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KEEPING THE CHILD YOU LOVE FROM USING DRUGS

By Susie Dugan

Parents today don't hear much about keeping children drug free. The "War on Drugs" has been maligned and ridiculed, especially by heavily-funded activists who are working to normalize and legalize the use of marijuana and other drugs. That movement has convinced many that prevention does not work, and nothing can be done to stop drug use.

The average age of first use of any drug in America is now 12 years of age, and the figures are similar in many other countries of the world. Every child, everywhere, is at risk of using drugs, and young people continue to list the use of alcohol or other drugs as the number one problem they face. The dangerous reality of children using drugs is frightening to individual parents.

Today's parents need to know the truth—that prevention works! The effort to keep children drug free begins in the home, and parents are the number one influence in children's lives. Parents should educate themselves and their children about the dangers of drug use. All adults must understand that the drugs children use first are alcohol, tobacco, marijuana, or inhalants. Early use of these "gateway" drugs is a strong predictor of future drug use.

Parents, however, cannot keep children drug free by themselves. They must reach out to others and hold them accountable for providing a safe, healthy, drug-free environment in which children can grow.

Parents should:

· Use teachable moments to make certain that all of their children, including the young, know that the illegal or harmful use of any drug is not tolerated in the family. Set rules and consequences, and enforce them consistently. Teach their children ways to say "no" to drugs and to resist peer pressure, rehearsing role-playing when appropriate.

· Educate themselves and the Grandparents about the drug scene in their community. Find out what is in the environment that might encourage children to use drugs, and then actively challenge it. This includes the pro-drug messages of popular music, movies, and the Internet. The alcohol and tobacco industries, as well as marijuana promoters, know that if they do not persuade children to try addictive drugs by age 21, those children are unlikely to use drugs as adults.

· Work with their children's schools—even colleges—to make certain that school policies clearly support drug-free youth. Speak up when they do not.

· Listen to adolescent music.

· Read pro-drug magazines such as *High Times* to learn how marijuana is being promoted to young people.

· Visit their local gift shop, and speak up to store or mall management when drugs or drug paraphernalia are being promoted. Challenge all marketing practices that increase the availability and the appeal of drugs.

· Let their children know that they will always pick them up if their children are ever in a situation where there are drugs or alcohol. Most teens today have a cell phone and can quietly text mom or dad, who can then find an excuse to call the child that they are coming to pick him/her up.

· Closely supervise their children, no matter what the child's age. Know where their children are, whom they are with, and what they are doing. Network with the parents of their children's friends by communicating with them directly to make certain that plans and activities are well supervised and are age-appropriate, safe, and drug free. If not, parents, too, must learn to say "no."

· Talk to elected officials, and ask them to make drug-free children a priority over the profits of the alcohol or tobacco industry. Point out the importance of keeping marijuana use and possession criminalized. Marijuana is not medicine. How many medications do Americans take by smoking?

· Encourage law enforcement to closely enforce laws that keep alcohol, tobacco, marijuana, or other drugs away from our youth. Hold judges accountable. Conduct court watches if necessary.

· Send letters-to-the-editor when they observe people or practices that promote or provide drugs to children. Join community organizations that are fighting for drug-free youth. If their community does not have such a group, start one.

Children do not stay away from alcohol, tobacco, marijuana or other drugs by chance. It takes thoughtful planning, effort, and commitment by the adults who love them. And remember—

Prevention works!

Susie Dugan has over twenty-nine years of drug prevention experience at the local, state and national level. Among her honors, Ms. Dugan was named the 1990 Nebraska Governor's Drug Prevention Volunteer of the Year, received the 1993 FBI Director's Community Service Leadership Award, and was made an admiral in the Nebraska Navy in 2006. After fifteen years as Executive Director of PRIDE-Omaha, Inc., Susie is semi-retired and serves as a Project Manager for that organization.

ANALYSIS OF THE AMERICAN COLLEGE OF PHYSICIANS POSITION STATEMENT

"Supporting Research into the Therapeutic Role of Marijuana"

By John J. Coleman, PhD., President, Drug Watch International &
The International Drug Strategy Institute, a division of Drug Watch International

The recent Position Statement of the American College of Physicians (ACP) on the ACP "Advocacy" website, "Supporting Research into the Therapeutic Role of Marijuana", has raised considerable concern around the world. The ACP is a professional medical organization comprised of about 124,000 practicing internists. The organization bills itself as the second largest medical group in the U.S. The recent statement on marihuana is peculiar, because it was written by a person named Tia Taylor, MPH [master of public health], who is not otherwise identified by the paper or ACP. A quick search of the Internet turned up one person named Tia Taylor who, in 2005, was described in an article as a "sophomore" MPH student. Her only reference in the article included a disparaging remark about marihuana penalties.

The ACP statement, "Supporting Research into the Therapeutic Role of Marijuana: A position paper of the American College of Physicians," is ambivalent in many areas.

· **ACP:** *"Marijuana's categorization as a Schedule I controlled substance raises significant concerns for researchers, physicians, and patients."* (p 3)

JJC: The law provides access to marihuana for experimental medical purposes for a group clinical trial or even for single patients. Because of the drug's high abuse potential, the security arrangements are understandably strict. Ironically, the ACP paper in a later section approves and "supports the current process for obtaining federal research-grade medical marijuana." (p. 9)

· **ACP:** *"The concentration of THC and other cannabinoids in marijuana is highly variable, depending on growing condition, plant genetics, and processing after harvest (1). This variability in composition has hindered research on and evaluation of the drug's medical value." (p. 4)*

JJC: This appears to argue against the smoking of crude marihuana as medicine. The factors that have hindered "research and evaluation of the drug's medical value" are important safety and efficacy factors, and the law governing the approval of drugs for medical use requires showing that the dosage units are uniform in containing the approved measure of active ingredient(s). It is unlikely that any form of crude marihuana would ever be able to meet such a standard of uniformity. Chemists and pharmaceutical research scientists isolate and extract beneficial molecules from natural organic sources so that they can be replicated in the laboratory and produced uniformly to meet standards for potency and safety. Cocaine, for example, is a C-II drug because it has medicinal use. No physician of worth, however, would recommend that a patient needing cocaine chew the raw leaves of the plant to extract the active alkaloid. The same can be said for heart patients needing digitalis, one of several important drugs originally extracted from the foxglove plant, an attractive plant often found growing wild along the side of the road. How appropriate would it be, for example, for an internist (perhaps one from the ACP) to recommend that patients should forego using pharmacy-grade digitalis and, instead, simply grow and consume enough foxglove plants to take care of the situation?

· **ACP:** *"Marijuana has been smoked for its medicinal properties for centuries. It was in the U.S. Pharmacopoeia until 1942 when it was removed because federal legislation made the drug illegal (2)." (p. 4)*

JJC: While cannabis was indeed removed from the U.S. Pharmacopoeia in 1942, contrary to the ACP statement, it remained available for medical use under federal law until May 1, 1971, the effective date in which the Controlled Substances Act of 1970 became the law of the land. Under the Marihuana Tax Act of 1937, authorized parties, such as physicians, could obtain a registration from the Internal Revenue Service and pay a modest fee for permission to obtain, possess, and administer marihuana in the course of their practice; however, few doctors continued to use marihuana in their practice after 1937.

· ***ACP:*** *"Since the IOM report, the body of research on cannabinoids for symptom management has grown slightly." (p. 4)*

JJC: The IOM report was published in 1999,and since then, the annual aggregate quantity of marihuana approved by the DEA for research purposes has grown from zero in 1999 to 4,500 kilograms (9,900 pounds) in 2006. In testimony before congress a few years ago, a DEA official explained that at the time there were approximately 126 current DEA registrations issued to researchers to investigate the medicinal properties of the drug. The ACP paper, in a later section dealing with the "Analgesic" properties of marihuana, adds this statement that seems inconsistent with the above: "Current research on the role of various forms of marijuana as an analgesic is promising." (p. 5)

· ***ACP:*** *"Adverse Effects: Acutely, smoked marijuana increases heart rate and may decrease blood pressure on standing; however, some patients find the drug's psychoactive effects more disturbing. Undesired effects include impairment of short-term memory, attention, motor skills, reaction times, and the organization and integration of complex information (25). These effects are generally more severe for oral THC than for smoked marijuana (26). The chronic effects of smoked marijuana are of much greater concern, as its gas and tar phases contain many of the same compounds as tobacco smoke. Chronic use of smoked marijuana is associated with increased risk of cancer, lung damage, bacterial pneumonia, and poor pregnancy outcomes. Chronic marijuana use has also been linked to the development of tolerance to some effects and the appearance of withdrawal symptoms (restlessness, irritability, mild agitation, insomnia, sleep disturbances, nausea, cramping) with the onset of abstinence. However, these withdrawal symptoms are mild compared with those experienced with opiates or benzodi-*

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azepines (27). Moreover, THC, while quite potent in comparison with other psychoactive drugs, has remarkably low lethal toxicity. This led the IOM to conclude that "except for harms associated with smoking, adverse effects of marijuana use are within the range of effects tolerated for other medications (p. 28)."

JJC: This is a relatively straightforward statement of the risks and dangers of marihuana. It is somewhat a surprise to learn that, with respect to the psychoactive effects, "These effects are generally more severe for oral THC than for smoked marijuana (26)." There is very little abuse of oral cannabinoids, and one of the reasons we always hear for this is that, when taken orally, cannabinoid medicines have far less therapeutic effect than smoked marihuana because of the metabolic transformation of THC. This is an interesting statement deserving of further study. Indeed, as in the prior case, this hypothesis seems to contrast with statements appearing on p. 7: "The pharmacokinetics of oral and smoked THC differ greatly and therefore have varying implications. The oral, synthetic THC has low and variable bioavailability (30). Oral THC is slow in onset of action but produces more pronounced, and often unfavorable, psychoactive effects that last much longer than those experienced with smoking (31). On the other hand, smoked THC is quickly absorbed into the blood and effects are experienced immediately." (p. 7) If this statement is correct, it would raise the question of why abusers shun the oral forms of THC when the effects might be more pronounced.

· ***ACP:*** *"The IOM concluded that clinical trials of smoked marijuana should be the first step toward the possible development of nonsmoked, rapid-onset cannabinoid delivery systems (36)." (p. 7)*

· **ACP:** *"Given marijuana's proven efficacy at treating certain symptoms and its relatively low toxicity, reclassification would reduce barriers to research and increase availability of cannabinoid drugs to patients who have failed to respond to other treatments." (p. 10)*

JJC: This appears to be a conclusion by the author that unfortunately is not further explained or supported by the text. Without a change in the statute or the enactment of a new law, cannabis, marihuana, and THC must remain C-I controlled substances. A sponsor of a cannabinoid drug would have to apply to FDA for permission to conduct clinical trials to bring to market a new drug. Assuming the trials were undertaken and completed satisfactorily, the FDA would have to find that the results from the trials showed that the drug in question is safe and effective and that, overall, its therapeutic benefits outweigh its risks to public safety and public health. Manufacturers and researchers already may be authorized under the law to obtain crude marihuana from the government, free, for approved research, and I know of no complaint about this system from legitimate pharmaceutical companies and bona fide researchers. Indeed, the ACP, as noted above, even *praises* the current system in which the government provides uniform grades of marihuana for research. The ACP statement would turn all of this around and require the government to reclassify the Class I substance before any medicines are proposed and submitted for clinical trials and FDA approval. This argument for reclassifying cannabis from C-I to C-II was lost years ago when the Supreme Court ruled that the law provided adequate access and security for marihuana research without changing the scheduling classification *(See Oakland Cannabis Buyers Clubs, et al v United States).*

It appears that the ACP decided to publish Tia Taylor's term paper on marihuana and, in doing so, made a number of contradictory statements.

· *ACP:* *"**Position 5: ACP** strongly supports exemption from federal criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for physicians who prescribe or dispense medical marijuana in accordance with state law. Similarly, ACP strongly urges protection from criminal or civil penalties for patients who use medical marijuana as permitted under state laws." (p. 10)*

JJC: Position 5, I believe, is the core of the ACP's message here, and the rest of the paper is window dressing intended to provide cover for why this position should be adopted as public policy. To ensure maximum acceptance of Proposition 5, the ACP included important points intended to satisfy those on either side of the medical marihuana issue. Ignored for its meaning in the ACP position statement is the universal oath of the physician:

"First do no harm…"

"Although marijuana smoke delivers THC and other cannabinoids to the body, it also delivers harmful substances, including most of those found in tobacco smoke. In addition, plants contain a variable mixture of biologically-active compounds and cannot be expected to provide a precisely defined drug effect. For those reasons, the report concludes that the future of cannabinoid drugs lies not in smoked marijuana, but in chemically-defined drugs that act on the cannabinoid systems that are a natural component of human physiology."

Preface Executive Summary, "Marijuana and Medicine, Assessing the Science Base"; Institute of Medicine, 1999

AMERICAN COLLEGE OF PHYSICIANS (ACP) POSITION STATEMENT ON MEDICAL UTILITY OF MARIJUANA LACKS CREDIBILITY

By

William M. Bennett, MD, MACP & Sandra S. Bennett

The stringent criteria the US Food and Drug Administration (FDA) uses for approving a substance for therapeutic use were established in an effort to keep unsafe and ineffective substances from being marketed or prescribed as medicine. The fact that a substance has been used for millennia in a "medical setting" only attests to the fact that over the ages human have tried many things to treat illness and if the treatment didn't kill the patient, any recovery was attributed to "the effectiveness" of whatever concoction or treatment the patient had been given, ignoring the fact that some died as a direct result of the "medicine," and others survived in spite of the "medicine."

Today, "currently accepted medical use" must adhere to much more verifiable standards.

A. The drug's Chemistry Must Be Known and Reproducible
B. There Must Be Adequate Safety Studies
C. There Must Be Adequate and Well-Controlled Studies Proving Efficacy
D. Acceptance by Qualified Experts Is Required
E. The Scientific Evidence Must Be Widely Available
F. General Availability of a Drug Is Irrelevant
G. Recognition in Generally Accepted Texts Is Irrelevant
H. Specific, Recognized Disorders Are the Referent

[Robert C. Bonner, Administrator, DEA, FR Doc. 92-6714, Filed 3/25/92; 8:45 a.m. Federal Register, Vol.57, No. 59]

With this in mind, it is difficult to comprehend the recent Position Statement by the American College of Physicians, which was crafted in such a way that it appears to endorse and support the use of smoked marijuana as a medicine.

Some of the compounds unique to marijuana have been replicated, tested following FDA guidelines, and found to have safe utility as prescription medication. This is not the same as encouraging a patient to smoke a joint. In the 1950's, there were physicians who actually touted tobacco for its "many healthful aspects." Although tobacco represses appetite, it would be unconscionable to encourage a patient to smoke tobacco for that or any other purpose. Yet, this is exactly what is happening when physicians recommend marijuana to a patient.

From crab shells to snake venom, many compounds have been found in nature that, when extracted or synthesized, purified and standardized, are now used effectively and safely to treat medical conditions. But, the raw material itself, which is impure and cannot be standardized or dose regulated, is not approved – and certainly never smoked.

Remarkably, the ACP Position Statement "Supporting Research into the Therapeutic Role of Marijuana - A Position Paper of the American College of Physicians," was not written by physician members of the Health and Public Policy Committee of the ACP but rather was written for the committee by Tia Taylor, MPH (Master of Public Health). The policy statement does not note whether Ms. Taylor has a conflict of interest, such as a publicly stated opinion supporting legalization or an affiliation with legalization advocacy groups.

Unfortunately, a great many physicians have limited knowledge about the more than 20,000 scientific research papers already existing on marijuana, none of which give it a "clean bill of health." The National Center for Alternative and Complementary Medicine, a division of the National Institutes of Health, provides funding specifically to give "alternative" and unproven medications a chance at proving their safety and efficacy. It has had very few requests from those who wish to study the medical efficacy and safety of smoked marijuana as medicine.

Since the ACP is considered to be a strong voice in the medical community, it would behoove them to assemble a committee to hear arguments on both sides of the issues rather than to let one lone individual present a one-sided case in support of such a potentially detrimental position.

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

Alan Markwood, M.A.
Drug Prevention Specialist

A MESSAGE TO AMERICA FROM ANN STOKER, NATIONAL DRUG PREVENTION ALLIANCE *UNITED KINGDOM*

Over 80% of our young people in the United Kingdom requiring hospitalization of medical treatment for mental illness are users of marijuana.[1] The incidence of serious mental illness (including schizophrenia) has increased enormously as the use of cannabis has escalated.

No doctor or psychiatrist knowing the serious potential harms from marijuana would ever consider using the substance in its raw form as any kind of medicine.

To be sure, there is some evidence that pharmaceutically prepared extracts of marijuana (cannabinoids) may be helpful for some conditions. Provided the extracts are scientifically produced and prescribed by doctors, those of us working worldwide to prevent the use of illegal drugs would have no problem. Sadly, those who are pressuring for anyone with any kind of illness (from multiple sclerosis to fungal infections of the toe) to be able to use marijuana, do not really want to be prescribed a medicine by a doctor. They want to be able to continue smoking marijuana to get "high."

So-called "medical marijuana" will simply allow drug users to continue to smoke the substance with impunity. Much of it will leach out to young people who will be putting their health at risk by using this insidious substance. Think of the extra medical costs to your community when large numbers of adolescents present with mental illness, as, sadly, has happened in my country.

1. *Psychiatrist Professor Peter Jones of Cambridge University, "Cannabis Link to 80 Percent of New Mental Cases" London Daily Mail, Health, Jan 2008.*

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As part of Romania's Cultural Festival, CIADO in partnership with EURAD, will organize an international anti-drug festival "Arts Against Drugs" from 3 - 5 September 2008.

A conference resolution will be adopted and signed by the participants. The Resolution will demand governments of the Central and Eastern European countries, the European Commission, the Council of Europe, and the Diplomatic Missions in Romania to become more involved in drug demand reduction and treatment, intervention in drug trafficking and supply. It will seek governmental support for the drug prevention organizations.

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IRELAND

By Grainne Kenny, President, Europe Against Drugs (EURAD) and Board Member, Drug Watch International

"The growth of Headshops" in Ireland is causing great concern. The UK shops are opening outlets with no opposition. Super skunk (potent marijuana) and BZP (legal Ecstasy) are available as well as a variety of drugs. BZP was targeted by EU experts as dangerous with no medical purpose, and a ruling was made at the Council of Ministers in Europe that it must be banned across the EU. At this time, the Irish Minister for Health, to her shame, has made no decision. Headshop owners claim BZP to be legal in New Zealand and saving lives, because it is safer than 'street drugs'. This is untrue. BZP is illegal in New Zealand. Ruthless Headshop people will stop at nothing to make money. Irish parents and politicians have not publicly raised objections, and this is a problem. They do not understand the threat posed to kids who like to hang around after school at these outlets.

When I challenged the manager of a new Headshop in Dublin this week, he just shrugged and said, "So what! When they ban it, we'll just replace it with something else like we did with Magic Mushrooms." That is true, and it is the reason why Headshops must be banned.

Incitement to use or buy a drug is a part of UN Narcotic Conventions. So why won't the UN get tough on this? I have raised the matter of closure once again with the Drugs and Health Ministers as well as the upper house.

April 2008

Condensed from an article by Jim Mork,
Drug Recognition Expert (DRE), California

Don't Be Tricked

The issue of "medical" marijuana should be taken very seriously.

Legitimate medicines are not made available by popular vote. They are subject to Research & Development. If the Food and Drug Administration (FDA) and the federal government allowed each state to make drugs available by popular vote, our entire medical system would run the risk of not using science based medicines, but vote-based medicines.

In California, millions upon millions of dollars are being wasted on litigation to enact a voter-approved referendum to allow marijuana to be sold as "medicine." This cannot, and will not, be tolerated by the federal government.

I have first hand experience with several "medical" marijuana clinics. At each clinic, I observed that more than 90% of the "clients" were white males between the ages of 18 and 30. Their behavior when exiting these "clinics" was not what one would expect from a sick person picking up medicine from a pharmacy. I personally enrolled in one clinic. It was unlike any legitimate medical clinic I have ever experienced. Marijuana "clinics" make Methadone clinics look like children's hospitals.

As the debate grows across the country, and if a "medical" marijuana initiative comes for a vote in your state, look closely at who is funding the proposition, and above all, **"Don't be tricked by slick ads."**

OVERDOSES ON PRESCRIPTION DRUGS

By Sandra Bennett
Editor, Marijuana Research Review
Past President, Drug Watch International

Using addictive prescription drugs illegally is the same as using illicit drugs. Unless someone is bent on suicide, most deaths from either illicit or prescription substances, are "accidental."

Those who use drugs to get high do so for amusement, not with death or addiction in mind. However, once under the influence of these mind-altering substances, they often do things they probably would never have done otherwise. In Heath Ledger's case he likely lost track of what drugs, and how much of each he had used.

Federal law requires that manufacturers of addictive prescription drugs, as well as the pharmacies, hospitals and doctors who distribute them, be carefully tracked. We must wonder then, which of these is getting wealthy by circumventing federal controls

Because these are "legal" drugs society tends to think of them as "safe," creating a casual attitude toward use.

One has only to look at the "medicalization" of marijuana to see how "legal" access has increased general use of this illicit drug, leading to a dramatic escalation in marijuana-related medical and psychiatric emergency room incidents.

The surging number of tragedies caused by abuse of easily obtained addictive prescription drugs is the quintessential argument against legalization of street drugs.

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

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

INTERNATIONAL NEWS BRIEFS

♦ On April 3, 2008, Mexico City banned cigarette smoking in all public places. Major US cities and several European countries have also banned smoking in public places. *(Reuters, 4/3/2008)*

♦ One-half of US HIV/AIDS cases diagnosed in 2006 were transmitted solely through male-to-male sexual contact; 17 percent related to injection drug use. *(HIV/AIDS Surveillance Report, Vol. 18, 2008)*

♦ Although Baltimore has one of the oldest Needle Exchange Programs in the country that the city claims is effective in preventing HIV transmission, Baltimore is ranked second in the nation for HIV/AIDS. Someone is infected with HIV in Baltimore City every eight hours. *(CBS WJZ TV 13, Baltimore, Maryland, 3/28/2008)*

♦ In Holland, beginning July 1, 2008, smoking in restaurants, hotels, and bars will only be allowed in closed-off areas where no service will be provided. The new law applies only to tobacco smoking – not cannabis. Cannabis users who smoke their joints without adding tobacco will not be affected. *(Dutch NIS News Bulletin, 3/27/2008)*

♦ Canadians use marijuana at four times the world average, making Canada the leader of the industrialized world in marijuana use. A study of Ontario students in grades 7 to 11 found that approximately 30 percent smoke marijuana. Canada ranked third in the world for cocaine use. *(UN Office on Drugs and Crime, 2007 World Drug Report. CBS News, 7, 2007)*

♦ Although California state law allows the use of marijuana for medical purposes, federal law does not. Sacramento County, California, supervisors rejected the state's "medical" marijuana ID program. Of the state's 58 counties, Sacramento County is among 18 that have not adopted the state program. *(Sacramento Bee newspaper, 3/19/2008)*

♦ Smoked marijuana as medicine does not have much future. "…the lack of convincing evidence thus far make it unlikely that future studies will demonstrate any significant advantage of smoked marijuana over oral or parenteral use of pure cannabinoids. Therefore, no persuasive reason is evident for running the added risks associated with smoking." *(H. Kalant, Clinical Pharmacology & Therapeutics, Volume 83 Number 4, April 2008)*

♦ Currently, 7 million Americans are abusing controlled substance prescription drugs – more than the number abusing cocaine, heroin, hallucinogens and inhalants combined. *(Dateline DEA, 2/15/2008)*

♦ Quest Diagnostics' Drug Testing Index (DTI) results from workplace drug screenings conducted in 2007 show a more than 50 percent decline in the percentage of positive tests for methamphetamine from 2005 to 2007. However, the latest DTI supports previous findings from Federal drug use surveys that warn of a rising tide of prescription drug abuse. The White House Office of National Drug Control Policy urges parents to protect their children by safeguarding their prescription drugs. *(Department of Justice press release, 3/12/2008)*

♦ Early non-medical use of prescription drugs is related to a lifetime or prescription drug abuse and dependence. *(Addiction 102(12): 1920-1930, 2007. CESAR FAX 2/25/2008)*

♦ Cocaine candy was seized in Modesto, CA, in an undercover investigation. Some of the seized cocaine included flavors such as strawberry, lemon, coconut, and cinnamon. "Attempting to lure new, younger customers to a dangerous drug by adding candy 'flavors' is an unconscionable marketing technique," stated DEA Assistant Special Agent in Charge, Gordon Taylor. *(DEA press release, 3/10/2008)*

♦ Mexican drug cartels are running training camps for assassins. The camps, located in Mexico near the Texas border, are used to train Mexican army deserters and American teenagers, who then carry out killings on both sides of the border. *(Miami Herald, 3/29/2008)*

♦ According to British Shadow Home Secretary David Davis, the permissive drug policies of the British Government have led to a 43 percent increase in drug crime, have cost Britain 110 pounds and have left Britain with the worst drug use problem in Europe. "We need a zero-tolerance approach to drugs, right the way from our shores to our streets. [sic] That starts with a dedicated Border Police Force, and includes re-classifying cannabis, abstinence based rehabilitation, and proper drug treatment in our prisons." *(NEWS, Conservatives, 2/27/2008)*

♦ In recent years marijuana has become a leading cause of drug-related medical emergency room episodes. According to an article in the February 2008 International Journal of Clinical Practice, "Marijuana smoking may be associated with atrial fibrillation. Thus, cannabis use could be a cause of atrial fibrillation especially in young individuals without any known predisposing factor." The authors of the study went on to say, "Compelling evidence is accumulating that cannabis has significant haemodynamic [change in blood pressure] and electrophysiological [tachycardia, atrial fibrillation] effects on the cardiovascular system." *(Marijuana Research Review, 2/24/2008)*

♦ A recent study concluded, "...daily cannabis use was significantly associated with the presence of moderate to severe fibrosis compared with mild fibrosis in persons with chronic HCV infection." This research should be a warning against use of marijuana by persons with HIV-AIDS or HVC. *(Clinical Gastroenterology and Hepatology 2008, Vol. 6, No.1, pp 69-75)*

♦ A recent study, published in the Journal of the American Medical Association, linked marijuana smoking to gum disease. The study of 903 New Zealanders from birth in 1972-73 to the present found that people who smoked marijuana frequently had triple the risk for severe gum disease and a 60 percent higher risk for a milder form when compared to people who did not smoke marijuana. The leader of the study, W. Murray Thomson, a professor of dental public health at the University of Otago in New Zealand, said, "We suspected we

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would indeed find that cannabis smoking was a risk factor, but what surprised us was the strength of the relationship." *(Reuters, 2/5/2008)*

♦ Researchers from the University of Pittsburgh School of Medicine found that adolescents listen to nearly two and a half hour of much each day. Dr. Brian A. Primack, leader of the study, said that he was shocked to find that rap music contained so many references to substance abuse, especially marijuana use. Overall, lyrics explicitly referring to drug, alcohol, and tobacco use were contained in about one of every three of the 279 most popular songs of 2005, as listed in Billboard Magazine. Explicit references to substance abuse were found in 77 percent of the rap songs on the chart, compared to 36 percent of country songs, 20 percent of the R&B/hip-hop, 14 percent of rock songs, and 9 percent of pop. *(Washington Times, 2/7/2008)*

♦ A recent study found that nearly half of the injection drug users surveyed in five U.S. cities with active needle exchange programs (NEPs) shared syringes with other drug abusers within the previous three months. The five cities examined were Baltimore, Chicago, Los Angeles, New York, and Seattle—all of which boast long-standing, publicly supported NEPs. Nearly two-thirds of those who shared dirty needles received most of their syringes from NEP/pharmacy. The Study Team was from John Hopkins University, University of CA at San Diego, University of Illinois, NY Academy of Medicine, CA Health Research Assn., and the Centers for Disease Control and Prevention. *(Drug and Alcohol Dependence, Vol 91, Supplement, Nov. 2007, p. S30-S38.)*

♦ The Final Report of an Expert Advisory Committee summarizing evidence-based research on the injection site in Vancouver has exposed it as a failure. It has also exposed the fallacy of the arguments used to support the site when it was first established in 2003.

- ♦ 95% of drug injections take place outside the site.
- ♦ The site prevented only one death from overdose in 2007.
- ♦ The number of deaths from drug overdose has increased each year since the site was opened in 2002.
- ♦ There is no evidence that this site has reduced rates of HIV or other infections.
- ♦ There is no evidence that the crime rate has decreased in the downtown east side of Vancouver, where the site is located.
- ♦ There is no evidence that the site has reduced the rate of drug addiction.

♦ *(REAL Women of Canada, Media Release, Ottawa, Ontario, 4/16/2008)*

♦ A Los Angeles County Superior Court judge ruled 4/17/2008 that federal law allows landlords to evict "medical" marijuana dispensaries that rent from them. Judge Margaret Oldendorf cited the *205 U.S. Supreme Court decision in Gonzales v. Raich, 545 U.S. 1*, that supported the federal government's ability to prohibit "medical" marijuana. Judge Oldendorf said that **the US Constitution's Supremacy Clause "unambiguously provides that, if there is any conflict between federal and state law, federal law shall prevail."** (http://www.law.com/jsp/law/LawArticleFriendly.jsp?id=1208435395698, *LAW.COM, 4/18/2008*)

♦ The California Supreme Court ruled 5 -2 on 1/24/2008 that employers can fire workers found to have used medical marijuana, even if a doctor legally recommended it. "No state law could completely legalize marijuana for medical purposes, because the drug remains illegal under federal law," Justice Kathryn Werdegar wrote for the majority. *(AP 1/25/2008, NursingLink.com)*

♦ "Marijuana's worst feature is that it is perceived as benign." *Dana Mackin, M.A.*

♦ "I see a fair number of patients for whom marijuana abuse is a primary issue … young adults who haven't moved out of their parents' homes and are spending a lot of their time alone, playing video games and sitting around the house." *Christopher Martin, M.D.*

♦ "The rise in treatment admissions for primary marijuana dependence … makes me wonder what the next 10 or 15 years will bring." *Jill K. McGavin, Ph.D. (Addiction Science and Clinical Practice, December 2007)*

♦ An Oregon Health and Science University study by Dr. Sumeet Chugh, lead researcher, found that methadone could cause sudden cardiac death, even at the levels prescribed by physicians. One of the appeals of methadone for pain relief is that it is very long lasting. One dose can remain in the body for up to 36 hours, increasing the possibility of overdose among people who take a second dose while the drug remains in their system. Even when properly dosed, methadone can kill, and the death rate may be much higher than public health officials previously suspected. *(Portland, Oregon, Tribune, December 2008.)*

♦ On July 2, 2007, the president of Mexico spoke out publicly to support the launch of its first public school drug-testing program. President Felipe Calderon proposed that Mexico test thousands of students in public schools for drugs, as part of the nation's fight against drug trafficking. Mexico is a key shipment point for cocaine, marijuana, and heroin going to the United States and has been ravaged by violence between powerful drug cartels. *(MiamiHerald.com, 7/02/2008)* According to Lee Dogoloff, former US Drug Czar, "This shows a real recognition of the damage that is being done to the people of Mexico, and this, more than anything else, will gain popular and political support for more aggressive enforcement, prevention, and treatment programs in Mexico."

IN POINT OF FACT: THE MAJORITY OF PRO-DRUG LEGISLATIVE EFFORTS FAILED IN 2007

By C. E. Edwards, Drug demand reduction
Tucson, Arizona

If one listens to the hyperbole of pro-drug groups, their efforts at legalizing the use of marijuana through legislative bills and local initiatives are successful. In point of fact, analysis of 2007 activity reveals a very different outcome—one that definitively refutes the success of the pro-drug agenda in 2007.

With the close of 2007 state legislative sessions, a number of pro-drug bills languished in committee. Some have been re-introduced in 2008 or have been carried forward. Of 60 legislative bills, six were anti-drug bills (3 passed; 3 failed). The remaining 54 were pro-drug bills. Of those 54 pro-drug bills, eight passed, leaving 46 failures. ***This represents a failure rate for the pro-drug groups of 85% for the 2007 legislative session.***

Of seven ballot initiatives in 2007, five passed (Denver; Flint, MI; Hailey, ID-3) and two failed to pass (Hailey, ID-1; Hanover, NH-1). Of the five that passed, only two will be implemented. The three initiatives passed in Hailey are on hold. The mayor, most council members and the chief of police will sue the city of Hailey in Idaho's 5th Dist. Court seeking declaratory judgment. As a result of these initiatives being put on hold, the drug legalizers filed four new petitions January 22, 2008 to place identical measures on the ballot. Sadly, the citizens of Hailey are discovering that once a door is open to pro-drug advocates (Ryan Davidson and the Marijuana Policy Project in this instance), a multitude of problems arise. With the Hailey initiatives on hold, the pro-drug groups are left with two successful outcomes and five failures in their efforts to legalize marijuana use by ballot initiative. ***This represents a 71% ballot-initiative failure rate for the marijuana legalization groups in 2007.***

Of five local petitions submitted to town councils in Maine, four failed and one was placed on the local ballot for 2008. There were a total of 86 local ordinances, moratoriums, and other actions proposed. Marion, IL, and Cincinnati, OH, passed anti-drug ordinances. The remaining 84 proposals were in California.

California's pro-drug groups continue to lose support for their attempts to legalize marijuana under the guise of medicine. They failed to halt the tide of closures and local bans on pot clubs and DEA exposures of major drug dealing through pot clubs. Court rulings continue to go against pro-drug advocates. Even use of the term "dispensaries" promoted in an attempt to acquire medical legitimacy and credibility is losing favor with California citizens and some media outlets. Many appear to be seeing through this guise and have dropped the euphemism "dispensary" in favor of the correct term—pot clubs.

In 2007, there were at least 84 actions proposed in various California municipalities. Of those proposed actions, 13 remain open (two are pro-pot club proposals); one anti-drug action failed (Claremont) and 70 passed. Of the 70 passed, 9 were pro-drug proposals, and 61 were ordinances or moratoriums to close and/or prohibit pot clubs.

Allowing the use of "medical" marijuana[1] has spawned a cottage industry in the purchase of marijuana-use recommendations from medical practitioners. Even high school students are reportedly buying recommendations. As a result of the 1996 CA ballot initiative (Prop. 215) allowing the use of marijuana as a medicine, municipalities are using significant resources to research, create, and pass moratoriums and ordinances prohibiting pot clubs. The state government has spent much time and effort on this issue, as have the California and Federal court systems, not to mention local, state, and federal law enforcement agencies that must deal with increased crime in areas where there are pot clubs. The demand for pot is driving a boom in marijuana cultivation that has resulted in record plant seizures—each year topping the previous year's record seizures.

In Los Angeles city and county, there is now a one-year moratorium on pot clubs. Three years ago, the city had one or two known pot clubs, whereas by July 2007, there were at least 150 listed in directories. Law enforcement and city officials believe the number is closer to 200. The pot club situation was described as "stunning" city officials, thus leading to the city's 2007 moratorium.[2] The Los Angeles Police Department has received complaints about activities such as one dispensary handing out fliers for free marijuana samples to students at Grant High School in Valley Glen.[3] DEA operations have exposed the fact that many of these "dispensaries"are actually fronts for major drug dealing operations. Pot club owners in California run lucrative drug-dealing businesses under the guise of compassion and caring for ill people, but in fact are serving a more general population of pot heads.

Throughout California, there are at least 400 known pot clubs. It has been reported that in excess of 15,000 Californians have registered for identification cards. As all counties/cities have not made provisions for issuing the voluntary cards, the number of card-holders is of little value in determining the extent of pot use in the state. Pro-legalization groups estimate there are 150,000 to 200,000 "medical" marijuana users in California—up from about 30,000 just five years ago. There may actually be many more, but how many is unknown. What is of interest is the dramatic increase in the demand for, and the use of pot in the state and the fact that Californians seem surprised about this.

In the U. S. Congress, one pro-drug amendment failed (Hinchey); one anti-drug amendment failed (FDA); and one pro-drug bill (hemp) continues to 2008.

Throughout the states and the federal government, the anti-drug position continues to prevail.

Endnotes:

1.In the past 11 years of working to legalize marijuana use, only fourteen states—Alaska, Arizona, California, Colorado, Hawaii, Maine, Maryland, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington—have enacted laws allowing the use of marijuana for medical purposes.

2."Officials weigh boom in marijuana shops," Harrison Sheppard, Staff Writer, Daily Breeze, August 19, 2007, http://www.dailybreeze.com/news/regstate/articles/9244981.html?showAll=y&c=y

3.Ibid.

IF WE STAND TOGETHER, WE CAN WIN

By, Claudio Izaguirre,
President, Anti-Drug Association of the Republic of Argentina

Recently, I visited Tierra de Fuego, a tiny island on the southern tip of Argentina. There I stayed for six days, sharing the happiness and the sadness of its inhabitants. It is a beautiful little island with sun-kissed beaches, lots of tropical sunshine -- and -- lots of drugs!

Free treatment for drug addicts has been eliminated from the Island. Professionals from the treatment centers (CPA) are gone, having been sent elsewhere in Argentina, and the people are studying ways to appeal to the Courts to direct the Argentine Government to give essential treatment to the drug addicts of Tierra de Fuego.

For the past two years, *Reencontrandonos*, a non-governmental organization (NGO), has been denied the one million pesos that were granted by the Ministry of Health of Argentina to build a 50-bed drug treatment facility. The *Ushuaia* authority was asked to investigate the issue, but he said that the grant money had been used elsewhere and was no longer available. Unfortunately, there are no combined assistance or communication networks between the governors and municipalities.

About the citizens

As in other parts of the world, there is little communication between adults and adolescents. Young people do not know what adults think, and adults don't take the time to talk to the youngsters.

Youngsters scream for attention from their parents, and many parents respond by giving them money instead. The lethal solution by adults to provide weekend entertainment for their children by providing them with lots of money puts kids in a state of permanent risk. The city of *Tolhuin* is used by adolescents of *Ushuaia* and *Rio Grande* as a "liberated sector," far away from responsible adult supervision. Self-destruction through alcohol and drugs is the "axis of fun" in a weekend there.

Many kids are alone; many adults are alone; security forces are alone; and the merchants of death (drug dealers) make their business victimizing children and citizens.

Narcotrafficking (Drug dealing)

Security forces are not provided with the equipment to perform serious investigations. The business sector has been asked to donate money to buy the needed security equipment. Unfortunately, business is not yet aware that it could help security forces preserve the integrity of the population and, in so doing, would preserve a productive and successful society. There seems to be little social responsibility by the business sector.

The federal courts systematically impede the follow-up of investigations of retail drug dealers. Drug distribution channels in large part ARE UNTOUCHABLE and are protected, forcing security forces to stop investigations. Nightclubs that sell drugs are protected. Small dealers are also protected by the courts and cause another severe problem.

- The federal courts have stopped dogs searching for drugs.
- It is not allowed to search inside trucks entering *Tierra de Fuego*.
- Nobody at the *Island* can remember the Port Authority searching containers for drugs.
- Scanners are a bad word; they do not exist in the port.
- At the airports, SENASA is seen searching for food in the visitors' belongings, but there is no authorization to search for drugs.
- Dogs are not in the port or airports. If drugs happen to be found, the political power first sees if the mule (drug carrier) is a relative of some "prominent" citizen, and if so, stops the investigation.

Drug prevention

There are no drug and alcohol prevention programs, and there is no education about the susceptibility or exposure of adolescents to the sales and marketing plans of drug dealers.

Adolescents at Rio Grande see the need to start their own drug prevention campaigns. They understand that, at the present time, there is no help from the government. Although a few officials try to fight the drug problem, there is little help from government officials for drug prevention programs. It is the young people who will have to plan the campaigns and help each other. Adolescents will have to act like adults, while many adults act like adolescents.

Evangelic groups were the most responsive to the challenge. A group of Evangelic adolescents is already getting signatures to reject drug decriminalization, and they are ready to start drug prevention activities. Many community leaders are getting ready to do the same and help these young people.

Conclusion

Half the population of *Tierra de Fuego* is below age 30. They are unprotected and alone with lots of money. When they grow up, they will pay with the "same coin to the elder." The youths of today will be the elders of tomorrow, and, as a consequence of their present attitudes, they will continue to be abandoned. The painful suffering of the young people who are exposed to the non-stop drug dealing, the systemic lack of love, and the lack of protection by adults, will cause the same abandonment for them when they grow up.

I have seen honest politicians and worried priests standing together. I have talked to other journalists, and I have seen Evangelic ministers fighting with a Bible in their hand. If all these people join together one day and define common objectives, drugs will become a bad memory in *Tierra de Fuego*.

HEMP REPORT

By Jeanette McDougal

Hemp proponents such as *Vote Hemp* and the *Hemp Industries Association* (HIA) base their promotion to legalize hemp largely on what they erroneously call the "successful and profitable hemp crop in Canada" and the "growing US market." At the same time that hemp activists are traveling all over the US promoting hemp legislation to state and federal legislators, hemp acreage and profits are plunging in Canada, and the total industrial hemp acreage worldwide is small. In 2007, only 179 Canadian farmers grew hemp.

Canada has 168 million acres of farmland. In 2006, hemp acreage in Canada was 48,061 acres, and in 2007, hemp acreage was only 11,569 acres. Keith Watson, Diversification Specialist, Manitoba Agriculture, said that the hemp acreage in Canada is projected to drop to about *8,000 acres* in 2008, continuing its downward spiral. That's 8,000 acres in a country with 168,000,000 acres of farmland (which is only 0.005%)! Watson predicted that, in 2008, hemp would be the only crop that farmers *can't* make a profit on.

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HEALTH CANADA - http://www.hc-sc.gc.ca/index_e.html

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Jeanette McDougal is Chair of the Hemp Committee of Drug Watch, International; Director, NAHAS (National Alliance for Health and Safety); was an officer on the Ramsey/Washington County Farm Bureau Board, Minnesota; grew up on a farm; has studied and monitored the industrial hemp issue and movement since 1993; was a drug-abuse prevention teacher, (MN–ret 2001); recipient - MN Professional Journalists FOI Award (1982) for work to keep public records public.

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

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

SMOKED MARIJUANA IS NOT A MEDICINE

By Renée Besseling
Co-Founder, Europe Against Drugs (EURAD)
Secretary General, EURAD
European Delegate, Drug Watch International
Author of the book, "Parents—A Natural Preventive Against Drugs. The Dutch Experience."

In the Netherlands, drug users, dealers, coffeeshop owners, merchandisers, and other drug liberals promote smoking marijuana as a medicine. However, no international scientific research or medical organization approves the smoking of marijuana as a medicine. Nor do they support smoking as a delivery system for any medicine.

Because of the medical potential of some of the many different chemicals in cannabis, Dutch scientists and drug companies are interested in researching individual chemicals in the plant. Internationally, serious research is difficult to conduct due to the lack of reliable plant material to be found, and scientists warn that overdosing on THC, one of the chemicals in cannabis, is a risk.

Background

In the 1990's, the Netherlands began discussing the use of marijuana as a medicine, and coffeeshop proprietors began to function as unofficial pharmacists, supplying cannabis to those who claimed they wanted to use the drug as medicine.

In 1993, *Stichting Institute for Medical Marijuana* (SIMM) began distributing cannabis to patients, pharmacists, hospitals, researchers, and others. It also served as a resource center for questions dealing with the use of cannabis (marijuana) as medicine.

In March 2000, the Office of Medicinal Cannabis (OMC) was established, and in 2001, OMC started acting as a national agency of the Dutch Government. OMC is responsible for the production of cannabis for "medical" and scientific purposes.

Since 2003, the Dutch cabinet council has allowed physicians to prescribe cannabis for medical use. *Bedrocan BV*, Netherlands, produces medical cannabis for the Office of Medicinal Cannabis of the Ministry of Health, Welfare and Sport, and "medical" grade cannabis (flowering tops of marijuana) may be obtained in pharmacies.

Dutch scientists at the University of Leiden, Department of Pharmacognosy (the study of medicine from natural sources), are conducting research to find new medicines from a variety of plants. Because the Dutch government spends a lot of money to produce and distribute what they consider high quality "medical" grade cannabis, they are working with the scientists to reduce the power of the cannabis industry in the Netherlands, particularly the sale of the inferior "medical" cannabis by the coffee shops.

The therapeutic value of cannabis has not been established, and prescribed marijuana is not covered by standard insurance companies. However, the OMC distributes an informational brochure on "medical" marijuana to physicians, pharmacies, and patients, and the Dutch government has promised $800 million for future research.

The political decision to allow physicians to sell marijuana as a "medicine" was not based on scientific research. Politicians yielded to the demands of people who were smoking cannabis or drinking marijuana tea, and these marijuana users became human research rabbits. Medicine is not a matter of vote or of political decision. **Medicine is based on scientific research signifying safety and efficacy.**

"Drugs are modern slavery... Just ask any addict! Then ask them what was their first illegal drug. Nearly every time they will tell you marijuana. Mere coincidence? Yeah, right!"

DanBent
Former US Attorney for Hawaii
www.FairMediation.com

Testimony of Dr. David Murray
Chief Scientist, Office of National Drug Control Policy
Before the Judiciary Subcommittee on Crime, Terrorism,
and Homeland Security
"Hearing on the Drug Enforcement Administration's Regulation of Medicine"

July 12, 2007

What is Wrong With Permitting the Use of Smoked Marijuana for Medical Purposes?

In order to provide the appropriate perspective regarding medical marijuana, we should examine our Nation's painful lessons from the past. At the beginning of the last century, America faced a serious medicinal challenge. Fly-by-night swindlers traveled from town to town hawking miracle medicines that claimed cures for everything from baldness to life-threatening diseases. While the tonics rarely cured what their proponents claimed, consumers often did report feeling better after taking them. In reality, people felt better because these "medicines" most often contained large amounts of alcohol, opium, or other "feel-good" agents. This chaotic medicinal marketplace, where legitimate medicine competed with unproven and often dangerous snake oils, compelled the U.S. Congress over 100 years ago to create the Food and Drug Administration (FDA), which is responsible for approving, regulating, and verifying the effectiveness and safety of medicines. More than making people "feel better," a core element of FDA's public health mission is to verify and ensure that medicines fulfill two critical principles: safety, and effectiveness in treating medical conditions.

The FDA's process for approving medicine has contributed to the United States having the world's finest medical system. In the century that the FDA has been approving medicines, it has shown an open willingness to evaluate and approve potentially harmful and addictive substances if it can be proven that the benefits of these substances outweigh the risks. For instance, medicinal derivatives of the opium poppy and the coca plant clearly demonstrate this principle. But smoked marijuana has never passed this test. Simply stated, the FDA has not found compelling scientific evidence that smoking marijuana relieves the myriad of ailments that its proponents claim. Moreover, the medical community prescribes drugs that are safer and easier to administer and that have been scientifically proven to do a far more effective job at treating the ailments that marijuana proponents claim are relieved by smoking marijuana.

Funded by millions from those who want to legalize marijuana outright, marijuana lobbyists have now been deployed to Capitol Hill and to States across the Nation to employ their favored tactic of using Americans' natural compassion for the sick to garner support for a far different agenda. These modern-day snake oil proponents cite testimonials—not science—that smoked marijuana helps patients suffering from AIDS, cancer, and other painful diseases "feel better." Unfortunately for America's sick, the same scenario our Nation dealt with a century ago has returned, and a number of states have passed voter referenda or legislative actions making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation under state law.

On April 20th, 2006, the Department of Health and Human Services (which includes FDA, the Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse), the Drug Enforcement Administration, and the Office of National Drug Control Policy issued an advisory reinforcing the fact that no sound scientific studies have supported medical use of smoked marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of smoked marijuana for general medical use. Additionally, the Institute of Medicine (IOM) has concluded that smoking marijuana is not recommended for any long-term medical use, and a subsequent IOM report (March 1, 1999) declared that, "marijuana is not modern medicine." These statements add to a substantial list of legitimate public health organizations that have already spoken out on this issue, including the American Medical Association, the National Cancer Institute, the American Cancer Society, and the National Multiple Sclerosis Society – all of which do not support the smoked form of marijuana as medicine.

http://www.whitehousedrugpolicy.gov/news/testimony07/071207/whats%5Fwrong.html

Drug Watch International™

PRINCIPLES

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

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