

# Drug Policy News

A Publication of Drug Policy Education Group, Inc.

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*Working to tell the TRUTH about drugs and drug policy*

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## **AR Legislature to Study Medical Marijuana**

Rep. Lindsley Smith is sponsoring an interim study on medical marijuana, which will be heard by the Joint House and Senate Public Health Committee sometime this fall. The study will focus on medical, scientific, and legal evidence on the question of whether marijuana is a valid medical agent, how a law in Arkansas would regulate patient use, and what might be the provisions of such a law.

There are now over 14,625 medical marijuana patients registered to legally use medicinal cannabis in their respective states: ALASKA: 198 registered patients; COLORADO: 668 registered patients; HAWAII: 2,596 registered patients; MONTANA: 119 registered patients; NEVADA: 610 registered patients; OREGON: 10,421 registered patients; VERMONT: 13 registered patients.

Medicinal cannabis patients in CALIFORNIA (total number estimated at between 75,000 and 100,000 patients), MAINE, and WASHINGTON do not need to be registered with the state to qualify for a statewide medicinal marijuana exemption. RHODE ISLAND just passed a law through legislative action.

## **U. S. Supreme Court Ruling Asserts Federal Dominion Over States Rights**

Patients in states where medical marijuana laws have been enacted may still face arrest by federal agents for possessing or growing marijuana, according to a 6-3 ruling by the U. S. Supreme Court issued June 6th. The Majority, which expressed sympathy for medical marijuana patients, declared that it was up to Congress to change federal law to protect sick and dying patients.

The argument in this case, put forth by California patients Angel Raich and Diane Monson and upheld at the 9<sup>th</sup> Circuit Court of Appeals, was based on an interpretation of the Commerce Clause of the U. S.

*(Continued on Pg 2)*

## **Hemp**

Hemp is the cousin of marijuana, related much the same as a cherry tomato is related to a big slicing tomato. Unlike its famous cousin, however, hemp is not an intoxicant. Hemp has less than 1% of the intoxicating ingredients of marijuana. But while over 30 nations profit from hemp, including millions of dollars for U.S. imports, U.S. farmers are not allowed to grow it.

American history is rich with stories of hemp production. Colonial farmers were required to grow it, and even as recently as WWII, farmers produced fields of hemp for rope and other industrial uses. The first blue jeans were made of hemp cloth, as were the canvas tops on covered wagons.

A revival of interest in hemp continues to pick up steam. Hemp seed contains oil that is both nutritious and useful in producing bio-fuels and plastics. Hemp stalk fiber could replace pulp wood in paper manufacturing and construction materials. An increasing number of farm groups are learning about the potential of agricultural profits from this crop, which requires relatively little water to produce and grows without herbicides and pesticides. Locations such as the Delta in Arkansas could produce two crops per season.

On June 23rd, Rep. Ron Paul (R-TX) introduced the first-ever federal industrial hemp bill, the Industrial Hemp Farming Act, in the U.S. House of Representatives. The Industrial Hemp Farming Act would bring federal law into agreement with the consensus among five U.S. states and more than 30 countries, that industrial hemp, defined as cannabis with <0.3% THC, is distinct from marijuana. If the bill passes, states that have hemp laws on the books (Hawaii, Montana, North Dakota, West Virginia, Maine, and Kentucky) will be able to allow hemp to be grown under state law without Drug Enforcement permits.

Visit <http://www.votehemp.com> or call 202-986-6186 for more information.

DPEG is donating a DVD "Hemp and the Rule of Law" to 50 libraries statewide. Watch for it!

(US Supreme Court from Pg 1)

Constitution and asserted that the federal prosecution of patients who cultivate and possess marijuana for their own medicinal use is an unconstitutional exercise of Congress' Commerce Clause authority. Federal drug laws are formulated as part of regulating interstate commerce.

Justices ruling in the majority in the June 6<sup>th</sup> decision acknowledged the narrowness of their decision. "The case is made difficult by respondents' strong arguments that they will suffer irreparable harm because, despite a congressional finding to the contrary, marijuana does have valid therapeutic purposes. The question before us, however, is not whether it is wise to enforce the statute in these circumstances; rather, it is whether Congress' power to regulate interstate markets for medicinal substances encompasses the portions of those markets that are supplied with drugs produced and consumed locally."

Dissenting justices had a different take on the situation.

'If the majority is to be taken seriously, the federal government may now regulate quilting bees, clothes drives, and potluck suppers throughout the 50 states,' Justice Clarence Thomas wrote for himself. Thomas also joined with Chief Justice William H. Rehnquist in another dissent written by Justice Sandra Day O'Connor. Though she said she wouldn't have voted for California's Compassionate Use Act, O'Connor similarly worried that the decision 'threatens to sweep all of productive human activity into federal regulatory reach.'"

On June 14, Congress voted on the so-called Hinchey-Rohrabacher amendment to the appropriations bill, which would have carved out a protection for states that had passed medical marijuana legislation. The measure failed on a 161-264 vote.

Rogene Waite, spokeswoman for the Drug Enforcement Administration, says the court ruling won't change the DEA's enforcement. "We don't go after the sick and dying. We go after large-scale organizations, traffickers and distributors." Yet she adds: "People should not be breaking the law. There's always a possibility they could come under the radar."



## MEDICAL NEWS

### MJ Projects Brain Cells

An interesting animal study regarding cannabinoids and neuroprotection appears in a recent issue of the journal *Pharmacology and Experimental Therapeutics*.

Researchers at Bethesda's (MD) National Institutes of Mental Health (NIMH) reported that the administration of the cannabinoid CBD (cannabidiol) reduced alcohol induced cell death in the hippocampus and etorhinal cortex of the (rat) brain by up to 60 percent.

Researchers speculated that CBD's demonstrated neuroprotection was due to its anti-oxidant properties. The NIMH researchers who conducted the study previously published data in 1998 demonstrating that both THC and CBD were better neuroprotectants than standard anti-oxidants (such as vitamin E and vitamin C) against glutamate toxicity (a typical side effect of stroke or head trauma) in the rat brain.

See Comparison of cannabidiol, antioxidants and diuretics in reversing binge ethanol-induced neurotoxicity by Hamelink C, Hampson A, Wink DA, Eiden LE, Eskay RL; *J Pharmacol Exp Ther*. 2005 May 5;

<http://jpet.aspetjournals.org/cgi/reprint/jpet.105.085779v1>

### MJ Kills Cancer Cells

An Israeli doctoral student has developed a derivative of cannabis which has shown to be effective in arresting cancerous growths in laboratory and animal tests.

Natalya Kogan, working under the supervision of noted researcher Prof. Raphael Mechoulam of the Hebrew University School of Pharmacy, calls the compound "quinonoid cannabinoids." They are derived from

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hashish, she stated, “but when they go through an oxidation process, they take on the chemical structure of anti-cancer drugs like daunomycin.”

While daunomycin is toxic to the heart, Kogan has found that the cannabinoid compound is much less cardiotoxic. The compound acts through a unique pathway to destroy cancer cells. “We discovered it was able to kill cancer cells in vitro,” said Kogan. “We then injected cancer cells into mice... We measured the tumor diameters and found that they were half as big as the tumors in mice in the control group.”

In addition to killing cancer cells, the marijuana compound also arrested blood cell formation, which cuts off blood vessels growing in tumors. From an article by David Brinn June 12, 2005 at [www.israel121c.org](http://www.israel121c.org)

### No Evidence of Brain Damage

Researchers have found no evidence of brain damage among long-term users of marijuana. “The effects of cannabis smoking on the morphology of the hippocampus are still unclear, especially because previous human studies have examined primarily younger, shorter-term users. We used magnetic resonance imaging to investigate these effects in a group of 22 older, long-term cannabis users (reporting a mean [SD] of 20,100 [13,900] lifetime episodes of smoking) and 26 comparison subjects with no history of cannabis abuse or dependence. When compared to control subjects, smokers displayed no significant adjusted differences in volumes of gray matter, white matter, cerebrospinal fluid, or left and right hippocampus. Moreover, hippocampal volume in cannabis users was not associated with age of onset of use not total lifetime episodes of use. These findings are consistent with recent literature suggesting that cannabis use is not associated with structural changes within the brain as a whole or the hippocampus in particular.

“Lack of hippocampal volume change in long-term heavy cannabis users.” By Tzilos GK, Cintron CB, Wood JB, Simpson NS, Young AD, Pope HG Jr, Yurgelun-Todd DA. Cognitive Neuroimaging Laboratory, Brain Imaging Center, McLean Hospital, Harvard Medical School, Belmont, MA; *Am J Addict.* 2005 Jan-Feb;14(1):64-72.

### THC Protects Arteries

An active ingredient in cannabis can ease inflammation and slow the progression of coronary artery disease in mice, and possibly humans, researchers have learned. Daily low doses of the ingredient, THC, prevented atherosclerosis, a primary cause of heart disease and stroke in western countries, without producing the associated high. Swiss researchers conducting the study do not know whether TCH, or delta-9-tetrahydrocannabinol, will have the same effect in humans. The team gave mice which were genetically engineered to be prone to atherosclerosis very low oral doses of THC with food each day. The dose was about 10 times less than that from smoking cannabis. Cannabis creates a high when it binds to receptors called CB1 on the surface of cells in the brain. In the mouse study, another receptor, CB2, which is found on immune system cells and has nothing to do with euphoria, was affected. The dose given to the mice was too low to create a sense of euphoria. Mice given THC had a slower progression of the disease than other mice not given the compound. From an April 6 article by Patricia Reaney for Reuters, London.

### MJ Not Cause of Schizophrenia

Are marijuana users at risk for developing schizophrenia? Prohibition agencies have claimed marijuana is a causative factor. Recent research is showing the reverse is true: persons with tendencies toward schizoid behavior are more likely to experiment with marijuana. “Findings suggest that regular cannabis users are significantly more prone to cognitive and perceptual distortions as well as disorganization, but not interpersonal deficits, than non-regular users and those who have never used. Additionally, the onset of schizotypal symptoms generally precedes the onset of cannabis use. The findings do not support a causal link between cannabis use and schizotypal traits. (“Schizotypy” is not synonymous with schizophrenia but is defined as a condition “characterized by, exhibiting, or being patterns of thought, perception, communication, and behavior suggestive of schizophrenia but not of sufficient severity to warrant a diagnosis of schizophrenia”) From Symptoms of schizotypy precede cannabis use. By Schiffman J, Nakamura B, Earleywine M, Labrie J., Department of Psychology, University of Hawaii at Manoa, Honolulu. *Psychiatry Res.* 2005 Mar 30;134(1):37-42.

### Natural MJ in Early Brain

Ester Fride, researcher at the Behavioral Sciences Department of Israel's College of Judea and Samaria, has discovered that the brain's cannabinoid receptors (receptors in the brain that respond pharmacologically to various compounds in cannabis as well as other

endogenous compounds) and the naturally occurring messenger molecules that activate and bind to them (so-called endocannabinoids) "are present from the early stages of gestation" and may play "a number of vital roles" in human prenatal and postnatal development. She notes that in animals, the endogenous cannabinoid system fulfills several important developmental functions, including: embryonal implantation (which requires a temporary and localized reduction in the production of the endocannabinoid anandamide), neural development, neuroprotection, the development of memory and oral-motor skills, and the initiation of suckling in newborns.

A dysfunctional endocannabinoid system, Fride speculates, may be responsible for certain abnormalities in infants, particularly "failure-to-thrive" syndrome, a condition in which newborns fail to properly grow and gain weight. (In animal studies, mice fail to gain weight and die within the first week of life when their cannabinoid receptors are blocked.)

Fride strongly recommends the use of cannabinoids in pediatric medicine. She notes that "excellent clinical results" have been reported in pediatric oncology and in case studies of children with severe neurological diseases or brain trauma, and suggests that cannabis-derived medicines could also play a role in the treatment of other childhood syndromes, including the pain and gastrointestinal inflammation associated with cystic fibrosis.

Because the development of the cannabinoid receptor system appears to occur gradually over the course of childhood, "children may be less prone to the psychoactive side effects of THC or endocannabinoids than adults," Fride writes. "Therefore, it is suggested that children may respond positively to the medicinal applications of cannabinoids without [psychoactive] effects."

From an article "Pot Pediatrics" by Paul Armentano, AlterNet; Posted 3-15-05 <http://www.alternet.org/story/21504/>

### Medical Tobacco?

Tobacco smokers are more depressed and suffer a higher rate of anxiety disorders and other psychological maladies, according to new research. At the same time, nicotine may provide a mental boost that helps them cope. These findings help explain why some people won't quit, experts say. Recent studies show smokers are 4.7 times more likely than the population at large to suffer from major depression. Dozens of other surveys reveal cigarette users are more liable to struggle with anxiety disorders, schizophrenia, attention-deficit hyperactivity disorder, alcoholism and drug use. Smokers consistently

demonstrate higher-than-average levels of neuroticism and high-risk behaviors, and show poorer impulse control than nonsmokers, according to David Gilbert, a professor at Southern Illinois University who examines how nicotine affects the brain. Gilbert said nicotine changed the brain's chemistry and helped some depressed people feel happier.

"Many smokers are essentially self-medicating with nicotine when they smoke, but they are using a delivery device that also contains hundreds of cancer-causing chemicals," said Gilbert.

There is some evidence that nicotine affects neurotransmitters in a manner similar to antidepressants such as Prozac. Gilbert said scientists were trying to reconcile his results with profiles that indicate smokers are more at risk for depression and suicide.

From an April 25, '05 LA Times article by Charles Duhigg; <http://www.latimes.com/features/printedition/health/la-he-smoking25apr25,1,36140>

## **Crime and Drug Arrests**

In spite of arguments to the contrary by government prohibition employees, recent research confirms that there is no causative correlation between marijuana use and crime. A study by Edward Shepard and Paul Blackley, Economics Dept of LeMoyne College in Syracuse NY, shows that "There is no model in which drug arrests are found to have a significant negative relationship with crime. All crimes are positively related to arrests for the manufacture and sale of 'hard drugs.' Increases in total per capita drug arrests and arrests for 'hard drug' possession are accompanied by higher rates for all crimes except assault. Increased arrests for the manufacture or sale of marijuana are associated with increases in larcenies."

In other words, the more persons are arrested for drug crimes, the more crime is spawned. Study authors conclude: "The empirical findings raise serious questions about the effectiveness of drug enforcement as a crime-control measure and suggest that significant social costs may arise from existing approaches to drug control." See "Drug Enforcement and Crime: Recent Evidence from New York State," *Social Science Quarterly* Volume 86 Issue 2 Page 323 - June 2005

### **T-Shirts T-Shirts**

"The TRUTH about drugs? Prohibition is the problem."  
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## Cannabis Use in Adolescence: Self Medication for Anxiety

Dr. Tom O'Connell, a physician in California, began screening patients in Nov. 2001 who requested physician approval for medical Cannabis. Shortly afterwards, he developed a questionnaire so he could document what he saw as an emerging set of precursors in a certain type of patient.

"These patients were among those identified as criminals and deviants for decades," he states in a report. Yet, he noted, "the applicants I encountered had been using it in non-addictive, stable patterns."

Using data on a total of 1154 patients, Dr. O'Connell has determined that these patients did not present with physical ailments commonly expected in 'legitimate' medical marijuana use. They did, however, share significant commonalities in psychotropic symptoms, including insomnia, anxiety, depression, excessive anger, difficulty in focusing, agoraphobia, and morning appetite suppression.

A significant number of the patients had once used alcohol and tobacco excessively, but had moderated that use with the help of marijuana. A common element was the absence of their biological fathers from their early lives, either physically (death, divorce) or emotionally (alcoholic, workaholic). Early school years included insecurity and low self esteem. About one-third of the patients had been diagnosed with ADD/ADHD – these patients reported that marijuana helped them 'focus'.

Dr. O'Connell voices concern that state medical marijuana programs such as California's are criticized for the large numbers of seemingly healthy young males who seek entry to the program. His research seems to support the concept that marijuana is a useful palliative for emotional disorders. Rather than limiting the uses of marijuana to purely physical ailments, Dr. O'Connell argues that marijuana may be the best available agent for many persons suffering from psycho/emotional conditions.

His full article is available at [www.ccrmg.org/journal/05spr/anxiety.html](http://www.ccrmg.org/journal/05spr/anxiety.html)

## Smoke & Mirrors: The Government and Drug War Facts

Data released by the White House Office of National Drug Control Policy (ONDCP) continues to reveal a strategy by federal drug prohibition authorities meant to negatively influence public opinion about marijuana. In mid-March, they cited research from the Substance Abuse and Mental Health Services Administration (SAMHSA) which estimated that 41 states experienced an increase in the number of people who sought treatment for marijuana use during the decade studied (1992-2002).

Admission rates rose from 45 per 100,000 people in 1992 to 118 per 100,000 people in

2002, which is the latest year data is available.

ONDCP interpreted this data to mean that as more people use marijuana, greater numbers find themselves in need of medical intervention due to greater potency of the herb. No mention is made of the fact that SAMHSA data showed that 40% of persons reporting marijuana dependence also reported additional diagnoses, such as opioid dependence.

Also unnoted by authorities was the fact that during this same period there was a significant increase in drug courts and other alternative sentencing offered to defendants in marijuana arrests, so that **over half those seeking treatment were actually seeking to avoid criminal prosecution.** Many admissions are also mandated by school authorities, child protective services, and other agencies or a person's attorney, who might advise a client to enter treatment before going to court on a drug-related charge. One treatment center specialist stated that no more than 20% of admissions were truly voluntary.

Another exaggeration is the ONDCP claim that today's marijuana is far more potent than the marijuana widely used in the 60s. According to the Marijuana Potency Monitoring Project, the potency of commercial-grade marijuana increased from 3.1% to 5% between 1991 and 2001. The potency of sinsemilla was approximately 6% in the late 1970s and early 1980s, 10.5% in 1991, and 9.1% in 2001. ('Sinsemilla' is a term describing high-quality marijuana bred for potency and cultivated for maximum THC content.) These are only slight increases

"Government exists to protect us from each other. Where government has gone beyond its limits is in deciding to protect us from ourselves."

Ronald Reagan  
U.S. President

in the average levels of THC overall, hardly worthy of the ONDCP's fearmongering.

Marijuana poses no risk of fatal overdose, regardless of THC content, and studies indicate that recreational pot smokers readily distinguish between high and low potency weed and moderate their use accordingly – just as an alcohol consumer would drink fewer ounces of (high potency) bourbon than they would ounces of (low potency) beer. For medical users, high potency marijuana means less is required to achieve desired dosage levels.

More propaganda issued from ONDCP in mid-May when they purported to "set the record straight" regarding the number of inmates incarcerated for marijuana-related offenses. The report, entitled "Who's Really in Prison for Marijuana," states that few, if any, marijuana offenders are behind bars. However, a similar 1997 paper stated that 13 percent of state prisoners and 19 percent of federal prisoners are incarcerated for marijuana offenses.

The ONDCP report did not address FBI data indicating that annual arrests for marijuana offenses have more than doubled in the past decade, peaking at a record high 755,000 arrests in 2003, at the same time that overall criminal arrests have declined. Of those arrested for marijuana offenses, nearly 90 percent are charged with minor possession only, not cultivation or sale. According to a recent analysis of marijuana arrest data by the NORML Foundation, the enforcement of state and local marijuana laws annually costs US taxpayers an estimated \$7.6 billion.

Commenting on the Drug Czar's report, NORML Executive Director Allen St. Pierre said: "Police have arrested over seven million Americans for marijuana violations since 1990, and now average more than 700,000 arrests per year – primarily for marijuana possession. While not all of those individuals arrested are eventually sentenced to long prison terms, the fact remains that the repercussions of a marijuana arrest alone are significant – including: probation and mandatory drug testing; a criminal record; loss of

driving privileges; loss of federal college aid; asset forfeiture; revocation of professional driver's license; loss of certain welfare benefits such as food stamps; removal from public housing; loss of child custody; and loss of employment. In other words, whether or not marijuana offenders ultimately serve time in jail, the fact is that hundreds of thousands of otherwise law-abiding citizens are having their lives needlessly destroyed each year for nothing more than smoking marijuana."

For the full NORML report "Crimes of Indiscretion: Marijuana Arrests in the United States," visit [http://www.norml.org/index.cfm?Group\\_ID=6411](http://www.norml.org/index.cfm?Group_ID=6411) The report includes a detailed examination of the fiscal costs associated with the enforcement of marijuana laws at the state and county level, as well as a complete demographic analysis of which Americans are most likely to be arrested for violating marijuana laws. Among the report's findings:

Marijuana prohibitionists often claim that marijuana causes cancer, citing studies by Dr. Donald Tashkin. On July 1, Dr. Tashkin reported that his largest study to date shows that marijuana smoking – "even heavy longterm use" – does not cause cancer of the lung, upper airways, or esophagus. He admitted that the data suggests that marijuana use created a protective effect, calling that idea "not an unreasonable hypothesis."

*For this research and more, visit <http://www.ccrmg.org/journal.html>*

\* Marijuana possession and sales arrests disproportionately impact black adults. African Americans are among the demographic groups most adversely impacted by marijuana law enforcement. While adult African Americans account for only 8.8% of the US population and 11.9% of annual marijuana users, they comprise 23% of all marijuana possession arrests in the United States.

\* Marijuana possession and sales arrests disproportionately impact younger Americans. One out of every four marijuana possession arrests in the United States involves a person age 18 or younger. Seventy-four percent of all US marijuana possession arrests are for people under the age of 30. Marijuana users who are white, over 30 years old, and/or female are disproportionately unaffected by marijuana possession arrests.

\* Over one million US teenagers sell marijuana. The enforcement of state and local marijuana laws has neither reduced adolescent demand for marijuana, nor has it reduced the number of teens supplying marijuana to other adolescents on the black market.

\* Marijuana prohibition fails to produce intended results. Total US marijuana arrests increased 165% during the 1990s, from 287,850 in 1991 to 755,000 in 2003. However, these increased arrest rates have not

been associated with a reduction in marijuana use, reduced marijuana availability, a reduction in the number of new marijuana users, reduced treatment admissions, reduced emergency room mentions of marijuana, any reduction in marijuana potency, or any increases in the price of marijuana.

### Arkansas Costs

In Arkansas, there are 84 jail facilities in the state's 75 counties, mostly managed by sheriffs' offices. Rated capacity of facilities exceeds 8,300 inmates. State standards are enforced by the Criminal Detention Facilities Review Committee. The Dept. of Correction holds 13,477 adults in 18 facilities. There are more than 3,400 staff in the agency, which is overseen by a seven member Board of Corrections. The Dept. of Community Correction, also overseen by the Board of Corrections, supervises 28,100 probationers and 13,700 parolees. The Department has over 900 employees. Arkansas at 487 inmates per 100,000 of population stands slightly above the nation's average of 429 even though the state's crime rate is 1.14% lower than the national average. In 2004, over 11% of AR arrests were drug arrests. A total of 59,600 people are under the management of the state's corrections systems.

See <http://www.nicic.org/StateCorrectionsStatistics/ar.htm>

The costs of marijuana prohibition in Arkansas have been estimated as part of a study by Jeffrey Miron, Visiting Professor of Economics at Harvard. In his June 2005 report, "The Budgetary Implications of Marijuana Prohibition,"\* Prof. Miron finds that Arkansas spends \$27 million per year for police, judicial, and corrections in enforcement of marijuana prohibition. He estimates that if marijuana were taxed and regulated, Arkansas would gain about \$7.6 million per year in tax revenue.

\*Online at [www.prohibitioncosts.org/mironreport.html](http://www.prohibitioncosts.org/mironreport.html)

### Making Big Money on Marijuana

Assets valued at over \$206 million per year are seized in federal prosecutions for marijuana arrests, just a fraction of the \$1.03 billion seized for all federal drug arrests combined. State and local seizures, tallied separately from federal money, total about \$89 million for marijuana arrests alone. Another \$8.2 million is assessed as fines for marijuana offenses in federal courts, while an additional \$3.5 million is assessed at the state and local level.

## What About Interdiction and Eradication?

US policy makers continue to pursue programs that are costly to taxpayers, the environment, and international good will. After years of supporting corrupt South American regimes with horrific records of human rights abuses and the indiscriminate spraying of villages, farms, and the entire upper Amazon wildlife habitat with herbicides, anti-coca forces are now advocating for the release of a non-native species of moth caterpillars. The theory is that the caterpillar eggs would hatch on coca leaves and decimate the crop.

In 2000, the Colombian government rejected a U. S. proposal to introduce a fungus called *Fusarium oxysporum* to coca plants as a means of eradication. Aside from on-the-ground raids by American-paid commandos and local recruits, crop eradication so far depends on herbicides. A record number of acres was fumigated by the crop dusters last year, but the total number of acres under cultivation at the end of 2004 was slightly more than the number left over in 2003 after spraying. Peasant farmers have been simply replanting the fast-growing coca, frustrating the eradication efforts.

Seizures in tons: rounded conversion					
	1989	1992	1995	1998	2001
Cocaine	110	152	117	133	118
Heroin	1	1	1	2	2
Marijuana	535	392	654	889	1,336
Hashish	26	2	16	0.3	0.3
Total	672	547	788	1,024	1,457
mj+hash%	83%	72%	85%	87%	92%

Drug seizures made within the jurisdiction of the United States by the FBI, DEA, U.S. Customs Service (USCS), and U.S. Border Patrol as well as maritime seizures made by the U.S. Coast Guard.

Many foreign nations complain that as long as Americans consume drugs, poor nations will find it financially rewarding to produce them. In spite of government propagandizing to the contrary, eradication and interdiction have not reduced the supply of drugs in America.

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**The largest national study on student drug testing found no difference in illegal drug use among students in drug testing versus non-drug testing schools.**

<b>Use Rates of High School Seniors</b>		
	1993	2001
Marijuana	15.5	22.4
Cocaine	1.3	2.1
Any illegal drug	18.3	25.7

The latest government effort to reduce drug use among young people is to offer tax dollars to schools that wish to set up random drug testing for the entire student population. But testing doesn't work.

Based on data collected between 1998 and 2001 from 76,000 students nationwide in 8th, 10th, and 12th grades, studies found that drug testing did not have an impact on illicit drug use among students, including athletes.

**Student drug testing**

programs also alienate students. The collection of a urine specimen is a humiliating violation of privacy, requiring direct observation, usually by a teacher or coach.

Since drug testing is often a condition of participating in an extracurricular activity, it can have the unanticipated effect of deterring students from participating in after school activities that would fill their time between 3 and 6 p.m. - a proven strategy for reducing drug use.

Testing detects only a tiny fraction of users and misses too many who are in real trouble. If we are truly intent on helping students, we must pay careful attention to signs such as truancy, erratic behavior and falling grades.

To learn more about student drug testing, visit <http://actioncenter.drugpolicy.org/ctt.asp?u=2935&l=97728>

<b>1993 vs. 2001 Use of Any Illegal Drug</b>			
	1993	2001	
12-17 yrs of age ever used	16.0%	28.0%	[+ 75%]
used past month	5.7%	10.8%	[+89%]
12 + ever used	34.0%	42.0%	[+ 24%]
past month	5.9%	7.1%	[+ 20%]

Data: Past month drug use by high school seniors, by drug type: 1975 to 2001. Source: Monitoring the Future Study.