

Subject: Mysterious Illness

Friends, the first news article below has been circulating this morning. The medical side of it is interesting, but consider the statement of the guy who had this pot-induced illness - after seven months of sobriety.

“Now all kinds of ambition has come back. I desire so much more in life and, at 37 years old, it’s a little late to do it, but better now than never.”

Exactly. If the stated goal of the new administration is to Make America Great Again, we can't allow the pot industry to rob people of their ambitions. Life is too precious to waste chasing an artificial and soul-destroying high.

As an alternative, please look at the following video that was created by our youth in Boise, Idaho. It is an inspiring message of finding your own natural high, which is infinitely better than anything the drug culture can offer.

Natural High Campaign Video

<https://vimeo.com/181200245>

Rather than send a separate email, I also want to forward a brilliant article written by Robert Charles that was published in the Washington Times earlier this month. See below. Monte

Monte Stiles details: lead Assistant United States Attorney for the federal Organized Crime/Drug Enforcement Task Force. Specialized in the investigation and prosecution of large-scale drug trafficking organizations in federal court. Now involved exclusively in training and speaking.

Mysterious illness tied to marijuana use on the rise in states with legal weed

NEW YORK -- For more than two years, Lance Crowder was having severe abdominal pain and vomiting, and no local doctor could figure out why. Finally, an emergency room physician in Indianapolis had an idea.



CBS News

“The first question he asked was if I was taking hot showers to find relief. When he asked me that question, I basically fell into tears because I knew he had an answer,” Crowder said.

The answer was cannabinoid hyperemesis syndrome, or CHS. It’s caused by heavy, long-term use of various forms of [marijuana](#). For unclear reasons, the nausea and vomiting are relieved by hot showers or baths.

“They’ll often present to the emergency department three, four, five different times before we can sort this out,” said Dr. Kennon Heard, an emergency room physician at the University of Colorado Hospital in Aurora, Colorado.



CBS News

He [co-authored a study](#) showing that since 2009, when medical marijuana became widely available, emergency room visits diagnoses for CHS in two Colorado hospitals nearly doubled. In 2012, the state legalized recreational marijuana.

“It is certainly something that, before legalization, we almost never saw,” Heard said. “Now we are seeing it quite frequently.”

Outside of Colorado, when patients do end up in an emergency room, the diagnosis is often missed. Partly because doctors don’t know about CHS, and partly because patients don’t want to admit to using a substance that’s illegal.

CHS can lead to dehydration and kidney failure, but usually resolves within days of stopping drug use. That’s what happened with Crowder, who has been off all forms of marijuana for seven months.

“Now all kinds of ambition has come back. I desire so much more in life and, at 37 years old, it’s a little late to do it, but better now than never,”he said.

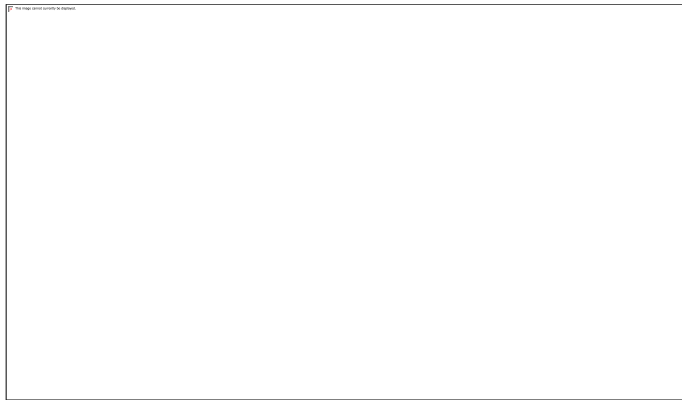
CHS has only been recognized for about the past decade, and nobody knows exactly how many people suffer from it. But as more states move towards the legalization of marijuana, emergency room physicians like Dr. Heard are eager to make sure both doctors and patients have CHS on their radar.

<http://www.cbsnews.com/news/mysterious-illness-tied-to-marijuana-use-on-the-rise-in-states-with-legal-weed/>

How to end America's drug crisis

By Robert Charles

ANALYSIS/OPINION:



As President Trump prepares to confront multiple crises, including national security, foreign policy, and immigration, another crisis looms. It kills tens of thousands of young Americans annually, inflicting unparalleled suffering on American families. America has never — underscore, never — faced the kind of drug abuse and drug crime epidemic we confront today. The crisis is a hurricane — leadership now critical.

Numbers are breathtaking. Last year 47,055 Americans died of overdoses, double the number from 10 years ago. Of these, 10,000-plus were heroin deaths, up from 2,000. Benzodiazepine deaths jumped five-fold, killing 8,000. Opioid pain relievers tripled, killing 18,000. Marijuana use skyrocketed under President Obama, up 27 percent among kids, according to the National Institutes of Drug Abuse. Phoenix

House reports that up to 50 percent become addicted. In 2014, 10 million people drove drug-impaired, and 20 percent of driving deaths were drug-related, not alcohol. Most common? Marijuana, up 47 percent in crashes between 2007 and 2014. Today, 80 percent of men arrested for crime in major cities are on drugs. Of those, 60 percent are using marijuana.

As night follows day, violent and property crime follows drug use, availability and addiction. One 2016 study concluded, after overlaying Mexican drug cartel presence, heroin use and homicides, “There is indeed a troubling statistical association between increasing homicide rates and competing [drug] cartels.” Any surprise that Chicago has 700 homicides this year? Nationwide, incontrovertible trends do not lie.

Our future as a people depends on leadership and resolve to reverse the nation’s rampant drug crisis. Causes are many, some painful to admit, but solutions exist. **We must stop shameless promotion of drug abuse through “legalization,” mass releases of drug trafficking felons, disrespect for law enforcement. “Recreation” is running — not drugs. Absurdities have to stop. Leaders who poke perverse fun at widening drug abuse, implicitly promoting it, refusing to enforce federal laws against it, advancing the narrative that drug trafficking felons are harmless — are off track. That fantasy must stop.**

Today’s facts on drug abuse, overdoses, trafficking, drugged driving, emergency room admissions, disrespect for law enforcement — are arresting. They are tantamount to pine boxes returning to inconsolable families from Southeast Asia. Nearly 100,000 parents lose their children

to drugs annually. Does that make any sense? Losing a life that once defined the family — to causes preventable, treatable, entrapping and indefensible? This is a national tragedy. Make no mistake — we own it. We are a nation of breaking hearts with incalculable grief.

The way out? Caring parents, teachers, clergy and law enforcement. Examples like Nancy and Ronald Reagan, past Drug Enforcement Administration leaders. President Trump has a **rare chance to end this unconscionable, socialist experiment in human indifference.**

Ten presidential acts will help:

- Restore full respect for America’s law enforcement community, at all levels.
- Stop politicization of the Justice Department, which undermines respect for law, dishonoring those who wear the badge, vest and gun — to protect us.
- Enforce federal laws against narcotic trafficking, from marijuana to opiates, no excuses, in all 50 states. **“Conflict of laws?” Bring it on — and win federal pre-emption.**
- End the public fiction that drug legalization is good for America. Hard science and moral principle say the opposite. Increased availability and decreased deterrence always produce increased narcotics use, which always elevates addiction rates, which always raise risks across public health and safety variables. Narcotics addiction is a bear trap. Policymakers are either for it or against it. End the fiction — cold turkey.

- **Make credible, credentialed, science-based drug prevention mandatory in all schools. Employ mandates, incentives, grants and audits to assure compliance. Less than one in three parents talks with their kids about drugs — someone needs to or cartels will.**
- Educate America's parents, offering real facts in the workplace, without sugar coating. Do it consciously, discrediting those who promote, endanger and misguide young people. Edmund Burke said it: All it takes for evil to prevail is for good people to do nothing.
- Elevate the mission, clarify federal legal authorities, and triple the Drug Enforcement Administration (DEA) budget, allowing that professional, single-minded and uniquely courageous group of agents to do exactly what they were hired to do, make America safe against drug traffickers and drug-funded terror groups.
- In a fundamental shift, combine the jobs of White House drug czar and administrator of DEA, elevating the new post to Cabinet rank, as long as the international and domestic crises rage. In the process of combining offices and saving money, the new "DEA administrator and White House drug czar" should have four deputies, federal enforcement (Title 21 USC, principle), state and local, prevention and treatment. This combines legal and operational authorities, meets an election mandate, creates overdue synergies, and elevates the "bully pulpit." A new Cabinet-rank DEA administrator and drug czar could coordinate drug policy for the president across the interagency, as a peer. Outcomes, policy, legal, budget and oversight would align.

- Create a treatment clearinghouse, in coordination with Health and Human Services, vetting and expanding badly needed and effective drug treatment options.

- **Deliver an Oval Office address, as Ronald Reagan and George H.W. Bush did well.**

Beating epidemics to an end is not easy, but the mandate for change is powerful. Let's end the indifference, elevate solutions and benefit all Americans. That would make a good start.

- Robert Charles is a former assistant secretary of State for international narcotics and law enforcement.

<http://m.washingtontimes.com/news/2016/dec/6/how-to-end-americas-drug-crisis/>