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POST 9/11 AND DRUG ABUSE

By John J. Coleman, President, Drug Watch International

The attacks of September 11, 2001 are said to have affected the lives of many people around the world and surely here in the United States. For this reason, it seems like the right time to examine how increased security measures since 9/11 have affected drug abuse patterns, specifically with respect to imported drugs like heroin and cocaine.

To perform this analysis we examined data compiled from the records of the Treatment Episode Data Set (TEDS), a government database that collects information on approximately 1.9 million annual admissions for drug and alcohol treatment. The TEDS report used for this analysis is available at: http://wwwdasis.samhsa.gov/teds04/TEDSAd2k4TOC.htm.

In 2001, a year that we use as our "baseline" for pre-9/11 data, five substances accounted for 95 percent of the 1,824,254 TEDS admissions: alcohol (44%); opiates (18%, primarily heroin); marijuana (15%); cocaine (13%); and stimulants (6%, primarily methamphetamine).

In 2004, the same five substances accounted for the same percentage of the 1,875,026 TEDS admissions: alcohol (40%); opiates (18%, primarily heroin); marijuana (16%); cocaine (14%); and stimulants (8%, primarily methamphetamine).

Although the percentage of TEDS admissions for opiates in 2001 and 2004 was the same (18%) and for cocaine almost the same (13% in 2001 and 14% in 2004), when we compare subcategories of these drugs for the same period we find a decline of 2 percent in admissions for heroin, but an increase of 22 percent in admissions for synthetic opiates. For the same period, a modest increase of one percent in admissions for cocaine appears offset by an increase of 2 percent in admissions for methamphetamine. Differences in alcohol and marijuana admissions are excluded from this analysis because alcohol and marijuana, unlike heroin and cocaine, are produced in the United States and, therefore, not exclusively imported substances more likely to be affected by changes in border security.

What does this mean? One hypothesis is that increased post-9/11 security has changed some drug use patterns. For example, it appears that the 2 percent decline in admissions for heroin between 2001 and 2004 was offset by an increase of 22 percent in admissions for synthetic opiates, described by TEDS as including "methadone, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects."

While the difference appears significant for the switch from heroin to synthetic opiates, the same cannot be said at this time for cocaine and methamphetamine. The modest increase of one percent in admissions for cocaine in the period since 2001 appears only slightly offset by the increase of 2 percent in admissions for methamphetamine.

What this suggests is that some, perhaps many, heroin abusers switched to prescription opiates in the post 9/11 period. This hypothesis is supported by a statement found in a 2006 strategy report by the White House Office of National Drug Control Policy: "The abuse of prescription drugs, including OxyContin (oxycodone), has become the second most prevalent form of drug abuse." As stated, these data are less convincing for showing post 9/11 effects on cocaine abuse, at least as measured by TEDS admissions.

While these post-9/11 shifts in drug abuse patterns may be of interest to us, they offer little solace for preventionists. Given the interchangeable nature of abusable substances, particularly heroin and synthetic opiates, prevention strategies aimed at reducing the abuse of these drugs must focus primarily on the abusers who, according to these findings, appear undeterred by having to switch drugs because of increased post 9/11 security.

We conclude, therefore, that, while increased security in the post 9/11 period likely has affected the commerce in smuggled drugs, specifically heroin and cocaine, any hypothetical or actual *gain* from a reduction in the number of persons addicted to these substances, as measured by the number of people seeking treatment for them since 2001, appears to have been offset by corresponding increases in the number of persons addicted to substitute substances, primarily prescription opioids and clandestinely produced methamphetamine, as measured by the number of people seeking treatment for them in the same period. This post 9/11 effect is more evident in the shift from heroin to synthetic opiates and less evident in the shift from cocaine to methamphetamine.

HISTORY OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP)

By Lee I. Dogoloff, MSW, Board Member, Drug Watch International

35th Anniversary of the White House Drug Czar
June 17, 2006

POLICY AND INITIATIVES

Key policy concepts and program initiatives to reduce demand for illegal drugs included the following:

Policy Concept: Redefine Prevention To Address Growing Social Acceptance of Drug Use.

Supply and demand reduction efforts were being severely undermined by the growing social acceptance of illicit drug use. In response, we worked to expand the traditional triad of domestic treatment and rehabilitation, domestic drug law enforcement, and international narcotics control to include prevention as the fourth major program element in the drug abuse strategy.

Past prevention activities had been directed primarily at children and young adults to encourage them not to use illicit drugs. The shocking statistic that 10 percent of high school seniors were smoking marijuana daily, and the possible link to falling SAT scores demonstrated the failure of that single-focused approach. There was also a distinct absence of messages that clearly spelled out that dug use was both harmful and illegal.

We strived to redefine prevention as a national effort to undercut social acceptance by targeting prevention "messengers" such as parents and physicians as well as students. Our goal was to encourage community-based volunteers in their efforts to de-normalize adolescent drug use at the grass-roots level.

Major program initiatives

Sponsored a film entitled "For Parents Only, What Kids Think About Marijuana" to give parents a realistic no-holds-barred view of adolescent attitudes and behaviors.

Drafted a Model Drug Paraphernalia bill in conjunction with the Justice Department. This helped local parent groups pass legislation to bar street vendors and the like from selling drug paraphernalia to their children.

Held White House briefings for major physician groups, congressional spouses, educators, and parents to enlist their support in broadcasting the message that drug use was harmful and unacceptable behavior.

Used the "bully pulpit" of the office to energize parent groups across the country and served as a catalyst to establish communication among groups. These efforts laid the foundation for the formation of the national parent groups association and the work of First Lady Nancy Reagan's very visible campaign to reduce adolescent drug use.

Policy Concept: Follow the Money

Drug dealers are not in business to traffic drugs—rather they are in business to make money. With that in mind we set forth to identify, arrest, and prosecute those involved and to confiscate the huge amounts of money being made by the highest-level drug trafficking enterprises.

Major program initiatives:

Established working groups that included agencies such as the Secret Service and Comptroller of the Treasury, as well as more traditional enforcement agencies, to understand how to track the large amounts of money involved in trafficking enterprises and how to identify the leaders of these enterprises—many of whom had never had any direct contact with the drugs per se.

Worked with Congress to pass legislation that allowed the IRS and Department of Justice to exchange information and intelligence regarding financial assets of drug trafficking enterprises while protecting the privacy rights of individual taxpayers.

Established a Currency Enforcement Program in the U. S. Customs Service to more effectively enforce the reporting requirements of the Bank Secrecy Act (which required the reporting of any cash transaction exceeding $10,000) and, thereby, impede the currency transfers that supported drug trafficking.

Policy Concept: Look at Misused Legal Drugs as well as Illicit Drugs

The Federal Drug Program had been focused on illicit drugs such as heroin and cocaine. Yet, legitimately manufactured drugs were causing substantial harm through misuse and inappropriate prescription practices.

Major program initiatives:

Contracted with the Institute of Medicine to conduct a review of the safety and usefulness of sedative and hypnotic drugs and physician prescribing practices for these drugs. Of major interest was the focus on sleep disorders and the problems caused by inappropriate long-term prescribing of habit-forming drugs such as diazepam.

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HISTORY OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

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In response to this review, the Public Health Service launched programs to educate physicians and patients about effective treatment of sleep disorders.

At the same time, the Department of Health and Human Services, the Veterans Administration, and the Department of Defense developed both physician education programs and new guidelines for dispensing such medications to patients in their facilities.

These regulatory and medical education programs led to a 32 percent decline in deaths and a 34 percent decline in hospital emergency room admissions involving barbiturates from 1977 to 1980.

Policy Concept: Drug Abuse Poses a Threat to Military Readiness and Efficiency

Because drugs negatively affected military performance, it was essential for the Department of Defense (DOD) to institutionalize drug education, prevention, identification, and treatment.

Major program initiatives:

Conducted a Policy Review on DOD drug abuse programs that led to the following actions:

Made the head of the DOD Office of Drug and Alcohol Abuse Prevention a Deputy Assistant Secretary of Defense. Upgrading this position emphasized the new importance that DOD placed on drug abuse prevention and treatment.

Instituted regular, random drug testing in all services with appropriate treatment and disciplinary actions following positive test results.

Promoted and supported prevention and treatment programs for all DOD civilian as well as service personnel.

The work carried out by the DOD became the prototype for the civilian workplace testing, treatment, and prevention programs launched a few years later.

Coordination of Executive Branch Efforts

As alluded to earlier, attention to coordination made the difference in translating policy concepts into programmatic initiatives. In particular, two mechanisms created by our office—the Principles Group and the National Narcotics Intelligence Consumer Committee (NNICC)—enabled us to achieve several important goals.

Principles Group

The Principles Group was composed of the heads of those agencies with primary drug program responsibilities. They included the Assistant Secretary of State for International Narcotics Matters, the Director of the National Institute on Drug Abuse, the Administrator of the Drug Enforcement Administration, the Commissioner of Customs, the Commandant of the Coast Guard, the Special Assistant to the Secretary of the Department of Health and Human Services, and the Assistant Attorney General for the Criminal Division of the Department of Justice. The group's monthly meeting was the main mechanism for coordination, policy and program discussions, and decision-making. In addition, there were frequent contacts between meetings to discuss issues of importance including coordination of congressional testimony.

My training as a Social Worker proved invaluable in facilitating this high-level group process so that each member's expertise, judgment, and understanding of agency/departmental operations could be applied to implementing the Federal Drug Strategy. My understanding of group dynamics and process helped the Principles become comfortable with one another, respect each others' organizational boundaries, and put turf considerations aside for the sake of achieving a shared goal. As an illustration of this collaborative approach, when the State Department lacked funding for crop eradication, the Commandant of the Coast Guard transferred $1 million dollars from his budget to State because, in his words, "it is far more effective to eradicate crops in the field than to interdict them on the seas."

National Narcotics Intelligence Consumer Committee

This Committee, known as the NNICC, was another successful coordination effort. Before NNICC there was no formal mechanism for coordinating the Government's narcotics intelligence. Our office convened a group of information experts from those agencies with enforcement, policy, treatment, research, and intelligence responsibilities. The new NNICC group members then pooled their resources to derive a unified estimate of the supply of drugs entering the country (beginning with cultivation estimates through end users), and the money flows associated with drug trafficking. The NNICC published these estimates every year in its well-regarded Annual Report.

Strategy Council On Drug Abuse

The Strategy Council was our third, but less fully realized attempt at coordination. The Council was composed of the Attorney General; the Secretaries of State, Defense, and Health and Human Services; and the Administrator of Veterans Affairs, plus six members from outside the Government who were appointed by the President. This group was

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HISTORY OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

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responsible for preparing the Annual Federal Strategy, which sets forth the overall policy and program priorities of the Federal drug effort.

The Office of Drug Abuse Policy

Together, three factors exerted a genuine and vitally important impact on the Office during my time. These were our physical location, access, and size.

Location, location, location

We were located in the Old Executive Office building and shared all the superficial trappings of power therein, such as While House Mess privileges. For many, our location was a visible indicator of the importance that the President assigned to our mission. We were able to leverage this impression to our advantage in moving programmatic initiatives through the bureaucracy and in our relationships with the Congress

Access and influence

We had regular access to the President through weekly memos, and we participated directly in OMB budget discussions and the Cabinet Officers budget appeal discussions with the President. Our direct influence on all drug program budget decisions meant that, for the most part, the Agencies respected us although they did not always agree with us. Access ensured that our plans received a fair hearing within the Administration, while our perceived budgetary clout almost always guaranteed cooperation from the Agencies.

Size

We accomplished what we did with a professional staff of seven and an annual budget of $346,000. (By comparison, the total budget for ONDCP's FY'07 request is $245 million with over $23.3 million earmarked for operations.) Because we were small and our resources were limited, we were forced to work through the Agencies for all programmatic initiatives. This was a time-consuming task although the relationships formed through the Principles' Group and our role in budget decision-making greatly facilitated the process. In the end, however, I believe that the need to coordinate was one important key to our effectiveness. Despite the "Czar" appellation, we could not be autocratic but had to work collegially. This fostered a sense of ownership by the Principles in the priorities, process, and programs that comprised the national drug effort.

In Retrospect

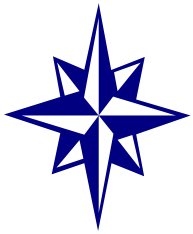
Looking back, there are at least three things that we might have done differently:

1. We had little appreciation for the huge role that alcoholism plays in the prevention and treatment of addictions. Nor did we understand how useful self-help groups like AA and NA are as adjuncts to treatment. Had we been equipped with this understanding, our demand reduction efforts may have touched far more lives far more effectively.
2. We did little to cultivate and utilize the private sector members of the Strategy Council. Had we done so, our efforts to change the growing social acceptance of illicit drug use might have achieved greater success more quickly.
3. We should have been far more aggressive in using the print and other media to reinforce messages about the harmful effects of drug abuse and their destructive consequences for families, users and our nation.

Recommended Changes in U.S. Drug Policy

There seems to be a major disconnect between the priorities of the current Federal Drug Strategy and the accompanying budget to support those priorities. Although the top priorities of the National Dug Control Strategy (i.e. "1. Stopping Use Before it Starts" and "2. Intervening and Healing America's Drug Users") are focused on demand reduction, the Federal budget does not reflect this understanding. The majority of Federal resources (64.5%,) are dedicated to supply reduction, while only 35.3% are allocated to the stated priority of demand reduction.

Every law enforcement official with whom I have ever spoken insists that the only possible solution to our nation's drug problem is to reduce the demand for drugs. Although supply reduction is important, it is, nonetheless, a secondary component of this effort. Despite repeated demonstrations that comprehensive treatment-on-demand programs reduce the demand for drugs, we fail to translate that learning into the Federal Drug Strategy budget. Given what we now know about the co-occurrence of mental illness and substance abuse, the negative economic and social impact of these disorders on our citizens, and the cost- benefit of treatment, isn't it time to make drug abuse and mental health treatment available to all who seek it? It seems tome that when we accept this truth our demand for drugs will decrease and the Federal Drug Strategy will have a greater likelihood of achieving success.



RIGHT TO PRIVACY, A LITERAL SMOKE SCREEN

By Lynda Adams, Alaska Delegate, Drug Watch International

Alaska leads the way for other states and countries to move beyond decriminalization of pot and make healthy kids their priority.

In a bold move, Alaska has recriminalized pot use after 31 years of sanctioned, "right to privacy" personal use of marijuana. The Alaska Legislature passed Governor Frank Murkowski's priority piece of legislation which now requires varying degrees of punishment for even small amounts of marijuana. The previously allowed 4 ounces of pot for personal possession now carries a felony penalty.

Since a 1975 Alaska Supreme Court decision, Ravin vs. State, the possession and use of a small amount of marijuana in the privacy of one's own home for personal use has been protected. At the time of the 1975 court decision, the average THC content (the psychoactive ingredient) in marijuana was less than 1%. Today, marijuana in the State of Alaska has tested for potency at a level as high as 29.86%. The average THC content in Alaska marijuana has steadily increased and averaged nearly 14% in 2003.

Potency testing by the University of Mississippi lab shows that hashish samples had the highest average in 2004 of approximately 11.5%, much less than the 14% of Alaska's pot. Alaska's marijuana potency averages are higher than hashish!

The Ravin court case in 1975 stated that, "The State has a legitimate concern with avoiding the spread of marijuana use to adolescents who may not be equipped with the maturity to handle the experience prudently." Today the age of first use has dropped so low that significant numbers of youth are smoking marijuana before they are 12 years of age. The private use by adults has, in fact, contributed to the spread of marijuana use to adolescents. The court decision giving adults the right to get high in their own homes has given children in those homes an easy access to marijuana. In addition, the message they receive from their parents is that smoking marijuana is safe.

The "small amount" for personal use of marijuana by adults in their own homes was defined by the Legislature in 1982 as "up to four ounces." When that quantity is rolled into joints, the equivalent is approximately 392 joints! (See picture) That was the amount that EACH adult could possess in the home for his/her own use.

Over the years, there have been many attempts through Ballot Measure Initiatives to weaken or strengthen Alaska's marijuana laws, but never has there been a successful legislative method to curtail use until now. Since 1975, Alaska has been the "experimental lab" for decriminalization of marijuana, and we have provided the proof that this "experiment" has failed….and our young people have been impacted.

Alaska's Governor is the first prominent leader in our state who has been bold enough to make this issue one of his priority pieces of legislation for passage during this session. There were networks of dedicated volunteers across our state who assisted in educating for passage of this legislation, House Bill 149. These volunteers had no money to fight the issue, but had the dedication and concern for Alaska's young people as their motivation. I applaud each state Representative and Senator who supported passage of this historical legislation. The opposition to the Bill was carried by the ACLU as well as substantial amounts of "outside" money from the drug legalization proponents filtered through The Clinton Group, a teleservices, direct mail, and interactive marketing firm from Gainsville, Florida.

Governor Murkowski signed the bill on June 2, and on June 6 the ACLU filed a law suit over the new marijuana law. It is anticipated that this lawsuit will be decided in the Alaska Supreme Court where private use of marijuana had been sanctioned in 1975.

Ravin vs. State states that "the right of an individual to do as he pleases is not absolute and it can be made to yield when it begins to infringe on the right and welfare of others." It further states, "Right of privacy in the home must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare." This HAS occurred.

The State, through the Attorney General's Office, has documented a preponderance of evidence of many scientific findings that are incorporated within the recently passed legislation which will allow the recriminalization of marijuana to prevail at the Alaska Supreme Court level. With Alaska's leadership, many other states may also feel encouraged in their efforts to fight the well-funded, drug legalization efforts across this country. May all of our young people be the beneficiaries of bold and dedicated leadership!

Alaska has pioneered new achievements in the fight against drug legalization, and these achievements uphold Federal law and International Treaties. It has taken us 31 years to reach these accomplishments. This has been an astounding victory for all Alaskans—and our victory is yours as well. Thanks to each one of you for your help. The power is in the network of PREVENTION. Don't ever give up on young people.

Lynda Adams of Ketchikan, Alaska, began her volunteer drug prevention work in 1982, participating in drug prevention organizations, programs, and task forces. She has presented workshops across the U.S. and has served on numerous boards and councils, including the Governor's Advisory Board on Alcoholism and Drug Abuse, the Ketchikan School District Drug Task Force ,and the Ketchikan General Hospital Recovery Program Advisory Board. Among her many awards, in 1988, she was presented with the prestigious "First Lady Volunteer Award, Office of the Governor," in 1989 the "USA Today Drug Buster Award for Alaska," and in 1992 the FBI Director's Community Leadership Award, Anchorage Division.

ONE HUNDRED NINTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

March 14, 2006

Twenty-Five Year Longitudinal Study Affirms Link Between Marijuana Use and Other Illicit Drug Use

Dear Colleague:

I write to draw your attention to the most recent research demonstrating the fact that ***marijuana is a gateway drug***.

Research[1] from the long-running Christchurch Health and Development Study at Christchurch School of Medicine and Health Sciences[2] shows that regular or heavy marijuana use was associated with using a wider variety of other illicit drugs, and with abuse or dependence on other illicit drugs.

This new research found that "following tight statistical controls, ***there is a clear tendency for those using cannabis to have higher rates of usage of other illicit drugs. This tendency is most evident for regular users of cannabis, and is even more marked in adolescents than in young adults.***"[3]

This is further confirmation of what we have long known: that marijuana use opens the door to additional illicit drug use and abuse. Far from being a "benign" substance, marijuana it is a dangerous, addictive drug that is frequently the first step into the abyss of lifelong drug addiction, especially for adolescents.

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[1] D. Fergusson, et al., *Cannabis Use and Other Illicit Drug Use: Testing the Cannabis Gateway Hypothesis*, Addiction Vol. 101 at 556 (April 2006). Abstract available at http://www.blackwell-synergy.com/doi/abs/10.1111/j.1360-0443.2005.01552.x (last visited March 14, 2006).

[2] Funded by the Health Research Council of New Zealand, a 25-year longitudinal study of the health, development and adjustment of a birth cohort of 1265 New Zealand children, was the basis for these findings.

[3] Press Release, "Illicit Drug Use Starts With Cannabis." March 14, 2006, Christchurch School of Medicine and Health Sciences, University of Otago. At http://www.chmeds.ac.nz/news/events/illicit_drugs.htm (last visited March 14, 2006).

Marijuana is currently the most widely-abused drug in this country.[4] It is linked to serious, dangerous physical and mental side effects including increased risk of heart disease, lung cancer, bronchitis, emphysema, depression, schizophrenia, and thoughts of suicide.[5] Comprised of nearly 400 chemicals, marijuana can affect almost every organ in the human body, from the central nervous system to the cardiovascular, endocrine, respiratory/pulmonary, and immune systems.[6]

Moreover, as we have long known, early exposure to marijuana is linked to the likelihood of lifetime subsequent drug problems.[7] The Christchurch findings confirm this, demonstrating that regular or heavy marijuana use was associated with using a wider variety of other illicit drugs, and with abuse or dependence on other illicit drugs.[8]

I urge you to keep this science-based research in mind in the face of continuous, irresponsible, deceptive, fraudulent, unfounded and reckless claims by proponents of marijuana legalization that it is "safe" or "therapeutic."

Sincerely,

Mark E. Souder
Chairman
Subcommittee on Criminal Justice,
Drug Policy and Human Resources
Government Reform Committee

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[4] *NIDA InfoFacts: Marijuana*, National Institute on Drug Abuse, *at* http://www.nida.nih.gov/Infofacts/marijuana.html (last visited March 14, 2006)

[5] Letter from John P. Walters, Director, Office of National Drug Control Policy, and Karen P. Tandy, Administrator, Drug Enforcement Administration, to Hon. Frank Wolf, Chairman, Subcommittee on Science, the Departments of State, Justice and Commerce, and Related Agencies, Committee on Appropriations (June 7, 2005) (on file with the Subcommittee).

[6] Marijuana and Medicine: The Need for a Science Based Approach: Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform, 108th Cong. (2004) (statement of Nora D. Volkow, Director, National Institute on Drug Abuse).

[7] *Id.*

[8] *See* Fergusson, et al., note 1.

INTERNATIONAL NEWS BRIEFS

- For several years, the US Food and Drug Administration (FDA) allowed a limited number of seriously ill patients to use smoked marijuana. The program was terminated in 1992 when the Public Health Service stated there was no scientific evidence that the drug was assisting patients. A warning was issued that using smoked marijuana, as a form of medical therapy may be harmful to some patients. *(CEDARS Research, 2/10/2006)*
- Convenience-store operator 7-Eleven, Inc. is telling franchises to pull a high-caffeine drink from its shelves because of the product's name: Cocaine. The company acted after getting complaints from parents of teens, who are a big part of the drink's target audience. *(Denver Post, 10/16/2006)*
- Would legalizing marijuana drive insurance rates up? Chuck Knaus of the Nevada Division of Insurance said that if the number of accidents goes up, so will insurance rates. Jim Denton of the Nevada Insurance Council agreed. He said that anything that increases the risk while driving will raise insurance rates. *(www.kvbc.com, 10/23/2006)*
- Scott Burns, deputy director of the Office of National Drug Control Policy said, "The [Nevada] initiative [to legalize marijuana] was "funded 98 percent from Washington, D.C." He named John Sperling, Peter Lewis, and George Soros as the moneymen behind the ballot measure. *(Nevada Appeal, 10/24/2006)*
- According to a recently released report, the percentage of marijuana, methamphetamine, oxycodone, nonprescription methadone, codeine, and hydrocodone admissions to state-funded substance abuse treatment facilities has continued to increase. Heroin-related treatment admissions have declined in recent years. *(Treatment Episode Dataset (TEDS) 1994-2004, "National Admissions to Substance Abuse Treatment Services, 2006, CESAR FAX 9/25/2006)*
- From 1999 to 2002, opiod analgesics, such as hydrocodone, oxycodone, and methadone are more likely than cocaine or heroin to be the cause of unintentional drug poisoning deaths in the U.S., according to a recent analysis of mortality data from the National Center for Health Statistics. *("Pharmacoepidemiology and Drug Safety, 15(9):613-617, 2006)*
- Recently released data from the 2005 National Survey on Drug Use and Health shows that non-medical use of prescription drugs is more prevalent in the U.S. than illicit drugs, with the exception of marijuana. Additionally, the non-medical use of prescription tranquilizers and stimulants was outranked by only marijuana and cocaine. *(www.oas.samhsa.gov, CESAR FAX, 9/11/2006)*
- Teen smoking and drinking continued to drop, but teenage abuse of prescription drugs has become "an entrenched behavior" that many parents fail to recognize, according to the Partnership for a Drug-Free America study released May 2006. One in five teens tried prescription painkillers such as Vicodin or OxyContin, and 40 percent said that prescription meds are "much safer" than illegal drugs. Twenty-nine percent think that prescription painkillers are non-addictive. *(www.cnn.com, HEALTH, drug survey, 5/16/2006)*
- California Governor Arnold Schwarzenegger vetoed a bill that would have allowed the industrial production of marijuana hemp. *(San Francisco Chronicle, 10/1/2006)*
- "We should discourage young adults seeking treatment in mental health services from using cannabis and inform them of the probable mental health risks of cannabis use, especially of early and frequent use. We must exercise caution in liberalizing cannabis laws in ways that may increase young individuals' access to cannabis, decrease their age of first use, or increase their frequency of cannabis use. We should consider the feasibility of reducing the availability of high-potency cannabis products." *(Cannabis Journal of Psychiatry, 2006 Aug;51(9):566-74)*
- Bladder cancer is tied to marijuana use. People with a history of pot smoking should be worked up aggressively for the malignancy. *("Renal & Urology News, March 2006)*
- According to CBS News, one in five nurses and one in 20 doctors are addicted to drugs. *(KMOV-TV, St. Louis, MO, "Health Report," 10 p.m., 5/1/2006)*
- "It is the opinion of the National MS Society's Medical Advisory Board that there are insufficient data at this time to recommend cannabinoids in any for as a treatment for Multiple Sclerosis." *(New Jersey MS Newsletter, pps. 9 – 10, 2003. www.nationalmssociety.org)*
- Dr. Robert S. DiPaola emphasized the importance of rigorous randomized clinical trials for evaluating herbal and botanical products (N.Engl.J.Med. 2006: 354;632-4): "Until there is adequate research on an herbal or

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INTERNATIONAL NEWS BRIEFS

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other botanical project," he noted, "it is the responsibility of physicians to inform their patients and protect them from the inherent risks of unproven therapies." *(Internal Medicine News, June 1, 2006)*

- Deborah Schurman-Kauflin of the Violent Crimes Institute in Atlanta analyzed 1,500 cases from January 1999 through April 2006 that included serial rapes, serial murders, sexual homicides, and child molestation committed by illegal immigrants. In 81 percent of the cases, offenders were drinking or using drugs prior to offending. Rapists and killers were more likely to use alcohol and drugs consistently than child molesters. *(World Net Daily, May 31, 2006)*
- The number of older adults using drugs will increase dramatically as the baby-boom generation ages, according to an analysis of data from the National Survey on Drug Use and Health. The number of adults ages 50 and older using illicit drugs in the past year is projected to increase from 1.6 million in 1999-2001 to 3.5 million in 2020. *(Annals of Epidemiology 16(4):257-265, 2006)*
- Researchers say that driving under the influence of drugs such as marijuana is nearly as prevalent as drinking and driving. Although many drug test results go unreported, and drivers who are found to be intoxicated are rarely given a second test for the presence of drugs, in 2004, at least 9 percent of roughly 17,100 drivers tested for drugs after being involved in a fatal crash came up positive for marijuana, according to statistics provided by the National Highway Traffic Safety Administration. Additionally, according to psychologist J. Michael Walsh, president of the Walsh Group, involved in a 2003 study of injured drivers, marijuana combined with a beer or two can produce a blood-alcohol level nearly twice the legal limit in many states. *(www.Gainesville.com, "Another kind of DUI" May 21, 2006)*
- Thirteen states have a law making it a crime to have any level of an illegal drug in one's system while driving. *(www.gainesville.com, "Another kind of DUI" May 21, 2006)*
- The number of children removed from Alabama homes for drug abuse of some sort has gone up 605 percent since 2000, according to the Department of Human Resource (DHR) records. DHR agencies agree that methamphetamine is one of the biggest factors. Exposure to the drug results in brain damage and other health issues, as well as behavioral problems, making it difficult to find foster care for the children. Sue Hays, a DHR director, said, "When we take these kids from parents on crystal meth, we give them more freedom to use the drug and not have to worry about the child. They don't seem to care." *(www.dothaneagle.com, 5/8/2006)*
- The Ontario Canada government has proposed changing its liquor laws in an effort to protect bar patrons from date rape drugs. Under the new provisions, consumers would be permitted to carry their drinks with them into washrooms and hallways, thereby eliminating the opportunity for others to spike their beverages. Current law does not allow bar patrons in Ontario to take their drinks into the washroom with them. The changes were supported by both law enforcement and the bar industry. *(CBC News, 10/16/2006)*
- In an historic announcement at the Hockey Hall of Fame in Toronto on October 25, 2006, the Canadian Hockey League has unveiled a drug-testing policy. Players will be randomly tested at rinks after games without any notice, and violators' names will be disclosed. *(Erie, PA Times-News, 10/26/2006)*
- A 2006 drug report reveals that up to 12 million Chinese are addicted to illegal drugs. The report, commissioned by *the Australian National Council on Drugs*, said that China has become the most important trafficking route for illegal drugs in the Asia-Pacific region. China also has by far the biggest number of injecting drug users – up to 3.5 million.
- A report of the October 4, 2006, meeting at the Flemish Ministry of Public Health stated that: 1) The strategy of "needle exchange" was rejected. 2) The strategy of financing IUD's who are not in treatment was rejected. 3) Drug prevention at discothèques and nightclubs would be enacted, and 4) Drug policy for prisons would be developed. *(www.vlaamsplatformtegendrugs.be)*
- Dutch children as young as 12 years old are addicted to cannabis, said addiction specialist, Dr. Romeo Ashruf, director of the Parnassia Clinic in The Hague. The production and marketing of cannabis was once a cottage industry, but today it is a huge criminally organized business. Dr. Ashruf said, "Cannabis causes addiction; there is no doubt about that."

HEALTH: OFFICIAL STUDY IN 53 TREATMENT CENTERS IN ARGENTINA

By Georgina Elustondo, The Clarin Newspaper, Argentina

Marijuana represents 25% of treatments for drug addiction

This high percentage refutes the myths regarding the frequency and dangers of marijuana: that marijuana is innocuous and that it is less toxic than tobacco. The experts affirm that marijuana generates physical and psychological dependency.

The harmlessness of marijuana has been accepted and become widespread, due to speeches that assure it is innocuous. The myths that marijuana does not generate addiction, is less toxic than the tobacco, and can be beneficial medically have promoted a dangerous social acceptance of the drug that the experts refute. "Nothing could be further from the truth," according to a report from the Secretariat for the Prevention of Drug Addiction and the Fight Against Drug Trafficking (SEDRONAR). The study provided strong statistics showing that one of every four patients in treatment in SEDRONAR drug dependency centers are addicted to marijuana.

Information released to CLARIN reflects the latest continuous registry of patients in SEDRONAR. According to recently released data, in 2005 marijuana was responsible for the treatment of 25% of the 2,369 patients who were being rehabilitated in 53 centers all over the country. "This high percentage denies the frequent speeches on marijuana that insist on establishing marijuana as a drug that does not cause health damage. Many people become addicted to the drug and are suffering the consequences," according to Diego Alvarez, leading researcher of the SEDRONAR study.

"It is a myth that the marijuana does not have toxicity. The drug contains very powerful psychoactive substances that affect the central nervous system and the cardiovascular apparatus," according to toxicologist Dr. Norma Vallejo, Undersecretary of Planning, Prevention, and Treatment for SEDRONAR. Marijuana also contains psycho-stimulants and psycho-depressors that can produce hallucinations.

"Chronic use of marijuana generates loss of interest and desire, produces fatigue, alters mood, lessens the capacity to concentrate, and depresses the immune system. Marijuana affects fertility and increases the probabilities of pulmonary cancer, diseases, and psychosis."

Vallejo continued, "Many declare that "porro" (marijuana cigarettes) are less harmful than tobacco cigarettes, and this is not true. Marijuana´s toxicity is greater, because it is smoked differently; more smoke is retained in the respiratory system, and the smoke contains more carbon monoxide than a tobacco cigarette."

The damages that marijuana can cause are multiple and the effects differ for each individual: as they say in the slang, "To each one, it beats him different." But there is something that affects all consumers the same - addiction. "Marijuana generates physical and, largely, psychological dependency. Like other drugs, it excites the user, and it causes an apparent state of well-being by acting on the pleasure centers of the brain. The user requires more and more of the drug to produce these feelings of pleasure," explains Dr. Vallejo.

Not only is marijuana addictive, it is one of the first illegal drugs used. Excluding those who first used alcohol and tobacco, statistics confirm that marijuana is a "front door" to other dangerous drugs. Fifty-eight percent of the patients began their road to addiction with marijuana. "It is a dangerous door," emphasizes Graciela Ahumada, sociologist and researcher for SEDRONAR, "which often leads to the use of cocaine, the paste bases, and tranquilizers."

Marijuana addiction is not necessarily associated with the frequency of consumption. "Addiction is based on individual characteristics," the researchers explain. "In order to evaluate dependency, the user must have (1) developed tolerance (must smoke more to obtain the desired effect), (2) changed his daily customs (routines, habits, organization of time), and (3) developed an indication of the abstinence syndrome (lack of enjoyment or socialization unless smoking marijuana)," the researchers stress.

The beginning age of the first contact with the marijuana is also worrisome: the average patient smoked "porro" for the first time at age 15, similar to the first use of the alcohol. "Any drug that is readily accessible through general sale would be a greater problem. It is unconscionable for people who know the dangers of marijuana to promote it as a medicine," emphatically states Dr. Ahumada. A study of college students revealed that marijuana carries a small perception of risk, an opinion that contrasts with the experience of addicts in treatment, "38% of whom said that marijuana is the drug that produced greater damage in their lives," says Graciela Ahumada.

Marijuana consumption is diverse and crosses all social sectors and ages. Data from the SEDRONAR study warn that between 2001 and 2005 the amount of people who smoked "porros" grew 60%, an increase caused primarily by the incorporation of woman users.

"I do not know if I will have friends, if I do not smoke"

"I was 14 years old, a baby. My mother had removed to me from the public school of my district, Lugano, to a private school. She thought that there I would be safer, but it was the other way around. There, I became involved with worse things, and at age 14, I began to use "porro." It was my beginning drug and led to my use of any drug."

Daniel is 24 years old and is committed in a center of Merit. His first drug was marijuana. He can now abstain from other drugs, but he continues facing his worse enemy -- "I cannot overcome my addiction to marijuana."

"I could leave the cocaine and the paste bases, but two months ago I again started using marihuana. It is very difficult to live without marijuana," he confesses. Hyperactive and nervous, he was assured that marijuana was the way "to sedate himself" and to socialize easily. "I did not know if I would have friends if I did not smoke. Already marijuana has compromised my personality."

"Smoking marijuana led to my inclusion among friends, but also it left me "tololo" (stupid). I did not finish school; marijuana affected my memory; I have a poor attitude; and I lost my identity. Hopefully, marijuana addiction will leave me peacefully."

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http://www.clarin.com/diario/2006/11/03/sociedad/s-03015.htm

TWO POINTS ON "MEDICAL MARIJUANA"

1) In *Gonzalez v Reich*, the Supreme Court has held that federal law enforcement authorities could criminally prosecute patients for possessing marijuana prescribed by a physician in accordance with State law. In other words Federal law takes precedence over State law on the issue of marijuana.

2) In the report of the AMA's Council on Scientific Affairs, the Council calls for further studies of the effects of marijuana and related cannabinoids in patients who have serious conditions for which evidence suggests possible efficacy. The Council urges the NIH to support such studies. Until results of these clinical research studies establish whether marijuana or its related cannabinoids have efficacy in the treatment of these conditions, the Council recommends that marijuana be retained on Schedule 1 of the Controlled Substances Act. It is possible that there may be some usefulness in the effects of purified cannabinoids, but this is not yet proven clinically. We will have to wait and see. A case in point might be cocaine, which, for a century, has been used in clinical medicine as a topical anesthetic. Further study produced a family of useful local anesthetics such as pontocaine, lidocaine etc.

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Former Sr. Epidemiologist, NIAID, NIH, WHO
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Advisory Board, Drug Watch International

CANNABIS HARD ON RESPIRATORY SYSTEM"

Position Paper—The Thoracic Society of Australia and New Zealand

The recently published position paper of The Thoracic Society of Australia and New Zealand addressing the "Respiratory health effects of cannabis" notes the following:

1. "The constituents of cannabis and tobacco smoke include a similar range of pro-inflammatory and carcinogenic substances."

2. "The way marijuana is inhaled as opposed to the way tobacco in inhaled "means that smoking a 'joint' of cannabis results in exposure to significantly greater amounts of combusted material than with a tobacco cigarette."

3. "Almost all studies indicate that the effects of cannabis and tobacco smoking are additive and independent."

4. "Public health education should dispel the myth that cannabis smoking is relatively safe by highlighting that the adverse respiratory effects of smoking cannabis are similar to those of smoking tobacco, that the respiratory hazards of smoking cannabis are significant."

5. Regarding the use of waterpipes (bongs) to ameliorate smoking hazards, the paper states: "There appears to be no significant reduction in risk with this modified inhalation technique."

6. "There is also a link between psychiatric illness and cannabis use, indicating that this particular subgroup may be at particular risk of respiratory disease with prolonged exposure to both tobacco and cannabis smoke."

Reference: I*nternal Medicine Journal* 2003;33:310-313, Taylor and Hall.
NW Center for Health and Safety

COCAINE AND ECSTASY CAUSE DNA MUTATION IN ANIMAL STUDY"

According to Italian scientists, cocaine and ecstasy not only cause addiction and raise the risk of cancer, they also provoke genetic mutations.

``Cocaine and ecstasy have proved to be more dangerous than we had imagined," said Giorgio Bronzetti, chief scientist at the National Center for Research's (CNR) biotechnology department.

``These drugs, on top of their toxicological effects, attack DNA – provoking mutations and altering the hereditary material. This is very worrying for the effects it could have on future generations," he said.

The use of ecstasy, a drug popular at all-night dance parties, increased by 70 percent between 1995 and 2000 according to a United Nations report published in September, 2003.

Ecstasy and amphetamines have overtaken cocaine and heroin as the fastest growing global narcotics menace, the study said.

The CNR report, which took more than three years to complete, said animal tests had shown a direct relationship between ecstasy and cocaine intake and the effects on DNA.

``In other words, the longer the time frame of drug consumption, the greater the damage to DNA," Bronzetti said.

BioLines, Vol 51, Jan 2004: http://www.africabio.com/biolines/51.pdf Page 12

DRUG PREVENTION NEEDS A NEW FACE

By Sandra Bennett, NORTHWEST CENTER FOR HEALTH & SAFETY
Past President, Drug Watch International

To win, in this day and age, you not only have to be *FOR something*, but the people you are trying to influence must find that "*something"* appealing and relevant, or it becomes invisible.

Drug prevention is like that for most of the world. Invisible. Further, drug prevention, if perceived at all, is seen as being *AGAINST*, not *FOR* something,, making it all the more likely to be deemed irrelevant. We MUST come up with terminology that makes drug prevention more appealing and thus more apt to be noticed.

It is difficult to show that prevention works, because if something is "prevented" from happening no one is apt to notice or care. The glamour is in the *rescue*, in the compassion for the injured, in the outpouring of donations to help the afflicted. There is no drama if *nothing* happens. So, how DO we get that empathy and compassion for prevention? How DO we effectively engage society in this effort?

The first and most difficult step is creating awareness. A means must be developed to educate the public about the physical, mental, and social harms associated with the use of psychoactive and addictive substances, and a publicity campaign must be launched to gain sympathy for the thousands and thousands of families devastated by substance abuse.

While education is the first step, it is does not have much "sex appeal" and will continue to be avoided unless it is legislated. And there needs to be a "reward" for compliance. For example, everyone who wants to get a driver's license must not only be able to drive, but must pass a written exam attesting to adequate knowledge of the law, and food handlers must receive training before working in the food industry. We can apply these models to drug prevention by tying drug education to employment.

Many companies already enforce a drug-free workplace environment consisting of pre-employment drug testing, random drug-testing, and Employee Assistance Programs. But *mandatory drug education* that teaches employees *why* the drug-free policy is in place is nearly nonexistent. Such a program would offer tremendous support to the government's plea to parents to talk to their children about the dangers of drugs.

For most adults, the information learned in *mandatory drug education* will be new and alarming and stands a good chance of being passed on to their children and other family members. This is important, because studies have shown that children *do* listen to their parents. It is imperative that parents know more about drugs than their children and that they talk to them about these dangers early and often. An uninformed parent loses credibility when trying to "wing it" about drugs, often doing more harm than good.

The second step would be to mobilize the hundreds of thousands of weary and exhausted grandparents being forced into raising their grandchildren because the parents are drug addicts and are out of the picture or have over-dosed on drugs. A GrandParents Corps could help raise the level of community awareness about the tragic toll drug use inflicts on society.

And finally, on the front pages of our newspapers, we need a daily tally of loved ones lost to drugs of abuse. The public needs to know that the U.S. loses 16,000 young people every year to illicit drugs, and 1440 college students to binge drinking. Grandparents can do this. Bereaved Families can do this. We must force the sympathy back to where it belongs – with those whose lives have been forever broken by the drug use of loved ones.

Dr. Robert S. DiPaola emphasized the importance of such rigorous randomized clinical trials for evaluating herbal and botanical products (N.Engl.J.Med. 2006: 354;632-4): "Until there is adequate research on an herbal or other botanical project," he noted, "it is the responsibility of physicians to inform their patients and protect them from the inherent risks of unproven therapies."

Internal Medicine News, June 1, 2006
Clinical Rounds - Urology - Saw Palmetto Ineffective

NEW REPORT: COCAINE, MARIJUANA TOP DRUGS IMPLICATED IN EMERGENCY ROOM ADMISSIONS

Thursday, May 11th, 2006

Yesterday, the Substance Abuse and Mental Health Services Administration (SAMHSA) released the latest report showing drug-related admissions to emergency rooms. Here are the results in a nutshell:

The 2004 DAWN estimates that cocaine was involved in 383,350 visits to emergency rooms; marijuana was involved in 215,665 visits; heroin was involved in 162,137 visits; stimulants, including amphetamines and methamphetamine, were involved in 102,843; and other illicit drugs such as PCP, Ecstasy, and GHB were involved with much less frequency. DAWN estimates 495,732 visits to emergency rooms in 2004 related to nonmedical use of prescription and over-the-counter pharmaceuticals. Over half of these visits involved more than one drug (57 percent). Opiates and Opioid analgesics (prescription pain relievers) were the most frequent pharmaceuticals, involved in nearly a third (32 percent) of nonmedical use visits. DAWN relies on a national sample of acute-care, general, non-federal hospitals operating 24 hour emergency departments. Estimates for 2004 are based on data submitted by 417 hospitals. Medical records were reviewed retrospectively to find the emergency department visits that were related to recent drug use. Across the 417 hospitals, more than 12 million charts were reviewed, which led to the identification of 279,564 drug-related visits. The data from the 417 hospitals were weighted to represent an estimated 1,997,993 DAWN visits nationwide in 2004 out of an estimated pool of 105,978,433 total emergency room visits across the nation.

http://www.pushingback.com/

CHEROKEE NATION TO RECOGNIZE RED RIBBON WEEK

TAHLEQUAH, Okla. – The Cherokee Nation will be celebrating Red Ribbon Week, October 23 – 31, with several events and activities. This year's theme is "Celebrate a Drug Free Life."

Red Ribbon Week is recognized each year in which people across the country promise to stay drug free and fight drug use by wearing red ribbons, t-shirts and other red items to show their support for the effort. The effort began after Federal Agent Enrique Camarena lost his life in the war against drugs. In honor of his memory, friends and family began wearing red satin to remember him and their promise to keep the fight against drugs. Today, more than 80 million people across the country wear red during National Red Ribbon Week to show their support for a healthy, drug-free lifestyle.

The Cherokee Nation will be among the millions of Americans waging a battle against drugs. During the week, the tribe has a number of events planned for employees and guests to express commitment to the effort.

On Monday, October 23, there will be a kick-off event in the Council Chambers at 10 a.m. On Tuesday, October 24, tribal employees are encouraged to wear red shirts and are encouraged to wear red ribbons all week long. In addition, there will be a poetry contest, Halloween costume contest and a pumpkin decorating contest for employees.

For more information about Red Ribbon Week, contact Wynema Bush at mailto:wbush@cherokee.org>> or call (918) 453-5561.

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

DanBent, Former US Attorney for Hawaii
www.FairMediation.com

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.

Drug Watch International does not accept funding from any level of government.

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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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