matched by his propensity to pollute his own internal environment by using drugs of dependence.” These words are just as meaningful and timely today as in 1981 when ecologist and explorer Jacques Yves Cousteau included them in a foreword to a book, *Cocaine: The Great White Plague*, by Gabriel G. Nahas, MD, PhD, DSc.

Dr. Nahas, a recent recipient of Drug Watch International’s *Freedom Award*, is recognized around the world as one of the pioneers in drug abuse prevention. An anesthesiologist by training, Dr. Nahas was among a very small group of scientists in the 1960s who recognized the health risks from abusing psychoactive substances, including marijuana. Indeed, Dr. Nahas was almost alone in warning of marijuana’s short and long term health consequences.

The Library of Congress lists 30 published works since 1970 by Dr. Nahas. A common theme found in over three decades of his work is the need to prevent drug abuse, particularly among children. As a medical doctor, scientist, and parent, Dr. Nahas bridges the technical gap between the sometimes arcane language of science and the language of concerned parents seeking to protect their children from the destructive nature of drug abuse.

On March 18, 2007, during the occasion of the Drug Watch International presentation of its prestigious *Freedom Award* to Dr. Nahas, members of the Nahas family provided personal glimpses of a career often spent in professional isolation by colleagues predisposed to believing popular opinions about the recreational use of drugs. As she read the good wishes of her husband’s many friends around the world, Marylyn Nahas paused at times to recall that, over the years, their support provided Dr. Nahas the encouragement and strength to continue his work.

In years past, Mrs. Nahas recalled, Dr. Nahas’s opponents in the drug legalization movements not only sought to undermine his scientific findings, but also frequently attacked him personally for his views. Time and modern research have vindicated Dr. Nahas and have more than fully justified his early warnings about the

hazards of drug abuse. While his critics from the 1970s and 1980s may have been silenced by these recent discoveries, there remain some, nonetheless, who are still determined to legalize drugs.

Although our award was intended to recognize and thank Dr. Nahas for his many years of dedication to drug abuse prevention, it was Dr. Nahas and his family who returned the gesture in the form of thanking all of the parents’ groups, individuals, and organizations, including some that are active and some that may no longer be around, that provided support for Dr. Nahas over the years. Marylyn Nahas recalled that while there may have been times when Dr. Nahas appeared alone on the world’s stage, after these most difficult times he would always tell her that he felt the presence and support of parents and children standing with him. As the reminiscences of family and friends concluded, Dr. Nahas acknowledged all of them with a smile and a heartfelt “Thank You.”

The history of this remarkable person is quite interesting and well worth telling in its own right. Born in 1920 in Alexandria, Egypt, Gabriel G. Nahas lived a comfortable life in a well-to-do family that included a father who was an engineer and at least two uncles who were medical professionals. As a child growing up, young Gabriel sometimes would ask his family about the people he passed on the street who appeared intoxicated or lethargic. This is when he learned at an early age the effects of hashish, a form of cannabis resin popular in Egypt and other areas of the world.

In the 1950s, as he pursued a doctoral degree at the University of Minnesota, Dr. Nahas recalled that his fellow students were not using drugs at the time although, then as now, they tended to drink a lot of beer. By the late 1960s, and with his own child in school in New Jersey, Dr. Nahas was alarmed to learn at a parents meeting that drug abuse was rising among students. Many years since his boyhood in Alexandria but now well equipped with several degrees in medicine and science, Dr. Nahas set out to investigate what he described as the physiopathology of illicit drug use. As a trained pharmacologist and medical doctor, his research findings

carried weight inside and outside of the scientific community as well as with policy makers at the highest levels. Moreover, through his work, Dr. Nahas was able to validate the warnings of parents and others about the hazards of drug abuse.

For many years before his retirement, Dr. Nahas worked as a professor of anesthesiology at the College of Physicians and Surgeons of Columbia University, as well as the University of Paris where he was a professor of medicine. He also served as a consultant to the United Nations Commission on Narcotics.

From an earlier Drug Watch International account we find the following: “Dr. Nahas was a French Partisan during World War II and has been awarded the Presidential Medal of Freedom with gold palm, the Legion of Honor, and the Order of the British Empire, the Order of Orange Nassau and the Medal of Honor of the Centennial of the Statue of Liberty. In 1996, the French National Academy of Medicine, the oldest and most prestigious medical academy in Europe, awarded him the title of Laureate of the National Academy of Medicine for his studies and books on drug abuse.”

Just as his lifelong friend and colleague Jacques Yves Cousteau warned the world against disturbing the ecology of the planet, Gabriel G. Nahas warned the world of the hazards of drug abuse -- the pollution of one’s “internal environment,” as Cousteau called it. Thanks to Dr. Nahas we have been adequately warned. Now, it is up to us to continue the work of drug abuse prevention to which Dr. Nahas dedicated so much of his life’s work. I know that I speak for every member of Drug Watch International, as well as our friends in drug prevention around the world, in thanking Dr. Nahas for his enormous contributions. May he have many more years of happiness and health to enjoy the love of his family and friends.



FIRE UP THE PREVENTION ENGINES!

By Bobby Charles

Buckle-up! As the political process gains wind speed in 2007, first with a new Democratically-controlled Congress and then aspiring presidential candidates voicing their views for 2008, the time is right for all prevention advocates to take stock of where we are -- and then of what we need to do. It is time to fire up the prevention engines again! The top five list of to-dos might look like this ...

First, make a new commitment to communicate with Congress. Why? Because many of the strong prevention advocates are poised to take on new roles, albeit in the minority. Former Speaker of the House, Dennis Hastert (R-IL), for example, a former teacher and wrestling coach, seems poised to speak out and engage even more directly in support of long-standing drug prevention efforts. Congressman Mark Souder (R-IN) will surely continue to be a force.

Likewise, the Democratic majority has some advocates who might become more vocal now, and could plainly help press funding into key bills, members like Congressman Elijah Cummings (D-MD), who lives in Baltimore and is well-acquainted with the way in which drugs can endanger youth and a community, or Diane Watson (D-CA), who lost a niece to meth and is highly focused on the issue.

One added reason for outreach is mounting a strong defense. There are members of Congress who seem not to appreciate the enormous downdraft created -- the hopelessness seeded -- by even passing support for such dead-end ideas as drug legalization or harm reduction. Members that fit this "must see and dissuade" camp are Senator Jeff Bingaman (D-NM), who actually appears to have supported a pro-drug abuse (i.e. pro-harm reduction group) amendment in the past cycle, and Congressman Kucinich (D-OH), who in a new chairmanship of the Government Reform Committee is also flirting overtly with drug legalizers, perhaps in an effort to raise his profile in the 2008 bid for president.

In all events, facts and true stories always tell a convincing tale, and that tale should be aggressively told with as many faces, names and numbers as one can find. This means using documents like the Alexandria, Virginia-based *National Alli-*

ance for Model State Drug Laws' 2003 Study -- all economics and wholly debunking legalization -- entitled "*New Economic Thinking on Addiction and Legalization: Toward Price Elasticities of Demand for Addictive Substances and their Implications for Public Policy.*" Get it, and use it, as it makes a non-political and non-moral case for why the route of legalization or harm reduction is a dead end street.

Remember that each member of Congress represents 600,000 Americans, of whom at least one fourth have likely been touched by substance abuse, most of whom have kids and worry about drug crime or abuse affecting their family, leading members of which are law enforcers, not to mention clergy, educators, health care professionals and the like. Work to build informal and individual links to those who share your views, and then make a direct impact on the member who represents you!

Second, reinvigorate your engagement with the media! When people talk of drug use as if it were a secondary issue, remind them that last year alone, according to the federal Centers for Disease Control, we lost some 28,758 Americans directly to this scourge. Those deaths are -- to a one -- preventable. We teach young people to avert speeding cars by looking both ways. We need to teach them to look in all directions for the right information before they make the tragic mistake of drug use. Kids are smart, but they need confidence, encouragement, gentle words and clear facts. The media holds the American attention these days, so write, talk, generate momentum for getting real facts out, and getting disinformation disavowed.

Third, get to local, state and federal administrations. Tell the stories, but more -- demand leadership, perhaps in drug testing and educational curricula, which arguably should be a standard in every school in America. Or arrange to sit down, or have a group of parents sit down again, with the mayor, city council, governor or his staff; or attend a town meeting; or bring a group together to demand leadership from a federal agency or agency leader such as ONDCP. The effort is worth the time. In the end, we should measure ourselves as we are measured by

others -- by our actions, not our intentions.

Fourth, be creative. Break some glass creatively. Seek to find anniversaries and events worth a press conference; write small booklets and books that hold someone's attention; join blogs that matter and are read; press companies that interact with youth for action, in the spirit of such longtime and successful warriors for the cause like Joyce Nalepka, who once reversed both McDonalds and Peoples Drug Stores by working her way to both company presidents. Take on the monsters of disinformation, disinterest, complacency and indifference, and slay them with energy, facts and commitment. It works!

Finally, remember to set your bearings by the children. No decision-maker, with any heart in his or her frame, can long look you in the eye and contest you, if you are there heart and soul for the children. Whether fighting for Byrne and JAG grants from Congress to support the law enforcement and prevention leaders in your state, or fighting for the National Guard Counter-drug program, or simply fighting to block an error in judgment by a powerful decision-maker, the referent that will resonate is the one that should also motivate us and them -- saving and preserving the futures and lives of millions of young people. Full stop. Now, as they say, go to it! With a strong sense of the possible -- and here to help!

(Bobby Charles is the former US Assistant Secretary of State, under Colin Powell, for International Narcotics and Law Enforcement (2003-2005), former Counsel and Staff Director to the US House National Security, International Affairs and Criminal Justice Subcommittee, former chief staffer to Speaker Hastert's Drug Free America Task Force, author of the book Narcotics and Terrorism (Chelsea Publishing, 2003), former clerk to the 9th Cir. US Court of Appeals, White House staffer in the Reagan and first Bush White Houses, adjunct professor of law and government at Harvard University Extension School, Navy Reserve Officer, president of the Charles Group LLC, www.charlesgroupdc.com, and long time supporter of parents, educators, law enforcement and those who labor for the cause of healthy kids).

HEMP REPORT

By Jeanette McDougal, MM, CCDP

"IT'S THE STALKS, STUPID!"

To borrow from James Carville's famous remark: "It's the stalks, Stupid!"

There is no easy way to get rid of hemp stalks – two tons per acre. What do hemp/marijuana activists and legislators plan to do with stalks after the hemp is harvested for seed? Do they plan to burn the stalks in the field as is done in Canada? Not only does burning Cannabis sativa hemp/marijuana emit benzene and other carcinogens and toxins that could adversely affect human health, burning presents a fire hazard to U.S. forests.

California farmer and hemp enthusiast Charles Meyer recently said, "I'm ready to grow hemp on over 1200 acres of my farm...the early plans are to process the [hemp] seed for food." His farm alone would produce about 2,400 tons of leftover stalks, and field burning of crops is banned in California!

Fiber hemp must be grown within 60 to 80 miles of a processing plant in order to be financially viable; however, there is no hemp fiber infrastructure in the U.S. and no expressed plans to build one. After nine years, Canada has only one fiber processing plant, *Hempline*, located in Ontario. The estimated cost of a proposed hemp fiber factory in Manitoba is about \$14,000,000. According to Canadian agriculture officials, Canadian farmers burn the stalks because there is no other use for them, and they are so strong and fibrous they can't be turned under and left in the field.

US citizens will surely reject legalizing such a questionable crop that would cause so many problems.

HEMP FOOD SAFETY IN QUESTION

On the basis of questionable health, safety, and economic information, North Dakota officials have been convinced to jeopardize what they hold most dear – the safety of their children, families, communities, and even their country.

Farmers and legislators have been assured that adequate safeguards can be placed on planting and growing "industrial hemp" (low grade marijuana). However, safeguards can't be put on fatty human cell walls to protect them from toxic, fat-

loving THC found in food, cosmetic, and other products made of Cannabis hemp/marijuana. Farmers might be willing to gamble on economics, but not on the safety of their families.

The danger is real. The hemp industry is presently driven by seeds for food, nutraceuticals (so-called food supplements), and cosmetic products. Fat-soluble hemp products containing small amounts of THC and 60 other bioactive cannabinoids would be "ingested" or "applied." These cannabinoids would be absorbed and accumulate in body tissue.

Potential harm to children from chemicals in hemp/marijuana is reported in national and international official government documents, which say that the toxic, bioactive cannabinoids in hemp/marijuana can affect and/or delay the growth and development of children.

NO state or country in the world has scientifically established the safety of food products made from hemp

U.S.: In the U.S., the FDA Office of Pre-market Approval denied pre-market approval in August 2000 to hempseed oil, saying that there was not "a sufficient basis for a determination that hempseed oil is GRAS, (generally recognized as safe)." <http://www.cfsan.fda.gov/~rdb/opag035.html>

CANADA: Health Canada (the Canadian Health Dept) concluded in a 1999 draft risk assessment that: "New food products and cosmetics made from Cannabis hemp, the same plant as the marijuana plant, pose an unacceptable risk to the health of consumers. Those most at risk are children exposed in the womb or through breast milk, or teen-agers whose reproductive systems are developing."

EU: "The European Commission 1999 proposals to change its subsidy regime for hemp contained the following negative evaluation of hemp seed: "The use of hemp seed ...would...even in the absence of THC, contribute towards making the narcotic use of cannabis acceptable... In this light, subsidy will be denied producers who are growing grain for use in human nutrition and cosmetics," wrote prominent Canadian hemp proponent, David Marcus. <http://>

www.hort.purdue.edu/newcrop/ncru02/pdf/small.pdf

HEMP: WHERE THERE'S ROPE THERE'S DOPE

This is especially true regarding current efforts to legalize industrial cannabis hemp.

Since farmers as a whole are conservative, they would not knowingly join a movement that was hatched during an LSD trip by marijuana activist Jack Herer. Informed people all over the world call Herer the "father of the hemp movement" and the "emperor of hemp." http://www.globalhemp.com/News/2004/January/the_demonized_seed.php?print=yes

North Dakota agriculture commissioner Roger Johnson and state Rep. David Monson, R-Osnabrock, sincerely and adamantly have disavowed any connection between hemp and marijuana. (Johnson issued and Monson received one of the nation's first permits to grow industrial hemp.) They are, however, terribly misinformed.

Information about two of the hemp movement's key proponents, lobby arm "Vote Hemp" and trade group "Hemp Industries Association (HIA)", should be helpful.

* **Vote Hemp:** The founder and current president of Vote Hemp, Eric Steenstra, has longstanding ties with NORML, the National Organization for the Reform of Marijuana Laws. Steenstra was co-producer of two albums titled, "Hempilation: Freedom is Norml" and "Hempilation: Free the Weed," -- benefit albums for NORML, the oldest and most militant pro-marijuana organization in the United States. These albums feature pro-pot bands performing their favorite weed classics such as, "I Wanna Get High," "I Like Marijuana" and "Legalize It." The albums still are available on Amazon.com and benefit NORML. http://www.amazon.com/Hempilation-Variou-Artists/dp/B00005LMVS/ref=dp_return_2/102-7645831-9392904?ie=UTF8&n=5174&s=music

Steenstra is a frequent hemp panelist at NORML's annual marijuana confer-

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HEMP REPORT

By Jeanette McDougal, MM, CCDP

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ences. Vote Hemp's spokesman, Adam Eiding, is a marijuana activist, staging flamboyant protests in partnership with NORML and other pro-pot activists. <http://www.drugwar.com/pczarinterrupted.shtml>

*Hemp Industries Association :

HIA founders Jack Herer and Chris Conrad (its first president, designer/editor of Herer's book and chief architect of the hemp movement) were ranked No. 1 and No. 10 respectively by *High Times* magazine as two of the world's "Top 25 Pot Stars." *High Times* called Conrad a living legend in the battle for "legal cannabis."

Chris Conrad, referred to as a reverend, "conducted a ganja-infused wedding in Canada of two of North America's most prominent marijuana activists, Renee Boje and Chris Bennett," according to a story posted at <http://www.cannabisculture.com/articles/4389.html>, "Boje was escorted to the podium by an entourage of bridesmaids dressed in colorful pot-leaf fairy costumes, bearing magic wands made of joints." During the height of the marriage ritual, Conrad instructed Marc Emery, founder of the British Columbia Marijuana Party and publisher of *Cannabis Culture* magazine, to "pack a bowl of bud in a 3-foot-high ornate glass bong. Both Bennett and Boje took hits off the bong and exchanged the holy smoke during a kiss," the story reported.

Farmers should think long and hard before attaching their good name to such a questionable movement.

INDUSTRIAL HEMP IS ECONOMICALLY QUESTIONABLE AND OVERRATED.

The U.S. Department of Agriculture conducted a study of hemp in 2000. "Industrial hemp will never have anything but a 'small thin market in the United States,'" the report concludes.

Worldwide hemp acreage was 214,768 acres in 2005, including Canada. The five states (North Dakota, California, West Virginia, Massachusetts, and Wisconsin) that are most actively working to legalize cannabis hemp for farmers have combined farmland acreage of 87,000,000 acres. North Dakota alone has 39 million acres of farmland.

Not a big commodity

Although industrial hemp production has remained legal throughout most of the world, hemp is not a big commodity.

In Europe, the hemp industry is subsidized, but production there remains negligible. 39,000 acres were grown in 2005, down from 100,000 acres in 1998.

"China has low-cost labor to dominate the hemp market, and European Union farmers rely on subsidies equal to about half the price of hemp," writes Valerie V. Askren, former research specialist in agricultural economics at the University of Kentucky.

"France never has outlawed hemp production, has a safe investment environment and access to low-cost hemp from Eastern Europe and the former Soviet Union."

"Why do none of these countries have a thriving hemp industry?" Furthermore, there is very little investment in hemp processing around the world, Askren notes. Why? Why aren't the multinationals interested in investing money in hemp processing?

"The world hemp fibre market continues to be dominated by many of the low cost producers," Manitoba Agriculture reported earlier this year.

"China, South Korea, and the former Soviet Union produce about 70 percent of the world supply. ... Until the early 2000s, there had been a steady decline of world acreage."

Hemp products

Approximately 40,000 acres of marijuana/hemp were planted in Canada in 2006. David Bronner, a California business person, began importing hemp oil from Canada in 1999. He states that he now spends about \$200,000 annually to import hemp oil and hemp grain. The oil is used mainly to make soap, and the grain goes into a snack product.

How big is the present and potential market for hemp soap?

Greg Herriot of Canada, who has been developing markets for hemp oil and food since 1996, is considered a leader in producing and selling hemp products. "Many hemp products require only a small vol-

ume of the crop. Eighty acres will produce enough hemp for 1 million bars of soap made with the highest possible content of hemp oil." Given the soap that could be made from 18,000 acres of hemp (as was planted in 1999 for the now-defunct company, Consolidated Growers): "I haven't done the math, but I think you could cleanse the world for several years," Herriot says.

Perhaps Hayo M.G. van der Werf, research scientist at the French National Institute of Agronomic Research and former editor of the journal of the International Hemp Association, says it best: "The plant is cited to have a wide range of advantages. ... But...many of these claims are inaccurate; some of the overestimation of hemp's benefits may be because of the emotional commitment many individuals have in making this a viable crop."

Jeanette McDougal is Chair of the Hemp Committee of Drug Watch, International; Director, National Alliance for Health and Safety (NAHAS); a voting member of Florida Farm Bureau and a voting member of Minnesota Farm Bureau and a former officer on the Board of Ramsey/Washington County Farm Bureau, Minnesota; has studied the industrial hemp issue and movement since 1993; and was a drug-abuse prevention teacher, (ret).



INTERNATIONAL NEWS BRIEFS

1. "Designer Meth" has hit the streets in Nevada. Flavored and colored, "strawberry quick" meth appears to be targeting a younger crowd and may be the harbinger of a dangerous developing trend. Eastward expansion of meth trafficking has slowed due to states' regulations on the sales of chemicals used in its manufacture; however, most of the meth in the western part of the U.S. is manufactured in Mexico, or by Mexican nationals in western states, both of which have increased their production to meet the US demand. (*E. Edwards, AZ HIDTA, 2/13/07*)
2. The number of new methamphetamine users has dropped. The number of persons using meth in the past year has also decreased. (*CESAR FAX, 2/12/07*)
3. Researchers mapped the brains of meth addicts using PET scanning and found that the brain of a meth addict resembles the brain of a person with Parkinson's or Alzheimer's. Although a meth brain can partially heal after two years of sobriety, it will still resemble a piece of Swiss cheese. The holes just grow smaller. (*Jack Stump, MD. ER doctor at Southwest Washington Medical Center. "The Columbian", 1/15/07*)
4. A recent study, published in "Pediatrics" found that methamphetamine use restricts fetal growth. Newborns whose mothers used meth during pregnancy are 3.5 times more likely to be born underweight. Brown Medical School Professor Barry Lester, who led the study, has studied the effects of drug use on infants and children for more than 20 years. (www.sciencedaily.com, 9/2006)
5. The number of national treatment admissions reporting methamphetamine as the primary substance of abuse has increased dramatically. In 1992, 14,570 treatment admissions reported meth as the primary substance of abuse (1% of all admissions) compared to 129,079 in 2004 (7% of all admissions). (*TEDS data set, 6/2/06*)
6. Three-fourths of law enforcement agencies in the Northwest and Southwest part of the U.S. reported that methamphetamine was the biggest problem in their county. (*National Association of Counties, July 2005. CESAR FAX 7/25/05*)
7. Sixty-nine percent of Minnesota counties reported a growth in out-of-home placements of kids because of meth. (*National Association of Counties report, July 2005*)
8. The overarching goal of Swedish drug policy is a drug free society. Surveys carried out in 2004 and 2005 by the Swedish National Institute of Public Health found that only 2 percent of men and 1 percent of women said that they used illegal drugs during the past year – 1 percent of men and 0.4 percent of women used in the past month. (*ECAD Newsletter, February 2007*)
9. According to the latest Eurobarometer, there is clear opposition to the legalisation of cannabis throughout Europe. (*ECAD Newsletter. February 2007*)
10. A link between cannabis and violent crime was proven by a UK study. Half of all recent arrestees for serious offences such as assault or burglary admitted using cannabis recently. Only 18 percent of offenders had used heroin, and just 10 percent were cocaine users. Criminals aged 17-24 smoked marijuana at a rate of 57 percent, compared to 46 percent of older arrestees. (*ECAD Newsletter. February 2007*)
11. Cannabis is linked to rising child crime in the UK. Many children believe that because cannabis was now legal, nothing would happen if they were caught with it. "The message has been sent out that having cannabis is not a serious offence, so more people have started to use it..." A report published November 23, 2006, by the European Union's main drug monitoring agency placed Britain among the worst European nations for drug misuse. Magistrates in the UK are demanding for the Government to move cannabis back to Class B from Class C. (*"The Times" 11/24/06*)
12. Dr. Kenneth Kendler, Medical College of Virginia, conducted a study on 386 young Norwegian pairs of twins. He found that genetic factors are important risk factors for psychoactive drug use. Identical twins, who share the same genes after the same egg split after fertilization, are more inclined to both take illicit drugs and both get a diagnosis of psychoactive substance use disorder than are fraternal twins, who do not share the same genes. The study assumed that genetic possibilities to inherit drug abuse problems range from 58 percent to 81 percent. (*ECAD Newsletter, August 2006*)
13. 2006 United Nations "World Drug Report"
 - Africa is growing in importance for trans-shipments of cocaine and heroin to Europe
 - Laos has slashed opium cultivation by 72 percent.
 - Cultivation of the opium poppy fell 21 percent in Afghanistan.
 - Global cocaine use declined slightly.
14. Argentinean Drug Czar, Jose Ramon Granero (SEDRONAR), reaffirmed once more, that it would be absurd to legalize the possession of drugs. Granero said that the Government would not go against the Law 23.737 on drugs, and therefore it is completely against the legalization of drugs." (*Buenos Aires, February 28, 2006 DyN*)
15. The United Nations drug control agency in Vienna, Austria, reported that drug traffickers are increasingly using postal services for smuggling. Nations must enact legislation to better check international routes and allow the search of international mail courier companies. There is an increase of illegal online pharmacies, and there should be international cooperation between governments in targeting such pharmacies. In Africa, marijuana is the drug of choice and is used by more than 34 million people. In the past year, it was used by approximately 30 million in the European Union. And prescription drug abuse is on the rise in the United States, Canada, and Mexico. (*St.*)

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INTERNATIONAL NEWS BRIEFS

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Louis Post-Dispatch, 3/1/06)

16. A study at the University of Otago in New Zealand followed 750 adolescents over 15 years and found that those who had smoked cannabis at age 15 were four and one-half times more likely to be schizophrenic at age 26. (*Observer Guardian, UK, February 2006*)
17. A study by Professor Richard Beasley of the Medical Research Institute in Wellington, NZ, found that many Maori use cannabis in "epidemic proportions," perhaps causing Maori to have the world's highest lung cancer rate. Garry Evans, Wellington coroner, urged that the Government policy on illicit drugs be changed from "harm minimization" to campaigning against drug use. (*New Zealand Herald, 10/10/05*)
18. High school seniors are more likely to use illicit drugs than alcohol in a car. Ten percent of 12th graders reported that the usual place they drink alcohol is in a car, while 13 percent said they usually use marijuana and 14 percent said they use illicit drugs in a car. The findings suggest that "illicit drugs may be more prevalent than alcohol in teenage impaired driving." (*2006 national Pride Survey. CESAR Fax, 2/19/07*)
19. HIV incidence was 75 percent higher among daily users of Vancouver, Canada's needle exchange program (NEP) than among drug abusers that did not use the program. Canada boasts the largest NEP in the Western Hemisphere. (*American Journal of Medicine, February 2007*)
20. A recent study found that marijuana-like chemicals in the brain may point to a treatment for the debilitating condition of Parkinson's disease. However, the researchers cautioned that their findings don't mean smoking marijuana could be therapeutic for Parkinson's. The treatment involves enhancing the activity of the chemicals where they occur naturally in the brain. (*Robert Malenka, MD, PhD, Stanford University Medical Center, February 2007*)
21. A recent laboratory-controlled study by Yale scientists, published in the journal *Neuropsychopharmacology*, found that THC, the active ingredient of cannabis, transiently induced a range of schizophrenia-like effects in healthy people. And three large epidemiological studies have supported the long-suggested link between cannabis use and a risk of schizophrenia. (*Yale Medicine Fall/Winter 2004*)
22. Nabilone, a synthetic oral cannabinoid similar to THC, the active ingredient in marijuana, has recently been reintroduced to the US market. Nabilone, like Marinol, can be effective for prevention and treatment of nausea and vomiting associated with cancer chemotherapy in some patients. However, because of the substantial psychotomimetic reactions and high abuse potential of these drugs, their use should be limited to patients who have failed conventional antiemetic therapy. Other drugs are also effective and better tolerated. (*The Medical Letter, December 2006*)
23. In January, a moratorium on granting permits for new "medical marijuana" dispensaries in Los Angeles went into effect. It was reported that nearly 100 such dispensaries are operating in LA, oftentimes selling pot illegally to those without prescriptions. (*AP, CBS Broadcasting, 1/17/2007*)
24. Drugs have been introduced to Video Games. RedLightCenter.com, the world's second most populated virtual social world, announced the introduction of a new feature that allows members and guests to visit an Amsterdam-style smoking room, toke from a hookah, and get a "virtual high." The experience is free. Users report the experience as being "surprisingly realistic" at mimicking the effects of smoking marijuana. (*Vancouver, BC, PRNewswire, January 2007*)
25. The nonmedical use of narcotic drugs such as Vicodin and OxyContin are more prevalent among US high school seniors than any illicitly used drug except marijuana. (*CESAR FAX, 1/15/2007*)
26. Cannabis is reported as the main problem drug by 15 percent of those seeking treatment for drug problems in Europe, and by 27 percent of those who are seeking treatment for the first time in their life, making it the next most commonly reported drug after heroin. (*EU drugs agency 2006 Annual report, ECAD November 2006*)
27. The potency of locally produced herbal cannabis was reported at 17.7 percent in the Netherlands. (*EU drugs agency EMCDDA, 2006 Annual Report*)
28. The majority of drug addicts contacting drug treatment services in Scotland are looking to achieve abstinence rather than to receive advice on harm reduction. (*Neil McKeganey, Prof. Of Drug Misuse Research, University of Glasgow, Scotland.. ECAD, November 2006*)

The 2006 UN World Drug Report devotes special attention to cannabis, the world's most abused illicit drug. Cannabis is considerably more potent than a few decades ago and is not a "soft" or relatively harmless drug. The evidence that cannabis use can cause serious mental illness is mounting.

"Today, the harmful characteristics of cannabis are no longer that different from those of other plant-based drugs such as cocaine and heroin," said UN Office of Drug Control Executive Director, Antonio Maria Costa. "With cannabis-related health damage increasing, it is fundamentally wrong for countries to make cannabis control dependent on which party is in government. Policy reversals leave young people confused as to just how dangerous cannabis is." ... **"Many countries have the drug problem they deserve."**

(*National Press Club, Washington, DC, June 26, 2006. ECAD August 2006*)

DRUG TREATMENT, HARM REDUCTION, & THE NEWS

By John J. Coleman

Over the course of the past few weeks, daily news accounts have been saturated with stories about the sordid life and death of Anna Nicole Smith. More recently, teen pop star Britney Spears has captured the news with her bizarre antics. What are some of the messages we take away from all this?

Many in the "harm reduction" arena say that drug abuse is inevitable. Their message, "Let's start from the premise that kids and young adults are going to use and abuse drugs, so let's minimize the risks...." accepts the very thing they claim to want to minimize. Even if we assume that some harm reductionists are sincere and not pushing a hidden agenda to legalize illicit drugs, there remains a conflict in the logic of the harm reduction approach. To accept the core hypothesis of harm reduction, you must believe that drug use among the young is inevitable, widespread, and normal behavior. Yet, there's good reason to believe otherwise, as the numbers from the recently published ONDCP chart suggest.

The respondents for the above numbers are students in the 8th, 10th and 12th grades throughout the US.

Inexplicably omitted from this chart is the significant increase in the nonmedical use of "pain relievers" – prescription opioids such as oxycodone (OxyContin), hydrocodone, fentanyl, morphine, methadone, etc. According to the text of the report, "Approximately 6.4 million people use controlled-substance prescription drugs for nonmedical purposes, with 4.7 million misusing pain relievers. The nonmedical use of pain relievers among 18- to-25-year-olds increased by 15 percent from 2002 to 2005." In spite of this, the news is encouraging for those of us in the preventionist movement.

Using the above figures, 85 percent of 8th, 10th, and 12 graders are not involved with drug abuse. Thus, contrary to the message of the harm reductionists, drug use is NOT inevitable, widespread, or normal behavior. Indeed, one might say the absence of drug use appears more inevitable, certainly more widespread, and being so far in excess of the median, hardly normative in any sense of the word.

Given this, we should be looking for ways to move more 8th, 10th and 12th

graders out of the 14.9 percent category and into the 85 percent category of non drug use. This, I submit, cannot be accomplished with harm reduction methods; however, it can be accomplished with harm prevention, something that everyone should embrace as a preferable approach to the issue. That so many harm reductionists flip the above figures seems to indicate a hidden agenda.

The harm reduction theory includes an expansion of drug treatment for those intending to cease their nonmedical use of drugs. Drug treatment is what I call a "fresh air and clean water" issue that no rational person can be against; however, it is important to know that harm reductionists do not speak of abstinence-based treatment. Far too many people misunderstand the limits of drug treatment and confuse it with medical treatment for other types of chronic and acute diseases. The addictive diseases, however, are somewhat unique because of the combination of psychological and physical dependence in the disease state. Restoring an addicted body is far simpler in relative terms than restoring the addicted brain. There is no cure for addiction. Harm reductionists would have us believe that drug treatment is the antidote to drug abuse when, in fact, it is not. With the best of care, relapse is almost a certainty, and it generally takes a massive lifestyle change for an addicted person in treatment to be able to lead a semi-normal, drug-free life. The excessive use of drugs during the active phase of the addict's disease, in lay terms, "re-wires" the brain to recognize the drugged state as "normal." Thus, in the absence of drugs, the brain exerts tremendous force to regain its "normal" state.

Regrettably, at present there are few therapeutic drugs to treat addictive diseases. Some treatment protocols use substitute drugs like methadone for heroin or prescription opioids. Others use sedatives and various other psychotherapeutic substances to treat the withdrawal symptoms of the addict. The more successful drug treatment programs combine psychological counseling with residential in-patient care for a period of 30 days or more. We are obliged to

(Continued on page 9)

| Percent Reporting Past Month Use | | | |
|----------------------------------|-------|-------|-----------------------|
| | 2001 | 2006 | Change as a % of 2001 |
| Any Illicit Drug | 19.40 | 14.90 | -23* |
| Marijuana | 16.60 | 12.50 | -25* |
| MDMA (Ecstasy) | 2.30 | 1.00 | -56* |
| LSD | 1.50 | 0.60 | -60* |
| Amphetamines | 4.70 | 3.10 | -34* |
| Inhalants | 3.00 | 2.90 | -3 |
| Methamphetamine | 1.40 | 0.70 | -50* |
| Steroids | 0.90 | 0.70 | -21* |
| Cocaine | 1.00 | 0.90 | -10 |
| Heroin | 0.50 | 0.40 | -20 |
| Alcohol | 35.70 | 31.10 | -13* |
| Cigarettes | 20.30 | 14.40 | -29* |

*Denotes statistically significant change from 2001.

Note: Past-month use, 8th, 10th, and 12th grades combined; percent change calculated from figures having more precision than shown.

Source: 2006 *Monitoring the Future* (MTF) study special tabulations for combined 8th, 10th, and 12th graders, December 2006

(Continued from page 8)

provide drug treatment as best we can with what we have, but there should be no misunderstanding that the addict has acquired a chronic disease that in all likelihood will require ongoing treatment of some sort for the remainder of his/her life. Harm reduction, a theory that enables a person to progress to a point where treatment is least likely to provide permanent relief, is illogical and counterproductive. Only harm prevention can reduce the consequences of drug abuse.

One needs only to have turned on a television in the past few weeks to see how two people with enormous personal resources and, presumably, unlimited access to the best possible medical care, have been unable to reduce the harms caused by their addiction. Let us learn from the sad and public stories of Smith and Spears just how insidious drug

addiction is and how destructive a force it can be to the human body and mind. Smith and Spears join a long list of talented and famous people who have struggled with addictive diseases for decades. Some have made impressive progress, while others seemed destined for troubled and short lives. What we have learned in the past several weeks is that no matter how wealthy and famous you are, no matter how much access you have to medical care, drug treatment, and other support services, if you are addicted to drugs, your re-wired brain is in total control, and your body has little choice but to follow along. Under these conditions, harm reduction approaches that enable the addiction can only worsen the situation and cause the addicted person to progress to a state where treatment no longer may be a viable option.

It is ironic that Anna Nicole Smith and Britney Spears may have a greater

effect in bringing down that 14.9 percent of drug-using 8th, 10th, and 12th graders than our National Drug Control Strategy. The Ad Council and the Partnership for a Drug-Free America could not have conceived of, or produced, a more compelling public awareness campaign to show everyone how flawed the harm reduction approach is for curbing drug abuse. At any given time throughout the year, a million or more people are in drug treatment in the US. For them, the sad news of the last few weeks serves as a powerful reinforcement for pursuing their new direction. For others, those approaching the tipping point between "casual" and "compulsive" drug use, hopefully some have stepped back from the abyss. The once glamorous world of drug use no longer seems so glamorous, after all.

BABY BOOMERS BEWARE

On January 24, 2007, Scripps Howard News Service, published an analysis of the 2003 death records of those born between 1946 and 1964 classified by the Centers for Disease Control's National Center for Health Statistics as "drug-related."

According to the Scripps study, although baby boomers represent only 26 percent of the US population, they accounted for almost half of all people

nationwide who died of drug-related causes in 2003. Statistics could even be worse, because drug-related deaths are typically underreported. And baby boomer men accounted for 64 percent of the reported drug-related deaths.

This startling information has been under-reported in the media and mostly unnoticed by the public. It is certain that the boomer drug toll will continue to climb

in the coming years as early drug use and lingering drug use take their toll on the generation that thought they knew how to "live a great life." Remember the cry of Timothy Leary and the 60's – "Tune in. Turn on. And drop out." Well, those who survived their early drug use years are now "dropping out" like flies.

Just as the advocates and organizations promoting the "legalization" of cannabis have set back legitimate research into beneficial cannabinoid-based medications for many years, so, too, have the "harm reductionists" delayed or prevented the introduction of serious measures to reduce actual harms associated with drug abuse. While the expression "harm reduction" appears beneficial on its surface, the fact is that this expression has become international code for drug legalization and the removal of drug laws and sanctions for those who violate them 00 the only "harms" that proponents of this approach seem to want to consider.

The theology of harm reduction assumes the use of drugs to be an expression of personal freedom and liberty and that the state, if it has authority to act at all, has a responsibility to make life easier and, hopefully, safer for those who choose to use drugs. This, of course, ignores the social, economic, and health consequences of drug use, for which the rest of us are obliged to pay.

The very logical and reasonable alternative to harm reduction is harm prevention.

*John J. Coleman
President, Drug Watch International*

AIDS: AN EXCUSE FOR CONTROVERSIAL DRUG POLICY?

By Johan Claassen, Delegate, Drug Watch International

Doctors For Life International (DFL) recently attended the 2007 Biennial Drug Summit held in Johannesburg, South Africa (SA). The summit, hosted by the Central Drug Authority, was the first of its kind in a country where drugs, crime, and AIDS have escalated to devastating levels. The SA government recognized the desperate need for serious intervention and action. Some excellent presentations addressed these concerns. However, it became obvious that the SA government was working toward a new controversial drug policy.

Approximately 2 years ago, the words "harm reduction" appeared in a draft of the National Drug Master Plan (NDMP) for the first time. With no details, "harm reduction" was merely defined as "a philosophy that emphasizes the development of policies and programs that focus directly on reducing the social, economic, and health-related harm resulting from the use of alcohol or drugs." That is the only explanation that was given. These are noble sounding ideas, especially in a country where there are approximately 1600 new HIV infections every day. However, the reality is that these are tax-funded approaches that end in disaster.

In 2000, DFL hosted a Substance Abuse Conference where several international experts, some of whom were Drug Watch International (DWI) members, addressed some of these issues. At that time, "harm reduction" in South Africa was still undefined, and the conference focused on "harm reduction" drug policies and the dangers these policies pose to society. In 2001, DFL was requested to testify on behalf of the government in a court case regarding the decriminalization of marijuana. The case was referred to the Constitutional Court, but with the help of international experts' submissions, sound science and common sense prevailed, and the proposition was overturned. We were rewarded with victory – keeping marijuana illegal in SA.

During the recent Drug Summit, "harm reduction" was openly introduced in SA for the first time. It was no surprise when one of the main speakers, Mr. Ernst Buning, a psychologist and director of "Quest for Quality" in the Netherlands,

used the rising AIDS pandemic as the pivotal excuse for introducing this controversial philosophy. In his presentation, he quoted United Nations statistics in support of a claim that the percentage of AIDS cases came down in certain countries where Needle Exchange Programs exist, making it clear that what is meant by "harm reduction", as referred to in the NDMP, is Needle Exchange Programs and other drug-enabling policies.

Whether out of desperation or ignorance, some look to the promises of "harm reduction" drug policies to dampen the escalating AIDS epidemic in SA, not realizing that "harm reduction" policies ultimately will do more damage. The latest UNAIDS statistics show that an estimated 1 in 9 South Africans live with HIV/AIDS (35 percent anti-natal clinic prevalence rate). Most HIV infections in South Africa are contracted through sexual behavior, and approximately 90 percent are contracted through heterosexual behavior. Only a small percentage of HIV infections (approximately 10 percent) are estimated to be contracted by other means, including mother to child transmission, dirty hospital needles, and needle sharing of intravenous drug users. This is very unlike situations faced in first world countries such as Switzerland, where "harm reduction" was implemented a number of years ago. The SA situation is also entirely different than that of Europe or the United States. It is the opinion of DFL that compromising the present zero-tolerance drug policy will ultimately do great damage in the lives of SA's youth.

Although DFL was the only organization that spoke out against harm reduction and NEP's during the Summit, there were clearly others in attendance who opposed "harm reduction", and helpful information was supplied by DWI members from around the world. The Drug Summit was an opportunity for DFL to form new friendships and to strengthen older ones. Tea breaks became opportunities for DFL to network with people who shared DFL's view. DFL's opposition sparked debate on the issue, and numerous delegates thanked us for our strong, principled stance

As a final comment during the

Summit, DFL openly requested an opportunity for continuing discussion with the government and a thorough investigation of "harm reduction" policies. We would like to believe that if it weren't for our presence, "harm reduction" policies might have been adopted and invaded our cities without opposition. Many South Africans would probably not have realized what was happening until it was too late. Fortunately, people have now started questioning this 'new' and foreign philosophy, leading to more discussion.

Mr. Johan Claassen joined DFL in 2000, where he currently heads the Substance Abuse department. He addresses schools, churches, companies and government departments on substance abuse. He also serves as the Chairperson of the KwaZulu Natal Substance Abuse Forum for the 2nd year. DFL is a non-governmental and registered Non-Profit making Organization (NPO) established in 1991. DFL now has more than 1600 members that include medical doctors, specialists, dentists, veterinary surgeons, and professors of medicine from various medical faculties across South Africa and abroad.

"Drug abuse by celebrities is often presented uncritically by the media, leaving young people confused and vulnerable."

*Antonio Maria Costa,
Executive Director of the
United Nations Office on
Drugs and Crime*

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."²

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, and instead has urged that marijuana remain a prohibited, Schedule I controlled substance, at least until more research is done.³
- 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.⁴

- 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.⁵
- 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."⁶
- 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."⁷ 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."⁸
- 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."⁹

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."¹⁰

- 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."¹¹ 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]."¹²
- 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.¹³
- 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."¹⁴

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."

Taken from DEA Position Statement (May 2006)

(http://www.usdoj.gov/dea/marijuana_position.html)



DECRIMINALIZE DRUGS? ADSOLUTELY NOT!

By Grainne Kenny



Arguments against decriminalising drugs can be presented on many levels. Liberal drug laws are accompanied by a large number of negative effects on the individual, the family and society. It is not prohibition but the drug itself that generates misery and dissipation often leading to criminal activities. These negative effects are the reason why I, and the European Anti-Drug Network (EURAD) of which I am president, oppose, on humanitarian grounds, liberal drug policies.

Decriminalisation means bringing the drug problem out of the scope of penal (criminal) law. Law enforcement will no longer be provided for the export, import, manufacture, distribution, sale, publicity, possession and use of drugs that are up to now controlled within the scope of international conventions. Legalisation goes hand-in-hand with decriminalisation.

In the case of the former, a form of more or less free distribution of drugs would have to be organised, while with decriminalisation (taking drugs out of the penal law system) the Government would have to regulate their distribution and make rules for it. The consequences would therefore be that society would come under increased pressure from the drugs market due to the addictive nature of the substances. Alcohol and tobacco are a good example of this as they are still our most abused substances, with illegal cigarettes being our most smuggled commodity.

Which drugs should be decriminalised? All drugs? Should it be a free-for-all? Or should it be cannabis only? Or should it include ecstasy, heroin, cocaine or perhaps crack cocaine? The future drugs according to the UN are amphetamine-type stimulants (ATS). Should they, too, be decriminalised? Who is to be responsible for the quality and strength of the drugs? The Health Minister or perhaps the pharmacist? If weak drugs are only to be decriminalized, then no one will buy them. A black market for the

stronger and cheaper drugs will continue to flourish.

What about age restrictions? Drug use usually starts in the teenage years, often through peer pressure at school. What is a parent to say to a teenager who has begun to smoke an "occasional" joint? They will get the same tired old argument: "It isn't dangerous, because it's legal." Our nearest neighbour, England, is a good case to study. In 2004, the British Home Secretary decided, against the wishes of parent groups, mental health specialists and many NGOs, to act on the advice of an "expert" group to down-classify cannabis. This meant that people found in possession of small amounts would be subject to a caution only, and have the drug confiscated.

The result has been a 22% increase in the number of UK hospital admissions of cannabis users with mental illness. A 1% rise among 11 to 15 year olds smoking cannabis, many believing it to be legal is also recorded. Cannabis seizures in London have also risen by a third in the past year. Likewise, experiments with medically controlled distribution of narcotics in Sweden and England in the sixties led to a huge increase in the number of drug addicts.

Advocates of decriminalisation claim that so-called repressive policies have failed and are responsible for suffering and crime. However, the drug misery is greatest where drug policy is least "repressive." For instance, in the city of Zurich, where a policy of libertarianism bordering on depravity is being pursued, conspicuous drug scenes and dealing are tolerated by the authorities. After closing the so-called needle parks, sick and diseased human beings are now herded into "fixer rooms" or shooting galleries in an effort to sweep the spreading epidemic under the carpet.

In the Netherlands, use of cocaine and heroin has escalated, with 20% of youngsters aged between 15 and 16 using the former in the past year. Irish drug

gangs are now operating from that country due to the lax laws. So crime has risen in the Netherlands.

Drugs are chemical straitjackets, and narcotic laws contain manifold possibilities to help the addict achieve a drug-free life. Drug courts for non-violent offenders are an example.

On the other hand, Sweden, a country known for its liberal and humanitarian outlook, has the lowest levels of drug use in Europe, despite its laws being the most restrictive. Consumption is illegal and prevention is a priority. Parents demand it. The growing numbers of parents' organisations throughout Europe are steadfastly opposed to decriminalization or legalisation. Informed parents are the first line of defence against drug use. Tough laws are the last line of protection. Addiction is life-long. Nevertheless, the addict must be offered the chance to recover and regain their dignity while accepting responsibility for themselves and for others.

Decriminalisation is an admission of failure.

Grainne Kenny is international president of EURAD and a board member of Drug Watch International.

"The over-riding principle on which to decide what is in the patient's best interests must be medical science over rumour or anecdotal opinion. **Modern medicine must be based on fact, not fiction.**"

*Michael Robinson
Executive Director, Drug
Free Australia*

U.S. Food and Drug Administration

FOR IMMEDIATE RELEASE

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FDA Alerts Consumers to Unsafe, Misrepresented Drugs Purchased Over the Internet

The Food and Drug Administration (FDA) has become aware that a number of Americans who placed orders for specific drug products over the Internet (Ambien, Xanax, Lexapro, and Ativan), instead received a product that, according to preliminary analysis, contains haloperidol, a powerful anti-psychotic drug.

Reports show several consumers in the United States have sought emergency medical treatment for symptoms such as difficulty in breathing, muscle spasms and muscle stiffness after ingesting the suspect product. Haloperidol can cause muscle stiffness and spasms, agitation, and sedation.

Therefore, the agency is reissuing its warning to consumers about the possible dangers of buying prescription drugs online. FDA urges consumers to review the FDA Web site for information before buying medication over the Internet.

FDA laboratory analysis of the misrepresented tablets is ongoing, but preliminary analysis indicates they contain haloperidol, the active ingredient in a prescription drug used primarily to treat schizophrenia. FDA learned about these mislabeled and potentially dangerous products after their recipients complained to a U.S. pharmaceutical manufacturer.

The origin of these tablets is unknown but the packages were postmarked in Greece. Photographs of the tablets in question and the shipping packages can be seen at <http://www.fda.gov/bbs/topics/news/photos/haloperidol.html>. If the tablets received from an Internet seller resemble those in the photos and haloperidol was not specifically ordered, do not take these tablets. Instead, consumers should notify their health care provider and report the suspected products to FDA by submitting a *product quality problem* report at <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm>.

Although the involved consumers have named several Internet Web sites where the products were purchased, identifying the vendors is difficult because of the deceptive practices of many commercial outlets on the Internet. FDA is investigating this illicit trade and plans to release appropriate information when it is available.

Taking medication that contains an active ingredient other than what was prescribed by a qualified health care professional is generally unsafe. FDA continuously warns U.S. consumers of the possible dangers of buying prescription drugs online and urges them to review the FDA Web site for additional information prior to making purchases of medication over the Internet (<http://www.fda.gov/buyonline/>).

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“California’s “awash” in “legal” marijuana...”

In 1996, George Soros was the biggest bankroller when California passed the Compassionate Use Act, allowing marijuana to be used with a doctor’s permission to alleviate pain. Now, storefront “clinics” are run by irresponsible adults who are aided by corrupt doctors, and kids are obtaining “medical” pot cards for a headache, buying all the pot they want or selling the cards to other students.

“BOTTOM LINE: BE CAREFUL WHAT YOU VOTE FOR. COMPASSION CAN EASILY TURN INTO CHAOS.”

*Bill O’Reilly, FOX News
3/26/1007*



Annual Report

Press Release #4. For information only—not an official document March 1, 2007

Abuse of Prescription Drugs To Surpass Illicit Drug Abuse, Says INCB

Board warns that deaths related to overdose of prescription drugs on the rise

The abuse and trafficking of prescription drugs is set to exceed illicit drug abuse, warned the International Narcotics Control Board (INCB) in its Annual Report released today (1 March 2007). The Board added that medication containing narcotic drugs and/or psychotropic substances is even a drug of first choice in many cases, and not abused as a substitute. Such prescription drugs have effects similar to illicit drugs when taken in inappropriate quantities and without medical supervision. The “high” they provide is comparable to practically every illicitly manufactured drug.

The abuse of prescription drugs has already surpassed abuse of traditional illicit drugs such as heroin and cocaine in some parts of the world says the Board. For example, in the United States, the abuse of prescription drugs, including pain killers, stimulants, sedatives and tranquillizers has gone beyond the abuse levels of practically all illicit drugs, with the exception of cannabis. The abuse rate is higher than that of drugs such as MDMA (“ecstasy”), cocaine, methamphetamine and heroin. The number of Americans who abuse controlled prescription drugs nearly doubled from 7.8 million to 15.1 million from 1992 to 2003. Abuse of a painkiller, Oxycodone (OxyContin®), increased by almost 40 per cent, to an annual prevalence of 5.5 per cent among students in their final year of secondary school from 2002 to 2005. Hydrocodone (Vicodin®) is also widely abused, with a prevalence of 7.4 per cent among college students in 2005.

Parts of Africa, South Asia and Europe are also facing this problem. In Nigeria, for instance, pentazocine, an analgesic, is the second most common drug injected. Buprenorphine, an analgesic and a drug prescribed for substitution treatment of drug dependency, is the main drug of injection in most areas of India and trafficked and abused in tablet form in France and Scandinavian countries. In France, between 20 and 25 per cent of buprenorphine (Subutex®) might be diverted to the illicit market.

The demand for these drugs is so high, that it has given rise to a new problem – that of counterfeit products. Strong demand on the illicit markets of Scandinavia for flunitrazepam (Rohypnol®), a sedative, is increasingly met by illicitly manufactured counterfeit preparations. The demand of the illicit market in North America for OxyContin® has led to distribution of counterfeit products containing illicitly manufactured fentanyl.

An equally serious consequence is that abuse of prescription drugs can have lethal effects. An increasing number of deaths related to abuse of narcotic drugs, including fentanyl and oxycodone have been recorded in North America and Europe.

“Most countries do not have any mechanism to systematically collect data to document this abuse, and are not aware to what extent drugs are being diverted and abused,” said Dr. Philip O. Emafo, President, INCB. “In addition, what abusers do not realize is that abuse of prescription drugs can be more risky than the abuse of illicitly manufactured drugs. The very high potency of some of the synthetic narcotic drugs available as prescription drugs presents in fact a higher overdose risk than the abuse of illicit drugs,” he added.

Aggravating this risk, is the tendency of drug abusers to create their own recipes – for instance, they remove, with the help of instructions freely available on Internet sites, the active substances from high dosage formulations and separate drugs from inactive ingredients, making them even more potent.

Also, the widespread availability of pharmaceutical preparations in many countries allows drug abusers to obtain such preparations easily. The increasing use of the World Wide Web as a global drug market has further contributed to the spread in the abuse of prescription drugs.

“The Board invites all Governments to alert their law enforcement officers to the rising trafficking and abuse of pharmaceutical products containing controlled substances. The Board also recommends providing adequate information to law enforcement and health authorities as well as to the general public on the risks and possible consequences of their abuse so as to ensure a realistic risk perception,” said Dr. Emafo.

The Board is requesting Governments to systematically collect data on seized pharmaceutical products and to include the abuse of pharmaceutical preparations in the surveys aiming at establishing the extent and types of drug abuse.

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Drug Watch

International



TM

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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DRUG WATCH INTERNATIONAL, Inc., together with the INTERNATIONAL DRUG STRATEGY INSTITUTE, a division of Drug Watch International, is a 501 (c) 3 volunteer non-profit drug information network and advocacy organization. Founded in September 1991, our membership includes physicians, psychiatrists, educators, psychologists, attorneys, judges, law enforcement, research organizations, legislators, and grassroots drug prevention experts. Our Delegates are in over 20 countries. Drug Watch programs and projects are entirely dependent upon the generosity of committed individuals. Please send your tax-deductible donation to:

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