

Drug Policy News

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The Truth About Drugs and Drug Policy

Law Enforcement Against Prohibition

Speaking in communities across the country, members of Law Enforcement Against Prohibition (LEAP) are stimulating debate about the failures of current policies. Speakers are all veteran law enforcement professionals.

LEAP speaker Terry Nelson will be in Fayetteville at the University of Arkansas Science & Engineering Auditorium at 7 pm Thursday April 27 as part of a 3-day tour in the area. Terry's law-enforcement career spanned three decades. It included service in the US Border Patrol, the US Customs Service, and the Department of Homeland Security, taking him beyond US borders and into Puerto Rico, Mexico, Central America, and South America. In various capacities he acquired first-hand knowledge of the "War on Drugs", being directly involved in counter-narcotics missions.

The event is free and open to the public. For more information about LEAP, visit www.leap.cc To inquire on Mr. Nelson's availability for additional appearances during his NWA tour, contact Arkansas tour coordinator Tom Wilkerson at 479-443-1879.



Cannabis, Health and Context: The Case For Regulation

Guest Editorial by Paul Armentano

Armed with sound-bites reminiscent of the 1936 propaganda film "Reefer Madness," the US government recently kicked off yet another smear campaign on the supposed dangers of marijuana. The Feds' latest charge: Pot causes mental illness.

"A growing body of evidence now demonstrates that smoking marijuana can increase the risk of serious mental health problems," US Drug Czar John Walters announced at a press conference [1] hyping the White House's new anti-pot campaign. "New research being conducted here and abroad illustrates that marijuana use, particularly during teen years, can lead to depression, thoughts of suicide, and schizophrenia."

Predictably, those looking for the science behind the White House's latest alarm would be hard pressed to find any. Absent from their campaign is any mention of a recent clinical study published in the April 2005 issue of the journal *Psychiatry Research* refuting a causal link between cannabis use and behavior suggestive of schizophrenia. "The current study ... suggest[s] a temporal precedence of schizotypal traits before cannabis use in most cases," its authors concluded. "These findings do not support a causal link between cannabis use and schizotypal traits." [2]

Forthcoming survey data to be published in the journal *Addictive Behavior* also puts a damper on the White House's "pot leads to depression" claims. After

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Citizens' Committee Kicks Off Fayetteville Campaign

A newly formed citizens group of Fayetteville residents have kicked off a petition drive to gather signatures for two proposed laws: to protect patients for medical use of marijuana and to reduce marijuana law enforcement to the lowest police priority. Similar measures have been enacted in other cities, including Columbia MO and Lawrence KS. The group will gather signatures of registered Fayetteville voters until the fall deadline. If sufficient signatures are obtained, the two measures would appear on the November ballot in Fayetteville polling places. For more information, contact Fairness in Fayetteville, at www.fairnessinfayetteville.com or visit their booth at Springfest May 6, on Fayetteville's Dickson Street.

analyzing survey results from 4,400 adults who had completed The Center for Epidemiologic Studies Depression scale (a numerical, self-report scale designed to assess symptoms of depression in the general population), researchers at the Univ. of Southern California found: "Despite comparable ranges of scores on all depression subscales, those who used once per week or less had less depressed mood, more positive affect, and fewer somatic (physical) complaints than non-users. ... Daily users [also] reported less depressed mood and more positive affect than non-users." [3]

Lastly, there are the results of a recent meta-analysis published earlier this year in the journal *Current Opinion in Pharmacology*. The study's verdict? Those who use cannabis in moderation, even long-term "will not suffer any lasting physical or mental harm. ... Overall, by comparison with other drugs used mainly for 'recreational' purposes, cannabis could be rated to be a relatively safe drug." [4]

CANNABIS IN CONTEXT

The phrase "relatively safe" is appropriate in any discussion regarding cannabis and mental health. No substance is harmless and in many cases, the relative dangers of a drug may be increased or decreased depending on set and setting. Cannabis is no different.

To date, there is a limited body of data noting an association between early use of cannabis and increased symptoms of depression and/or schizophrenia based on a handful of longitudinal studies. [5] However, interpretation of this data is troublesome and much of it is not well understood. Identified as well as unidentified confounding factors (such as poverty, family history, polydrug use, etc.) make it difficult, if not impossible, for researchers to adequately determine whether any cause-and-effect relationship exists between cannabis use and mental illness. Also, many experts point out that much of this association is likely due to patients' self-medicating with cannabis, as survey data and anecdotal reports of individuals finding therapeutic relief from both clinical depression and schizotypal behavior are common within medical lore, and clinical testing on the use of cannabinoids to treat certain symptoms of mental illness has been recommended. [6]

Nevertheless, until this association is better understood, there may be some merit in the government's caution that adolescents (particularly pre and early teens) and/or adults with pre-existing symptoms of mental illness refrain from using marijuana, particularly in large quantities. This statement, however, is hardly an indictment of marijuana's relative safety or an endorsement of the federal government's efforts to criminally prohibit its use by adults. If anything, just the opposite is true.

HEALTH RISKS CALL FOR REGULATION, NOT PROHIBITION

Health risks connected with drug use -- when scientifically documented -- should not be seen as legitimate reasons for prohibition, but instead, as reasons for legal regulation. Specific to cannabis, if, as the Drug Czar alleges, studies demonstrate that those "who first used marijuana before age 12 [are] twice as likely as adults who first used marijuana at age 18 or older to be classified as having serious mental illness," [7] then this is an argument in favor of legally regulating cannabis in a manner similar to alcohol, so that better safeguards may be enacted restricting adolescents from legal access to it. [8] Walters' concerns, however, do not support criminally prohibiting the responsible use of the cannabis by adults any more than fears regarding the abuse of alcohol by a minority of teenagers support a blanket prohibition on the use of beer by adults.

In addition, if, as the Drug Czar questionably suggests, "as many as one in four people may have a genetic profile that makes marijuana five times more likely to trigger psychotic disorders," [9] this claim is yet another argument in favor of regulation. If there does exist a minority population of citizens who may be genetically prone to potential harms from cannabis (such as, possibly, those predisposed to schizophrenia), then a regulated system would best identify and educate this sub-population to pot's potential risks, so that they may refrain from its use, if they so choose.

To draw a real world comparison, millions of Americans safely use ibuprofen as an effective pain reliever. However, among a minority of the population who suffer from liver and kidney problems, ibuprofen presents a legitimate and substantial health risk. However, this fact no more calls for the criminalization of ibuprofen among adults than do the Drug Czar's half-baked claims, even if true, call for the current prohibition of cannabis.

Finally, there lies the fact that cannabis prohibition has forever undermined the federal government's ability to educate its citizens, particularly young people, to the potential risks of marijuana when and where they present themselves. Ending prohibition and enacting a legal, regulated cannabis market would likely restore this lost credibility, as evidenced by the fact that science-based, federal education campaigns regarding the health risks of tobacco and drunk driving have greatly reduced smoking and driving under the influence among teenagers, while similar, rhetorically-based campaigns regarding teen pot use have been largely met by their target audience with groans and snickers.

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Latest News and Research

Medical Marijuana "Legitimate" Issue

Research into the analgesic and anti-inflammatory effects of cannabis continued to bolster the case for the medicinal use of marijuana, making the "patient pot laws" that have passed in 11 states seem less like a social movement than a legitimate medical trend. One trial--the first controlled study of its kind--showed that a medicine containing cannabis extracts called Sativex not only lessened the pain of rheumatoid arthritis but actually suppressed the disease. An earlier study published in the *Journal of Neuroscience* showed that synthetic cannabinoids, the chemicals in marijuana, can reduce inflammation in the brain and may protect it from the cognitive decline associated with Alzheimer's disease. *Time Magazine* 12/5/05

Cannabis Prevents Osteoporosis

Substances produced in the body that act like those found in the cannabis plant help preserve bone density, according to researchers at the Hebrew University of Jerusalem. Based on this finding, a prototype for a new drug to prevent osteoporosis (loss of bone density) without any psychoactive side effects has already been developed. ... These substances bind to and activate two receptors, CB1 and CB2. The first is found in the nervous system and is responsible for the psychoactive effects of the active components in the cannabis plant and endocannabinoids. The second receptor is found in the immune system. It is not known to be involved with psychoactive responses, and there has been little information about its physiological function.

Hebrew University January 03 2006 at <http://www.hunews.huji.ac.il/articles.asp?cat=6&artID=589>

Is marijuana a gateway to cocaine use?

The gateway hypothesis posits that there is a characteristic substance initiation sequence, and that use of drugs earlier in the sequence facilitates the use of drugs later in the sequence. The gateway theory thus hypothesizes that marijuana use increases the risk for cocaine use beyond the risk expected from childhood characteristics and cigarette use. Analyses in support of this theory have often not taken liability common across substances into consideration. In this study, 560 children were recruited from families considered to be high risk (n=266) or low risk (n=294) on the basis of the fathers' SUDs. Index subject assessments were conducted at approximately ages 11, 13, 16, 19, 22, and 25 years. Childhood risk classes were identified using parent SUDs, Neurobehavioral Disinhibition, and childhood cigarette or alcohol use. Subsequent cigarette, marijuana and cocaine involvement were determined with the CEDAR

Drug Use History method. In separate Cox regression models, cocaine use was predicted by high childhood risk, daily cigarette smoking, and marijuana use. In a multivariate Cox regression model predicting cocaine use, however, high childhood risk and daily cigarette smoking remained significant while marijuana use did not account for significant variance. For cocaine use, these findings indicated that marijuana was not a gateway drug. Clark DB, Cornelius JR, Kirisci L, Tarter RE University of Pittsburgh, Pittsburgh, PA: Childhood risk categories for adolescent substance involvement: A general liability typology. *Drug and Alcohol Dependence* 77: 13-21, 2005

Cannabis for Morning Sickness

"Survey of medicinal cannabis use among childbearing women: patterns of use in pregnancy and retroactive self-assessment of its efficacy against 'morning sickness'" is a retroactive survey study which found that 92% of respondents rated cannabis as either "effective" or "very effective" in relieving nausea associated with pregnancy. *Complementary Therapies in Clinical Practice* (2006) 12 27-33 by Westfall, Janssen, Lucas, Capler.

THC Helps Cardiovascular Stress

"Delta-9-tetrahydrocannabinol (THC), the major active component of marijuana, has a beneficial effect on the cardiovascular system during stress conditions ... (protects cardiac cells from hypoxia via CB2 receptor activation and nitric oxide production)." *Molecular and Cellular Biochemistry* 2006 Feb; 283(1-2):75-83

Amotivational "Syndrome" = Teen Angst

Thousands of young Japanese are shutting themselves into their bedrooms, refusing to leave, to work, study, or communicate with others, doing nothing but watching TV and listening to rock music. 80% are male. Sound familiar? No, they aren't pot smokers suffering amotivational syndrome. They are hikikomori, sufferers of a distinctively Japanese psychological disorder. All of this raises interesting questions about the cause of the analogous Western amotivational syndrome commonly attributed to marijuana. Could it be that drugs have less to do with teen disengagement than is commonly supposed? Could cultural factors be largely responsible? Dr. Tamaki Saito, an expert on hikikomori, gives the following diagnosis:

"I think it's related to the emotional state of people. In every country, young people have adjustment disorders. In Western culture, people are homeless or drug addicts. In Japan, it's apathy problems like hikikomori." Dale Gieringer, CA NORML <http://www.nytimes.com/2006/01/15/magazine/15japanese.html> "Shutting Themselves In" by Maggie Jones NY Times Sunday Magazine - Jan 15, 2006

(Continued from Page 2)

As concluded by the Netherlands Drug Policy Foundation some years ago, cannabis' "health risks are remarkably limited, but cannabis is not completely harmless." As a result, the Foundation determined: "There ought to be a special legal regulatory system for cannabis because its use definitely does entail health risks. If cannabis was completely harmless, the same rules could be applied as to tea. Cannabis should not be made freely available, but the rules on cannabis can be very general and lenient." Placed in this context, the administration's latest anti-pot campaign does little to advance the government's position in favor of tightening prohibition, and provides ample ammunition to wage for its repeal.

[1] Office of National Drug Control Policy. "White House Drug Czar, Research and Mental Health Communities Warn Parents That Marijuana Use Can Lead to Depression, Suicidal Thoughts and Schizophrenia." May 3, 2005. <http://www.mediacampaign.org/newsroom/press05/050305.html>

[2] J Schiffman et al. 2005. Symptoms of schizotypy precede cannabis use. *Psychiatric Research* 134: 37-42

[3] Thomas Denson and Mitchell Earleywine. 2005. Decreased depression in marijuana users. *Addictive Behaviors* (Article in press; corrected proof version available online June 20, 2005).

[4] Leslie Iverson. 2005. Long-term effects of exposure to cannabis. *Current Opinion in Pharmacology* 5: 69-72.

[5] D Semple et al. 2005. Cannabis as a risk factor for psychosis: systemic review. *Journal of Psychopharmacology* 19: 187-194.

[6] C Ashton et al. 2005. Cannabinoids in bipolar affective disorder: a review and discussion of their therapeutic potential. *Journal of Psychopharmacology* 19: 293-300.

[7] <http://www.mediacampaign.org/newsroom/press05/050305.html>

[8] According to national data compiled by the University of Michigan, 86 percent of 12th graders say that marijuana is "fairly easy" or "very easy to get." Some surveys note that teens respond that marijuana is now easier to obtain than alcohol; See: Associated Press. "Teens Say Buying Dope Is Easy." August 19, 2002.

[9] <http://www.mediacampaign.org/newsroom/press05/050305.html>

Global Drug Trade – The Hidden Market

[In 1999], the Financial Action Task Force (FATF) [an inter-governmental body focusing on anti-money laundering activities and legislation] decided to begin work to assess the size of the world illegal economy and

found it convenient to start with an estimate of the illegal drug market, a task that was considered easier than estimating other illegal activities, given the large work on drugs already available. FATF hired Peter Reuter, a well-known economist who has done extensive work on illegal drug markets, and produced an estimate. This job had the full cooperation of the UNDCP, which opened its data bank to the researcher. The resulting study is probably the most serious attempt to ascertain the size of the world illegal drug market and resulted in an estimated range between \$45 and \$280 billion."

"Drug markets are large, and involve a surprisingly large number of Americans on a part-time basis – the total value of annual sales in the United States is likely to be around \$50 billion."

Peter Reuter

Francisco E. Thoumi, PhD, "The Numbers Game: Let's All Guess the Size of the Illegal Drug Industry!" *Journal of Drug Issues*, Vol. 35, No. 1, Winter 2005, p. 191.

See also "The Mismeasurement of Illegal Drug Markets: The Implications of Its Irrelevance" Peter Reuter in Pozo, S. 'The Underground Economy' Kalamazoo, Mich: W.E. Upjohn Institute for Employment Research, 1996, pp. 63-80 <http://www.puaf.umd.edu/faculty/papers/reuter/pozo.pdf>

U S Federal Budget for Next Fiscal Year

- ▶ \$12.656 billion requested for federal drug control program
- ▶ 35.5% is for demand reduction, including prevention and treatment programs and research. FY 2001 demand reduction budget comprised 47%.
- ▶ 64.5% is for supply reduction, including interdiction, international and domestic law enforcement programs. By comparison, these programs were 53% of the FY 2001 drug control budget.
- ▶ Demand reduction declines by 7% compared to last year, driven by a proposed 19% reduction in prevention.
- ▶ This represents an increase of \$109 million over last year's level.
- ▶ The FY 2007 budget shows an increase over 2001 of \$3.2 billion, or 34%, in total drug control resources. Supply reduction comprises 66% of this increase, with the bulk of that portion going to international programs, which grew by 137%. Domestic law enforcement grew by 46%. During the same period, demand reduction resources declined by 21%, although treatment resources increased by 17%. Funding for drug courts increased from \$9.9 million in 2006 to \$69.2 million in the 2007 proposed budget.

The coming months will show whether Congress will go along with the Administration's proposed budget for drug policy funding.

A full overview of the drug policy budget can be found at www.carnevaleassociates.com

Old Story About Increased Potency

An excellent historical review of the continuing claim that marijuana has increased in potency can be found online. The federal government and drug companies were actively seeking cultivation methods to increase potency in the decades before prohibition laws were passed in the 1930s. Some researchers had learned optimum cultivation methods from India.

“The U.S. government ignored these sinsimilla cultivation techniques at the first federal marijuana farm established in 1904 on the Potomac Flats (where the Pentagon now sits) in Washington, D.C. (Silver 1979: 262-263), and as a result the 10-foot marijuana plants grown there and elsewhere in America proved to be much less potent than good samples of Indian hemp (Eckler & Miller 1912). However, private pharmaceutical firms were more successful. The Eli Lilly and Parke-Davis companies ran a cooperative venture at Parkedale (Parke-Davis's farm near Rochester, Michigan) from 1913 until 1938 to develop cannabis extracts for medical use, at first from Cannabis indica, but later standardized on a highly potent strain they developed that they called Cannabis Americana (Wheeler 1968).”

Source: "Cannabis 1988 -- Old Drug, New Dangers: The Potency Question," by Tod H. Mikuriya, MD, and Michael R. Aldrich, PhD, from the web at <http://druglibrary.org/schaffer/hemp/general/potency.htm>

The war on marijuana

This study found that since 1990, the primary focus of the war on drugs has shifted to low-level marijuana offenses. During the study period, 82% of the increase in drug arrests nationally (450,000) was for marijuana offenses, and virtually all of that increase was in possession offenses. Of the nearly 700,000 arrests in 2002, 88% were for possession. Only 1 in 18 of these arrests results in a felony conviction, with the rest either being dismissed or adjudicated as a misdemeanor, meaning that a substantial amount of resources, roughly \$4 billion per year for marijuana alone, is being dedicated to minor offenses. Ryan S King and Marc Mauer, *Harm Reduction Journal*, 3:6 2/9/06

No Link Between Marijuana and Leukemia

Researchers at the University of North Carolina at Chapel

Hill analyzed 517 cases of children with AML (childhood acute myeloid leukemia) and 610 unmatched controls. Investigators found “no positive associations between parental marijuana use and childhood AML,” and in fact, found a dose-dependent decreased association of AML in offspring of mothers who reported ever using cannabis. Investigators did not conclude, however, that maternal marijuana use could protect against AML. Rather, they suggested that the inverse association may be the result of ‘recall bias’ e.g., case mothers may have been less likely than control mothers to report having used marijuana before or during pregnancy.

Parental marijuana use and risk of childhood acute myeloid leukaemia: a report from the Children's Cancer Group (United States and Canada). Trivers KF, Mertens AC, Ross JA, Steinbuch M, Olshan AF, Robison LL. *Paediatr Perinat Epidemiol.* 2006 Mar; 20(2):110-8.

Early Explorer Tried Bhang

Previously unknown journals by the 17th-century explorer Thomas Bowrey, the first English man to describe the recreational use of cannabis, have turned up at an Isle of Wight auction house. In the 1690s Captain Bowrey tried "bhang", an infusion of cannabis seed and leaf, in India. "In less than half an hour it's Operation will Shew it Selfe for the space of 4 or 5 hours," he wrote.

The journals record his travels to Bengal in 1689, an attempt to find the north-west passage in 1695, and an observation of a transit of Venus. They will be sold at Bonham's for an estimated £15,000.

Article by Maev Kennedy for *The Guardian* 2/25/06

Cannabis and the Brain: A User's Guide

This article reviews research on marijuana's effects on the human brain, including the recent data showing that cannabinoids may spur brain cell growth, and concludes that “ganja is good for you.” Studies cited include those on topics of neurogenesis, neuroprotection, brain cancer, neurodegeneration, and cognition. By noted policy analyst Paul Armentano, this article appears in the February issue of *Heads Magazine*, pages 22-24.

Driving and Marijuana

A major new French study on drugs and driving concludes that cannabis poses a much lesser risk of fatal accidents than alcohol, according to a report in the journal *Libération*. An excellent summary of the report can be found at http://www.canorml.org/healthfacts/drivingstudy_new.htm along with links to portions of the study now published in English.

Patient Stories

I have suffered with arthritis in my shoulders, hips, legs, feet, and back for many years, I have been prescribed heavy painkillers and very expensive medicines such as Neurontin, which do not work very well at all. My doctor in Texas recommended that I try marijuana. I have found that marijuana greatly helps with my pain, and also helps battle the depression long term arthritis sufferers often encounter. Unfortunately, Arkansas has not yet passed a medical marijuana initiative, so I risk criminal charges (enhanced, I live near a school) for taking an effective medicine (marijuana). January 2006



The only accurate way to diagnose a person [with ulcerative colitis, or UC] who is experiencing some of the symptoms of UC is by actually looking at the colon and large intestine by performing a colonoscopy. If the doctor does find ulcerations during the colonoscopy they will give you different options for treatment. One is surgery, which doesn't work because ulcerations often pop up in other spots. Another is to be put on anti-inflammatory steroids and there is also a treatment that is much like chemotherapy. Both of the prescribed treatments usually worsen the symptoms rather than actually treat them. The doctors recommend taking anywhere from 16 to 30 pills a day; for your whole entire life... UC has been shown to lead to ... colon cancer.

[A person with UC] experiences excruciating stomach pains, severe nausea, acidic diarrhea, severe weight loss, and extreme tiredness during and following ulceration flare-ups. Increasingly over the years I have progressively not been able to eat more and more types of foods. ... For example, I can't ingest milk, eggs, nuts, wheat, soy, or anything spicy. ... After consultations with about 10 different doctors and failed prescription medications I felt hopeless. All that changed my junior year in college. I found the help from where I would least expect it. This is a substance that my mother and my father always told me not to touch. A substance that my school from as far back as I can remember told me that it melts your brain and makes you turn into a homeless bum with no future. It is the most commonly used drug in the entire world: Cannabis.

I didn't know how it did it, but it worked like a charm. There was not a cell in my body that didn't feel happy and excitement. One of the true tests would be to eat a few slices of pizza, so for the first time in 10 years I was able to eat a pizza. ... As time went on I began to experiment a bit more with how much I needed to use and how often I needed to use it in order to be effective.

Many more people who have UC are finding that

marijuana is a more effective and safe drug than anything the FDA approves. All drugs can be misused and very dangerous to our health, even the ones that the FDA says it is safe to take. After all it was a FDA approved medication that gave me UC: Accutane.

Excerpted from a paper written by the patient, January 2006



I am a Arkansas Registered Voter. I am also an Epileptic. It is bad that a person like me and all the others that could benefit from medical marijuana be denied the help that the drug offers. There is no cure for epilepsy. But the drug would help more than any other medication that the doctors prescribe. I have been prescribed many medications to try to curb my seizures none of them work. Most of the time it makes my daily life worse than if I took no medication. All the medications make me very drowsy, depressed, and has me wondering if life is worth living with this suffering that I go through daily. Even on the Medications I still have a seizure about every two weeks. My doctor is about to tell me I cannot work at all. But I could not afford to live on \$556 dollars a month. I would have to work under the table which would be way more dangerous to my life. I need help so get Medical Marijuana on the ballot and let the people decide what is better for themselves. Instead of forcing bogus laws on the people who are supposed to support the people lets make life a little better for all. I support the Medical Marijuana initiative. I will sign any petition that will make my life easier to bear. Please help me Please!!!!!!!! Registered voter, __. January 2006



"There's seven profiles of marijuana smokers: computer programmers, environmental activists, university students, teenagers, villagers in Moravia who now smoke joints instead

of drinking plum brandy, reggae music listeners and 80-year-old

ladies buying marijuana for their husbands who have Parkinson's and other illnesses," Titman said.



Los Angeles Times 1/24/06



Maternal Decision Making, Ethics, and the Law

Excerpts from Report by Committee on Ethics, American College of Obstetricians and Gynecologists Nov 2005

“... Medical judgment also has limitations in that the relationship of maternal behavior to pregnancy outcome is poorly understood and may be exaggerated in realms often mistaken to be of moral rather than medical concern, such as drug use. For instance, recent child development research has not found the effects of prenatal cocaine exposure that earlier uncontrolled studies reported. It is now understood that poverty and its concomitants (poor nutrition and inadequate health care) can account for many of the effects popularly attributed to cocaine. Before these data emerged, the criminal justice approach to drug addiction during pregnancy was fueled to a great degree by what is now understood to be the distorting image of the “crack baby”. Such an image served as a convenient symbol for an aggressive war on drug users [that] makes it easier to advocate a simplistic punitive response than to address the complex causes of drug use. The findings questioning the impact of cocaine on perinatal outcome are among many considerations that bring sharply into question any possible justification for a criminal justice approach, rather than a public health approach, to drug use during pregnancy. Given the incomplete understanding of factors underlying perinatal outcomes in general and the contribution of individual behavioral and socioeconomic factors in particular, to identify homeless and addicted women as personally, morally, and legally culpable for perinatal outcomes is inaccurate, misleading, and unjust.

... Coercive and punitive policies treat medical problems such as addiction and psychiatric illness as if they were moral failings. Regardless of the strength of the link between an individual’s behaviors and pregnancy outcome, punitive policies directed at women who use drugs are not justified, because these policies are, in effect, punishing women for having a medical problem. Although once considered a sign of moral weakness, addiction is now, according to evidence-based medicine, considered a disease – a compulsive disorder

Pregnancy should not change how clinicians understand the medical nature of addictive behavior. In fact, studies overwhelmingly show that pregnant drug users are very

concerned about the consequences of their drug use for their fetuses and are particularly eager to obtain treatment once they find out they are pregnant. Despite evidence-based medical recommendations that support treatment approaches to drug use and addiction, appropriate treatment is particularly difficult to obtain for pregnant and parenting women and the incarcerated. Thus, a disease process exacerbated by social circumstance – not personal, legal, or moral culpability – is at the heart of substance abuse and pregnancy. Punitive policies unfairly make pregnant women scapegoats for medical problems whose cause is often beyond their control. In most states, governmental responses to pregnant women who use

drugs have upheld medical characterizations of addiction. Consistent with longstanding U.S. Supreme Court decisions recognizing that addiction is an illness and that criminalizing it violates the Constitution’s Eighth Amendment prohibitions against cruel and unusual punishment, no state has adopted a law that specifically creates unique criminal penalties for pregnant women who use

drugs. However, in South Carolina, using drugs or being addicted to drugs was effectively criminalized when the state supreme court interpreted the word “child” in the state’s criminal child endangerment statute to include viable fetuses, making the child endangerment statute applicable to pregnant women whose actions risk harm to a viable fetus. In all states, women retain their Fourth Amendment freedom from unreasonable searches, so that pregnant women may not be subject to nonconsensual drug testing for the purpose of criminal prosecution. Partly on the basis of the understanding of addiction as a compulsive disorder requiring medical attention, medical professionals, U.S. state laws, and the vast majority of courts do not support unique criminal penalties for pregnant women who use drugs.

As documented previously, threats and incarceration have been ineffective in reducing the incidence of alcohol and drug abuse among pregnant women, and removing children from the home of an addicted mother may subject them to worse risks in the foster care system. In fact, women who have custody of their children complete substance abuse treatment at a higher rate.

See <http://drugsense.org/temp/MDM.ACOGethics.pdf>

“An average of one newborn a week has been placed in state custody because of a new state law that requires medical staff members to report mothers suspected of using illegal drugs. ... Marijuana, rather than methamphetamine, was by a large margin the most commonly found illegal drug, followed by cocaine, amphetamines, methamphetamine and opiates.”

“State Gets Average of One Baby per Week”
Charlotte Tubbs, Arkansas Democrat-Gazette 1/1/06

Need help? Contact

<http://www.advocatesforpregnantwomen.org>

The TRUTH about drugs and drug policy



Is Your Family Physician Qualified to Drug Test Your Kid?

See below ↗

A recent study examined whether physicians have adequate expertise in administering and/or interpreting urine drug tests. Concluding that “Primary care physicians do not always use proper urine sample collection and validation procedures, and they are not aware of important limitations of drug testing,” study authors further state that “The primary care workforce is not prepared to assist with drug testing programs.” The actual results showed that “Only 23% used an effective urine sample collection procedure, and only 7% used specific gravity and measurement of urine creatinine level to ensure validity of the sample, as recommended. When asked which drugs can be detected in routine panels, only 10% answered all items correctly, 47% did not know for 1 or more items, and 75% responded incorrectly for 1 or more items.” More training was recommended.

Sharon Levy, MD, MPH; Sion Kim Harris, PhD; Lon Sherritt, MPH; Michelle Angulo, BA; John R. Knight, MD in *Arch Pediatr Adolesc Med.* 2006;160:146-150.

Religious Use of Marijuana

Hindu holy men smoked marijuana March 4-5 outside a temple in Nepal to honor Shiva the Destroyer, the Hindu god of change and goodness. Smearing ash and wearing loin cloths, the yogis shared marijuana, or charas, with worshipers, locals, and tourists as they chanted praises to Shiva. In Hindu tradition, the gods sent the hemp plant to man to help him attain delight, courage, and sexual powers. The plant is consecrated to Shiva and is known, among other names, as “vijaya” (victory) after the gods were able to wrest it away from demons. It is still widely esteemed in India and the subcontinent for its ability to endow users with mystic, supernatural powers. While the use and possession of marijuana is illegal in Nepal, authorities do not interfere with the religious ceremonies. <http://stopthedrugwar.org/chronicle/425/shiva.shtml>

Reform Video Schedule

Little Rock – “ACLU Freedom Files,” Comcast Ch. 18 on the Hempy Café show, midnight Wednesdays, starts in April.
Fayetteville – Dutch Drug Policy, Law Enforcement Against Prohibition, Rick Steves, Where’s Plan B., ACLU Freedom Files, and Pot’s Greatest Hits. Each video runs 2 weeks Monday and Wednesday at 8 pm, Friday at 9 pm, Community Access TV Ch. 18.