

## THINKING ABOUT PREVENTION

By Lee Dogoloff, LCSW, BCD

Preventing alcohol and drug abuse is a huge undertaking for any government or community. It requires the sustained involvement of many facets of our culture. According to the NIDA (U.S. Government National Institute on Drug Abuse) Prevention Guide, "Prevention programs should target the drug abuse problems identified by the community."\* And thus we must begin by involving the community in determining the nature of the problem as they see it. As part of that process it might be helpful to consider an overall way of thinking about prevention.

Prevention is an effort to influence attitudes and behaviors of targeted audiences. To that end, we might first consider our target audience. In the largest sense, it might be useful to think about all people as falling somewhere on a bell curve. At either extreme of the curve there are people who will, for any number of reasons, choose to abuse drugs and alcohol and those who will choose not to do so. In the large middle of the curve is what we might call the "swing group"—i.e. those whose choices about drug and alcohol use might be influenced by prevention messages. This large group of people comprises our target audience.

Not only must we think about the *who*, but also the *what* of the audience we are targeting. We must conceptualize the target broadly and comprehensively. Prevention programs must target the illegal use of tobacco and alcohol, illicit drugs such as marijuana, and the inappropriate use of legally obtained substances such as inhalants, prescription medicines, or over-the-counter drugs.

While we generally think about

the target audience as children and adolescents, I suggest that the audience must be far broader. Of course, children are a primary target — but to really be effective we must target multiple audiences in multiple venues. We must also determine how we might enlist the help of the most effective messengers to deliver the messages. Audiences include parents, teachers, employees, civil servants, and elected officials to name a few. Venues include classrooms, kitchens, living rooms, workplaces, boardrooms, and legislative chambers.

Programs must start early and must be sustained over time. Prevention programs should intervene as early as preschool. The programs should be long-term and reinforced with booster programs.

Now that the audiences and venues have been identified, let's consider how behavioral choices are made. My notion is that making decisions involves, either consciously or unconsciously, conducting a private cost-benefit analysis. We weigh the perceived benefits of a certain choice against the possible costs involved with that choice. In order to be effective, the target audiences must be educated and persuaded to accept the notion that the use of illegal drugs and the abuse of alcohol is a poor choice with potentially serious adverse consequences.

And how is that achieved? We must target messages from many



*Lee Dogoloff currently maintains a clinical practice specializing in the treatment of drug, alcohol, and general mental health problems. He holds an advanced clinical practice license in both Maryland and Delaware. Mr. Dogoloff was President of Employee Health Programs, one of the largest providers of drug-free Workplace services in the country. Mr. Dogoloff was President Carter's principal advisor on drugs and was appointed by President George H. W. Bush to his Drug Advisory Council. Lee Dogoloff is a member of the Board of Directors of Drug Watch International.*

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sources to different audiences. Mass media must utilize traditional advertising models to influence attitudes. It is important to think about identifying and targeting the messengers, i.e., those people who have a personal or professional relationship with the target audience, and who can, in turn, utilize those relationships to communicate with the target audience. It is the relationship that makes the ultimate target audience receptive to the message.

Parents, grandparents, Clergy, teachers, coaches, and physicians are all important messengers who have special relationships with children and adolescents. Each of these "messengers" must be targeted with factual information to establish the

potentially dangerous consequences of use. They must also receive a message that charges them with the responsibility to use that information to influence the attitudes and behaviors of the children in their care.

We need to take a careful inventory of the existing opportunities to communicate to the messengers. Rather than create new avenues for communication, why not use ones that already exist? Each of the "messenger groups" has their own organizations from which they are accustomed to receiving information. Physicians and other health care providers have professional associations and licensing entities. The same is true of educators and coaches. And so, it might be far more efficient and

effective to communicate to these messengers through their own associations.

However, even if we were to be successful in getting the message that drug and alcohol abuse are poor choices with potentially high costs, these efforts can be significantly sabotaged by the media and undermined by counter messages from the larger society. Prime examples include pro-drug messages from the entertainment communities in songs and movies. The open sale of drug paraphernalia also communicates a pro-drug use message. And lastly, but quite significantly, the movement to give drug-use legitimacy by making marijuana available for "medical" use without scientific basis clearly serves to sabotage the prevention

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## **FROM THE DESK OF THE HONORABLE RONALD G. GODBEY, ESQ.**

*PRESIDENT OF DRUG WATCH INTERNATIONAL*

It's virtually impossible to read a newspaper these days without finding an article detailing a drug arrest or worse yet, some heinous crime committed by a user high on illicit drugs. Those arrested are Hollywood stars, sports heroes, public officials and the ordinary John and Jane Doe citizen. Victims are often drug-users themselves, caught up in the evil of the drug culture, having arrived there after making imprudent, but free choices in a society reluctant to label itself "judgmental."

The drug business is a violent business. Without strong law enforcement, the violence escalates. Lost in it all is the complete absence of moral values. And as experts struggle to explain such senseless violence, police and community leaders struggle with the onerous task of turning things around. We read of these human tragedies and grieve for their victims: their families, their children, their friends, their

neighbors, and for all who may innocently fall within the envelope of their evil behavior.

Yet there are those who would make illicit, addictive drugs even more available by removing the legal barriers to obtaining them. They have many arguments for legalizing psychoactive drugs...arguments that passionately proclaim that if we would just legalize drugs, use would decline, crime would decrease, and our prisons would no longer be filled with decent citizens whose only crime was that they possessed a marijuana cigarette. Legalization promoters would have us believe that legalizing drugs is the elixir for most societal ills. As bizarre as history has shown these arguments to be, promoters of drug legalization have persuaded wealthy donors to fund their efforts. With this funding, proponents have scored victories in state initiatives and legislatures.

Those who would legalize psychoactive drugs are perhaps unaware that the very thing they

propose was once the norm in America. From the late 1800's until the passage of the Harrison Narcotic Act of 1914, psychoactive drugs were readily available at the corner pharmacy. Morphine, codeine, laudanum, all were once readily available without prescription. Even soft drinks were legally laced with cocaine. (Yes. That's how Coca Cola got its name.) By 1900, opium dens were commonplace across America. During this period of romance with psychoactive drugs, 70 million Americans were consuming 300,000 lbs. of opiates annually. Public health officials estimated that one American in 200 was addicted to drugs.

As Jill Jonnes so ably points out in her book *Hep-Cats, Narcs, and Pipe Dreams, A History of America's Romance with Illegal Drugs*, "Availability (of illicit drugs) is fundamental, for wherever there are drugs to be had, use and addiction will always rise."

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*Ron Godbey holds a Juris Doctors Degree from Southern Methodist University. He specialized in tort and business law, real estate law, and served as a municipal court judge. Godbey is a U.S. Air Force Colonel (retired), and upon retirement in 1992, Godbey was awarded the Legion of Merit for a career of exceptional meritorious service to the United States as an Air Force Officer. Godbey is a former a New Mexico State Representative and served on the House Judiciary Committee and the House Transportation Committee. In addition to being a trial lawyer, Rep. Godbey is a certified consulting meteorologist and, holds a private pilots license.*

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In 1900, America was essentially a judgmental society, where its citizens were held accountable to a social norm. In that environment, drug use was pervasive and destructive. In today's less-judgmental society, should we allow heroin, opium, marijuana, LSD and other psychoactive drugs to be sold in the corner grocery story? Would drug use go up or down? What would be the consequences of more drug use? A better society as legalization promoters argue?... or a society with more deranged addicts committing even more crimes as happened in The Netherlands when that nation "decriminalized" illicit drugs? History suggests the latter.

Drug Watch International provides policymakers, the media, and the public with current information, factual research, and expert resources to counter drug advocacy propaganda. That's why Drug Watch is so important. And that's why Drug Watch needs your financial backing. We can't hope to match the enormous financial resources historically available to drug legalization proponents. But we make our limited resources go a long way. Drug Watch is an all-volunteer 501(c)(3) organization. Your financial contributions are tax deductible. Can you help? Will you help?

All donations are important and appreciated – whether \$5.00 or \$50,000. Please send to:

Drug Watch International  
P.O. Box 45218  
Omaha, NE 68145

**“It is almost impossible for a government to stop all evil ways that dishonest people find to break laws. Therefore, message #1 must be Prevention, Prevention, Prevention – not only of drug use, but also prevention at the supply side. How can this be done? By governments being very strict and not allowing the illicit use, production, or distribution of dangerous psychoactive drugs.”**

*Mina Seinfeld de Carakushansky,  
Director, International  
Center, A Division of  
Drug Watch International*

## **The Watchdog that Didn't Bark**

*By John Coleman, Director*

*International Drug Strategy Institute, a Division of Drug Watch International*

According to the US Government, 44% of drug mentions by patients treated for acute, drug-related-emergencies in 2002 involved prescribed or over-the-counter drugs. OxyContin®, a sustained-release form of oxycodone, an opioid as potent as morphine, is one of those drugs. It was approved by the Food and Drug Administration (FDA) in 1995 for the

management of moderate to severe pain and received a schedule II classification from the DEA, the highest level of control for an approved medication.

Over the next several years, drug-abuse experts cautiously watched as deaths and injuries attributed to the abuse of this drug began to rise rapidly. In 1996, the number of hospital

emergency mentions for the single-entity form of oxycodone was 100. By 2002, this number was close to 15,000.

In 2001, FDA convened an advisory committee of nationally-recognized pain experts and drug abuse specialists to look into what could be done about the abuse of this otherwise laudable pain drug. Industry

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spokespersons, lobbyists, pain patient advocates, medical associations, individual practitioners, and grateful patients testified in support of OxyContin's benefits. Few spoke of its victims. The FDA panel recommended no changes to existing controls.

The maker of OxyContin, Purdue Pharma, LP, of Stamford, CT, testified before Congress in December 2001. Officials acknowledged having access to information regarding excessive prescribing and abuse but argued that the company was not obliged to report this information to the police. Purdue Pharma was warned that if they didn't do more to curb the abuse of this drug, the Congressional Committee would move to close them down. Purdue Pharma then launched an ambitious risk management plan to address the abuse of OxyContin.

In September 2003, the FDA advisory committee reviewed the company's risk management plan for OxyContin. Also under review was a new Purdue Pharma drug, Palladone, a sustained-release form of hydromorphone. Purdue Pharma offered to construct a similar risk-management plan for Palladone.

Regrettably, no hard questions about Palladone's abuse potential were asked of the company witnesses, some of whom were nationally recognized experts in drug abuse. Conflict-of-interest statements released at the start of the meeting showed that several key members of the committee had longstanding financial and consultancy relationships with Purdue Pharma.

Questions that should have been asked by the committee but were not, include: What are the chemical binders and fillers used in the formulation of Palladone, and to what extent, if any, do they inhibit the conversion of the modified-release tablet into an immediate-release form? What happens if one

pulverizes the Palladone "time-release" tablet and then dissolves the powder? Will this make the mixture suitable for an instant high through intravenous use? Can pulverized Palladone powder be abused by snorting? Had similar questions been asked in 1995 about OxyContin, the FDA might have been able to prevent some of the deaths and injuries attributed to this drug.

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The FDA has broad authority to approve a drug's labeling indications and prescribing instructions. However, it wasn't until July 2001, six years after the approval of OxyContin, that FDA officials updated the drug's labeling information, and the company dropped its unsubstantiated claim that the modified-release formulation reduced the risk of abuse. Unfortunately, the FDA's actions came too late for many of OxyContin's victims.

At about the time that OxyContin was undergoing review, FDA was under severe attack from Congress over a perceived excessive delay in approving new drugs. By the mid-1990s, faced with elimination by a furious Congress, FDA implemented reforms and cut the review time from approximately two years to a matter of months, thus eliminating or drastically weakening many important safeguards.

As the result of an FDA meeting in 2003, the General Accounting

Office (GAO) released a report in January 2004 on the abuse of OxyContin. The GAO report also advised that, beginning September 30, 2004, the FDA will invite optional risk-management plans from applicants seeking approval for new psychoactive drugs.

FDA and DEA did not take into full account the increased abuse potential of long-acting drugs that contain mega-doses of potent drugs designed to provide therapeutic release over 12 hours or more. In the case of OxyContin, an abuser needs only to chew the long-acting tablet to release its entire dose at once, thus increasing greatly the danger and addictive properties of the drug. The same, it appears, may happen with Palladone. In some respects, Palladone could pose as much of an abuse risk as OxyContin. By the time we know for sure, it may be too late as more victims lose their lives to a dangerous psychoactive drug.

At the Congressional hearing in December 2001, a West Virginia State Police trooper testified about how OxyContin had ravaged entire communities in his state. Then he related a tragic story of his partner's son who died of an overdose of the drug. The trooper broke down during his emotional testimony that was given in a hushed chamber. When he finished, Chairman Frank Wolf (R-VA) asked the trooper what advice he could give to the committee. The trooper said, "Mr. Chairman, if we were here today talking about an automobile tire responsible for this many deaths and injuries, you would not hesitate to take it off the market."

**Action must start at the  
grass roots level. The  
problem is not  
somebody else's, it is  
ours!**

# METHAMPHETAMINE

*David Risley, Esq.<sup>1</sup>*  
*International Drug Strategy Institute*  
*Board of Directors, Drug Watch*  
*International*

Methamphetamine.

That one word should end any rational debate over the blanket legalization of drugs.

Agitated, irritable, paranoid, delusional, unpredictable, violent, and frequently armed. Those words describe the typical long-term user of methamphetamine.

Anyone, other than an addict, who would argue that methamphetamine use should be legalized is either completely uninformed or dangerously anti-social. Methamphetamine is so powerfully addictive, and its effects so devastating to the user and dangerous to others, that long-term criminal sanctions against those who manufacture, distribute, or use methamphetamine are compelled as a matter of social self-defense.

Methamphetamine (meth, crank, crystal, ice, speed) is described by the National Institute on Drug Abuse as "a powerfully addictive stimulant that dramatically affects the central nervous system." Having discussed the effects of methamphetamine with users and with law enforcement agents who have interviewed hundreds of other users, I can attest to the accuracy of NIDA's characterization.

Meth is, indeed, powerfully addictive. In over two decades as a federal drug prosecutor, I have encountered no drug more quickly or powerfully addictive. It seems to take control of people's lives almost from the first use.

And, the effects of meth use are, indeed, dramatic. The intensity of

that effect largely depends on the manner of its ingestion. Low-intensity users swallow or snort meth for a stimulant effect. But, the euphoric rush sought by most meth users comes by smoking or injection, which intensifies the effect of meth on the brain in much the same way that smoking crack intensifies the effect of cocaine.

When meth is smoked or injected, the initial euphoric rush can last 5-30 minutes, as compared to 2-5 minutes for crack. The rush is followed by a high, which can last 8-16 hours or more, as compared to 20-30 minutes for crack. Since the typical price of methamphetamine is similar to that of cocaine or crack, meth users get more rush for the dollar, causing meth to displace cocaine and crack in the drug markets of many areas.

In order to prolong the sense of euphoria and avoid the unpleasant experience associated with coming down from a meth high, methamphetamine is usually used in a binge and crash pattern. During the binge, each use produces less of a rush and a lower high, until, finally, there is little or none of either.

While on a binge, users seldom sleep. I used to be amazed at accounts of meth users staying awake for a week, but now such reports have become routine. Many users report staying awake for two or more weeks, straight. (Yes, I am serious.)

Meth users are most dangerous at the end of a binge as they go through a stage called tweaking. The tweaker craves the high from using meth but cannot achieve it, resulting in a strong, often uncontrollable degree of frustration. When the physiological effects of such extended sleep deprivation are combined with the neurological effects of the drug itself,

binge meth users become extremely dangerous and can explode into violence with little or no provocation.

Due to their paranoia, tweakers generally react strongly to any confrontation, sometimes even to the sight of a person in uniform, making them especially dangerous to police officers and anyone nearby. Tweakers are delusional, and their behavior is unpredictable. If they feel cornered, they can explode into violence, believing that they are fighting for their life. Domestic violence is common among meth users, and their paranoia frequently leads them to be armed.

Following the tweaking phase, the meth user crashes, commonly sleeping for days. Then, after a few days, the cycle of binge and crash repeats itself, usually in a pattern of increasing frequency, with lower highs and deeper crashes.

The brain and body simply cannot long endure such abuse. Methamphetamine is a cruel master and turns otherwise normal people into walking wrecks, mere shells of their former selves. Some do not survive. The prospects for recovery of a long-term meth addict are grim. Often, the only practical solution to the enduring danger they pose to society and themselves is long-term incarceration. Sad, but true.

On top of the dangers posed by meth users themselves are the dangers associated with the clandestine laboratories – sometimes more like small kitchens – used to manufacture methamphetamine. While much of the country's supply of meth is manufactured in large west coast and Mexican super-labs, much is also cooked in smaller batches using simple methods and

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equipment that can be set up almost anywhere, including motel rooms and apartments.

Anyone who can bake a cake can cook a batch of meth from pseudoephedrine (the common cold medicine) using common household utensils, containers, and a few other readily available items and ingredients. In fact, the IQ level of many meth cookers is so low that they routinely do incredibly dangerous things during the cooking process, often resulting in explosions or fires that injure or kill innocent people.

Many of the by-products of meth production are classified as hazardous waste, and pose a serious health hazard to anyone coming in contact with them. Soon to be published studies show that the highly toxic substances produced by clandestine meth labs spread throughout buildings, such as apartments or motels. For extended periods of time afterward, that toxic residue can be picked up by skin contact with carpeting or furniture, posing an especially high hazard for children.

If it can be made so easily, what can be done to reduce the supply of methamphetamine? One major answer is to reduce the availability of the primary precursor, pseudoephedrine or ephedrine.

Bulk smuggling of pseudoephedrine into the United States from Canada and other countries is strictly a law enforcement and foreign diplomatic issue, already being addressed. But, the ready availability of pseudoephedrine and ephedrine as a non-prescription cold remedy (Sudafed and similar products) still goes largely unchecked. Every meth cooker has several associates who steal or buy enough pseudoephedrine pills from enough stores to keep the supply of meth flowing. All it takes is a thousand 60 mg. pills (42 boxes of 24 pills) to produce an ounce or

more of meth. Experienced shoplifters have reported that they can empty an entire shopping center of their stock in a couple of hours. As a result, some stores, such as many Walmarts, now keep their pseudoephedrine behind the counter.

But, as long as pseudoephedrine pills can be shoplifted or purchased anonymously, especially at self-service check-out stations, it will be impossible for law enforcement authorities to keep up with the proliferation of new meth cookers. The drug is simply too addictive, too easy to make, and the ingredients too easy to obtain for law enforcement alone to shut the floodgate.

The only practical means of stemming the tide of meth is legislation requiring stores to keep pseudoephedrine behind the counter, restricting the amount of pseudoephedrine that can be sold to a single customer, and removing the anonymity of sales by requiring a signature and display of identification, or at least that all sales be videotaped.

Such measures need to be implemented before meth begins to displace crack in any more communities. As bad as crack is, meth is worse, and the combination of meth users and meth labs is literally explosive.

Let's just hope the wake-up call doesn't come too late.

1. The views expressed in this article are those of the author alone, and do not necessarily reflect any position or policy of the United States Department of Justice.



## Brain Development Makes Teens Vulnerable to Addiction

June 20th, 2003

A review of 140 studies concluded that teens may be more prone to alcohol, tobacco, and other drug addiction because of the changes their brains go through during adolescent development, the Wall Street Journal reported June 19, 2003.

Led by R. Andrew Chambers, an assistant professor of psychiatry at Yale University, the research team evaluated previous studies pertaining to addiction, adolescence, and brain structure in humans and animals.

The researchers found that the ability of the adolescent brain to change in response to various experiences could also make teens more vulnerable to addiction than adults.

"During adolescence, motivational systems in the brain go through changes," said Chambers. "Instead of playing with a toy car, they go out and drive a car."

Chambers said these novel experiences serve as "motivational repertoires," or skills and interests that help teens in their transition to

adulthood and remain with them throughout life.

However, as the teen brain seeks rewarding activities, addictive substances could obstruct other activities. "When you're addicted," Chambers said, "all your motivation gets funneled into seeking or taking the drug."

Chambers said the study's findings could lead to new treatments and prevention approaches.

The study's findings are published in the June 2003 issue of the American Journal of Psychiatry.

## **VOICES of the VJCTJMS**

*By Ed Moses, Missouri State Highway Patrol*

A state trooper was called at home about a motorist broken down along the highway. He put on his uniform and went out to help. As he



*In rural areas of the Midwest and Southwest, meth production is most often done in small-scale, "mom-and-pop" labs in motel rooms, rental storage spaces, barns, abandoned homes, kitchens and even vehicles. Often it is children who are the victims when explosions occur.*

approached the vehicle, he discovered, too late, that he had surprised a meth cooker. The cooker murdered the trooper and continued to cook the meth for another 20 minutes. During this time he continued shooting the trooper, even though there was no sign of life.

In another incident, an anhydrous ammonia thief left the nurse-tank valve open, and a cloud of ammonia floated over an interstate highway. Two tractor-trailer drivers were overcome and stopped in the middle of the road. Two young women didn't see the trucks and plowed into them. Up the road, a family of four crashed into an embankment after being overcome by the cloud of ammonia.

A thief caused an anhydrous ammonia leak that led to the evacuation of much of a town.

An 11-month-old died after drinking Coleman fuel, left over from his father's meth lab.

The toxins produced by home-made meth labs infest homes, remaining on countertops, in the carpet, and in air ducts for weeks. The toxins seep into the skin, clothes, and lungs, causing everything from

eye irritation to lung damage.

Children living in homes with meth labs face a health hazard as great as those who smoke it. In one case, the meth lab home was also a day care center! In 2003, the DEA reported that 8,000 illegal meth labs were seized in the USA, and 3,300 children were found in them.

Toxic, highly flammable, and explosive chemicals in the hands of unstable, drug-using "technicians" is a recipe for disaster. One of every five meth labs is discovered because of an explosion, where children are often seriously burned or killed.

Methamphetamines rewire the brain and cause bizarre behavior. Shirley Armstead of the DEA's St. Louis office said, "Drug users like these can be violent. These are the type of people who snatch your grandmother's purse or rape your daughter. And they don't live on an island; they live right here among us."

The battle must be dealt with at the local level. Local law enforcement, farmers, and anhydrous ammonia dealers must work together to make our communities safe.

**There are two types of cell death. The first type, necrosis, is destruction of the cell with liberation of its internal contents, causing an inflammatory action. The types of injuries that lead to necrosis can be: toxic damage, oxygen deprivation, or involvement directly in infection. The second is natural cell death. All cells are programmed to die off at a specific time, and when this happens, the cell simply disappears, leaving no debris. This type of cell death is called apoptosis. If something interferes with the signaling mechanism, the cell either dies prematurely, or it lives too long. In the case of premature apoptosis, the affected organ of the body begins to function poorly and eventually does not work at all. In delayed apoptosis, the cell does not die, though new cells continue to develop, and this phenomenon produces a tumor, or cancer. Marijuana has been found to cause premature death of sperm and egg cells, leading to sterility and birth defects.**

*WM Bennett, M.D.*

*Director, Transplant Services, Legacy Health Systems, Portland, Oregon*

## Community Efforts Succeed, But There Is Still Work To Be Done

By Henry Valdez

Chimayo, New Mexico, is a land of miracles. Home to the Roman Catholic Santuario de Chimayo, year after year thousands flock to this small Northern New Mexico village to make a pilgrimage to a land that has been known for the healing properties of the holy dirt contained in the inner sanctum of the church. But Chimayo is also famous for something else — heroin addiction. It led the nation in per capita overdose deaths and has struggled with inter-generational heroin addiction and the accompanying crime rates, until the community of Chimayo got fed up and said enough is enough.

Through a coordinated effort of community groups such as the Chimayo Crime Prevention Organization, Holy Family Social Concerns Committee, and Hands Across Culture, community leaders demand accountability from law enforcement and government officials.

An active and committed core of

community members met with officials to insist that heroin addiction and crime be given a higher priority. The Federal Government responded by funding an eighteen (18) month Community Prosecution Grant to the First Judicial District Attorney's Office, enabling the office to work closely with the community in an effort to respond to the specific quality of life issues identified by the Chimayo Community.

The results were nothing less than amazing. In 1999, this small rural community was hard hit by burglars who committed 157 burglaries. Burglaries are often committed by drug addicts looking for things to sell so they can pay for their drug habits. Last year, the number dropped to 55.

The District Attorney's Office is pleased at the drop in crime, but says it will not be satisfied until the drug problem is eliminated in Northern New Mexico. Community Members are heartened at the success they have helped create, but they are not going to rest. There is still work to be



*Henry Valdez is District Attorney in Santa Fe and Rio Arriba Counties, New Mexico*

done, and the people of Chimayo are not about to stop now.



## Will History Repeat Itself?

Those who don't learn from the past are bound to repeat it. Is society ignoring history to satisfy the desires of a few?

The late Child and Adolescent Neuro-psychiatrist, Robert Gilkeson, MD, said, "We cannot govern the electromagnetic behavior of chemical molecules by popular vote, judicial proclamation, personal opinion, or individual desire. Chemically, marijuana is a far more dangerous drug than most of the scientifically ignorant media and American

consumer have been duped into believing. Everyone is entitled to their own opinions. They are not entitled to their own facts."

It is believed that the invading Mongols completed the destruction of Islamic civilization and inflicted irrevocable genetic havoc by spreading hashish addiction throughout Islam. A recent booklet by David Copestake, a trained psychologist and member of the International Cannabis Research Society, discussed the history of cannabis use and the impact it had on the decline of Arab civilization.

By 1155 AD, cannabis addiction is known to have been prevalent in India and Persia. Although the

interpreters of Koranic law were unanimous in their disapproval of hashish, widespread use continued.

In 1959, Egypt's President Nasser requested Cairo University to do a study of cannabis addiction in Egypt. The findings were frightening. Hashish usage was prevalent enough to be determined a catastrophe and was reported as a main cause of Egyptian lethargy and low levels of drive and ambition. Over 78 percent of users were unable to stop using, and, "Those with a higher level of education and/or intelligence showed the largest amount of deterioration, illiterates almost no deterioration, and semi-

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literate in between.”

Gabriel G. Nahas, MD, PhD., an Egyptian, believes that hashish addiction has played a major role in reducing the Arab lands to barren stagnation and oppressive mass poverty. Gone are the forests and plains, the fabulous cities, the thriving businesses. The Central Narcotics Intelligence Bureau of the Egyptian Government tried unsuccessfully to combat the use of cannabis. In 1944, its Annual Report stated that cannabis sativa has limited medicinal use and is capable of “profoundly” disturbing brain cells. The report called the cannabis sativa plant “a thoroughly vicious and

dangerous thing of no value whatever to humanity and deserving of nothing but the odium and contempt of civilized people.” In the late 1960s, India, the United Arab Republic, Mexico, and Ghana appealed to the Western World to help them stamp out the use of cannabis.

Cannabis has a cumulative destructive effect on the genetic structure from generation to generation. A truly frightening aspect is that users do not seem to recognize the adverse affects on themselves or others. Is the West doomed to ignore history and encourage the use of a drug that is known to cause cultural and social decay?

Copies of the booklet, “Cannabis and Mental Functions” may be obtained from the author:

David Copestake, 22 Meadow View, Banbury, Oxon, OX16 9SR, England

*Issam Rashid Walid, Iraq's ex-Chief of Protocol and a former aid of Saddam Hussein, says Saddam frequently used drugs such as cannabis and heroin. “Saddam was heavily into drugs. He began in 1959, with cannabis, and then, when he seized power in 1979, he used heroin at times.” “...drugs made him lose his mind.” (UK News: Ananova: February 12, 2004)*

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## Debunking “Medicinal” Marijuana

*By Robert L. DuPont, M.D.*

*President, Institute for Behavior and Health Inc.*

*Member, International Drug Strategy Institute, a Division of Drug Watch International*

Drugs are a fast track to crime, and marijuana is the leading gateway drug. [We must] counter the dangerous myths that marijuana is harmless, that smoking pot is a civil liberty, and the even more bizarre idea that this complex, carcinogenic, and frequently mold-contaminated substance could be “medicine.”

We must help the public understand that there is a small but well-funded group that would like to legalize all drugs, not just marijuana. These are the folks who have so successfully misled the public into believing smoked marijuana is a “medicine.” Since the 1970s, there has been an aggressively orchestrated effort to use this issue as a ramrod to legalize marijuana.

People in the medical-marijuana movement are putting on white coats and expressing

concerns for the welfare of the sick. People who truly are concerned about those suffering from serious illnesses need to see this movement for what it is: a hoax.

It is easy to see that the advocates of smoked marijuana as medicine are not sincere. They universally decry the use of the purified chemicals found in marijuana as medical treatments. They only support “smoked dope” as a “medicine.” This simple fact unmasks their hoax.

As a nation, we are not helping either our youth or sick people by circumventing the standard rules governing any medicine to be prescribed by physicians. Medicines need to be approved by the Food and Drug Administration as safe and effective. Smoking is not accepted as a route of administration for

any medicine, because it is an unhealthy and unreliable drug delivery mechanism.

*Taken from a letter to the Washington Times, April 27, 2003*

**A University of Illinois study of 700 Chicago injection drug users between the ages of 18-30 found that 65 percent do not use needle exchange programs, even when the needles are free.**

*(JAIDS, 2004;34(1):67-70)*

# INTERNATIONAL NEWS BRIEFS

- ◆ Canadian police are attempting to eliminate marijuana grow houses, which pose an ever-increasing threat to communities. “Anyone who claims that grow-ops are benign simply has not seen what the police see in these grow homes, and has not experienced what we’ve experienced in dealing with these public menaces,” said Community Safety Minister Monte Kwinter. “Think about the hazards to which [children] may have been exposed: chemicals, pesticides, hazardous moulds, not to mention the very real threat of violence and fire.” (*Canadian Press, March 4, 2004*)
- ◆ To manufacture or possess methamphetamine has been a felony in New Mexico. During the just-concluded legislative session, the New Mexico legislature passed two additional anti-meth bills. The first makes it a felony to possess large amounts of the ingredients used to manufacture meth. The second makes it a separate felony offense to manufacture meth in the presence of children. The bottom line in New Mexico: It is a felony to manufacture or possess meth; it is another felony to possess large amounts of meth raw materials; and it is a separate felony to cook meth in the presence of children. (*The Honorable Ron Godbey, NM House of Representatives, February 22, 2004*)
- ◆ In Britain, 82 percent of parents and 66 percent of kids support the war on drugs. Great Britain’s Prime Minister, Tony Blair, urged schools across Britain to introduce random drug testing following the *News of the World*’s chilling exposé of the growing menace in Britain’s classrooms. Headmasters will also be given the power to use sniffer dogs to search for drugs. (*The Guardian, Online Edition, February 22, 2004*)
- ◆ Recent Japanese research shows that methadone induces gross dental decay — “Tooth Rot.” (*PMID: 14742657, PubMed, in process*)
- ◆ Recent research has shown that the opioid antagonist naltrexone reduced the reinforcing effects of THC. (*Psychopharmacology (Berl). 2003 December 11, 2003*)
- ◆ The United Nations’ drug agency is sharply critical of those countries in eastern Europe that have adopted “harm reduction” measures such as needle exchange programmes and safe injecting rooms to tackle the spread of HIV/AIDS infection. (*The Guardian, March 3, 2004*)
- ◆ The UN International Narcotics Control Board criticized governments for not taking “measures” against the incitement of drug abuse within the media. (*The Guardian, March 3, 2004*)
- ◆ Since Surrey, a Canadian city, opened a shelter with needle exchange in 1998, residents say the city’s drug and crime problems have worsened. A 2002 Greater Vancouver regional district survey found 160 homeless in Surrey. A new count, conducted in May 2003, found the numbers had skyrocketed to between 200 and 250. (*Vancouver Sun, January 30, 2004*)
- ◆ According to the annual United Nations report released March 3, 2004, the Netherlands continues to be the biggest provider of Ecstasy seized worldwide. Europe is the world’s number one consumer of Ecstasy and the second biggest consumer of cocaine. (*Agence France Presse, March 3, 2004*)
- ◆ The March 2004 United Nations report complained that there is a slacking of control of cannabis in Europe that could lead to increased use. “A trend towards promoting the drug, through the media, and the significant expansion of drug abuse, particularly in recreational settings, have resulted in the abuse of cannabis being perceived as less risky than it really is, especially among young people.” (*Agence France Press, March 3, 2004*)
- ◆ A shift from growing farm crops to cultivating cannabis is worsening Africa’s food shortages, the International Narcotics Control Board said in its annual report published in Vienna on March 3, 2004. The UN agency said the profits from cannabis and other drugs were also fuelling the continent’s wars. (*Agence France Press, Vienna, March 3, 2004*)
- ◆ Afghanistan’s opium poppies fuel heroin abuse and the rapid spread of AIDS and HIV, according to the March 2004 United Nations’ annual report. (*Agence France Press, International News, March 3, 2004*)
- ◆ After cannabis, amphetamine-based drugs, including methamphetamine and Ecstasy, are the most widely used illegal drugs, with approximately 35 million users worldwide. Meth is known to cause: heart problems and stroke, impaired immune systems, impairs CD8 responses that are vital to fighting primary HIV infections, gum disease, and poisoning due to the “cutting” of the drug with harmful substances. Meth can accumulate in the brain, impairing motor function and verbal learning skills. Symptoms are consistent with low-grade Parkinson’s disease and did not resolve after use of methamphetamine stopped. (*Clinical Infectious Diseases,*

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March, 15, 2004 edition.)

- ◆ “Through 30 years of scientific inquiry, NIDA research has demonstrated that drug addiction is essentially a brain disease, but of course, drugs’ destructive health effects extend beyond the intricate chemical pathways of the brain. Drug abuse and addiction have consequences that can be seen throughout the body—not just in brain scans, but in chest x-rays and blood tests.” (Nora D. Volkow, MD, Director, US National Institute on Drug Abuse, NIDA Notes, February 2004)
- ◆ Cocaine itself has a direct biological effect, and abusers are more likely than nonusers to suffer from HIV, hepatitis, sexually transmitted diseases, and other infections. (*Journal of Clinical Endocrinology and Metabolism* 88 (3):1188-1193m 2003)
- ◆ Ecstasy causes overgrowth of heart valve cells similar to that induced by the now-banned diet drug fenfluramine. This can lead to valvulopathy, whereby the valve becomes inefficient and blood leaks back into the heart. The chambers of the heart become overloaded with blood, enlarging and impairing the heart. (*Molecular Pharmacology* 63 (6):1223-1229, 2003)
- ◆ An investigation by the *Sunday Herald* newspaper in Glasgow, Scotland, revealed that services dealing with “harm reduction” and rehabilitation of drug users across Scotland are in disarray. Another report, commissioned by the *Executive*, stated that risky practices among addicts are continuing. Professor Avril Taylor, University of Paisley, found that, although many users were aware of the risks of sharing needles, they often did so anyway — usually not deliberately, but because those taking the drug in couples or groups became confused between apparently identical needles, or they became reckless due to their urgency to get a hit. (*Sunday Herald, Glasgow, Scotland, March 7, 2004*)
- ◆ The British Medical Association (BMA) launched an attack on the government’s decision to downgrade the criminal status of cannabis. BMA’s board of science said that the public must be made aware of the harmful effects from smoking cannabis. The mental health charity RETHINK is calling for clear health warnings to be issues over the increased risk of developing schizophrenia and other forms of psychosis from cannabis use. (*BBC News, January 21, 2004*)
- ◆ Afghanistan produces three quarters of the world’s illicit opium, from which heroin is made. More than 100 international experts and 50 specialists of drugs from Afghanistan gathered in Kabul on February 9, 2004, to discuss the country’s burgeoning narcotics industry. Speaking at the conference, President Hamid Karzai said that his government is determined to wipe out the narcotics trade. (*ECAD News February 2004*)
- ◆ According to USA statistics, the number of eighth-graders who tried marijuana in the last decade doubled from 1 in 10 to 1 in 5. An in-depth report by Felicia Thomas-Lynn for the *Milwaukee Journal Sentinel* reported that, of Wisconsin youth ages 12 to 17 entering substance abuse treatment in 2002, more than 1 in 3 listed marijuana as their primary substance of abuse. (*PRIDE Omaha, March 2004*)
- ◆ A University of Birmingham study found that smoking three or four joints a week for six years can impair lung function and rob the body of antioxidants that protect cells against damage leading to heart disease and cancer. (*Reuters, December 5, 2003*)
- ◆ The Food and Drug Administration has banned “THG,” a supposed dietary supplement taken by many young athletes. However, THG is a designer steroid, not a dietary supplement, and poses many dangers and serious health risks. (*Boston Globe, October 29, 2003*)
- ◆ An editorial in the *Denver Post*, July 21, 2001, noted, “[Peter] Lewis and his colleagues have made it clear they wish to **legalize marijuana and that the medical marijuana acts are the first step toward that end.** Of the Lewis gift, \$5 million is to be used to finance litigation challenging drug laws.”
- ◆ The US Congress passed an appropriations bill in December 2003 that bars federally subsidized transit agencies from accepting ads that advocate the legalization or medical use of illicit drugs, including marijuana. On February 28, 2004, the American Civil Liberties Union sued the federal government and Metro, the Washington, DC, Transit Authority, seeking to overturn the transit agency’s recent ban on advertisements promoting the legalization of marijuana.



References available on request. Send self-addressed, stamped envelope to:

Drug Watch World News \*  
P.O. Box 318 \* Carlinville,  
Illinois 62626

## The "Hemp Institute's" Frank Statement

Just as the "Tobacco Institute" is not accepted as a reliable source of scientific information about tobacco cigarette smoking, the de facto "Hemp Institute" should not be accepted as a reliable source of scientific information about ingesting hemp food products.

Scientific researchers and health organizations raise serious questions about the safety of ingesting even small amounts of cannabinoids (fat-soluble chemicals found only in marijuana hemp that include mind-altering THC). Respected scientists and researchers dispute much of the disinformation used to support the pro-hemp arguments of the "Hemp Institute."

The hemp industry, in making public unsubstantiated claims of marijuana hemp food safety, is placing itself in the same position, in terms of liability, as the tobacco companies.

In 1954, the tobacco industry published a statement that came to

be known during Minnesota's tobacco trial as the "Frank Statement."

In the Frank Statement, tobacco industry spokesmen asserted that experiments linking smoking with lung cancer were "inconclusive," and that there was no proof that cigarette smoking was one of the causes of lung cancer. They stated, "We believe the products we make are not injurious to health."

Judge Kenneth Fitzpatrick instructed the Minnesota jurors: "Jurors should assume in their deliberations that tobacco companies assumed a "special duty" by publishing the ad (Frank Statement), and that jurors will have to determine whether the industry fulfilled that duty." The verdict ruled against the tobacco industry.

Tobacco companies then formed an industry group for the purposes of deceiving and confusing the public.

The similarities between the tactics of "Big Tobacco" and the "Hemp Institute" would seem to demand very close scrutiny and *skepticism*.

### References:

*Clearing the Marijuana Smokescreen*, William J. Bailey, Ph. D.  
[www.drugs.indiana.edu/publications/iprc/misc/smokescreen/html](http://www.drugs.indiana.edu/publications/iprc/misc/smokescreen/html)  
*The "Frank Statement," St. Paul Pioneer Press, May 7, 1998, A section, [www.pioneerplanet.com](http://www.pioneerplanet.com)*

**Cognitive impairment resulting from smoking marijuana can last up to at least 28 days after an individual last smoked the drug. The more a person has smoked prior to abstinence, the more profound this impairment.**

*(Neurology 59 (9):1337-1343, 2002)*

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## Hemp Exchange in Holland

**Producers, dealers, and consumers meet annually in Holland to sell, test and salute hashish and other "commercial drugs."**

*By Renée Besseling, Secretary, Europe Against Drugs (EURAD)  
Delegate, Drug Watch International*

The 7<sup>th</sup> Annual Hemp Exchange, open to all ages, was held in Holland in January 2004 — entrance fee, 15 euros. Youngsters ran around looking for free hashish pipes. In the midst of the thick hashish smoke, a mother was carrying her baby. So many people were smoking hashish that you could get a headache from all the second-hand smoke.

Exhibitors came from several

European countries and Canada. The sponsors were grow-box and manure producers, plus "smart drugs" sellers. These "smart drugs," sometimes known as "club drugs," are pills, drinks, or food substances with psychoactive effects, but they are not classified as psychoactive substances. They can therefore be freely sold in Holland and many other countries.

Personnel from the hashish company *Canna*, wearing white coats, marketed their products and discussed their cannabis research. They also collected cannabis samples for testing, a service that was very popular amongst the hemp cultivators.

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### Joint machines

A wide range of materials for cultivating, harvesting, packing, marketing, and selling cannabis plants were exhibited. Joint machines for the production of marijuana cigarettes were displayed.

A video showed how to convert an ordinary room into a “grow room,” and I saw a father and son receive advice on how to do this. There were various kinds of cannabis products. Scissors and other cutters were on display; hemp clothes were sold; and drug use paraphernalia was sold.

One enthusiast loudly introduced, “that fantastic man, Ger de Zwaan,” who was said to help sick people with “medical marijuana.” After the Dutch state officially took over Zwaan’s business in 2003, his company lost favour with politicians. However, that didn’t seem to slow him down. He continued with his own distribution network as if nothing happened.

One new business was a “cannabis travel agency” that sponsors trips to various drug shops, ending at the cannabis museum in

Amsterdam. The entire cannabis industry is cooperating with this project.

Lobbying for free cannabis was strong. Cannabis dealers distributed postcards to be sent to politicians — “Stop the discrimination against cannabis.” The campaign was arranged by the organisation *Platform Cannabis Nederland* (PCN). PCN wants to decriminalize and develop home cultivation of cannabis, as well as steer the minor trade in cannabis into “good tracks.” They want to widen the sector of trading places for cannabis (“coffee shops”) and material for home cultivation (“grow shops”) on national and international levels. PCN seeks to influence European legislation.

One mail order company complained about having problems sending “smart drugs” to Italy. Customs offices in Italy had confiscated packages, and, in cooperation with the police, they had searched the houses of addressees, confiscating even more. Several customers protested to the company, which realized that its foreign market would be jeopardized if the customs

offices in other countries acted the same.

### No desire to intervene

Dutch drug traffic has expanded greatly during the last decades, causing problems for much of Europe. Dutch politicians have been criticized, but they have only talked about change, leaving in place the present liberal Dutch drug policy. Nothing much happens when it comes to real actions.

In 1976, the opium law, a division between “unacceptable narcotics” and “acceptable narcotics” was instituted with catastrophic consequences, and there is no serious discussion about rescinding this law. Neither does there now exist any political desire to institute police intervention against cannabis trafficking, trading, or use. As a result, this year’s Hemp Exchange will probably be followed by more of the same.

The hemp culture is a subculture that is desperately trying to become mainstream. It is imperative that prevention experts, politicians, and the United Nations continue the fight against cannabis and other psychoactive drugs.

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## Amphetamines – A Worldwide Concern

While marijuana remains the most commonly used illicit drug, the use of amphetamine-type stimulants is becoming a worldwide concern. According to a report from the United Nations Office on Drugs and Crime (UNODC), an estimated 162.8 million people worldwide used marijuana in 2000-2001. The second most widely used substance is amphetamine-type stimulants (ATS), a group of chemically related synthetic drugs that include amphetamine, methamphetamine, ecstasy, and ecstasy-type substances, such as MDA and MDE. The number of people using ATS (42.0 million) is nearly double the number of people using cocaine and heroin combined (23.6 million). The report concludes that “tackling the ATS problem needs strong political commitment, better data, improved and targeted demand reduction efforts, including treatment, and innovative approaches to enforcement, especially for clandestine manufacture” (p. 23).

*Ecstasy and Amphetamines Global Survey, 2003.*

[http://www.unodc.org/unodc/publications/report\\_ats\\_2003-09-23\\_1.html](http://www.unodc.org/unodc/publications/report_ats_2003-09-23_1.html).

*CESAR: February 16, 2004; Vol.13, Issue 7*

**Global Drug Prevention Network  
Fifth Global Conference on Drug Prevention  
Rome - September 2003**

**DECLARATION**

**In the Eternal City of Rome we who are more than 500 delegates from 84 nations convening at this Global Conference, reaffirm our commitment to building and protecting the Common Good ('Res Publica'), by creating and cherishing drug-free communities throughout the world.**

In addressing this complex matter, which is of vital importance to every nation, Conference has participated in a wide variety of presentations reflecting (inter alia) cultural, ethical, scientific, medical, social, political and spiritual dimensions of the subject. We come from Western and Eastern Europe, North/Central and Latin America, the Caribbean, Africa, the Middle East, Asia, Australasia, Canada, Scandinavia – and maybe more. We represent many diverse faiths and beliefs, but we are united in our support of Core Principles (set out below) as well as specific initiatives (in the attached Schedule):

**CORE PRINCIPLES:**

- 1 The pursuit of the 'Common Good' should define and guide the actions of Society.**
- 2 A 'Culture of Disapproval' of drug abuse\* should be nurtured in all Society.**
- 3 Society at large should honour 'Moral Imperatives' for responsible and constructive citizenship, striking a balance between the rights of the Individual and those of Society.**
- 4 Proper, validated science should underlay and inform all strategy, policy and -action.**

Whilst we have pride in our past achievements, our focus is on the future – and our future lies with our children. For them, and for all society, we pledge to strive for an environment in which each and every person in our world has the best chance to fulfil their potential, in the best of all possible health, and we pledge to create value in acknowledgement of the gift of life with which we have been blessed. We confirm the superiority of love, in relation to the education and building of our society: a superiority which has become a social, political, cultural and spiritual commitment.

**Signed (Chairman).....Fr. Vincenzo Sorce.**

**Rome. 26<sup>th</sup> September 2003**

on behalf of the plenary assembly, which endorsed this Declaration by acclamation.

*\*(By 'drug abuse' we reaffirm we mean any use of illegal substances and any inappropriate use of legal substances). For more information contact: [c.fay@dfaf.org](mailto:c.fay@dfaf.org).*

# How Do Argentine Parents Inoculate Children From Drugs?

By Blanca Maria Saucedo  
Delegate, Drug Watch  
International, Argentina

Violence and crime have increased in Argentina within the last eighteen months at an unprecedented rate, presenting a profoundly sad picture. The worst part is that the victims involved are mostly youth.

Attempts have been made to blame the problems on marginal youth, poverty, and unemployment. However, a quick look around will show us that under-privileged youth are not the only protagonists; all our youth are involved, no matter their socio-economic class or cultural level.

What, then, is the source of this problem?

On March 15, 2003, *La Nación Sunday Magazine*, under the title "Alcohol and Drugs," published a lengthy article referencing parents' worries about their children's changes of behavior and habits concerning tattooing and piercing, sexual initiation, and the three most commonly used drugs (marijuana, cocaine and crack) and where they can be obtained. We ask, "What future is there for our youth when SEDRONAR (the Argentine Secretariat for Drugs and Drug trafficking) estimates that drug consumption in Argentina has gone up by 150% in the last two years?"

An April 17, 2003, article in *La Nación* revealed that 10% of high school students have used drugs. And on April 20, the newspaper devoted an entire page to Ms Norma Castaño from Rosario, who denounced drug

distribution to children in the El Tanque and La Lata slums, but no one listens.

*Viva*, Clarín's Sunday magazine, April 27, 2003, published a long article entitled "Challenging Every Hazard," where you can read the following: "Didn't you know? Everybody does! You can't mix Ecstasy and booze..." A seventeen-year-old girl describes how discos distribute Ecstasy and then sell mineral water at about US\$2.50 a bottle. Also available are marijuana, ketamine, hallucinogenic fungi, poppers, and other pharmaceuticals.

A May 31, 2003 *La Nación* article refers to a controversy in the province of Mendoza that ensued when Miguel Concerte, the coordinating secretary of the provincial program of addictions, developed and distributed a "harm reduction" flier for addicts that contained instructions for the "least" harmful way of consuming marijuana. One after another, such examples have occurred this year.

Authorities denounce drug dealing and trafficking, but they do not close drug establishments, and citizens who protest are not listened to. Pro-drug advocates are appointed to important positions in our government.

We must focus on youth, the prevailing reason being that teenagers make up the most vulnerable age group. The dissolution of the family unit and the suffocating problem of survival make many youth easy prey for unscrupulous drug dealers.

What can we parents do? We must first educate ourselves about



*Blanca Maria Saucedo holds a University teaching degree in Philology and a Licentiate in Philology with a specialty in Linguistics from the University of Buenos Aires. She is a member of the Faculty of Philosophy and Philology at the University of Buenos Aires and a member of the Faculty of Medicine at the Universidad del Salvador. Blanca Maria Saucedo is a specialist in Psycho-neurolinguistics and has researched alcohol and drug use in the urban youth of Argentina.*

these substances and the harm they do to the mind and body. We must inform our children of the dangers.

We must be ever watchful over our children and be aware that the music they hear, the movies they watch, and many of the sports figures they admire may be giving pro-drug messages. We must teach our children to say "No" to drugs and teach them that they can succeed in life without drugs.

We must not let ourselves be deceived by the false promises of "harm reduction" — false promises that conceal the destruction of our children and society. There is no magic solution to the drug problem, but if we love our children, we will do what is necessary to assure them a drug-free future.