

become the choice of the marijuana abuser, and Colombia is now the major supplier of marijuana to the U.S. Most of this illegal substance enters through Florida. Efforts to decriminalize marijuana in small quantities for personal use have led to increased demand for marijuana and higher profits for smugglers. In the past few years cocaine has become popular with certain population groups in the U.S. Major shipping patterns have been established from Peru and Bolivia to Colombia and on to the U.S.

18. It is obvious that the tremendous narcotics trade is adversely affecting the climate for legitimate business.... There is an enormous flow of cash into the Miami Federal Reserve District, probably as a result of narcotics trafficking. A chart comparing Miami to districts of the same size such as Cincinnati, Dallas, Houston and St. Louis showed that the proportion of payments to receipts in Miami is much higher than normal....

Conclusions

9. The Federal Government must react to the situation in south Florida in the manner it would if a natural disaster or other grave emergency had struck the area.

DEA campaigns against leniency towards pot

Peter B. Bensinger, administrator of the U.S. Department of Justice's Drug Enforcement Administration, is rallying the nation's law enforcement community to continue their traditional opposition to relaxed enforcement or scrapping of the United States's laws prohibiting the use of marijuana. In speeches to the Federal Bureau of Investigation Academy at Quantico, Va. on Sept. 22, and to the Annual Conference of the International Association of Chiefs of Police, held in New York Oct. 10, Bensinger focused on the growing threat to American youth posed by the illegal traffic in marijuana, which Bensinger estimated at \$15 billion a year.

Even as the DEA adopts an increasingly tough antimarijuana line — including a soon-to-be issued report which demonstrates the high levels of cumulative damage done to marijuana smokers by "moderate" (five cigarettes per week) use — the "pot lobby" is mounting a more and more aggressive drive for marijuana "decriminalization."

On Sept. 9, Keith Stroup, national director of NORML (National Organization for the reform of

Pot condemned as glaucoma remedy

Dr. John Bellows, Director of the International Glaucoma Congress, condemned the state of Illinois's legalization of marijuana use in the treatment of glaucoma as a dangerous and cruel hoax in a letter to the Chicago Tribune Sept. 29. The text of his letter appears below:

Gov. (James) Thompson signed a bill on Sept. 9 legalizing the use of marijuana for humane medical treatment of cancer and glaucoma. As an ophthalmologist, I am concerned that this legalization may give rise to unforeseen difficulties for the uninformed glaucoma patient.

The legalization of marijuana for the treatment of glaucoma suggests that it is a valuable therapeutic agent. Though in some patients marijuana may reduce the increased intraocular pressure caused by glaucoma, conventional remedies are far more effective. Marijuana decreases intraocular pressure for only two hours, whereas conventional drugs are effective for eight, 12, or even 24 hours. The short-term effectiveness of marijuana lessens its usefulness considerably; for example, the intraocular pressure would be uncontrolled during sleep. Since glaucoma requires lifelong treatment, the exclusive use of marijuana would require that the patient smoke "pot" for his entire life.

Marijuana is also known to

produce transitory side effects, including nystagmoid movements, impaired focusing, double vision, transitory loss of vision, corneal anesthesia, conjunctival infection, decreased tearing, and constriction of the pupils. In addition, marijuana may alter perceptions of reality, reduce alertness, and impair short-term memory.

The prevention of glaucoma blindness requires the patient's lifelong compliance in using conventional medication and periodic examinations by a skilled ophthalmologist to determine whether the disease is under control.