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NEEDLE EXCHANGE: HARM REDUCTION OR HARM MAINTENANCE?

By Senator Tom Coburn, M.D.

In 1988, Vancouver, Canada introduced a needle exchange program (NEP) in an effort to control high rates of HIV/AIDS among injection drug users (IDUs). Today, Vancouver boasts the largest NEP in the Western Hemisphere.

The city distributes over two million needles every year; local organizations distribute thousands of needles every day; and syringes are available over the counter at pharmacies. Unarguably, nowhere in North America are clean needles more accessible.

When its NEP was established, HIV prevalence in Vancouver was one to two percent among the city's 6,000 to 10,000 IDUs. While the expectation was for needle distribution to decrease HIV rates, the opposite has occurred. HIV rates have soared, and so has the number of drug abusers in the city.

Today, there are an estimated 12,000 IDUs in the Vancouver area, and about 40 percent of the city's IDUs have HIV. As a result, Vancouver has earned another not so boastful distinction -- having the highest HIV infection rate of any city in the developed world. Furthermore, more than 90 percent of the city's IDUs are estimated to be infected with another blood borne disease, hepatitis C (HCV).

A 1997 study published in the journal *AIDS* actually found that "frequent NEP attendance" was one of the "independent predictors of HIV-serostatus" among IDUs. The study found that HIV-positive IDUs were more likely to have attended a NEP and to attend NEP on a more regular basis compared with HIV-negative IDUs. Of those IDUs observed who became HIV infected during the course of the study, about 80 percent said they had no difficulty accessing syringes. While association does not equal causation, there can be no denying that access to needles has not protected this vulnerable population from HIV.

Not surprisingly, needle sharing by IDUs in Vancouver remains normative. According to a 1997 study, 76 percent of HIV-positive IDUs studied admitted to borrowing used needles, as did 67 percent of HIV-negative IDUs. The high level of needle sharing was similar to those observed in an investigation several years earlier, indicating that no progress was made curtailing needle sharing.

Illegal drugs and free syringes are widely available throughout the city, yet drug addiction treatment is not. According to the Vancouver Injection Drug User Survey, "in Vancouver, NEP was introduced early, but access to drug and alcohol treatment, methadone maintenance, and counseling services remains inadequate. As early as 1990, the lack of appropriate services for addictions treatment in British Columbia, especially for cocaine users, was identified as a major barrier encountered by Vancouver's NEP attenders" and "this situation continues at present." Only 18 percent of NEP participants *ever* received methadone maintenance, with even fewer reporting current treatment.

The Vancouver experience is not unique. Studies of NEPs in Montreal and Seattle have also shown no protective effect against disease. Baltimore, Seattle, San Francisco, Montreal, Toronto, and other cities with NEPs have failed to adequately control HIV or provide treatment to those who are addicted.

Consider this -- although needles are easily accessible in San Francisco, over 1,000 individuals waiting for treatment were denied services due to the inadequate number of slots available.

Likewise, since 1994, the Baltimore City NEP has distributed over 6.6 million syringes to more than 14,000 addicts. Yet only 2,300 people, or about 16 percent of those participating in the NEP, have been placed into treatment. One Baltimore NEP participant described his addiction in a *Reader's Digest* article as "a miserable way of life." He admitted that what he needed was help breaking his habit, not easier access to more needles. "This program is not helping your addiction," he said. "It's just giving you an endless supply of clean needles with which to put the drugs in your veins."

It seems that the obsessive focus on providing needles has come at the expense of ending addiction, which is the driving force behind the spread of HIV. Limited resources are being primarily directed towards making addiction, arguably, less dangerous rather than to helping addicts kick the habit or avoid it altogether.

John Turvey, the founder of the Vancouver's first NEP, says he is amazed how overboard people are going with harm reduction. "They're jumping all over this and forgetting about the treatment programs that were supposed to go with it. What about abstinence?" Abstinence, Turvey says, is what works.

But harm reduction advocates are going the opposite direction. Because NEPs have failed to control HIV and other consequences of drug abuse, once an NEP is established advocates go on to push for prescription heroin and legal "safe" injection sites for drug addicts, i.e. subsidized drug legalization.

Harm reduction has come even at the expense of medical treatment for those already infected with HIV. While addicts in Vancouver have access to an endless

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supply of needles, a legal injection site, and, as of this year, prescription heroin, most are left to die untreated if they become infected with HIV.

Fewer than 20 percent of the 2,000 HIV-infected drug users in Vancouver are receiving AIDS treatment. Almost a third of those addicts who died from AIDS in British Columbia did not receive a single HIV drug before their deaths.

As a practicing physician, I believe that "harm reduction" condemns addicts to a life of addiction. More than 15 years of needle exchange throughout North America has clearly demonstrated that this approach is not a panacea for disease prevention or drug abuse. With this knowledge, a greater emphasis must be placed upon developing effective prevention and treatment programs, and the U.S. Centers for Disease Control and Prevention should re-evaluate its endorsement of NEPs.

At the very least, cities that provide unlimited access to needles must also commit to ensuring universal access to treatment. Sadly, another needle to help feed an addiction is often the only assistance provided to those in need. This is not harm reduction but rather harm maintenance.

Tom Coburn is a practicing physician and a U.S. Senator from Oklahoma. He previously served as co-chair of the Presidential Advisory Council on HIV and AIDS.

THE GREAT MEDIA BLACKOUT

By The Honorable Ron Godbey, President, Drug Watch International

We in the drug prevention arena have long recognized that the news media maintains a virtual blackout on the harmful effects of marijuana and other illicit drugs. We preventionists struggle during public appearances, on our websites, and in our periodicals to publicize the relentless pain and grief illicit drugs cause the abuser, the abuser's family, their friends, and society. Information on the harmful effects of illicit drug use is abundant if one cares to look. Certainly not in the mainstream media.

When pro-drug bills are introduced in state legislatures, the press often prints supposed benefits, misinformation really, offered by pro-legalization groups: Compassion for the sick and dying, emptying prisons filled with inmates whose only crime was the possession of a joint, the inflated value of "industrial" hemp, and propagandized "harm reduction" programs such as needle exchange and methadone give-away programs.

An example: During the 2005 Texas legislative session, a so-called "medical " marijuana bill was introduced. The press quickly picked up on its filing. A major Texas daily with statewide circulation ran an article about the bill. It proclaimed, "The American Medical Association and the *New England Journal of Medicine* have endorsed it," [smoking marijuana cigarettes as a medicine]. The fact is, neither organization has endorsed smoking marijuana as medicine.

Consider also the media treatment of a major conference held in Brussels in March 2005 that was organized by European Cities Against Drugs and Drug Free America Foundation. Speakers included noted physicians and scientists such as Dr. Andrea Barthwell, Dr. Luc Beaucourt, Dr. Eric Voth, and Dr. Kerstin Käll. According to the conference sponsors, "...the media influence was almost below zero..."

The press routinely ignores studies from prestigious medical facilities that scientifically document the harmful effects of marijuana and other drugs. Examples include studies and reports from the University of Sydney, (Australia), the University Medical Center Utrect, (The Netherlands), Okayama University (Japan), Yale School of Medicine, and many others that link marijuana use to depression, memory loss, and schizophrenia.

On the darker side, while crimes committed by drug users are reported as news stories, there is seldom a tie-in between the crime and drug use. Teens who have committed outrageous crimes such as school killings are often drug users, but that aspect of the story is often muted.

Is the press biased toward drug use? Does the press consciously omit harmful aspects of drug use? To an extent, the answer is "yes." That, coupled with the fact that pro-drug groups are better organized and better funded, gives them more visibility with the press. (I long ago recognized that in the mindset of the press, the political candidate with the biggest campaign chest was the most viable candidate).

Take the "medical" marijuana bills introduced in state legislatures. The pro-legalization groups know in advance that the bill is going to be introduced. In fact, they probably wrote it. They have press releases ready for distribution to coincide with the filing of the bill...and that's what an already biased press sees first, and prints. The pro-legalization groups are proactive, while preventionists are forced into a reactive role. After a story is printed with misrepresentations, it's difficult to get a correction.

So, how do we deal with it? The answer is: "We communicate" – routinely, consistently, directly, politely but firmly, with facts. When a misleading article is printed, educate its writer. Many papers now list the authors e-mail address. Correspond with the editor, managing editor, or ombudsman if it has one. Let no misstatement or inaccuracy go unchallenged. When a press release from a reliable source detailing a documented negative effect of drug use is found, forward it to your paper's editor with a note "In case you missed this."

The pro-legalizers know how to get the word out. As early as 1985, attendees at a NORML conference were told: "Stroke the egos of reporters. They like to be courted. They like to have attention paid to them…*don't be concerned about substantiating claims. Most of your press releases will be publicized anyway."*

We could take a lesson from them, but let's substantiate our claims.

THE LAW OF THE LAND

By John J. Coleman
Assistant Administrator, DEA (retired)
Director, International Drug Strategy Institute, a division of Drug Watch International

"The Court ruled that the Federal government can prosecute medicinal marijuana users for possession under the power granted to it by the Controlled Substance Act." The Supreme Court decided that the law in question, the Controlled Substances Act, was constitutional.

Since 1906, the federal government has provided standards and safeguards to protect the public health in the form of marketing approval for drugs and, more recently, medical devices. Before 1906, sidewalk peddlers sold all sorts of nostrums as cure-alls for every malady known to befall humans and beasts. Marihuana, cocaine, heroin, morphine, and opium often were combined with alcohol, dyes, and flavorings and sold as medicine.

Hucksters and advertisers of the day promoted the intoxicating effects of these bogus medicines as therapeutic. Patients experiencing what we now refer to as a "placebo effect" occasionally reported improvement, much the same as a drunk might cease complaining about a toothache when his blood alcohol content rises above a certain level. In the early 1900s, the American Medical Association (AMA) took the lead in debunking the false and misleading claims made by the patent medicine industry. Over the years, the AMA has been consistent in its demand for science-based medicine and, for this reason, it opposes using marihuana as a medicine. As Justice Stephen Breyer of the Supreme Court said during the oral arguments of the recent case, "Medicine by regulation is better than medicine by referendum." If marihuana, smoked or otherwise, has potential usefulness as a medicine, let it be subjected to the exact same standards of safety and efficacy that all other medicines are required to meet.

Since 1914 and the passage of the federal Harrison Narcotic Act, the power has been granted to the federal government to enforce drug laws. This was reaffirmed and expanded with the passage by the Congress of the Marihuana Tax Act of 1937, and, more recently, with the passage of the Controlled Substances Act of 1970.

Article VI (not the Sixth Amendment) of the Constitution requires that "This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the land; and the Judges in every State shall be bound thereby, and Thing in the Constitution or Laws of and State to the Contrary notwithstanding." (Original spelling and punctuation) With the recent ruling, the states that have passed legislation or referenda "permitting" the possession of marihuana for medicinal purposes are, one might reasonably argue, in conflict with the Law of the Land, as the Supreme Court has recently decided.

The greatness of America's form of government is not that in all cases we must be in full agreement with each other, but that we accept and follow the judgments made by those we entrust with the authority to make important decisions. This begins, I believe, at a young age, perhaps when we instruct our children to accept the umpire's called strike three or the timer's call in the 25-meter freestyle.

John J. Coleman, Assistant Administrator (ret.), U.S. Drug Enforcement Administration, is President of the Association of Former Federal Narcotics Agents and Chairman of the International Drug Strategy Institute, a division of Drug Watch International. He is a doctoral candidate at George Mason University's School of Public Policy.

DON'T BE FOOLED BY "HEMP"

The three main ruses of the advocates of drug legalization are: 1) smoking marijuana cigarettes as medicine, 2) "industrial" marijuana hemp, and 3) handing out free needles to drug users. All three strategies fit under the pro drug policies of "Harm Reduction," a euphemism for the legalization of drugs.

There are many varieties of hemp, all of them legal with the exception of cannabis hemp, but we are never told that. Why? Answer: The other varieties do not contain mind-altering chemicals, and the pro-drug lobby is not interested in them.

Cannabis hemp was grown in the U.S. during Revolutionary times for the manufacture of rope and canvas. But by 1930, the use of cannabis hemp for its psychoactive properties had become problematic, and the discovery of nylon and other synthetic fibers caused a decline in the hemp market, leaving many farmers bankrupt. In 1970, cannabis hemp production became illegal.

In an attempt to legalize marijuana (cannabis hemp) the pro-drug lobby has made false, misleading, and unsubstantiated

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claims. They have put pressure on state legislatures to allow the production of cannabis hemp. Our kids are even being used to promote the legalization of "industrial" cannabis hemp. Youth-oriented products bearing marijuana/hemp symbols can often be seen. Pro-hemp/marijuana clubs have formed, and drug websites woo kids. Unfortunately, many farmers have bought the druggie propaganda and false promises -- hook, line, and sinker.

The U.S. Department of Agriculture researched the issue and found that the U.S. market for hemp fibers "is, and will likely remain, only a small, thin market." There is a high potential to quickly reach supply, and hemp is not an economically viable crop.

"Industrial" hemp, is Cannabis sativa, is marijuana. All cannabis hemp contains mind-altering THC. There is NO minimal THC amount below which cannabis hemp ceases being psychoactive, and there is no known safe lower limit for THC.

Cannabis hemp can be abused as a drug; hemp farming would greatly complicate drug law enforcement, costing the taxpayer hundreds of thousands of dollars; and there is no environmentally or economically sound justification for the legalization of cannabis hemp cultivation. Don't be fooled by "Harm Reduction" pro drug propaganda!

DANGER - DRUGGED DRIVERS ON THE HIGHWAYS

Driving while under the influence of marijuana and other illegal drugs has become a significant safety hazard in the U.S. We cannot afford to turn our heads the other way, or pretend that drug use isn't taking thousands of lives on the highways of this country.

Marijuana and other drugs impair many of those skills that are essential to good driving, such as alertness, the ability to concentrate, coordination, and reaction time.

However, while the consequences of drunk driving make the headlines, the dangers of driving after smoking marijuana or using other drugs are often overlooked.

Several years ago, Dan Brookoff, MD, Ph.D., a member of the Drug Watch International Drug Strategy Institute, accompanied by the Memphis Chief of Police, researched the incidence of reckless driving in Memphis, TN, caused by pot-high drivers. They bought an old van, set it up as a drug-testing laboratory, monitored police calls, and went to the scene of traffic violations with their "Van One." What they discovered was startling. Forty-five percent of drivers pulled over for driving recklessly tested positive for marijuana and negative for alcohol. The research was published in the New England Journal of Medicine.

Illegal drugs are reportedly used by approximately 10 to 22 percent of drivers involved in all motor vehicle crashes. In 2001 an estimated 8 million adults drove under the influence of an illegal drug.

A "Students Against Destructive Decisions (SADD) survey of middle and high school students revealed that 68 percent of licensed teen drivers who used drugs regularly reported that they also drove while under the influence of illegal drugs. And more than half who used illegal drugs said they were not concerned about riding with a driver who is using illegal drugs.

MARIJUANA -- MORE DANGEROUS THAN YOU THINK

In spite of the growing scientific evidence that marijuana is a dangerous drug, it is the most widely used illicit drug among America's youth. It's not only dangerous to the user, but to all of us. Kids who frequently use marijuana are almost four times as likely to commit a violent act against either people or property. They're five times as likely to steal.

Why is youthful drug use increasing?

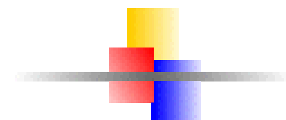
There is a basic and time-honored premise that holds that in order for any drug to have wide spread use, there must be a public perception of safety. This perception of safety has been fueled by the media's trivializing the risks associated with the use of marijuana. Pro drug propaganda abounds.

Although the FDA, the AMA, and numerous medical societies say that marijuana should not be considered a medical treatment for anything, drug legalizers are pushing state legislatures to legalize marijuana cigarettes as a "medicine."

Although the Department of Agriculture has said that marijuana hemp is a "nitch crop," has limited commercial value, and hemp farmers around the world are subsidized by their governments, drug legalizers and some farmers are pushing state legislatures to legalize marijuana under the guise of industrial hemp.

Although research has shown that needle giveaways don't reduce the spread of AIDS but do facilitate drug use and endanger nonusers with accidental sticks from discarded contaminated needles and degrade neighborhoods in the giveaway areas, drug legalizers are pushing for tax dollars to be spent on giving free needles to addicts.

Kids read. Kids watch TV. Kids go to the movies. But kids also listen to their parents. Unfortunately, far too many parents know almost nothing about the pharmacology of the drugs their children are exposed to and so don't talk to them on this subject at all.



MINNESOTA KILLER WAS A POTHEAD

By Cliff Kincaid , April 20, 2005

Let's face it: some journalists may not want to discuss it because they use pot themselves as a "recreational" drug.

The pro-marijuana lobby and much of the media have been silent about the fact that the killer student in Red Lake, Minnesota, Jeff Weise, was a pothead, and that scientific studies link marijuana to mental illness. This is an inconvenient fact because we have been led to believe there is such a thing as "medical marijuana" and that dope has medical benefits. Let's face it: some journalists may not want to discuss it because they use pot themselves as a "recreational" drug.

An AP Story that ran in USA Today said that Weise posted information about his own mental state in the months before he killed nine people and himself. But the story failed to note that his comments included favorable references to using marijuana or MJ. Weise said, "MJ is my gal of choice." A March 25 Washington Post article by Blaine Harden and Dana Hedgpeth said Weise had serious mental problems but ignored the pot connection. A March 24 Post article by Ceci Connolly and Dana Hedgpeth described "a deeply disturbed youth who had been treated for depression in a psychiatric ward," was taking the antidepressant Prozac, and had been hospitalized for suicidal tendencies. But the Post story didn't mention his marijuana addiction. The story did wonder "what triggered Jeff Weise's deadly outburst."

Antidepressants have to be studied as a factor. But the Weise rampage may also be linked to marijuana. Indeed, there's evidence that pot can trigger mental illness and heavy users say that it can provoke thoughts of rage, fear and violence.

The BBC recently reported on how scientists at New Zealand's University of Otago had concluded that marijuana smokers are almost twice as likely to suffer schizophrenia and psychosis. The BBC said that the study of potheads suggested this was probably due to chemical changes in the brain which resulted from smoking the drug.

The Newscientist.com recently ran an article http://www.newscientist.com/channel/health/mg18524921.300 by Graham Lawton on the evidence that "for some teenagers, smoking cannabis leads to serious mental health problems in later life, including schizophrenia."

As part of its Four Corners investigative program, the Australian Broadcasting Corporation ran a story titled "Messing With Heads," about young marijuana users in treatment for psychosis. Reporter Janine Cohen reported that, "For years, people thought cannabis was a benign drug. But now those working in the field know better. They are seeing the withdrawal symptoms-the cravings, anxiety and mood swings." She said that "One in five young Australians smoke cannabis every week. And 10 per cent of those become addicted. Worse still, some end up in psychiatric hospitals with long-term chronic illnesses."

Young potheads described what the drug did to them. A boy named Danny said, "I really had bad paranoia. You know, used to think I had to sleep with a knife under my bed 'cause I used to think people were going to come in and bash me during the night or something, just for me mull or something, yeah." A boy named Jake said, "You start going psycho and abusing people, it just, you change into a totally different person and it's just not good." A young woman, Jolan Tobias, was described as one of the most severe cases ever. She had auditory and visual hallucinations, paranoia, and entertained conspiracy theories and religious delusions.

Cohen referred to the view that if marijuana or cannabis was inducing psychosis, we would see an increasing amount of psychosis with the intake of cannabis in the community. Some experts, she said, claimed we are not seeing those increasing numbers. But Dr. Andrew Campbell said the evidence was starting to emerge. He explained, "Where people are counting the evidence is now coming out that there is an increasing risk of psychosis in increasing rates-particularly in young men. That's coming out of the Netherlands, it's coming out of Italy, there's some reports, I've heard about anecdotally from America which has the same problem."

Professor Wayne Hall said that there is no question that the marijuana is directly linked to mental problems. He said there are plenty of cases of individuals "who had no preceding history of psychosis before the cannabis use, who did develop marked psychotic symptoms with very high dose of cannabis…" Then he went on to say that, in some of these cases, the people had been given marijuana "for medicinal or other reasons."

This is more proof that so-called "medical marijuana" is a scam. People who have been led to believe that marijuana can alleviate their physical problems may come down with mental problems that can threaten the rest of us.

ANOTHER REASON WHY NEEDLE EXCHANGE PROGRAMS DON'T WORK

From personal, on the scene, experience I witnessed an addict selling needles on a street corner here in Philadelphia. It was explained to me later by my son (a heroin addict) how this happens. The addicts actually pick used needles up off the streets and take them to the needle exchange where they are given new needles. The addicts then sell the new needles for $2 a piece to support their own habit.

The buyers, from what I understand, are people who either don't want to be recognized as addicts and feel that using a needle exchange is *beneath* them, or it's the young people just getting started in this vicious and dangerous lifestyle.

Lynn

INTERNATIONAL NEWS BRIEFS

- The US Drug Enforcement Administration "Money Trail Initiative" that is designed to cut the flow of cash to drug cartels announced the first round of successes in July 2005. "While money is the main motivation for drug traffickers, it is also their number one vulnerability. Following the money trail led to the dismantling of a Mexican money transportation organization and to the tearing apart of a violent marijuana organization in Detroit, Michigan. DEA offices in a number of US states plus DEA offices in Ciudad Juarez, Mexico, Guatemala City, Guatemala, Guadalajara, Mexico, and Bogata, Columbia, participated in "Money Trail Initiative." *(DEA release, 7/19/05)*
- A new report for the Office of National Drug Control Policy shows that the overwhelming majority of prisoners in state and national prisons jailed for marijuana-related crimes are for *trafficking*. At the federal level, only 2.3% received convictions for simple possession in 2001, and of those, only 63 people actually served time behind bars. *(PRIDE Omaha, September/October, 2005)*
- President Bush has authorized the Secretary of State to transmit to Congress the annual report listing major illicit drug-producing and drug-transit countries. Identified as major drug-transit or major illicit drug-producing countries: Afghanistan, The Bahamas, Bolivia, Brazil, Burma, Colombia, Dominican Republic, Ecuador, Guatemala, Haiti, India, Jamaica, Laos, Mexico, Nigeria, Pakistan, Panama, Paraguay, Peru, and Venezuela. However, the President determined to maintain US programs that aid Venezuela's democratic institutions, establish selected community development projects, and strengthen Venezuela's political party system. *(The White House press release, 9/15/05)*
- In the aftermath of Hurricane Katrina, New Orleans pharmacies were looted for drugs and looters traded merchandise for drugs. Although supplies of heroin, cocaine, and crack dried up, morphine, sleeping pills, and prescription opiates were available. The going cash rate for morphine was $40 a tablet, while Oxycontin was being traded at $20 a pill. *(Reuters, 9/7/05)*
- The Beckley Foundation Drug Policy Programme (BFDPP), located in Oxford, England, is financed primarily through a grant from George Soros' pro drug Open Society Institute. It was established to provide and promote a review of global drug policy and has established links to many pro drug organizations on its website. Plans are to conduct research, seminars, and communication via Internet. Amanda Neidpath is Director of the Beckley Foundation, and Mike Trace is an independent consultant. *(www.internationaldrugpolicy.net, 8/30/05)*
- A study conducted by the Latin American Research Center (CELIN) found that the number of marijuana users in Bolivia grew from 4,400 in 1992 to over 64,000 in 2005. CELIN director Franklin Alcaraz del Castillo predicted that levels of drug use would continue to rise because of the lack of prevention programs aimed at segments of the population exposed to a readily available supply of illegal drugs. Carol Fuller, director of Narcotics Affairs at the US Embassy in La Paz, said that Bolivia has gone from being a drug producing country to a consumer nation. The CELIN study also revealed that women account for the majority of new cocaine consumers. *(Global Information Network, 8/12/05)*
- The Phillippine National Police (PNP) is looking into the possibility of stamping out the marijuana problem by replacing marijuana plantations with coffee. PNP Deputy Director General Ricardo de Leon, commander of the anti-illegal drug operations task force said, "Marijuana is so toxic that after the soil is planted to it, no other crop can grow there." *(Phillippine Daily Inquirer, 8/15/05)*
- In Italy, two Internet sites promoting the use of illegal drugs have been shut down by law enforcement agencies and their organizer, Matteo Filla, was kept under arrest for five days on charges of "inciting public use of illegal drugs, and complicity in cannabis cultivation." *(International Anti-prohibitionist League newsletter, 8/10/05)*
- Starting in early 2006, Canadians who want to use marijuana for medical purposes will be able to purchase the drug at select pharmacies, making Canada only the second country after The Netherlands to allow access through drugstores. *(Canadian Press, 9/13/05)* However; the Liberal government's controversial bill to *decriminalize* marijuana met with much opposition and officials say the Liberals are content to leave marijuana reform on the backburner, which could mean it will be many years before there is another attempt to decriminalize marijuana. *(CTV.ca News Staff , CEDARS Research, 9/16/05)*
- Despite harsh US protests, a government clinic in Vancouver, Canada, will distribute free heroin to hard-core addicts after it opens on Wednesday, February 9, 2005, a stone's throw from the US border. Participants will receive pharmaceutical-grade heroin three times every day. Clinics in Montreal and Toronto are expected to open within the year. Canada is providing 8.1 million dollars in government funding. "It's a great idea," said Dianne Tobin, an addict for 30 years who supports a $300 a day heroin habit with prostitution, shoplifting, and trafficking drugs. *(Vancouver (AFP), 2/8/05)*
- Mexico has surpassed Colombia as the top supplier of drugs in the United States. Mexican drug traffickers are now the dominant presence in the US illegal drug market, in what has become the largest shift of the drug trade since the emergence of the Colombian cartels in the 1980s. *(www.jointogether.org, 8/1/05)*
- In Mexico, which has been a pipeline for drugs into the United States for

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years, some trafficking gangs are now diverting narcotics for sale in Mexican cities, leaving at least 1 million Mexicans addicted to heroin, cocaine, and other illegal drugs. Small-time gangsters are kidnapping, robbing, and killing one another for the money from the growing market for street drugs, and users who are trying to overcome their dependencies are filling substance abuse clinics. Gilberto Higuera, one of Mexico's top drug prosecutors, said, "It's a threat to public safety – a cancer." *(Houston Chronicle Foreign Service, 7/31/05)*

- To protect loads of cocaine and marijuana being brought into America by Mexican smugglers, a renegade band of Mexican military deserters has expanded into the United States and is offering $50,000 bounties for the assassination of US law-enforcement officers. Known as Zetas, they were trained in the US as anti-drug commandos. Many of the Zeta leaders belonged to an elite anti-drug paratroop and intelligence battalion who deserted in 1991 and aligned themselves with drug traffickers. As many as 200 Zeta members are thought to be involved, including former Mexican federal, state, and local police. The organization's hub is Nuevo Laredo, a border city of 300,000 across from Laredo, Texas. *(Washington Times, 8/1/05)*
- The primary drug of abuse among treatment clients varies widely across continents, according to the 2005 World Drug Report from the United Nations. Opiates were most likely to be a problem in Europe and Asia; cocaine was reported as a primary drug of abuse in North and South America; and marijuana treatment admissions were most common in Africa and North America. Treatment for sedative use was highest in Australia and New Zealand, and North America had the highest percentage of inhalant treatment admissions. *(United Nations 2005 World Drug Report, Volume 1: CESAR Fax, 8/1/05)*
- Yevgeny Royzman, president of the Anti-Drug Fund in Yekaterinburg and member of the Russian DUMA, said that starting May 12, 2004, Russian drug policy allowed drug dealers to carry up to 10 single injection doses on their person. As a consequence of the liberal drug policy, the number of deaths has doubled in Russia and increased 8 times in Yekaterinburg. *(ECAD News, June 2005)*
- Abuse of Buprenorphine, a drug first prescribed in Sweden in 1999 to wean addicts off heroin, has now almost surpassed heroin abuse in Stockholm. Buprenorphine, also known as Subutex, produces a high similar to that of heroin and has become a low-budget replacement for heroin on the black market. *(ECAD News, September 2003)*
- Methamphetamine use among gay males was reported in several areas, including New York; Philadelphia; Washington, DC; and Miami, "raising concern that the combination of methamphetamine use and associated sexual behaviors may increase risk for HIV transmission." *(National Institute on Drug Abuse,2005 CEWG Report:Executive Summary)*
- According to the 2005 World Drug Report issued by the United Nations Office on Drugs and Crime (UNODC), only five percent of the world's population aged 15-64 have used illegal drugs at least once in the last 12 months. Four percent of those are cannabis users – much less than use the legal drugs alcohol or tobacco. About half of the adult population use alcohol, and thirty percent use tobacco. Antonio Maria Costa, Executive Director of UNODC, said that cannabis represents our biggest problem, because it can damage the brain; it is the drug with which many people start; and unfortunately, not all governments and citizens are aware of the dangers of cannabis. *(UNODC, Drugnews; www.undic/ world_durg_report.html)*
- "INCB (International Narcotics Control Board) has for many years pointed out that the evidence that cannabis might be useful as a medicine is insufficient," Said Professor Hamid Ghodse, President, INCB. The INCB welcomed the June 6, 2005, decision of the US Supreme Court reaffirming that the cultivation and use of cannabis, even if it is for "medical" use, should be prohibited. INCB has expressed concern that organizations advocating the legalization of cannabis, and of narcotic drugs in general, are using the issue of medical cannabis as a "back door" to legalization. *(ECAD News, July 2005)*
- Firing an employee who tests positive for marijuana does not violate the Fair Employment and Housing Act, even if the employee can show that he uses marijuana for medicinal purposes under Proposition 215, the California Third District Court of Appeal ruled on September 7, 2005. (Metropolitan News-Enterprise *(Los Angeles, CA, 9/8/05)*

To remember the past is to prepare for the future . . .

In 1993, at a pro-legalization workshop conducted at the 50th Anniversary Celebration of the Discovery of LSD, Dick Cowen, then the director of NORML, told his audience, "The key to it [the legalization of marijuana] is medical access. Because, once you have hundreds of thousands of people using marijuana medically under medical supervision, the whole scam is going to be bought . . . So that once there's medical access, if we continue to do what we have to do, and we will, then we'll get medical, then we'll get full legalization.

(NW Center for Health & Safety, 3/28/03)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, DC 20503

FOR IMMEDIATE RELEASE: Contact: ONDCP
Public Affairs
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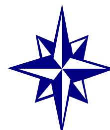
STATEMENT BY THE WHITE HOUSE DRUG CZAR ABOUT THE U.S. SUPREME COURT'S DECISION REGARDING SO-CALLED MEDICAL MARIJUANA

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

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

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

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



Harm Reduction Background: The term "Harm Reduction" was coined in Great Britain by a group of individuals attempting to make the use of illicit drugs acceptable to society. The basic premise is that the personal use of illicit drugs should be legal, and can be made manageable and less harmful to the user. The goal of "Harm Reduction," according to proponents, is to decrease the negative consequences of drug use, rather than to decrease the prevalence of drug use. Abstinence, they say, may neither be a realistic nor a desired goal. Some have utilized this theory as a method attempting to reduce the spread of hepatitis among IV drug users. The onset of HIV infection has given major impetus to this flawed concept. The "Harm Reduction" concept has been incorporated into some treatment programs, which allow for continued drug use rather than working towards no drug use. It has also made inroads into health programs and school curricula in many countries.

THE FAILURE OF NEEDLE EXCHANGE PROGRAMS (NEPS)

By Mark E. Souder, Chairman
US House Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Taken from a letter to the Director of National Institutes of Health
April 27, 2004

"Harm reduction" is an ideological position that assumes individuals cannot, or will not, make healthy decisions. Advocates of this position hold that dangerous behaviors, such as drug abuse, should be accepted by society, and those who choose, or are trapped in, such lifestyles should be enabled to continue these behaviors in a less harmful manner.

Scientific and anecdotal evidence indicates that harm reduction programs, such as injection rooms and needle distributions, weaken drug abusers' defenses against infection, sustain drug abusers' long term risk for disease, and minimize the benefits of available treatments for HIV disease.

Vancouver, BC, administers the largest NEP in North America, distributing nearly three million needles every year. The results have been horrific. Both HIV and Hepatitis C increased in Vancouver, and research directly linked the NEP to this trend. When the Vancouver NEP was established in the late 1980s, the estimated HIV prevalence in Vancouver was 1 to 2 percent among the city's Injecting Drug Users (IDUs). A 2003 report published by Vancouver said that both HIV and Hepatitis C had reached "saturation" among IDUs, meaning that few, if any, of those who were not already infected were left to become infected. According to the report, in 2003, HIV prevalence was 35 percent, one of the highest incidence rates reported worldwide, and there was an astounding 82 percent prevalence of Hepatitis C.

Researchers in Montreal, Canada, found seroconversion probability of 33 percent among needle exchange users and 13 percent among non-users.

A study of NEPs in Seattle, WA, USA, found that the highest incidence of infection with Hepatitis B or Hepatitis C occurred among current users of NEPs.

Research has demonstrated that:

- The biggest predictor of HIV infection is high-risk sexual behavior, not sharing needles.
- Drug abuse may impair treatment of HIV while damaging the immune system.
- Methamphetamine and MDMA negatively react with AIDS medications.
- GHB and marijuana have demonstrated interaction with AIDS medications.
- Cocaine, MDMA, Methamphetamine, and marijuana are all immosuppressors.

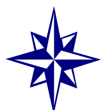
"This scientific and anecdotal evidence appears to indicate that harm reduction programs have failed to provide a prevention panaceas for drug abusers against the dangers of HIV, hepatitis, and other health risks.

SAD BEYOND BELIEF

John Coleman, Director, International Drug Strategy Institute

According to an article in the Canadian Press on September 6, 2005, addicts, crippled and blinded by their drug use and too sick to shoot themselves up, will be helped by a team of users to get high safely.

The report from Vancouver is sad beyond belief. If anyone should ever again doubt the power of drugs to take over and destroy one's life, he or she should be reminded of Vancouver. This also speaks volumes of where society winds up when political leaders entrusted with the general welfare make bad decisions through sheer ineptitude or weakness. This was not unexpected; there were plenty of warnings of the consequences of a free needle exchange program. I am sure that the Vancouver political leaders are in shock and disbelief over how something they were conned into believing was in the public's interest turned out so badly. Pressured by parasitic charlatans pushing hidden anti-government agendas in the name of social progress, these leaders collectively and individually lacked the moral courage needed to protect the children of Vancouver. The unwashed, unnamed, and mostly unknown and forgettable people who mobilize around the globe for the sole purpose of intimidating governments to destroy civilization are the true villains in this tragedy. Their life history is failure, their cause is chaos, and their motivation is hate. As for the Vancouver authorities, one is tempted to say " I told you so…" but that would do little now for those whose fate was sealed years ago. The rest of the world would do well to learn from Vancouver's Aldous Huxley-like experience in which the dying are murdered by those waiting to die next.



ORAL CANNABIS INDUCES PSYCHOSIS AT LOW LEVELS

Even in clinical situations where cannabis is administered orally at low doses, psychotic reactions can occur, Swiss researchers report in *BMC [BioMed Central] Psychiatry.*

Occasional or intermittent cannabis use has been associated with psychotic reactions, but this is the first such report in closely monitored subjects participating in a clinical trial, note Dr. Bernard Favrat and colleagues at Institut Universitaire de Medicine Legale in Lausanne, Switzerland.

Favrat's group was conducting a study to examine the effects of ingestion of THC (delta-9-tetrahydrocannabinol) on psychomotor function and driving performance in eight occasional cannabis users.

The first case of psychosis was in a 22-year-old man given 20 milligrams of dronabinol, a synthetic THC. Ninety minutes after dronabinol administration he experienced severe anxiety and symptoms of psychosis, and was unable to perform the two psychometric tests.

Levels of THC and its active metabolite 11-OH-THC in the blood at the time of the strong adverse effects were 1.8 and 5.2 nanograms per milliliter, respectively.

The second case was also a 22-year-old man who developed severe anxiety one hour after taking 16.5 milligrams of a THC compound, when his THC blood level was 6.2 nanograms per milligram and 11-OH-THC was 3.9 nanograms per milligram. For several hours he was unable to perform psychometric tests.

The authors note that smoking a 3.5-percent marijuana cigarette leads to blood concentrations of THC in the range of 50 to 100 nanograms per milliliter. They believe that oral administration produces higher levels of 11-OH-THC, with slower elimination.

Alternatively, they suggest that "consuming oral cannabis may produce more potent, yet unknown psychotomimetic metabolites of THC."

"Doctors and users should be aware of the increasing availability of oral cannabis in 'special' drinks or food as well as in medications under development," which can result in "significant psychotic reactions," Favrat's group cautions.

(BMC Psychiatry, April 1,2005, Reuters Health 4/1/2005)

WHAT ARE DRUG USERS LOOKING FOR WHEN THEY CONTACT DRUG SERVICES: ABSTINENCE OR HARM REDUCTION?

NEIL MCKEGANEY[1], ZOE¨ MORRIS[2], JOANNE NEALE[3] & MICHELE ROBERTSON[4]*

1 Centre for Drug Misuse Research, University of Glasgow, UK
2 Judge Institute of Management, University of Cambridge, Trumpington Street, Cambridge, UK
3 Department of Social Policy and Social Work, University of York, UK
4 Robertson Centre for Biostatistics, University of Glasgow, UK

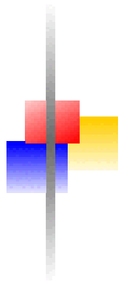
ABSTRACT: Within the UK and in many other countries two of the most significant issues with regard to the development of health and social care services for drug users has been the growth of the consumer perspective and the philosophy of harm reduction. In this paper we look at drug users' aspirations from treatment and consider whether drug users are looking to treatment to reduce their risk behaviour or to become abstinent from their drug use. The paper is based on interviews using a core schedule with 1007 drug users starting a new episode of drug treatment in Scotland.

Participants were recruited from a total of 33 drug treatment agencies located in rural, urban and inner-city areas across Scotland. Our research has identified widespread support for abstinence as a goal of treatment with 56.6% of drug users questioned identifying 'abstinence' as the only change they hoped to achieve on the basis of attending the drug treatment agency. By contrast relatively small proportions of drug users questioned identified harm reduction changes in terms of their aspiration from treatment, 7.1% cited 'reduced drug use', and 7.4% cited 'stabilization' only. Less than 1% of respondents identified 'safer drug use' or 'another goal', whilst just over 4% reported having 'no goals'. The prioritization of abstinence over harm reduction in drug users treatment aspirations was consistent across treatment setting (prison, residential and community) gender, treatment type (with the exception of those receiving methadone) and severity of dependence. On the basis of these results there would appear to be a need for harm reduction services to be assiduous in explaining to clients the reason for their focus and for ensuring that drug users have access to an array of services encompassing those that stress a harm reduction focus and those that are more oriented towards abstinence.

Conclusions

Over recent years, policy and practice within the drug-misuse field has tended to prioritize harm reduction over abstinence. The reasons for this are likely to be complex but may in part consist of a perception amongst workers in drug treatment and care services that abstinence is a long-term goal that is difficult, if not impossible, to achieve and that their efforts will be more profitably directed at reducing some of the dangers associated with individuals' continued drug use. What emerges very clearly from our data is the fact that, on the whole, drug users contacting drug-treatment services in Scotland tend to be looking for abstinence rather than harm reduction as the change they are seeking to *(What Are Drug Users Looking For? 433)* bring about. In the light of this finding there is a need to ensure that services that have a harm-reduction focus are prepared to enable drug users to move over time from a concern with reducing the dangers of their continued to drug use towards a position where their drug use ceases. Equally, given that so few respondents articulated harm reduction as the change that they were seeking to bring about on the basis of having contacted drug-treatment services, it is clearly important that drug-agency staff (many of whom will be adopting a harm-reduction perspective in their work with clients) invest time in explaining to their clients the value of harm reduction as part of a broader strategy of ceasing all drug use. Finally on the basis of these results it is important to ensure that drug users have access to an array of services both those which have a harm-reduction focus and those that are more explicitly oriented towards abstinence.

(Drugs: education, prevention and policy. Vol. 11, No. 5, 423-435, October 2004.)



MALIGNANT NEGLECT: SUBSTANCE ABUSE AND AMERICA'S SCHOOLS

A report by Columbia University, published September 2001, found that substance abuse and addiction will add at least $41 billion – 10 percent – to the costs of elementary and secondary education this year, due to class disruption and violence, special education and tutoring, teacher turnover, truancy, children left behind, student assistance programs, property damage, injury, and counseling. This report is the result of six years of analysis, surveys, and field investigations, including one hundred focus groups with students, teachers, parents, and school administrators in public, private, and parochial schools across the country. It is the most exhaustive study ever undertaken of the available data on substance use in our schools and among our students.

One of the "Key Findings" states, "relatively few students who experiment with a substance discontinue its use. Among students who have ever tried cigarettes, 85.7 percent are still smoking in the twelfth grade. O those who have ever been drunk, 83.3 percent are still getting drunk in the twelfth grade. Of those who have ever tried marijuana, 76.4 percent are still using it in the twelfth grade."

(http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=126)

PTA CONVENTION FEATURED LEGALIZATION ADVOCATE

The National PTA Convention this year featured Marsha Rosenbaum, pro-legalization advocate talking on the topic of teens and drugs. This is the second year that Ms. Rosenbaum spoke to the national convention.

Drug prevention advocates from across the country have written to Ms. Anna Weselak, President of the National PTA. The letters of protest have noted that Ms. Rosenbaum is the Director of the San Francisco office of the Drug Policy Alliance, one of the largest pro-drug organizations in the country. This group works to normalize and legalize the use of marijuana and other illicit drugs.

Ms. Rosenbaum is also the director of the Drug Policy Alliance's "Safety First" project that stresses that children are going to experiment with drugs anyway, so they should be taught how to use drugs responsibly. Ms. Rosenbaum also wrote the epilogue for the pro-marijuana children's book, *It's Just a Plant.* That book's target audience is eight-year-olds.

The letters being sent to the National PTA are stressing the importance of the "no use" message when it comes to children and drugs. This abstinence-based approach, when supported and enforced by all who touch children's lives, is the only proven, effective drug prevention strategy.

If you would like to send a letter to the National PTA urging them to re-join the parent movement to prevent drug use by utilizing qualified drug prevention speakers, write to:

Ms. Anna Weselak, President
National PTA
541 North Fairbanks Court, Suite 1300
Chicago, Illinois 60611-3396

If you would like talking points for your letter, please contact PRIDE-Omaha, Inc. at 402 397-3309.

(PRIDE Omaha , Inc. Newsletter – September/October, 2005)

According to the drug culture magazine *"High Times,"* August 29, 2005, guide to higher education, the <u>top 10 cannabis colleges are:</u>

1. University of Colorado – Boulder, CO
2. University of Wisconsin – Madison, WI
3. University of Florida – Gainesville, FL
4. University of Oregon – Eugene, OR
5. Hampshire College – South Amherst, MA
6. University of Michigan – Ann Arbor, MI
7. New College of Florida – Sarasota, FL
8. Humboldt State University – Arcata, CA
9. Wesleyan University – Middletown, CR
10. University of Vermont – Burlington, VT

A report released July 2005, by US Substance Abuse and Mental Health Services Administration (SAMHSA), found that youth who have been exposed to drug and alcohol prevention messages from TV, radio, posters, and pamphlets are significantly less likely to report illicit drug use. The National Survey on Drug Use and Health affirmed the crucial role that parents play. <u>*"Youth who had talked with a parent about the dangers of tobacco, alcohol, or drug use in the past year were less likely to report past month alcohol use, binge alcohol use, or illicit drug use than youths who had not talked with a parent.*</u>

(http://oas.samhsa.gov/2k5/prevention/prevention,cfm, Office of National Drug Control Policy, press release, July 29, 2005)

PRINCIPLES

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

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

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

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Drug Watch International
P.O. Box 45128
Omaha, NE 68145
USA
Telephone 1-402-384-9212