DRUG WATCH WORLD NEWS

THE OFFICIAL NEWSLETTER OF

DrugWatch International™

March 2006

Vol. XI, No. 1

THE IMPACT OF NEEDLE EXCHANGE ON CHILD HEALTH

By Fred J. Payne, M.D., M.P.H.

The use of psychoactive drugs like heroin, cocaine and methamphetamine has played a major role in the evolving global pandemic of the Human Immunodeficiency Virus (HIV), the AIDS virus. The virus is commonly transmitted through one of two modes of human behavior, risky sexual practices such as sex with multiple partners or the injection of the illicit drugs through contaminated needles/syringes.

Needle exchange programs (NEP) have been developed during the past 20 years in an attempt to slow the sharply rising incidence of AIDS among addicts who injected drugs (IDU). The rationale was deceptively simple, if addicts used clean needles and syringes, the chain of transmission of HIV through use of contaminated needles would be broken. Although this might seem plausible, the effectiveness of these programs has been difficult to evaluate. While sharing needles is an important means of HIV transmission among IDUs, drug related high-risk sexual behavior is equally important. For example, elevated rates of HIV infection are found among heroin sniffers and crack cocaine users with no history of drug injection; their sexual behavior alone appears to be responsible. Thus, although needle exchanges may have some effect in reducing the amount of high-risk injecting behavior, they have little, if any, effect on drug induced high-risk sexual behavior regardless of sexual orientation. In cohort studies that have used viral incidence or prevalence as markers of transmission no evidence has been demonstrated that NEPs effectively reduce or prevent transmission of either HIV or Hepatitis C virus (HCV) another blood borne viral infection. To the contrary, NEPs primarily appear to support the continuing addiction of those who use them and the high risk behavior that feeds the epidemic.

The effect of this epidemic on child health cannot be overstated. Infants born to HIV infected mothers are the ultimate victims of this pandemic. Globally, even those who escape perinatal infection whether by prophylactic antiretroviral (ARV) treatment or by other factors will usually lose one or both parents to AIDS before they reach adolescence. In the United States where the use of ARV prophylaxis for infected mothers has markedly reduced the incidence of perinatal infection, the infant still faces a difficult and uncertain future in a home disrupted by illness or in a foster home.

In the large Vancouver Injection Drug User Study, begun in 1996, the prevalence of HIV had reached 35% by 2003 and the prevalence of HCV had reached 92%, near saturation, despite the large needle exchange program that serves the participants. At the same time only 35% of those infected with HIV were receiving ARV therapy because many, if not most, of the remaining infected participants were unable or unwilling to comply with treatment requirements. The behavior induced by addiction is incompatible with the scheduling requirements of most ARV regimens. Although maintenance therapy with methadone or buprenorphine has been used to assist heroin injectors in complying with ARV treatment, there is no equivalent medical therapy for cocaine addiction. As a result a smaller proportion of infected cocaine addicts are receiving ARV treatment. Drug treatment and rehabilitation programs are urgently needed to help HIV infected IDUs begin and stay on ARV therapy. Since therapy will be necessary for the remainder of the individual's life, lifetime abstinence from addictive drugs must be observed as well. Untreated or inadequately treated infected IDUs will continue to serve as a growing reservoir of virus for transmission within communities of drug addicts.

The resources used to operate current NEPs should be re-directed to develop badly needed drug treatment and rehabilitation programs. The outreach performed by the NEPs should be replaced by outreach from substance abuse programs providing liaison for drug treatment programs and linked to public health HIV prevention and care services. IDUs who become infected with HIV should be referred for appropriate treatment of their drug dependence as well as for ARV therapy. The idea that NEPs can reduce HIV transmission is an illusion. Click here to read this article online, "An Evidence Based Review of Needle Exchange."

Fred J. Payne, M.D.

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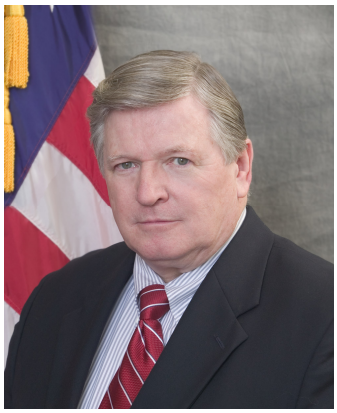
JOHN COLEMAN ELECTED PRESIDENT OF DRUG WATCH INTERNATIONAL



In January 2006, Drug Watch International announced the election of John J. Coleman as the ninth President of the Board of Directors, following The Honorable Ron Godbey's extraordinary term. Ron Godbey, former New Mexico State Representative, was the organization's anchor and guide. His dedication to drug prevention and his commitment to the mission of Drug Watch International set an example for all.

John J. Coleman is past Director of the International Drug Strategy Institute, a division of Drug Watch International. Mr. Coleman served thirty-two years as a Special Agent of the U.S. Drug Enforcement Administration (DEA) before retiring in January 1998 as one of its top management officials. His career included progressively important permanent assignments in the United States and Europe. His domestic field service included assignments as Special Agent in Charge of three separate DEA Field Divisions and Associate Special Agent in Charge and Assistant Special Agent in Charge of two others. As Assistant Administrator for Operations, the third highest position in the DEA, Mr. Coleman supervised an annual operating budget of $816 million, and managed the activities of over 7,000 employees in 19 domestic divisions and 75 overseas offices. Mr. Coleman's career included extensive executive and policymaking experience at the uppermost levels of government service. Mr. Coleman began his career in 1965 as an entry-level undercover drug agent on the streets of New York City and went on to eventually hold several of the most important positions in the agency. From 1991 until retirement in 1998, Mr. Coleman served at the highest rank (SES-06) of the federal Senior Executive Service. From 1991 to 1994, Mr. Coleman served as the Assistant Administrator for Operations, the highest non-Presidentially appointed position in the DEA.

Upon accepting the responsibilities of President of Drug Watch International, Mr. Coleman said, "We are a diverse group of people in many places around the world united by one goal – preventing the illegal use of drugs. Just as we are all inhabitants of the same home, Earth, we also are branches of the same tree, drug prevention. Each branch may be a bit different in size and shape but vital nonetheless to the survival of the tree. We have a way to go to reach our goals, and there are good and bad days ahead, but I'm confident that, collectively, we have the strength of purpose to succeed because we are on the right side, the only side, of this issue."

Drug Watch International proudly welcomes John Coleman as our new president.

Commentary by Advocates of Legalization …..

Harvard Law School Conference, May 21, 1994

(Northwest Center for Health & Safety, 2/13/2006

"We therefore have to offer strategies due to harm reduction to combat prohibition … since 'legalization is a poor term and won't work for us … Don't talk about legalization; talk about prohibition … When this prohibition is overthrown, we will be like the allies after WWII … The silver lining is that the persecuted smokers will identify with heroin addicts."

Ethan Nadelmann, Lindesmith Center (nowDrug Policy Alliance)

"Harm reduction is nonsense. The real aim is the legalization of all drugs."

Erik Fromberg

"Have to keep drugs cheap enough for people to be able to afford them on their social benefits.

Mark Kleiman

"I think the greatest obstacle to reform, to achieving harm reduction, never mind going beyond that, where I think we are going to have to go eventually, to legalization."

Arnold Trebach, Drug Policy Foundation (now Drug Policy Alliance)

RANDOM STUDENT DRUG TESTING (RSDT)

By John J. Coleman, President, Drug Watch International

Although random drug testing has been around for several decades, until now its use has been reserved mostly for workers in public safety-related jobs and the military. Overall, statistics show that random drug testing works quite well not only to detect persons who use illicit drugs, but also – and perhaps more importantly – to deter such use in the first place. Recently, random drug testing has attracted the attention of policymakers, parents, and educators searching for ways to prevent drug abuse in the nation's public schools.

On March 15, 2006, the Office of National Drug Control Policy (ONDCP) hosted a regional conference on Random Student Drug Testing (RSDT) in Falls Church, Virginia, a suburb of Washington, D.C. Several hundred local school officials attended the daylong seminar that included presentations by ONDCP Director John Walters, attorney William J. Judge, and psychiatrist and DW International member Robert L. DuPont, MD.

Walters set the tone for the meeting by telling the audience that "Drug use is a barrier to learning not only for the student who is using drugs, but also to others, because drug use in a school disrupts an orderly academic environment." He stressed that RSDT is not meant to "catch and punish" those who are using drugs but, instead, a means to prevent drug use in the first place. For those who test positive, professional help will be available to get them off drugs and back on the right track.

Walters told of a school in Florida that implemented RSDT for students engaged in extracurricular activities and, as a result, discovered that the percentage of students participating in extracurricular activities increased by 11 percent. In schools that have adopted RSDT, feedback from the students has been favorable, according to Walters, because, among other things, RSDT gives students a bona fide reason to reject drugs in the face of peer pressure.

Attorney Judge responded to critics who see RSDT as an invasion of student privacy. He also addressed numerous other fine legal points pertaining to RSDT programs in public schools. Judge provided a brief history of RSDT, beginning with a Supreme Court decision in 1943 that held that public schools were bound by the U.S. Constitution. In 1985, the Court decided that school officials do not need a search warrant to perform a search of a student. Instead, reasonable suspicion – described by Judge as something more than a "hunch" – will suffice. In 1995, the Court upheld random drug testing of student athletes, and in 2002, the Court upheld mandatory random drug testing of all students engaged in "competitive" extracurricular activities.

According to Judge, since the 1985 Supreme Court decision, schools are authorized to conduct drug testing of any student based on a reasonable suspicion that the student has violated the drug and/or alcohol code of the school. Besides reasonable suspicion testing, schools also may conduct mandatory pre-participation and random drug testing of students participating in competitive extracurricular activities. The issue of mandatory RSDT for all students, specifically those not participating in competitive extracurricular activities, has not yet been tested in the courts.

In his presentation, Dr. DuPont reviewed a number of studies, including some conducted by his own research team, showing that RSDT has effectively deterred student drug use. He advised that RSDT already has been integrated into comprehensive drug prevention programs in more than 1,000 schools throughout the United State. Drug-using students detected by RSDT are given an opportunity to remain in school while their families and school officials help them address and resolve their drug use.

The remainder of the day was given over to technicians and educators who presented practical lessons for getting RSDT programs up and running in schools around the region. Federal grant funds contained in the 2002 "No Child Left Behind" Act may be used to establish RSDT programs. According to several speakers, actual program costs are modest in comparison with other drug prevention programs that may be far less effective.

The principal speakers of the day, including Walters and Judge, did not minimize the concerns expressed by proponents and opponents of RSDT to issues such as student privacy and Constitutional rights and protections. In response to a question from a member of the audience who asked if a student's drug testing record could hinder admission to college or a job, attorney Judge was emphatic in stating that federal and state laws already prohibit disclosure of student health records and that, in accordance with RSDT guidelines approved by the Supreme Court, all such records must be purged upon graduation.

Regarding the Constitutional issues of RSDT, Walters addressed a questioner by acknowledging respect for her concerns but noting that, in this instance, RSDT is not a law enforcement program or one intended to catch anyone doing something for any reason other than to help them. He used the analogy of mandatory testing of students for tuberculosis exposure, saying that justification is based on helping the child who tests positive while protecting others from being exposed to this deadly disease. If we recognize that substance abuse epidemiology is similar to that of an infectious disease, then we must not only do whatever we can to identify and help the student who tests positive for illicit drug use, we must protect others from exposure to this deadly social disease.

A British study of Ecstasy users in Europe, the United States, and Australia, led by the University of Newcastle upon Tyne, found that those who regularly took the dance club drug were 23 percent more likely to report memory problems that non-users. Ecstasy users who also used cannabis were facing a "myriad of memory afflictions which could represent a time bomb of cognitive problems for later life."

Journal of Psychopharmacology, December, 2003

Drugged Driving – A New Opportunity

By Robert L. DuPont, M.D.

More than two decades ago the nation discovered the deadly serious problem of drunk driving. A massive public health response led to great improvements in highway safety and improved drinking habits for millions of Americans. The drunk driving effort has been characterized by a powerful combination of public education and tough law enforcement with more than one and a half million Americans arrested each year for drunk driving.

Few Americans realize that today drugged driving is as big a problem on the roads as is drunk diving. A study of seriously injured drivers in Maryland found that illegal drugs were a bigger problem than alcohol on our highways, while a study of fatally injured drivers in Washington State showed that illegal drugs were on a par with alcohol. (see Table 1). Most of this menacing new highway safety problem comes from the most widely used illegal drug – marijuana. This finding on American roads is being duplicated in other developed countries that, like the US, have well-established drunk driving programs but have yet to develop equally effective drugged driving prevention. In the past decade, 12 U.S. states and six European nations have enacted Per Se laws to deal more effectively with the drugged driving problem.

Reducing drugged driving is not only the best way to lower the continuing carnage on our highways, it is the best way to reducing the use of illegal drugs. Most drug users drive. They do not want to lose their licenses. The first step to realizing this potential for improved highway safety and lowered illegal drug use is to raise public awareness of the problem of drugged driving. Once Americans – including both aroused citizens and legislators – become aware of the threat of drugged driving, new ideas that are today impossible to implement will become not only possible, but universally mandated.

These new ideas start with widespread use of modern drug testing technology on the highways, much as breath alcohol tests have become commonplace in highway law enforcement. Our laws need to be updated to include not only alcohol but illegal drugs, using the Per Se standard to enforce the rule that it is a violation of the law to drive with any illegal drug in the driver's body. This has been the standard for commercial drivers in the United States for nearly two decades. It needs to become the standard for all drivers who use the public roads.

Strong enforcement of drugged driving laws offers a unique new opportunity for both drug abuse prevention and drug abuse treatment. For prevention purposes, the vigorous and well-publicized enforcement of drugged driving laws will be yet one more compelling reason to steer clear of illegal drugs. Drugged driving laws will encourage healthy behavior just the way seat belt laws encourage that life-saving behavior, and just the way drunk driving laws encourage safer drinking as well as safer driving.

For treatment purposes, effective drugged driving laws will identify more illegal drug users in need of assistance in stopping drug use. Violators of drugged driving laws can be screened for the need for treatment. But whether they need treatment or not, all drugged driving offenders can be required to have random drug tests for one or two years after their conviction to insure that they refrain from drug use.

The first step in an important new effort to reduce illegal drug use in our country is that the public be made aware of the dangers posed today by drugged driving. The second step is to establish the laws and the supporting administrative framework needed to manage the arrestees to insure that they stop illegal drug use as a condition of being able to continue driving. This new initiative will breathe new life into both drug abuse prevention and drug abuse treatment. Best of all, it will save thousands of lives on our roads.

Although statistics like those in Table 1 can help increase public awareness, the best way to drive home the importance of reducing drugged driving is by individual cases of serious injuries and deaths caused by drugged driving. The only reason this is not happening today – given the extent of the problem of drugged driving – is that drug testing is seldom done by the police or by hospitals treating traffic-related injuries. Drug testing needs to be mandatory for seriously injured and fatally injured drivers. Once the facts on drugged driving are brought to the public's attention, the needed actions will be sure to follow. Explaining the dangers of drugged driving is one of the best answers to those who say that illegal drug use is a private matter and, therefore, not the business of the government. When it comes to safety on the public roads there is no better demonstration of the devastating public consequences of the supposedly private behavior of illegal drug use.

(continued on page 5)

Dr. DuPont, a practicing psychiatrist, was the First Director of the National Institute on Drug Abuse (NIDA). He has written extensively about drug abuse including The Selfish Brain – Learning from Addiction, as well as three books on drug testing (Drug Testing in Schools; Drug Testing in Treatment Settings; and, Drug Testing in Correctional Settings). All of these books are available from Hazelden (www.hazelden.org). He is currently the president of the Institute for Behavior and Health, Inc. (www.ibhinc.org), a non-profit organization devoted to reducing illegal drug use. IBH's top two priorities are Random Student Drug Testing and Drugged Driving. Dr. DuPont is Vice President of Bensinger, DuPont & Associates (www.bensingerdupont.com) and Clinical Professor of Psychiatry at Georgetown Medical School.

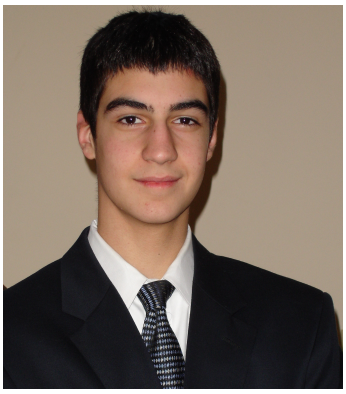
Table 1: Washington State FARS data vs Maryland Shock Trauma Center Data and the prevalence of drugged driving

	Washington N=700	Maryland N=300
No Drugs & No Alcohol	18%	34%
Alcohol Only	32%	15%
Drugs Only	18%	35%
Alcohol + Drugs	33%	16%
Prevalence of Drugs	51%	51%

Caveats:
Washington State and Maryland subject populations different
Maryland data is from injured but not dead drivers
Washington State data is from "Felony Collision" cases = Vehicular manslaughter/homicide, vehicular assault cases
The Washington State cases are primarily from dead drivers
The Washington State drug data is from blood

A HIGH SCHOOL STUDENT TAKES A STAND

By Bopak Tavangar



Bobak Tavangar is a 17 year old junior at Conestoga High School in Berwyn, Pennsylvania. He is currently proposing random student drug testing to his school district and has been active in raising awareness about drug abuse at his school. Bobak has started "STAND Up for 'Stoga", a club aimed at working with students and parents toward creating a safe and drug free environment. On March 2, 2006, Bobak recieved an award from the Executive Office of the President of the United States, Office of National Drug Control Policy in recognition of his efforts in promoting a drug-free atmosphere in his school district. Bobak has written a number of articles on student drug testing that have been published in local and regional newspapers.

I am a junior at Conestoga High School located in Berwyn, PA. A couple months ago I became fed up with the poor atmosphere that our school maintains, and I felt I needed to do something about it. I felt I needed to take a stand for future generations, so that they might not have to experience the same drug filled school atmosphere.

I love my high school, and that's why I just can't stay silent any longer. With a brother in 10th grade and younger cousins in middle and elementary school, I feel an obligation to speak out against the drug problem our school faces and provide an alternative to a community wrought with substance abuse and dissemination.

In effect, I have proposed Random Student Drug Testing, the nation's premier method of drug prevention and a proven deterrent. I have done my research on this type of testing and, judging by success it has had at other high schools like Central Hunterdon in NJ, and Seneca Valley in PA, I feel that this is the key to prevention in schools. The main objective of student drug testing is to provide students with a solid reason to say "no." Whether it be in the locker room, in the class room, or at a party, random drug testing gives students an opportunity to choose their future over peer pressure.

If, in the event that a student chooses to use the drug offered, this system of prevention will act quickly to provide him/her with the rehabilitation services they need and inform their parents, all the while keeping it confidential from peers and those who do not need to know.

To make a long story short, I feel that this issue, the issue of drugs in schools, has reached its limit. The community is frustrated, teachers are frustrated, students are upset, and even the federal government has become quite alarmed by the drug use rates in schools, like Conestoga. This issue is one of importance. It is an issue that should be brought to fore front of discussion when addressing the future of this country.

This is our chance to make a change. This is our time to take a stand. Please consider this issue carefully as it is one of the utmost importance. Thank you very much.

INTERNATIONAL NEWS BRIEFS

- A brief in the 2005-2 issue of the Drug Watch World News Online discussed a renegade band of Mexican military deserters called Los Zetas. (*The Washington Times, 8/1/05).* Drug Watch has received additional information from the same report cited by the Washington Times reporter, who did not include certain clarifying pieces of information provided in the report. According to Elizabeth Edwards, Arizona High Intensity Drug Trafficking Area (HIDTA), all Los Zetas members were not U.S. trained, and the training that was given to members of the paramilitary group, took place many years ago. The U.S. military provided *some* training for the Mexican Military Special Forces (GAFE) in weapons and tactics that included only about one-third of the original deserters who later formed Los Zetas in 1995. GAFE troops also received training from military special operations forces in Cuba and Brazil. In 2002, the group of deserters was hired by the Gulf Cartel as assassins and security experts.
- Federal authorities raided medical marijuana dispensaries in California being used as a cover for international drug dealing and money laundering that extended to Canada and countries in Asia. *(NY Times, 6/24/2005)*
- A bid to legalize marijuana for medical use failed in the British courts. *(The Observer, 5/27/2005. Momstell, 6/4/2005)*
- **Since passage of California's Compassionate Use Act of 1996, only 1.8 percent of all California physicians had recommended marijuana as a medicine by July 2003, and over 80 percent of medical cannabis recommendations came from just 10 doctors."** *(CEDARS Research, 1/17/2005)*
- A recent study by Johns Hopkins University found that most young drug users are not participating in Needle Exchange Programs (NEPs) in Baltimore, Maryland. Only 10 percent of people who started injecting drugs in the past five years rely on the NEP. Most users said they bought needles on the street, or shared them. *(Baltimore Sun, 9/14/2005)*
- A Department of Public Health study released 6/29/2005 found that a decade-long epidemic of heroin-related deaths reached a new high in 2003 in Boston, Massachusetts. The study found that drugs were deadlier than motor vehicles. *(Boston Globe, 6/29/2005)*
- A legal syringe exchange program has operated in Philadelphia, Pennsylvania, since 1992. However, injecting drugs remains the top risk factor for HIV in Philadelphia – 19 percent higher than the US average. *(American Journal of Public Health Vol. 95; No. 2: P. 233-236)*
- Established in 1988, the Vancouver, Canada, NEP distributes nearly 3 million needles each year, making it the largest and one of the oldest NEPs in North America. A 2004 study found that a stunning 97 percent of injection drug addicts under the age of 29 in a Vancouver drug cohort of 1,478 individuals already were infected with HIV, hepatitis C, or both. *(Journal Acquired Immune Deficiency Syndrome, June 2004)* A 2003 Vancouver Drug Use Epidemiology report found both HIV and Hepatitis C had reached "saturation" among the injection drug using population.
- A Nottingham Evening Post (Nottingham, England, UK) investigation suggests, "tens of thousands of needles given to Nottingham drug addicts through exchange programmes are not returned." Health workers were accused of "handing the needles out 'like confetti.'" The exchange system provides one needle for each returned used one, but a report acknowledged, "That does not happen." *(Nottingham Evening Post, 6/3/2005)*
- The Block, an inner Sydney, Australia, suburb of Redfers, is the largest illicit drug market in Australia, with turnover from heroin as high as $50 million a year. A needle exchange bus daily dispenses clean syringes by the hundreds. More than 1 million syringes were handed out through government-funded NEPs in 2001. "One cannot walk the length of The Block without having to hurdle nests of syringes. The 'sharps' containers are always full to overflowing." "Users were taking plastic bags filled with hundreds of needles, which ended up in the hands of drug dealers."*(The Australian, 5/17/2004)*
- A 10-year study found that the biggest predictor of HIV infection for both male and female injecting drug users is high-risk sexual behavior, not sharing needles used to inject drugs. (*Archives of Internal Medicine 161:1281-1288, 2001. NIDA Notes, May 2002)*
- A new study showed that people who smoked at least one marijuana cigarette a day for 10 years performed poorly on a range of standardized tests as compared to both those who had lit up for shorter amounts of time or who did not use at all. "It will help us understand that cannabis is not such an innocent drug," said lead author, Dr. Lambrose Messinis, a neurologist at the University Hospital of Patras in Patras, Greece. *(Neurology, American Academy of Neurology, 3/14/2006)*
- A US General Accounting Office review found that adult drug courts reduce recidivism, are cost effective, and help offenders reduce their criminal involvement and drug problems, as well as provide a benefit to society in general. (http://www.gao.gov/new.items/d05219.pdf. *CESAR FAX 5/16/2005)*
- A survey of college students found that nearly 1/3 of college students who were prescribed pain medication in elementary school were likely to report illicit use of such medications, compared to 8 percent of students who had never been prescribed pain medications. Those who reported the earliest initiation of prescribed pain medication had the highest rates of illicit use. *(CESAR FAX 3/13/2006)*
- The United Nations International Narcotics Control Board (INCB) encourages all countries to cooperate

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INTERNATIONAL NEWS BRIEFS

(Continued from page 6)

in regulating the commerce in controlled substances transported via international postal services. The necessity of cooperation between countries and the enactment of appropriate legislation is stressed to curb the illicit sale and distribution of internationally controlled substances by illegally operating Internet pharmacies. Countries are requested to undertake campaigns to alert the public to the potential dangers of buying drugs from these unregulated and unapproved pharmacies. *("The Internet and smuggling by mail," INCB Report, 2005)*

- "Some people with MS have claimed that smoking marijuana (cannabis) has reduced MS spasticity. Studies done so far, however, have not provided convincing evidence that marijuana benefits people with MS. … It is the opinion of the National Multiple Sclerosis Society's Medical Advisory Board that marijuana is not recommended as a treatment for MS. Long-term use of marijuana may be associated with significant serious side effects. In addition, other well-tested, FDA-approved drugs are available, such as baciofen and tizanidine, to reduce spasticity in MS." *(MS Information Sourcebook, April 2003)*
- Substance abuse treatment clients are increasingly more likely to be treated for drugs other than alcohol. The percentage of clients in treatment solely for the abuse of drugs *increased* from 26.9% in 1998 to 34.% in 2004. At the same time, the percentage of clients in treatment for alcohol abuse *decreased* from 23.8% to 19.8%. *(National Survey of Subsxtance Abuse Treatment Services, 2004, 2005. CESAR FAX 11/21/2005.)*
- **Marijuana Policy Project (MPP) and Zogby International, a prestigions polling organization, formed an alliance that will effectively manipulate polling results.** For every 500 registered respondents that MPP supplies, Zogby will place a marijuana polling question for MPP members in one of its nationwide polls – both on-line and via telephone. Zogby promised complete confidentiality, plus a free polling survey product for those who registered, plus an e-mail notification of two polls a month that take just a few minutes each to complete. **"We have the opportunity to get free research that could greatly benefit our effort to end the war on marijuana users."** *(Memo from Rob Kampia Executive Director MPP, to MPP members, 10/10/2001)*

- The Marijuana Policy Project (MPP), a national pro legalization lobby, offered grants of up to $60,000 to individuals or groups who would organize grassroots efforts in various states to pressure legislators to:
  - o vote for "medical" marijuana,
  - o support the national Hinchey-Rohrabacher amendment to allow medical marijuana, or
  - *o* Regulate marijuana similar to alcohol. (www.mpp.org/grants, *PRIDE Omaha, Sept/Oct, 2005)*

- The 2004 National Survey on Drug Use and Health found that more than 25% of persons who used sedatives, ecstasy, heroin, or stimulants in the past year had used the drug for the first time. This high rate of new use could precede a rise in use. "Measures of initiation are often leading indicators of emerging patterns of substance use." (CESAR FAX 9/12/2005)

- Research found that the majority of drug addicts contacting drug treatment services in Scotland are looking to achieve abstinence rather than to receive advice on harm reduction from treatment services. Sixty percent of those interviewed identified abstinence as their sole reason for contacting drug treatment services. **Only one percent was looking for advice on safer drug use.** *(Neil McKeganey, Zoe Morris, Joanne Neale, & Michele Robertson; Drugs:education, prevention and policy, Vol. 11, No.5, 423-435, October 2004)*

- Albanian police arrested several legitimate farmers and seized over a tonne of legitimate industrial hemp that was destined for the US textile industry. Albania's Interior Minister even appeared on television and announced a "major drugs haul." **The hemp crop was identical in appearance to high THC content marijuana.** *(BBC News, Belgrade, 1/9/2006)* [Ed Note: There are various species of "hemp" (*cannabis sativa*); however, marijuana is the only psychoactive form of hemp.]

- **HEMP STRATEGIES . . .**

- **"It's the leaky bucket strategy. Legalize it [marijuana] in one area, and sooner or later it will trickle down into the others." *(Eric E. Sterling, Esq. of the Criminal Justice Policy Foundation, Mademoiselle Magazine, 1993)***

- **"Hemp advocacy has been a code-worded way for people to endorse marijuana legalization. Hemp is to legalization what state's rights was to segregation: a cover for scoundrels and a trap for fools. The actual industrial significance of hemp is almost certainly negligible." *(Mark A.R. Kleiman, Newsbrief, May-June 1997)***

- **Californian Chris Conrad has been at the forefront of the industrial hemp movement to legalize marijuana. He devised a 3-point plan to restore hemp and re-legalize cannabis in America: 1) founding organizations, 2) developing and disseminating information, and 3) framing the issue. *(Hemp Times Magazine, 1999)***

DUTCH DRUG POLICY, A FAILED EXPERIMENT

By Renee Besseling

Renee 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."

The 2005 Annual Report of the United Nations International Narcotics Control Board (INCB) noted that the number of "coffee shops" where marijuana is sold openly in the Netherlands has declined from 1179 to 737. The INCB also welcomed a new Dutch regulation subjecting aircraft and passengers arriving from South America and the Caribbean to thorough controls, resulting in the seizure of more than one ton of cocaine. This positive news was given much attention around the globe and will serve the Dutch drug policy image well. However, the strong recommendations by the INCB to the Dutch government were given little attention, and positive attention will not alter the liberal drug policy of Holland.

The aim of International Drug Treaties and Conventions is to protect citizens of the world from drug problems, and the INCB maintains ongoing discussions with signatory parties and their governments. Holland has been a concern for many years, and the INCB has been in dialogue with representatives of the Dutch government over the past decades. Meanwhile, Dutch citizens are suffering from the disastrous Dutch drug policy that violates the Conventions.

The INCB is the independent and quasi-judicial control organ monitoring the implementation of the United Nations drug control conventions. Despite their excellent reports and intentions, the INCB has not been given a mandate to order sanctions against parties that do not abide by the international agreements. The Dutch will continue their liberal drug policies until they are forced to change, and then they will change only as much as is necessary to maintain their place in the world forum. Unfortunately, liberal Dutch drug policies continue to inspire other countries and policy groups. In the meantime, we lose our children, families, democratic values, and society.

Many years ago, the INCB opposed starting the sale of cannabis in a Dutch youth club, and a delegation from the INCB reviewed the drug control situation with Dutch representatives. Dutch politicians and civil servants convinced the delegation that the sale of cannabis in the youth centre was just an experiment -- nothing else – that it would neither spread throughout Holland, nor would cannabis use spread to neighbouring countries. However, "Coffee Shops" that openly sold cannabis soon came into existence, and their numbers quickly grew from 0 to 1179. The number of "Coffee Shops" has been reduced to 737, but the sale of cannabis and other drugs is now common in Holland.

Since 1972, Dutch citizens, scientists, and the INCB have opposed the permissive change in the Opium law, which became effective in 1976. However, liberal drug policy in the Netherlands has become an established fact. At the end of the 1980's, in order to stem the tide of drug tourists invading Holland, a political solution was proposed – that no foreigners would be allowed to buy cannabis in a Dutch "coffee shop". This proved to be a farce. Meanwhile, the drug industry grows, and more people become addicted to cannabis.

For many years, advocates of the liberal Dutch drug policy have led the international community to believe that Holland is changing its drug policies. Official Dutch representatives say one thing in public and do another thing in real life. Their statements can never be taken at face value. Their behaviour over the last 30 years is proof of that. Without the UN and the INCB, I believe that drugs would now be legal in the Netherlands.

"Not surprisingly, the issue of smoking cannabis as a medicine is where the convenient alliance between those representing the interests of the desperately and those advocating the outright legalization of marihuana often falls apart. Those seeking legislative cover to smoke marihuana for euphorigenic effect have no genuine interest whatsoever in the drug's medicinal properties. They simply find such arguments useful for persuading gullible elected officials and those suffering life-threatening illnesses to support marihuana-friendly legislation. They are, in essence, the snake oil dealers of another era. "

John J. Coleman, President, Drug Watch International

THE ENDURING *MYTH*: POT SMOKERS ARE FILLING STATE PRISONS

By Elizabeth Edwards

Bills supporting the use of smoked marihuana as medicine and decriminalization were introduced in ten states during January 2006. Since 1975, at least 17 states have passed bills or initiatives to decriminalize marihuana.[1]

Pro-drug groups have mislead the public and elected officials into believing that great numbers of marihuana users are in prisons for simple possession. In spite of being factually incorrect, this continues to resonate with policy makers and voters and has been the basis for decriminalization efforts. Yet, information refuting the myth is readily available.

Marihuana Arrests

To illustrate the use of FBI data to support the premise that prisons are full of pot smokers, the following was taken from one pro-drug web site: "*In 2004, 44.2 percent of the 1,745,712 total arrests in the US for drug abuse violations were for marijuana . . . . Of those, 684,319 people were arrested for possession alone."*[2] While some of this information technically may be correct, most of what is presented is misleading and deceptive.

Observations on the citation:

1) Number of persons arrested for possession is inaccurate.[3] FBI data represents arrests made, not individuals.

2) Lacked clarification that possession charges could include any drug violation not fitting into the sales/manufacturing category. The report uses two categories only: possession and sales/manufacturing.

3) Review of the FBI report revealed drug abuse-violation arrests 2004 to be 12.5% of all arrests, placing data into perspective.[4]

4) To derive 44.2% of drug abuse arrests involving marihuana, the pro-drug group combined possession (39.2%) and sales/ manufacturing numbers (5%) for marihuana violations avoiding full disclosure of the facts.[5]

5) Lacked historical comparisons for perspective: per 1997 FBI Uniform Crime Report,[6] marihuana-possession arrests were 38.3% of all drug arrests, demonstrating an increase of less than 1% over a seven-year period.

6) Arrests do not equate to prison sentences.

Marihuana users in state prisons

The U. S. Bureau of Justice Statistics (BJS) provides data on felony convictions and sentencing in biennial reports.

BJS 2002 data for state courts[7]:

- 32.4% of convictions were for drug offenses.
- 12.1% of convictions were for drug possession.
- 56% of those sentenced for possession had 3 or more prior convictions.
- Of the 12.1% convicted for possession, 34% went to prison.
- 34% imprisoned for possession represented 4% of all convictions. Marihuana possession convictions were 1.7% of all convictions.[8] (To give an historical perspective: in 1997, marihuana possession convictions were 1.6% of all inmates.[9])

Arizona (1996) and California (2000) decriminalization-initiative campaigns implied that prison overcrowding was due to simple marihuana possession. In light of that claim, Rand Corporation's Drug Policy Research Center examined pre- and post-initiative prison-sentence data[10] for low-level prisoners. The pre-passage data supported prosecutors' contentions that offenders convicted on low-level drug charges generally had more severe and extensive criminal histories and were involved with multiple drugs. Marihuana users were not overcrowding prisons in the two states as characterized by the pro-drug advocates and their financial backers (Soros, Sperling, et al.).

The University of Maryland's Center for Substance Abuse Research published information on a study analyzing data from the "Survey of Inmates in State and Federal Correctional Facilities, 1997".[11] It was found that charges for the majority (85%) of prisoners derived from drug distribution. Of the remaining prisoners sentenced for use/ possession, just 1.9% of those were imprisoned without any indication of involvement in distribution or a non-drug violation.

Conclusion

The data presented are consistent across all sources and support the fact that state prisons are not housing prisoners convicted for simple marihuana possession. Sufficient data are readily available, both current and historical[12]. Public policy decisions should be based upon factual information, not enduring myths.

Endnotes:

1. Edwards, C. E. Listing of Marijuana Initiatives/Legislation, Arizona HIDTA, 2006.
2. Drug War Facts, Common Sense for Drug Policy. Kevin Zeese, President. http://www.drugwarfacts.org/marijuan.htm. Other web sites carrying this data include NORML, Marijuana Policy Project, DRC Net, et al. Citing the FBI Uniform Crime Report 2004.
3. 1,745,712 total arrests x 39.2% of arrests for possession = 684,319 *arrests*, NOT persons
4. Riley, K. Jack, et al. with Linda J.Demaine. Federal Bureau of Investigation, U.S. Department of Justice. Crime in the United States, 2004. Uniform Crime Reports. 2005. Washington, D.C. Section IV —Persons Arrested p. 277.
5. Ibid. p. 278, Table 4.1
6. U.S. Department of Justice, Federal Bureau of Investigation, Crime in the United States, 1997. Uniform Crime Reports. 1998. Washington, D.C. p. 221, Table 4.1. http://www.fbi.gov/ucr/ucr.htm
7. U. S. Department of Justice, Bureau of Justice Statistics, Felony Sentences in State Courts, 2002. Chapter 1, Tables 1.1, 1.2. April 2005. http://www.ojp.usdoj.gov/bjs/
8. U. S. Department of Justice, Bureau of Justice Statistics, Bulletin, December 2004, NCJ 206916, p.2.
9. Office of National Drug Control Policy. Who's Really in Prison for Marijuana, 2005, p. 9
10. Rand Corporation Monograph Series. Just Cause or Just Because? Prosecution and Plea-Bargaining Resulting in Prison Sentences on Low-Level Drug Charges in California and Arizona. 2005. http://www.rand.org/multi/dprc/
11. Center for Substance Abuse Research, University of Maryland, Very Few Adult Drug Law Violators in Prison Solely for Use or Possession. CESAR Fax December 12, 2005, Vol. 14, Issue 50. CESAR adapted from "How Many People Does the U.S. Imprison for Drug Use, and Who Are They?" *Contemporary Drug Problems* 32(3):405-428, 2005.
12. For federal sentencing data see: U. S. Sentencing Commission, Sourcebook of Federal Sentencing Statistics 2003.

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THE LEGAL ISSUES IN "MEDICAL" MARIJUANA FEDERAL VERSUS STATE LAW

By David G. Evans, Esq.

Eleven U.S. states have passed state laws making use of "medical" marijuana legal. However, in the case of Gonzales v. Raich, the U.S. Supreme Court held that the use of "medical" marijuana violates federal law. In Gonzales the users and growers of marijuana for medical purposes under the California Compassionate Use Act (state medical marijuana law) sought a declaration that the federal Controlled Substances Act (CSA) was unconstitutional as applied to them. The CSA criminalizes the manufacture, distribution, or possession of marijuana. The Supreme Court held that the application of the CSA to prohibit the growth and use of marijuana was rationally related to the regulation of interstate commerce in marijuana. The U.S. Congress in creating the CSA had the power to regulate activities that have substantial effect on interstate commerce. Marijuana, even though illegal, has an impact on interstate commerce. The Commerce Clause in the US Constitution gives Congress, and not the states, the right to regulate interstate commerce. In addition, as required by treaty obligations, the U. S. has enacted the CSA declaring that there is no accepted medical use for marijuana and has generally outlawed its use, possession, distribution, and cultivation. 1

The United States has a federal system. Some powers are given to the federal government in Washington and some to the states. They have two different law enforcement systems. A state can make marijuana use legal, and a user cannot be prosecuted under state law but can be prosecuted by federal law enforcement. The federal government has prosecuted medical marijuana establishments such as large distributors but does not yet prosecute patients as a policy. The conflict between state and federal law may be resolved by future litigation seeking to prohibit the states from violating the federal law.

Violations of federal medical device laws.

Marijuana is often used in a pipe or smoked in a "bong" which is a device for smoking marijuana. Normally these are considered to be drug paraphernalia and state laws prohibit their use. However, if these devices are used to smoke "medical" marijuana they become medical devices subject to federal regulation. Medical devices are strictly regulated by the federal Food and Drug Administration (FDA). In order for a "bong" or marijuana smoking pipe or other such device to be used it will have to be approved as a medical device by the FDA. It will also have to be properly labeled under federal law. 2 States who pass laws permitting use of such devices for marijuana use will violate federal law. A proposed law in New Mexico permitted the use of such devices for "medical" marijuana. The proposed law did not pass the legislature. 3

Physicians who recommend and use "medical" marijuana are at risk for lawsuits.

Historically, physicians rely upon the federal Food and Drug Administration's (FDA) process for approving drugs to protect them from liability should a drug be unsafe. The FDA has yet to approve crude marijuana. The state medical marijuana laws do not protect physicians from medical malpractice suits. Insurance companies writing malpractice insurance are carefully scrutinizing ways to limit their malpractice exposure because of escalating plaintiffs' lawsuits. One attempt to limit exposure is to exclude claims arising from the use of a non-FDA approved medication. Physicians who recommend marijuana will find it extremely difficult to show that they had "rendered quality care" or met the "standard of care" that other reasonably prudent, similarly trained and experienced physicians would consider. This is because the necessary scientific research regarding marijuana and its effectiveness, risks, benefits, dosages, interactions with other drugs, and impact on pre-existing conditions is not available, and because there are no quality controls in the manufacturing process. 4

References

1. Gonzales v. Raich, 125 S.Ct. 2195 (2005); U.S.C.A. Const. Art. 1, § 8, cl. 3; Comprehensive Drug Abuse Prevention and Control Act of 1970, §§ 401(a)(1), 404(a), 21 U.S.C.A. §§ 841(a)(1), 844(a); the Single Convention on Narcotic Drugs

2. 21 C.F.R. § 801.5 (Medical Devices - Labeling - Adequate directions for use means directions under which the layman can use a device safely and for the purposes for which it is intended. This includes quantity of dose, frequency of administration or application, duration of administration or application, time of administration or application, in relation to time of meals, time of onset of symptoms, or other time factors, route or method of administration or application, preparation for use, i.e., adjustment of temperature, or other manipulation or process. See also: 21 C.F.R. § 803.3 (medical device reporting); 21 C.F.R. § 807.93 (Premarket Notification Procedures); 21 C.F.R. § 808.3 (Medical Device Classification); 21 C.F.R. § 860.7 (Determination of safety and effectiveness includes the conditions of use for the device, the probable benefit to health from the use of the device weighed against any probable injury or illness from such use and the reliability of the device and there is reasonable assurance that a device is safe when it can be determined, based upon valid scientific evidence).

3. "paraphernalia or other property seized from a qualified patient or primary caregiver in connection with the claimed medical use of cannabis shall be returned immediately" 2006 NM S.B. 258 (NS)

4. "The Potential Medical Liability for Physicians Recommending Marijuana as a Medicine", Educating Voices, www.educatingvoices.org.

It does not violate federal law for a physician to just discuss "medical" marijuana with a patient. This is a free speech issue. Conant v. Walters, 309 F.3d 629 (CA 9 2002), cert denied Walters v. Conant, 540 U.S. 946 (2003)

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A POINT OF FACT: SETTING ROB KAMPIA'S CRIMINAL RECORD STRAIGHT

By Elizabeth Edwards

Recently, a dedicated anti-drug champion in the U.S. Congress spoke on the floor of the House of Representatives. His topic: February's Conservative Political Action Conference (CPAC) agenda and Rob Kampia's participation as moderator for a drug policy debate.

In his speech, Congressman Mark Souder referred to Rob Kampia, executive director of the Marijuana Policy Project (MPP), by stating: "Incidentally, the moderator himself is a convicted drug dealer."[1]

As a result of that speech, Mr. Kampia issued an Alert to the MPP mailing list and membership.[2] In this Alert, Mr. Kampia made reference to Congressman Souder's speech stating: "For years, Congressman Mark Souder (R-IN) has consistently criticized the Marijuana Policy Project and other drug policy reformers, but he stooped to a new low on February 8 by attacking MPP on the floor of the U.S. House of Representatives. Why? Because I was invited to moderate a drug policy debate at the Conservative Political Action Conference . . . . to read Souder's full statement, in which he called me a convicted drug dealer. (In point of fact, I served three months in jail for growing my own marijuana for personal, non-medical use when I was in college.)"

In point of fact, Mr. Kampia's public court records and his own words tell another story.

Mr. Kampia was an engineering science student at Pennsylvania State University May 4, 1989 when he and two co-defendants were arrested on marijuana charges. Mr. Kampia was charged in Centre County, PA[3] with:

Drug possession with intent to deliver

Drug possession with intent to distribute

Possession of Drug Paraphernalia

Driving while intoxicated

Criminal Conspiracy (2 counts)

Mr. Kampia pled guilty on August 7, 1989 to three of the charges.[4]

In his own words, he provided a different version of his convictions in a 1990 college newspaper article stating: "If you're wondering, I was convicted of possession with intent to deliver marijuana."[5] The two additional convictions were not mentioned in his article.

By 1993, yet another version of the arrest and convictions had emerged. This time he stated he was a Physics major, he grew 96 marijuana plants in his apartment, sold marijuana to friends, and was arrested because his product had somehow "ended up in the hands of an informant."[6] It should be noted that a single marijuana plant can yield up to five pounds of smokeable material.[7]

It would appear that over the years, and as circumstances may dictate, Mr. Kampia's versions of his drug dealing arrest and convictions have been modified to the most recent sanitized version that has him "growing my own marijuana for personal, non-medical use when I was in college."

In point of fact, state elected officials, members of the U.S. Congress and the public have a right to know the truth about Mr. Kampia since he presents himself as an authoritative source for so-called medical marijuana policy advice on behalf of the sick and dying. While some members of Congress, state legislators and MPP supporters may be deceived by Mr. Kampia's revisionist statements of his criminal history, many others, including Congressman Souder are not.

1. U. S. Congress, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Mark Souder, Chairman. Speech of Hon. Mark E. Souder of Indiana in the House of Representatives. George Soros' Infiltration of CPAC. February 8, 2006. http://reform.house.gov/CJDPHR/

2. Marijuana Policy Project Alert, February 15, 2006. MPP attacked in Congress as drug war spending is reduced. Full Alert available upon request.

3.Pennsylvania, Centre County Court of Common Pleas, Case #1989-535. Arrest also noted in High Times Magazine, Capital Guys, by Dan Skye, May 2001.

4. Court of Common Pleas, Centre County, Pennsylvania. Guilty plea to one count of possession with intent to deliver and two counts criminal conspiracy. Paid fine, court costs, to serve not less than 4 months nor more than 12 months.

5. "My Opinion: Scared by the long, oppressive arm of the law." Pennsylvania State University student newspaper, Wednesday November 28, 1990.

6. Westcott, Scott "Robert Kampia: Marijuana Activist And Student Government President", Freedom Fighter of the Month feature, High Times February 1993, p. 26.

7. Drug Availability Steering Committee, Drug Availability Estimates in the United States 2001. December 2002. http://www.whitehousedrugpolicy.gov Note: 5 pounds of smokeable materials=about 2,250 joints.

"Modern medicine does not burn leaves and ask sick patients to inhale the smoke. It identifies individual chemicals and delivers them in a purified, often synthetic, form to treat specific illnesses … Pro-marijuana forces do not want clinical truths, and they do not want purified or synthetic cannabinoids. They want smoked dope."

Robert L. DuPont, MD

WORLD FORUM AGAINST DRUGS

By Katarina Cnuttingius
Swedish Delegate to Drug Watch International

Katarina Cnattingius *worked as a teacher for 25 years in the public high school system before founding the Swedish Parents Anti-narcotics Association's local branch in Täby, a suburb of Stockholm. For 25 years, she chaired this organisation, doing drug prevention work and counselling parents. She is a member of the National Association for a Drug-free Society, the Stockholm branch of the RNS. For 17 years, she has been a member of the board or the Swedish Carnegie Institute, a well-known research institute in the area of drugs and other crime and social issues. She is also a member of the Swedish Narcotic Officers Association. Between 2001-2005 she was vice president of Europe Against Drugs (EURAD). Ms. Cnattingius Is married and has two adult sons and four half Brazilian granddaughters.*

March 2006

On August 23-28, 2007, Sweden will host a unique international event –- **World Forum Against Drugs** (WFAD). Hosts for the event will be NGOs against Drugs, European Cities against Drugs (ECAD), the City of Stockholm, and the Swedish Government.

WFAD will be a manifestation of the shared objective of national and international organisations, self-help groups, treatment centres, cities, local and regional authorities and their representatives, stage artists, and others against illegal drug- dealing worldwide. The forum agenda will be devoted to the positive topic –-"Against drugs, for the sake of living".

Swedish non-governmental organisations (NGOs) against drugs have a great deal of influence in the planning of WFAD topics, with emphasis on the importance of drug prevention –- not treatment. Self-help groups and parental organisations will play an important role, and we hope to see a wide variety of prominent individuals and world famous artists in attendance.

The goal of WFAD is to demonstrate the combined determination of all nations to resist drug use and thus manifest our strong support of restrictive drug polices. WFAD will send a message of general support of the UN Drug Conventions and the United Nations General Assembly Special Session (UNGASS) meeting in 2008.

On August 23rd, a banquet will be held in the Stockholm City Hall. We are anticipating 2,000 – 5,000 delegates and tens of thousands of visitors. Translation into English, Russian, French, and Spanish will be provided. An exhibition will take place in The Royal Garden.

We are also planning a large event for the young people who will be coming to Stockholm from different parts of the world. This affair will probably be a huge drug-free disco in the middle of the Royal Park in Stockholm. There are also plans for a large open meeting for Narcotics Anonymous.

All this is the result of cooperation between ten Swedish NGOs. These organizations did not share all aspects of Swedish drug policy in the beginning, but there were several things they could agree upon, among them, drug prevention. Today, they have reached consensus in almost every aspect.

The National Association for a Drug-free Society (RNS), a non-government funded organisation, Swedish Parents´ Anti-narcotics Association (FMN), Swedish Immigrants against Narcotics (SIMON), Criminals Return into Society (KRIS), Swedish Narcotic Officers´ Association (SNPF), International Organisation of Good Templar's (IOGT), two other Temperance organisations, and European Cities against Drugs (ECAD) started an action at the downtown drug scene of Stockholm in 2003. From noon until 2 p.m. every Saturday, representatives from these organisations and invited speakers, such as politicians, ex-addicts, scientists, and parents, presented speeches and collected signatures to support our demands of the Swedish government.

Our shared objectives were to protest against Needle Exchange Programs (NEPs), to demand drug testing in schools, to ask for more police officers working with early intervention, to stop reduction of the number of Customs officers, and, of course, the main purpose was to demand ridding the square of drug peddlers and addicts. After one year, on September 23, 2004, we organized a 24 - hour seminar at the same place – "Sergels Torg".

In spring 2005, Mobilisation against Drugs (MOB), a government organisation, arranged a major exhibition with seminars called "Sweden Against Drugs". The costs for participation and for attending the seminars were extremely high. Additionally, we found that important issues such as demands to include drug treatment in Swedish NEPs, drug testing in schools, and other important topics were not on the agenda. Discovering that the third floor in the big exhibition building was not booked, the group rented it, and we organized our own seminar and exhibition! We invited speakers who addressed significant controversial issues and politicians from the Swedish parliament. The Minister of Justice and several other important speakers participated in our arrangements, and everything was open to the public – free of charge!

Our seminar was a huge success, and we determined to hold a world conference, bringing together people who are opposed to the illegal use of drugs. Representatives from both production and consumer countries will be able to meet and discuss their common goal – drug prevention.

I would like to extend an open invitation to all to attend this extremely important World Forum Against Drugs. Welcome to Stockholm!

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DrugWatch 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.

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

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

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