

NORML

National Organization
for the Reform of
Marijuana Laws.

established 1970

March 15, 1993

To the UNITED STATES SENTENCING COMMISSION GUIDE LINE HEARINGS:

We understand that it is not within the power of this Commission to change even the most unjust laws, but it is within your power to lessen the evil consequences of such laws. When a very substantial minority of the population (meaning many millions of Americans, including millions of non-users of cannabis) believe that a body of laws is unjust, then the harsh enforcement of such laws further erodes the respect for the Law in general, and alienates a large segment of the population. We believe that this is a valid point of consideration for this Commission.

The National Organization for the Reform of Marijuana Laws (NORML) is opposed to any imprisonment of persons for the possession, growing, or sale (to adults) of cannabis. We believe that the imprisonment of such persons is not only unjust, but also an absurd waste of finite resources at a time when the nation is being overwhelmed with violence. NORML wishes to point out that virtually all of the violence associated with the use of cannabis is that perpetrated by the government itself.

At the very least, we pray that the Sentencing Commission will take these points into consideration:

1. The reduction of marijuana related offenses from Level 38 to Level 25 would leave such offenses in Zone D, but would save the government huge sums and free up overcrowded prison space for violent offenders.
2. Special consideration should be given to those possessing or growing cannabis for medicinal use. The United States government should not be in the business of persecuting the sick and dying, which at present it does. Currently, there is no consideration given to the medicinal use of cannabis even though it has been recognized by the Drug Enforcement Administration's own administrative law judge as having a wide range of medical uses. This fact should be reflected in the guidelines, and judges should be encouraged to make downward departures when there is a valid medical need.
3. The basis for the sentencing levels for cultivation of cannabis is arbitrary, capricious, and at variance with well established fact. First, seedlings are given a weight of one kilo each when it is highly unlikely that a full grown plant would have even one third of that weight of usable product. Second, no recognition is given to the fact that over half of all plants will be male and therefore would be destroyed by the grower.

We hope that you will do all that you can to lessen the suffering caused by these cruel and unjust laws.

Respectfully,



Richard Cowan

National Director

(Supporting materials enclosed.)

Senate Joint Resolution #8
Introduced by Senators Mello and Marks
March 3, 1993

Legislative Counsel's Digest

SJR No. 8 Relative to cannabis/marijuana.

SJR 8, as introduced, Mello. Controlled substances: cannabis/marijuana.

This measure would memorialize the President and the Congress of the United States to enact appropriate legislation to permit cannabis/marijuana to be prescribed by licensed physicians and to ensure a safe and affordable supply of cannabis/marijuana for medical use.

Fiscal Committee: no.

SJR #8
(Full Text)

WHEREAS, Scientific and medical studies by the National Academy of Sciences have shown Cannabis/Marijuana to be a safe and effective medicine with very low toxicity compared to most prescription drugs. It has been shown to be effective in the treatment of glaucoma; epilepsy; muscle spasticity; arthritis; the nausea, vomiting and appetite loss associated with chemotherapies anxiety and depression; and the symptoms of withdrawal from alcohol and narcotics.

WHEREAS, Studies show that one third of all cancer patients discontinue potentially life-saving chemotherapy due to the severe and debilitating side effects and the same is true for many AIDS patients receiving AZT or other similar therapies; and

WHEREAS, Most physicians surveyed said that they would prescribe Cannabis/Marijuana if legally available and one-half of all cancer of all cancer specialists surveyed said that they have already encouraged at least one of their patients to break the law and use Cannabis/Marijuana to ease the violent nausea and vomiting associated with their current treatments; and

WHEREAS, In May of 1991, the United Nations Narcotic Control Board voted overwhelmingly to reclassify Cannabis/Marijuana's active ingredient, placing it back on Schedule II and made available by prescription, and making it available by prescription, and the United States representative to this board voted in favor of rescheduling; and

WHEREAS, Despite a federal court order recognizing the "clearly established medical value" of Cannabis/Marijuana and mandating that it be reclassified to Schedule II and made available by prescription, the federal government continues to deny access to this safe and effective medicine; and

WHEREAS, By its own admission, the federal government continues to deny access to Cannabis/Marijuana for political rather than medical reasons, and are using patients as pawns in the ever-escalating war on drugs by following current policies which place message before medicine, convenience before compassion, and politics before patients; now, therefore, be it

Resolved by the Senate and Assembly of the State of California, jointly, that the Legislature of the State of California respectfully memorializes the President and the Congress of the United States to enact appropriate legislation to permit cannabis/marijuana to be prescribed by a licensed physicians and to ensure a safe and affordable supply of cannabis/marijuana for medical use; and be it further

Resolved, that the Secretary of the Senate transmit copies of this resolution to the President and the Vice President of the United States, to the Speaker of the House of Representatives, and to each Senator and Representative from California in the Congress of the United States.

HOUSE JOINT RESOLUTION 11

J1

3lr1759

By: Delegate Rynd
 Introduced and read first time: February 3, 1993
 Assigned to: Environmental Matters

HOUSE JOINT RESOLUTION

1 A House Joint Resolution concerning

2 Marijuana - Use for Medical Purposes

3 FOR the purpose of urging the President and the Congress of the United States to
 4 remedy federal policies that inhibit or prevent legal access to marijuana for
 5 legitimate medical purposes.

6 WHEREAS, Scientific and medical studies show marijuana to be of medical value
 7 in the treatment of glaucoma, in easing the debilitating side effects of anticancer
 8 treatments, reducing muscle spasticity, and increasing appetite that is useful to those
 9 combatting the deadly AIDS virus; and

10 WHEREAS, The courts in several states have recognized the benefits of marijuana
 11 in the treatment of these diseases; and

12 WHEREAS, Numerous states have enacted laws and sought to establish
 13 compassionate programs of medical access to marijuana; and

14 WHEREAS, Individual physicians have applied to federal agencies in good faith for
 15 permission to use marijuana in a legal and controlled therapeutic regimen; and

16 WHEREAS, Federal agencies have failed to meet the good faith efforts of the
 17 states and individual physicians and have instead through regulatory ploys and obscure
 18 bureaucratic devices resisted and obstructed the intent of state legislatures and otherwise
 19 law-abiding citizens; and

20 WHEREAS, Individuals with cancer, AIDS, glaucoma, paralysis, multiple sclerosis,
 21 and other ailments have been promised legal access to marijuana through the federal
 22 investigative new drug (IND) process and are now denied supplies of the drug by the
 23 Public Health Service; and

24 WHEREAS, These problems are not particular to Maryland but generally affect
 25 adversely several other states and the citizens of those states; now, therefore, be it

26 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the
 27 General Assembly urges the President and Congress of the United States to:

28 (1) become informed of these difficulties;

29 (2) investigate and hold public hearings into federal policies that prohibit
 30 the legitimate use of marijuana;



2

HOUSE JOINT RESOLUTION 11

1 (3) remedy federal policies that prevent the several states from acquiring,
2 inhibit physicians from prescribing, and prevent patients from obtaining marijuana for
3 legitimate medical applications; and

4 (4) end federal prohibitions against the legitimate and appropriate use of
5 marijuana in medical treatments; and be it further

6 RESOLVED, That a copy of this Resolution be forwarded by the Department of
7 Legislative Reference to the President of the United States, the President of the United
8 States Senate, the Speaker of the House of Representatives, and to the Maryland
9 Congressional Delegation: Senators Paul S. Sarbanes and Barbara A. Mikulski, Senate
10 Office Building, Washington, D.C. 20510; and Representatives Wayne T. Gilchrest,
11 Helen Delich Bentley, Benjamin L. Cardin, Albert R. Wynn, Steny Hamilton Hoyer,
12 Roscoe G. Bartlett, Kweisi Mfume, and Constance A. Morella, House Office Building,
13 Washington, D.C. 20515.

TWENTIETH ANNUAL REPORT

of the

RESEARCH ADVISORY PANEL

1989

COMMENTARY SECTION

Prepared for the

GOVERNOR AND LEGISLATURE

EXECUTIVE SUMMARY

In previous annual reports the Research Advisory Panel has used the experience acquired during its operation to be critical of the research community and to summarize other problems of drug abuse important to the State of California. In this annual report, the Panel presumes to suggest that the Legislature act to redirect this State away from the present destructive pathways of drug control.

Our "War on Drugs" for the past fifty years has been based on the principle of prohibition and has been manifestly unsuccessful in that we are now using more and a greater variety of drugs, legal and illegal. As with the "noble experiment" of the 18th Amendment, prohibition as opposed to regulation has not controlled drug use and a societal over-reaction has burdened us with ineffectual, inhumane and expensive treatment, education and enforcement efforts. These efforts at reducing the social cost of drug use fail to distinguish between drug effects and associated criminal activity and fail to recognize that different drugs pose different problems and that we do not have one massive drug problem.

The Research Advisory Panel suggests to the Legislature that whatever we have been doing in the area of drug abuse should be immediately modified. Legislation aiming at regulation and decriminalization (not "legalization") should be formulated as novel efforts that could be quickly modified if unsuccessful. The Panel suggests that this legislation be formulated following four principles. First, separately consider the different drugs involved and not consider that there is one massive drug problem; second, distinguish between the effects of drugs and the associated criminal activity; third, design the legislation being aware that these are initial efforts subject to change with experience; and fourth think of "drugs" as including alcohol and nicotine, not as being separate substances.

The first suggestions for demonstration legislation, rationalized and detailed herein are:

1. Permit the possession of syringes and needles
2. Permit the cultivation of marijuana for personal use
3. As a first step in projecting an attitude of disapproval by all citizens toward all drug use, take a token action in forbidding the sale or consumption of alcohol in state supported institutions devoted in part or whole to patient care or educational activity.

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COMMENTARY

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PANEL QUALIFICATION

The Panel presumes to make these suggestions because of the long experience of Panel members in activities relating to drug abuse, both in their role as members of the Panel and also from their comprehensive experience outside of their Panel function in areas related to the effects of drugs, the treatment of drug abuse and societal response to drug abuse.

The Panel approaches the Legislature differently from most advocates that appear before you. Such advocates have some conflict of interest, but that conflict is not always disclosed nor easily apparent to the Legislature or to the persons themselves. It is not easy or pleasant, but it is essential, to acknowledge that even peace officers and workers in the drug abuse treatment industry (not to mention simple "legalization" advocates) have an interest in maintaining and initiating

This report represents a consensus among Panel members acting as individual experts. It does not represent policies or positions of the appointing agencies nor have those agencies been consulted during its preparation.

The diversity of opinion and choice of tactics is so great that no Panel member adheres completely to every item herein. One Panel member disagrees with the commentary portion of the Annual Report on the grounds that the legislative recommendations are not within the authority of the Panel as granted by the Legislature. Two members disagree with certain legislative recommendations within the commentary. Their comments are contained in minority reports at the end of this commentary.

carefully reasoned discussions establishing that our present policies are worse than useless. "Legalization" (not our term) has even been supported by conservative leaders such as William F. Buckley and Milton Freedman.

BASIS OF DERIVATION OF SUGGESTED LEGISLATION

The Panel believes that a rational approach to change should be based on three concepts that neither the public nor many legislators appear to be aware of or appreciate, however clear the distinctions are to researchers and practitioners in the area of drug abuse:

1) Differentiate different drugs and different routes of administration. There is no basis for progress in talking about the drug problem and looking for one magic solution to the massive problem as it is perceived by the public. The approach must be based upon a separate consideration of each of the several drugs involved. The various drugs involve different toxicities and different individual and social problems. The terrible lethal effects of cigarette smoking, that is, of inhaling tobacco smoke, are familiar. Some drugs, notably alcohol, cause, as a direct pharmacological effect, criminal or anti-social activity. Other drugs, notably heroin, are much less inherently dangerous either to the individual or to society, in spite of their high addiction liability, but they generate massive problems for the criminal justice system. The statement about heroin is not controversial or arguable. The California and Federal Legislatures have acknowledged that narcotics are not inherently prohibitively dangerous and have authorized programs to provide huge doses of methadone, a strong narcotic, to heroin users in lieu of their street drug.

We must then, not be naively permissive in our attitude toward alcohol and other depressants that disinhibit and cause inappropriate reactions. And we should not react emotionally against less harmful drugs in such a way that their regulation generates more problems than would their ungoverned use.

Eventualiy, although certainly not at this time, regulations, that is, societal reaction, will have to take into account different routes of administration as well as different drugs and recognize, for example, that cocaine in one form may be a minor hazard, whereas smoked cocaine may be highly addictive and require a more restrictive approach.

In our judgment, a first step in rationalizing our approach would be to further isolate marijuana from the other illegal drugs. This drug is widely used as a social drug, comparable to alcohol. More than half of the population has or will have had experience with this drug. Marijuana presents the same problems of responsible and irresponsible use as alcohol. However, no change in regulation would be acceptable if it leads to another industry comparable to the alcohol and tobacco industry.

this time. Instead, we suggest a phased approach based upon the above principles of differentiating drugs and their problems that would initially achieve minor change but would demonstrate to the public that the minor change involved would not be accompanied by any significant increase in use or other damage. Since the Panel does not pretend to have the ultimate solution it suggests that the outcome of such legislation be monitored closely.

Not only the traditional legislative responses, but most current proposals in the area of drug abuse legislation, are almost entirely in the direction of being increasingly more restrictive and vengeful. One can surmise this is a result of an apparent fear of being labeled "soft on drugs." Existing legislation, like prohibition itself, should be considered essentially a failure but one from which we can learn. Prohibition was characterized at the time as a "noble experiment," a judgment with which most of us would now agree. The experiment, however, was unsuccessful and after less than a generation was terminated. The intent of the 18th Amendment was beyond criticism and the effort was indeed noble, did accomplish a decrease in alcohol consumption, and could be used to justify additional experimental approaches. However, the experiment was unsuccessful in that the American public did not support enforcement and the illegal market generated an amount of associated criminal activity in the 1920's that was unacceptable to the public.

We are currently at a similar point in our history where much of the leadership and a considerable fraction of the public are coming to question whether prohibition is not equally unproductive in coping with the drug problems. Clearly the marijuana laws are unenforceable in the face of the attitudes and practices of a significant fraction of the population.

The Panel then suggests areas in which initial steps can be taken to prevent individual tragedies and unclog our judicial system. Should any of the ideas prove less than optimal, the legislation can be modified as easily as the Volstead Act was terminated. If the changes are successful, they will serve to demonstrate to the citizenry of California that different drugs can be viewed differently, that some decriminalization may be beneficial to the general public, and that they can be developed without great or irreversible harm.

SUGGESTED LEGISLATION

Remove penalties for possession of needles and syringes.

The statement that heroin is inherently not a dangerous drug has been somewhat weakened by the appearance in the community of the AIDS virus. This virus is transmitted, among other ways, by the use by one person of paraphernalia contaminated with the blood of an infected person. The AIDS virus has already

against the possession of drug using equipment, which equipment is after all no different than that used by a diabetic or that available in the trash cans of some dozens of offices and hospitals in every city. The suggestion then, is that those sections of the codes (California Health and Safety Code sections 11364, 11364.5, and 11364.7 and Business and Professions Code section 4140) be revised to decriminalize possession of needles and syringes. Whether syringes and needles remain prescription items or not is a minor consideration in the spread of drug abuse, since this equipment or substitutes improvised out of plastic tubes and pacifiers are already easily available.

The result of this action would be to control to some extent the spread of the AIDS virus. Fortunately, in California the action could have significant impact since the incidence in drug users with HIV infection is still below 5% in cities other than San Francisco. Also, there would be important progress in controlling the spread of hepatitis, other infections, and local abscesses. Most important, it would provide experience and presumably evidence that liberalization of regulations would be followed by some gain in individual and public health rather than by a massive increase in drug use. There is no reason to believe that the availability or lack of availability of needles and syringes has anything to do with the recruitment of new heroin users. Except during the early years of the epidemics (1949-50 and 1970-71) the spread of heroin use to new users can be best understood by considering what older students in this area refer to as the "infectious disease model." New heroin users do not appear because of the availability of syringes, but because of their contact with established heroin users.

Allow cultivation of marijuana for personal use. Insofar as damage to the individual and society is concerned, the quantitatively most important drugs are alcohol and nicotine in the form of cigarettes. There remains, then, as the other quantitatively important drug, marijuana, which has become, for a large fraction of the population, a social drug comparable in pattern and approaching that of alcohol in extent of usage.

Marijuana is a disinhibiting drug used socially to relieve anxiety and as such has many liabilities in common with alcohol. We acknowledge that marijuana is not without its effect on the individual user and would not suggest any change that carried a significant risk of increasing the use of marijuana. We resist the use of the word "legalization" in relation to any drug, including marijuana. On the other hand, an objective consideration of marijuana shows that it is responsible for less damage to the individual and to society than are alcohol and cigarettes, the other social drugs mentioned above. A further consideration in forming a reaction to the wide use of marijuana is that it is a source of conflict between generations and of disrespect for the law.

From the point of view of the younger members of the population, the problem becomes a matter of consistency which we should answer by saying marijuana is "just as bad as alcohol", rather than as the defenders of marijuana would probably say, "it's no worse than alcohol".

The resulting conflict between the proposed change in California Law and existing Federal law is apparent, but the liberalization of State regulations would result in decreased enforcement activity at the State level, and Federal enforcement activity is directed primarily at a level above the activity we are presently discussing. The success of a trial of this sort would provide leadership to other states and nationally. It would have no immediate effect on problems related to other more emotionally-laden drugs, except as it demonstrates the need to consider these problems separately and one-by-one with an awareness of risk/benefit ratios.

REDUCING THE USE OF DRUGS

The present status or effectiveness of education aiming at drug abuse prevention is obviously disappointing. The amount and variety of drugs with which younger people are experimenting and subsequently using have increased to its present level during the very period when this State had a required kindergarten through 12th-grade anti-drug use curriculum in place. National efforts, in or out of the formal school situation, have been equally disappointing.

Not even the success in controlling cigarette smoking extends to the youthful population. However, it is from the successful imposition and acceptance of restrictions on smoking by the adult population that we must learn important lessons about which target population to focus on and about which arguments work and which do not. The successful campaign against smoking did not focus entirely on the user but engaged most of the population in making an aesthetic and personal responsibility issue out of smoking.

The abstract advertisements about cancer and other deadly issues were ineffective compared to the demonstration provided by intelligent community leaders and, laudably, doctors who publicly gave up tobacco and made an issue of passive smoking. In drug education we have focused on physical damage, which is not important to a young risk-taker. And we have focused on the population that we consider to be at-risk, that is, young people and some minority groups. The target population should be the total population and should examine the use of all drugs, including or even especially, the nominally legal alcohol, tobacco and prescription drugs.

In efforts to limit the use of quantitatively important drugs, we should act to influence the entire population so that an unambiguous attitude of disapproval is

SUGGESTED ACTIONS

Prohibit (legal) drug use in special State establishments.

We have recently seen amazing progress in dissuading people from the use of tobacco. We will below suggest additional action in relation to alcohol, already a regulated drug, with at least some discipline applied. Overall, prohibition is not feasible but restricted use of alcohol in inappropriate places is justifiable and would be an essential step in projecting the attitudinal change desired.

The Panel applauds the establishment of tobacco free areas in State institutions. As a condition of their funding the Legislature should now insist that certain agencies within the State system not sell or provide alcoholic beverages within the confines of their campus or building. This should be immediately applied to any medical center campus or hospital. Doctors and other care-givers have a generally favored status and acquire with that a special responsibility to project an attitude of disapproval about the use of any disabling drug while they are accepting responsibility for a dependent patient. Certainly the State acquires a liability in providing alcohol to individuals who are then going to drive or see patients. More importantly, such use then projects an attitude totally at odds with that which we claim throughout our discussions as desirable.

Similarly, it is impossible to rationalize the use of a depressant drug, clearly shown to impair performance after small doses, on a University or State University campus dedicated to intellectual activity. The individual instructors, that is, teachers at all levels, should probably feel an obligation to neither drink nor smoke in public, but this is not a matter for legislation.

Counter ads. In addition to the emphasis on role modeling implied by the suggestion immediately above, there is an obvious need for counter promotion to offset the various advertising techniques that subtly, or explicitly, imply sexual or other social rewards for the use of products. The experience with cigarette advertising would suggest that counter ads placed immediately after the offending ad and providing an alternate view of the problem were more effective than current isolated, however cute, anti-drug ads. To what extent this policy could be initiated intra-state is a matter beyond our competence, but it would appear more than desirable.

Minority Report of Member Edward P. O'Brien for the
1989 Research Advisory Panel Annual Report.

The Commentary portion of the Annual Report sets forth suggested legislation to amend or repeal certain laws relating to drug enforcement and control. The Commentary states that the Panel "presumes" to recommend such changes in law because of the experience of the Panel members in activities relating to drug abuse both in their role as Panel members and their experiences outside of their Panel functions. The Commentary states that the Panel is "mandated as an advisory group to the Legislature to suggest some legislation ... to reduce the damage to society ... imposed by drugs."

This claim of authority to recommend legislation on drug control and enforcement is not supported by and, indeed, is contrary to the statement in the Annual Report concerning the Panel's Legislative Mandate. This Report on page 19 states: **"LEGISLATIVE MANDATE** The Research Advisory Panel was created in 1969 by the California Legislature to encourage and oversee research related to controlled drugs and narcotic addiction. The Panel was given responsibility to review, approve and oversee research projects involving marijuana, hallucinogenic drugs and other controlled substances, and innovative treatment programs for narcotic addiction and abuse of controlled substances. Since 1969, such research within the State of California has operated under the aegis of the Panel. The Legislature also mandated that the Panel encourage research with marijuana and other controlled substances as well as research into the treatment of drug addiction."

Further, an examination of the statutes pertaining to the Panel reveals that the Legislature has only given the Panel authority with respect to research projects involving the use of controlled substances and research projects concerning the treatment of abuse of controlled substances. The statutes also require the Panel to report annually to the Legislature and Governor the research projects approved by the Panel including the nature and conclusions of the research projects. (Appendix A)

In my opinion, the Commentary's recommendations to amend or repeal the laws on drug enforcement and control are not within the legislative authority of the Panel. There is no statutory authority for the Commentary's statement that the Panel is mandated to suggest drug enforcement legislation. The Panel's "presuming" of such authority is unwarranted and ill advised. Since the Panel lacks legislative authority in the above area, it is my position that the Commentary portion of the Annual Report should be omitted.

In addition to the lack of authority for the Commentary, I would emphasize that the Commentary's legislative recommendation allowing cultivation of marijuana for personal use is particularly injudicious. The argument, that since marijuana use continues to escalate and therefore criminal sanctions should be abandoned, fails to acknowledge or discuss the extent of marijuana use if sanctions were removed. Certain premises for the recommendation, e.g., that marijuana is currently increasing in use and is comparable to alcohol in extent of usage, are not established. The recommendation is not accompanied by a strong, well-planned comprehensive program to reduce the use and abuse of marijuana. Allowing marijuana cultivation for personal use as an experimental approach is not appropriate since the research subjects would extend to all citizens of California. If the experiment were not successful, the social cost of the experiment could be significant.

The Marihuana Problem in the City of New York (Mayor's Committee on Marihuana), 1944, Cattell Press, Lancaster, PA.

Engelsman, E.L.: Dutch policy on the management of drug related problems, British Journal of Addition, 1989; 84: 211-218, and, especially, commentaries thereon 1989; 84: 989-997. [Discussion of pragmatic Dutch efforts to minimize drug problems and prevent deterioration of individuals and of society. Cannabis seen as "lower-risk drug".]

Documenting that the emotional over-reaction continues to the present day

Koren, G., et al: Bias against the null hypothesis: the reproductive hazards of cocaine. Lancet, 1989 (Dec. 16): 1440. [In Canada and the U.S. papers of poor quality claiming great hazard to the foetus were much more likely (5.5 times) to be accepted for publication than better quality negative studies.]

Pollitt, K.: "Fetal Rights": A new assault on feminism. The Nation, 1990 (Mar.26): 409.

Strand, J. and Edwardo, G.: Cocaine and crack: The drug and the hype are both dangerous. British Medical Journal, 299: 337, 1989.

* please read pg 5 of marijuana digest

marijuana DIGEST

Vol.3. No.2

Fall. 1991

Marijuana and the Criminal Justice System

The Relationship of Illegal Drug Use to Crime

The legislation and enforcement of anti-drug laws has created an unprecedented strain on the criminal justice system. Advocates of drug legalization argue that there are other more effective ways to regulate drug-related behavior and commerce than criminalization, which creates economic incentives to increase crime.

The National Institute of Justice (NIJ) holds that the use of drugs such as heroin, cocaine and marijuana would create crime even if the drugs were legalized. This position is meant to counter arguments that drug legalization would eliminate large numbers of crimes.

The argument that drug use contributes to criminal behavior is laid out in a July 1990 report of the National Institute of Justice *Searching for Answers - Research and Evaluation on Drugs and Crime*. Drug use creates dangers, the report states, including heightened criminal activity, degraded work performance, and personal and property damage. While there is no drug which itself causes someone to commit a crime, drug use is held to be one of several major causes of criminal behavior.

The report claims convincing empirical linkage between drug use and crime. Drug use is believed to amplify criminal tendencies, and criminal behavior is seen to diminish when drugs are removed or absent. Three linking mechanisms are described. First, drug use has an effect on crime due to the psychopharmacological effects, the "disinhibiting or disorienting effects of the drug on the mind or body". Second, drug use creates an economic compulsive contribution to crime - when crime becomes a way to pay for drugs. Finally, they point to the systemic contribution to crime when criminal acts become a routine way of doing business related to drugs. The data summarizing these linking mechanisms are reviewed below and in Table 1.

Drug legalization would remove the economic

compulsive and systemic influences of illegal drugs. The argument against legalization, in many respects, rests on the premise that drug use causes criminal behavior, and that if the now illegal drugs were legalized, crime rates would increase far beyond what they are now, even with the elimination of drug possession and trafficking offenses.

Attention will also be devoted below to distinguishing the effects of widespread marijuana use from that of other drugs associated by NIJ with criminal activity.

The Evidence (1):

Drug Use Among Criminals

The most prominent evidence cited by the report is that drug use is much more popular with prisoners and arrestees than with the general population. For example, according to surveys by the Bureau of Justice Statistics (BJS) in the mid 1980's, 62% of state prisoners used illegal drugs weekly compared to 18% of the general population; 63% of incarcerated juveniles were weekly users compared to 25% of high school seniors.

There is no evidence that marijuana use contributes to criminal behavior. BJS also reports that more than half of state prisoners who ever used a major drug such as heroin or cocaine had

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Table 1. Links Between Drugs and Crime
National Institute of Justice

<u>Linking Mechanism</u>	<u>Supporting Data: Cocaine & Heroin</u>	<u>Supporting Data: Marijuana</u>	<u>Other Factors</u>
Psychopharmacological: relating to the disinhibiting or disorienting effects of the drugs on the mind or body. When drugs are present, tendencies within the individual or group toward crime are amplified, and when drugs are removed or absent, criminal behavior diminishes.	-serious offenders have a history of pill, cocaine or heroin use -25% to 40% of inmates in custody said they were "high" during the offense for which they were incarcerated -criminals have higher drug usage rates than the non-criminals according to both surveys and urinalysis testing -while not all drug users are involved in other illegal activity, serious offenders are also the heaviest users	-9% of local jail inmates were high on marijuana when they committed the crime that jailed them -during the 1980's roughly three out of four jail inmates reported using marijuana some time in their lives	-43.3% of local jail inmates were under the influence of alcohol when their crime was committed -most serious offenders with a history of drug abuse began use of a major drug (heroin, cocaine, PCP) after their first arrest -while many criminals use and or abuse drugs, including alcohol, most drug and alcohol users do not commit crimes -the incarceration rates per capita for alcohol, and marijuana are similar to the incarceration rates for non-drug users
Economic compulsive: relating to the motivation to commit crime as a means of supporting a drug habit	-daily heroin users who commit crimes are criminally active on more days per year than other groups -in one study daily heroin use was calculated at costing \$17,000/yr -In 1986, 28% of jail inmates reported past drug dependencies -One fourth of property crime can be attributed to needing money for drugs	-the large profits of marijuana farming has attracted rural groups formerly engaged in illegal alcohol production -domestic marijuana cultivation accounts for at least 25% of the marijuana consumed in the United States	-there is no mention in the BJS crime data or research summaries of research or data that indicates that the need for money to buy marijuana is a cause or contributing factor in the commission of crime -two or more grams of crack cost the same as an ounce of marijuana
Systemic: relating to violence or crime as parts of the business or cultural lifestyle associated with drugs, as in gang wars or turf battles	-drug dealers are at a high risk for violence -a high percentage of urban homicides have been linked to cocaine and heroin related violence	-some marijuana farmers use booby-traps to discourage poaching their crop -marijuana has been sold by violent groups incl. Jamaican posses and motorcycle gangs	-the DEA has reported decreasing incidents of violence associated with marijuana farming -such violence is not statistically significant related to general crime rates

not done so until after their first arrest. Major drug use may be as much a symptom of criminal behavior as it is a cause.

Of the survey population of local jail inmates, 70.7% admit to have using marijuana at least once in there life, and 28.1% reveal they are monthly users. General population surveys indicate that 66.5% of the general population have tried marijuana at least once, but only 10.2% are monthly users.

Usage rates may be much higher, as according to *Searching for Answers* the "stigma associated with drug use has increased over the past 20 years" and this may have caused "an increasing reluctance to admit drug use" to surveys of the general population.

There is evidence linking opiate addiction to criminal activity. For example, a study of New York City street-level opiate abusers held that extensive criminality is proportionate to levels and patterns of drug usage. Daily use of heroin was estimated as costing \$17,000 annually. This is evidence of the economic compulsive linking mechanism.

Gang warfare over crack markets is persuasive evidence of the systemic linking mechanism. As evidence of criminal activity due to marijuana use, the report cites as an example how "the large profits of drug marketing, particularly of marijuana, have also attracted rural groups formerly engaged in other criminal activities such as illegal alcohol production."

However, these causes of crime would be eliminated by legalization of drugs. There are no studies on record that indicate that significant numbers of people steal to support a marijuana dependency. While occasional stories surface of booby-trapped marijuana fields, the marijuana trade does not have a violent reputation. The 1990 Drug Enforcement Administration report on domestic cannabis eradication states that "violence and the use of booby traps have decreased."

The Evidence (2):

Drug Use at the Commission of a Crime

The other evidence presented that there is a psychopharmacological contribution of illegal drug use to criminal behavior concerns the number of inmates who were on drugs at the time they committed the offense that placed them in prison. According to surveys by the BJS, in the mid 1980's 25% of convicted inmates were on drugs at the time of the offense, and 40% of incarcerated juveniles.

A BJS special report, *Profile of Jail Inmates, 1989* provides recent data to examine the prevalence of drug and alcohol use at the time criminal offenses occur. The survey is of prisoners in local jails rather

than state prisons or federal institutions. In 1989 nearly 1 in every 4 inmates were in jail for a drug offense, compared to 1 in every 10 in 1983.

The data concerns drug use at the time the offense was committed, regardless of whether the offense was drug-related or not. The focus here is to what extent people on drugs commit crimes (in addition to illegal drug use.) Of the 205,524 convicted offenses of the survey population, 27% of them were caused by someone under the influence of an illegal drug.

Alcohol, though, was a factor in 41.3% of all offenses, and 44% of the offenses committed under the influence of drugs were also under the influence of alcohol.

The data suggests a strong link between alcohol and crime. Alcohol use at the time of offense was more prevalent among violent offenders (46.8%) than property offenders (30.7%). An estimated 63.2% of those serving time for homicide and 54.1% of those for assault reported being under the influence of alcohol.

Drug use of any kind was common among burglars (37.9%) and robbers (35.0%) and least common among persons serving time for assault, minor traffic offenses, Driving While Intoxicated, and other public-order offenses.

Of greater interest is how the population of local jail inmates compares to the general population of drug users. For example, the number of offenses committed under the influence of alcohol is going to be a lot larger than others because a lot more people drink alcohol than take any illegal drug. Table 2 rates the number of offenses committed under the influence of various drugs according to their annual using population as estimated by the 1990 National Institute on Drug Abuse Household Survey of drug use.

Rating allows the comparison of equal populations, as if to answer the question 'of every 100,000 people who drink alcohol, how many will commit an offense serious enough to land them in a local jail while under the influence?'

If illegal drug use does contribute to crime, than the incarceration rates for illegal drug users will be significantly higher than those for both alcohol and the non-drug using population.

The local jail incarceration rate for the general population is 209 per 100,000. Another reference point is provided by calculating the incarceration rate for adults who are not monthly drug users. The incarceration rate for this control group is 137.

The rate for heroin, at 6,120 per 100,000, is
continued on page 8

Table 2. Incarceration Rates for Crimes Committed Under the Influence of Drugs & Alcohol

This table compares two sets of data. The first is an estimate of how many local jail inmates were under the influence of an illegal drug or alcohol at the time their crime was committed. A local jail is defined as a facility which holds persons pending adjudication or persons committed after adjudication, usually for sentences of a year or less. The second data set consists of estimates of the annual national drug using populations. These two sets of estimates are used to compare incarceration rates in local jails for different drug using populations. As standards of comparison, the incarceration rate in local jails is also calculated for the entire adult population, as well as for those committing crimes under the influence of any drug or alcohol and those committing crimes not under the influence of drugs or alcohol.

<u>Drug</u>	<u>Est. Local Jail pop.</u> ¹	<u>%</u>	<u>Annual Using pop.</u> ²	<u>%</u>	<u>Incarcerations/ 100,000 users</u>
Heroin	18,195	4.6	297,293	.19	6,120
Cocaine	54,191	13.7	5,829,090	3.08	924
Stimulants	8,702	2.2	2,508,090	1.32	347
Marijuana	35,995	9.1	18,553,274	9.80	194
Alcohol	163,363	41.3	124,632,698	65.87	131

<u>Standards</u>	<u>Jail pop.</u>		<u>Population</u>		<u>Incarcerations/ 100,000 adults</u>
Total	395,553	100.0	189,210,065	100.0	209
Control ³	221,905	56.1	177,391,932	93.8	137
Summary ⁴	223,883	56.6	124,632,698	65.9	179

Notes:

- 1) U.S. Department of Justice, Bureau of Justice Statistics, 1991. Special Report: Profile of Jail Inmates, 1989. Washington, D.C. Bureau of Justice Statistics NCJ-129097. Does not include juveniles.
- 2) U.S. Department of Health and Human Services, National Institute of Drug Abuse, 1991. Summary of Findings from the 1990 National Household Survey on Drug Abuse. Washington, D.C. National Institute on Drug Abuse. Figures are for adults, and do not include ages 12 - 17.
- 3) While all other population estimates are annual, these estimates, while based on the same surveys, are monthly. The control group is offenders who have not used illegal drugs thirty days prior to arrest compared to adults who did not report using illegal drugs within the last thirty days.
- 4) The summary group is composed of offenders who were under the influence of drugs or alcohol at the time of their offense compared to the annual drug and alcohol using population, which assumes that most drug users also drank alcohol during the year. Illegal drug users who do not drink alcohol are not thought to be statistically significant, but if added to the drinking population would lower the summary incarceration rate.

Recent Drugs & Crime Data

from the
United States Department of Justice,
Bureau of Justice Statistics,
Washington, D.C.

Growth Trends:

Drug arrests have grown from 583,000 in 1983 to 1,247,000 in 1989. In the same period the percentage of inmates in local jails on drug offense charges rose from 9.3% to 23%. While total inmate growth rose 77% during this time, the numbers of inmates charged with drug offenses rose 328%. (*Drugs and Jail Inmates, 1989. August 1991*)

In 1988 drug offenders comprised 1/3 of all state court felony cases. From 1986 to 1988 state court convictions for drug trafficking rose 46%. (*Drugs and Crime Facts, 1990. August, 1991*)

In a comparison of prior drug use by jail inmates, in 1983 only 12% of the sample used cocaine while in 1989 that had doubled to 24%. Cocaine was the only drug proportionally more inmates used in 1989 than in 1983. Cocaine users were three times as likely as other drug users to have committed offenses to get money for drugs. (*Drugs and Jail Inmates, 1989. August 1991*)

Prohibition Related Crime:

According to a survey of local jail inmates, 1/4 of all property crime (including robbery, burglary, larceny, theft, motor vehicle theft, fraud, stolen property and other property crimes) is committed to gain money to buy drugs. Over 30% of robberies and burglaries are committed for money to buy drugs. (*Drugs and Jail Inmates, 1989. August 1991*)

Persons under Correctional Supervision:

In 1988 there were 3,713,000 persons under correctional supervision in the U.S., 2% of the adult population. The figures are: 344,000 in jail (9%), 2,356,000 on probation (64%), 607,000 in prison (16%) and 408,000 on parole (11%). Probation is a sentencing alternative to jail or prison, while parole is in conjunction with time served. (*Correctional Populations in the United States, 1988. March, 1991.*)

Arrest and Incarceration:

In 1988 there were 13.8 million arrests (FBI *Uniform Crime Reports*) and yet only 3.7 million people under correctional supervision (26.9%). Of those arrested in 1988, approximately 2.5% went to jail; 4.4% went to prison; 17.0% went on probation, and 2.9% ended up on parole. (*Based on Correctional Populations in the United States, 1988. March, 1991.*)

In 1990 state prisons, on average, were operating at 115% of their lowest capacity and 127% of their highest capacity. (*Prisoners in 1990. May 1991*)

In 1990 local jails operated on average at 111% of their occupation capacity. Jurisdictions with at least one jail operating under a court order to reduce population operated on average at 113% over capacity. (*Jail Inmates, 1990. June 1991*)

Who is in Jail for Drug Offenses?

Race: Drug offenders in local jails in 1989 were 25.5% white, 48.3% black, and 24.7% hispanic.

Age: 18 - 24: 33.6% 25-29: 25.4% 30-34: 15.9% 35-44: 15.2%

Education: 8th grade or less: 15.2% some high school: 39% high school graduates: 32.7% some college: 13% (*Drugs and Jail Inmates, 1989. August 1991*)

What sentences do drug offenders get?

The survey population of local jail inmates represents offenses which were serious enough to land the offenders in jail, rather than receive a sentence of probation or dismissal of charges. In surveys conducted in both 1983 and 1989 half of drug offenders sentenced to a local jail received a sentence of 9 months or less. (*Drugs and Jail Inmates, 1989. August 1991*)

Of drug traffickers brought before state courts in 1988, 71% were sentenced to some kind of incarceration: jail (30%), prison (41%), or probation (28%).

The average sentence for a drug trafficker in 1988 was 66 months, with 20 months actually served and the remainder on parole. (Generally, a prisoner is eligible for parole after one third of the sentence has been served.) Other average sentences are larceny - 50 mo.; burglary 74 mo.; robbery - 114 mo.; rape - 183 mo. and murder - 230 mo. (*Drugs and Jail Inmates, 1989. August 1991*)

Table 3. Correctional Populations - 1988

	Total	Probation	Parole	Jail	Prison	Ave. \$ Cost /conviction	Ave. \$ Cost /incarceration	Ave. \$ Cost /Prob. & Parl.
Alabama	47,056	25,178	4,701	4,819	12,365	3,671	8,235	585
Alaska	5,817	2,994	489	27	2,307	14,292	30,419	2,111
Arizona	45,938	25,468	2,410	6,006	12,095	7,026	14,939	1,602
Arkansas	27,127	15,931	3,840	1,994	5,455	2,618	8,584	195
California	452,512	262,796	49,364	64,216	76,171	7,502	20,483	1,311
Colorado	36,195	23,939	1,743	4,882	5,646	5,873	17,283	813
Connecticut	53,770	45,883	371	0	7,516	3,089	17,965	568
Delaware	13,714	9,576	1,093	0	3,045	3,656	13,302	376
Dist. of Columbia	26,385	12,393	3,949	1,693	8,381	9,100	22,437	738
Florida	226,535	161,989	2,562	28,236	34,327	3,848	12,245	533
Georgia	162,840	115,268	11,308	17,482	18,787	2,830	10,680	416
Hawaii	12,981	9,718	1,108	0	2,155	5,546	27,228	988
Idaho	7,447	7,357	793	810	1,493	4,556	12,235	542
Illinois	136,057	90,376	14,369	9,891	21,081	4,378	16,508	520
Indiana	75,886	55,931	3,411	5,235	11,444	2,903	11,820	271
Iowa	19,111	13,099	1,945	1,036	3,034	4,824	19,837	620
Kansas	30,779	19,462	3,497	1,906	5,932	4,207	14,718	490
Kentucky	21,687	7,398	3,443	4,695	6,187	8,413	14,148	2,109
Louisiana	62,598	31,218	8,097	11,222	12,110	4,032	9,674	485
Maine	8,007	6,059	0	669	1,285	6,625	22,944	703
Maryland	109,362	78,619	9,225	7,486	14,084	3,821	16,198	558
Massachusetts	108,995	92,347	4,333	5,454	6,862	3,701	27,557	500
Michigan	159,957	115,274	7,677	9,404	27,612	4,819	17,650	736
Minnesota	57,986	50,184	1,639	3,227	2,942	3,656	27,336	811
Mississippi	19,814	6,854	3,177	3,501	6,348	3,729	6,281	898
Missouri	66,050	42,498	7,226	5,154	12,176	3,718	12,258	564
Montana	5,803	3,275	671	616	1,249	4,996	12,220	1,378
Nebraska	15,152	11,411	447	1,156	2,161	3,845	13,246	601
Nevada	14,886	5,925	1,716	2,343	4,902	9,638	17,294	1,992
New Hampshire	5,179	2,948	461	789	983	7,549	20,063	721
New Jersey	103,953	59,724	18,463	11,124	14,652	6,143	19,563	1,080
New Mexico	11,640	5,691	1,080	2,188	2,745	8,957	18,319	1,457
New York	225,199	120,809	33,962	25,928	44,560	11,081	31,700	1,296
North Carolina	96,116	67,164	6,191	5,469	17,292	4,011	14,499	479
North Dakota	2,696	741	163	288	525	5,007	15,691	390
Ohio	111,455	70,206	5,991	9,160	26,113	5,683	15,412	814
Oklahoma	36,355	23,404	1,455	2,595	8,921	4,084	9,252	709
Oregon	34,303	24,178	2,610	2,819	4,703	5,096	17,935	1,114
Pennsylvania	170,340	92,296	46,466	13,649	17,929	3,345	15,552	522
Rhode Island	12,184	9,824	442	0	1,918	3,752	19,009	369
South Carolina	49,371	29,223	3,672	3,497	13,002	4,995	12,538	502
South Dakota	4,656	2,504	617	522	1,030	4,593	11,747	1,011
Tennessee	56,501	28,761	9,529	10,858	7,354	4,977	13,335	666
Texas	436,578	288,906	77,827	29,439	40,437	2,286	11,151	476
Utah	10,130	5,595	1,218	1,261	2,057	8,448	20,824	1,629
Vermont	6,918	5,966	182	0	770	3,537	20,262	1,094
Virginia	46,357	17,633	6,610	9,372	12,787	9,678	17,026	1,500
Washington	84,012	60,244	10,745	5,934	7,089	3,534	18,802	599
West Virginia	8,473	4,791	807	1,393	1,482	4,912	12,148	689
Wisconsin	41,622	26,747	4,106	4,667	6,159	5,392	16,335	896
Wyoming	3,452	1,814	289	457	945	7,482	16,137	812

Table 4. Justice Expenditures - 1988

	Total State Exp.	\$ /adult	Total Justice Exp.	%	\$ /adult	Corrections Exp.	\$ /adult
Alabama	10,834,476	3,626	561,644	5.18	188	172,744	58
Alaska	5,574,408	15,615	283,240	5.08	793	83,135	233
Arizona	12,556,880	4,949	961,724	7.66	379	322,749	127
Arkansas	5,235,777	3,000	233,078	4.45	134	71,018	41
California	111,685,527	5,364	8,939,614	8.00	429	3,394,647	163
Colorado	11,386,172	4,682	701,062	6.16	288	212,580	87
Connecticut	11,509,153	4,652	692,068	6.01	280	166,094	67
Delaware	2,663,290	5,391	158,031	5.93	320	50,140	101
District of Columbia	4,827,746	10,079	529,894	10.98	1,106	240,097	501
Florida	36,378,379	3,813	2,810,272	7.73	295	871,671	91
Georgia	19,363,054	4,241	1,187,219	6.13	260	460,851	101
Hawaii	3,673,768	4,524	271,040	7.38	334	71,989	89
Idaho	2,499,344	3,576	132,715	5.31	190	33,929	49
Illinois	35,274,944	4,097	2,339,975	6.63	272	595,705	69
Indiana	14,168,799	3,460	688,290	4.86	168	220,324	54
Iowa	8,298,399	3,914	353,651	4.26	167	92,183	43
Kansas	7,211,409	3,915	404,077	5.60	219	129,492	70
Kentucky	9,560,244	3,482	496,330	5.19	181	182,456	66
Louisiana	12,281,937	3,948	747,619	6.09	240	252,422	81
Maine	3,583,464	3,973	169,464	4.73	188	53,044	59
Maryland	15,190,895	4,370	1,091,219	7.18	314	417,898	120
Massachusetts	23,238,249	5,099	1,448,933	6.24	318	403,372	89
Michigan	32,973,918	4,858	2,131,971	6.47	314	770,865	114
Minnesota	16,935,877	5,314	735,496	4.34	231	212,018	67
Mississippi	6,623,589	3,602	263,213	3.97	143	73,894	40
Missouri	12,514,893	3,268	829,103	6.62	217	245,584	64
Montana	2,564,868	4,392	104,457	4.07	179	28,991	50
Nebraska	5,615,472	4,763	216,231	3.85	183	58,255	49
Nevada	3,636,557	4,615	331,632	9.12	421	143,475	182
New Hampshire	2,894,412	3,573	170,275	5.88	210	39,097	48
New Jersey	28,620,201	4,860	2,117,568	7.40	360	638,597	108
New Mexico	4,757,902	4,501	290,358	6.10	275	104,263	99
New York	90,008,951	6,641	7,144,927	7.94	527	2,495,522	184
North Carolina	18,259,485	3,763	1,040,998	5.70	215	385,519	79
North Dakota	2,121,026	4,382	70,971	3.35	147	13,499	28
Ohio	33,460,312	4,166	1,809,484	5.41	225	633,424	79
Oklahoma	8,769,932	3,718	441,909	5.04	187	148,459	63
Oregon	9,463,057	4,547	592,773	6.26	285	174,810	84
Pennsylvania	35,537,565	3,883	1,918,775	5.40	210	569,787	62
Rhode Island	3,402,704	4,460	193,868	5.70	254	45,709	60
South Carolina	9,524,474	3,777	553,477	5.81	219	246,584	98
South Dakota	1,905,749	3,693	82,659	4.34	160	21,387	41
Tennessee	15,019,516	4,124	756,257	5.04	208	281,211	77
Texas	49,064,094	4,139	2,938,736	5.99	248	997,829	84
Utah	5,601,669	5,285	282,177	5.04	266	85,578	81
Vermont	1,816,066	4,366	83,907	4.62	202	24,472	59
Virginia	17,361,496	3,819	1,195,297	6.88	263	448,627	99
Washington	18,335,594	5,302	887,377	4.84	257	296,912	86
West Virginia	5,009,363	3,583	167,924	3.35	120	41,619	30
Wisconsin	15,744,367	4,397	864,211	5.49	241	224,434	63
Wyoming	2,303,431	6,815	98,430	4.27	291	25,828	76

incredibly high. The high cost of illegal heroin and its addictive properties create the classic case study in the relationship between drug use and crime. Since criminal activity diminishes as heroin use is reduced, this extremely high incarceration rate is an argument for getting addicts into treatment. It seems that a small number of heroin addicts are committing a great deal of crime.

While heroin may offer the classic model, this does not mean that the same relationship holds for other drugs.

The rates for cocaine and stimulants are extremely high by comparison with either standard, 924 and 347 per 100,000 respectively. These rates may support the argument that cocaine and stimulant use makes someone significantly more likely to commit a crime than someone in the general population. The question remains whether this criminal activity is due to the effects of drug abuse or the need to get money to buy drugs.

The incarceration rates do not support the theory that the psychopharmacological effects of alcohol or marijuana contribute to a higher rate of criminal activity than is present in the general population.

The incarceration rate for marijuana users (194) is not significantly different from that of the general population (209). Furthermore, the percentage of inmates who committed their offense under the influence of marijuana is nearly equal to the percentage of marijuana users in the general population. Taken along with the general lack of data linking marijuana use to economic compulsions to commit crime and systemic market violence, the low incarceration rate for marijuana users is an indication that it does not cause criminal activity.

The even lower rate for alcohol (131) is an indication that far far more people use alcohol responsibly than those who commit criminal acts. The incarceration rate for alcohol users is not significantly different for that of the non-drug using population. Otherwise, the evidence suggests that while most alcohol users do not commit crimes, the criminal behavior of those who do can be reduced by treating their alcohol abuse.

Allocating Resources:

According to "Searching for Answers": "crafting a coherent drug enforcement strategy requires not only an assessment of the jurisdiction's drug problem - the types of markets, the range of drugs available, and the characteristics of their users populations - to inform selection of the appropriate tactics; but also assessment of the costs of committing additional resources (in terms of alternative activities that cannot

be undertaken); and then a realistic estimate of the capabilities of other parts of the system - prosecutors, judges, and corrections officials - to respond to increased arrests and mounting numbers of drug cases."

State and local police are being encouraged to pursue retail, street level enforcement focusing on particular neighborhoods, while letting the federal agents go after the Mr. Big's of the drug trade.

Despite the political rhetoric of the day, the resources do not exist for ambitious prosecution of possession offenses. The costs to the taxpayers of each state justice system are reviewed in Tables 3 and 4, as well as the size of the each states correctional population. NIJ's response is to find more creative ways to place people under correctional supervision.

Sanctions:

"The Institute will continue to search for new low-cost sanctions that can be used on a large scale against recreational drug users. The criminal justice system cannot afford to supervise millions of casual users . . . nor can it ignore them. NIJ wants to find solutions that do not congest the courts or swell probation caseloads. One appealing solution is income proportioned fines for first offenders. On the model of traffic courts, a computerized system can impose and collect fines in high volume to halt the drain drug cases make on correctional resources. The Institute will encourage research on all sanctions that effectively (but not unrealistically) inflict damage on offender households and require minimal additional resources to administer."

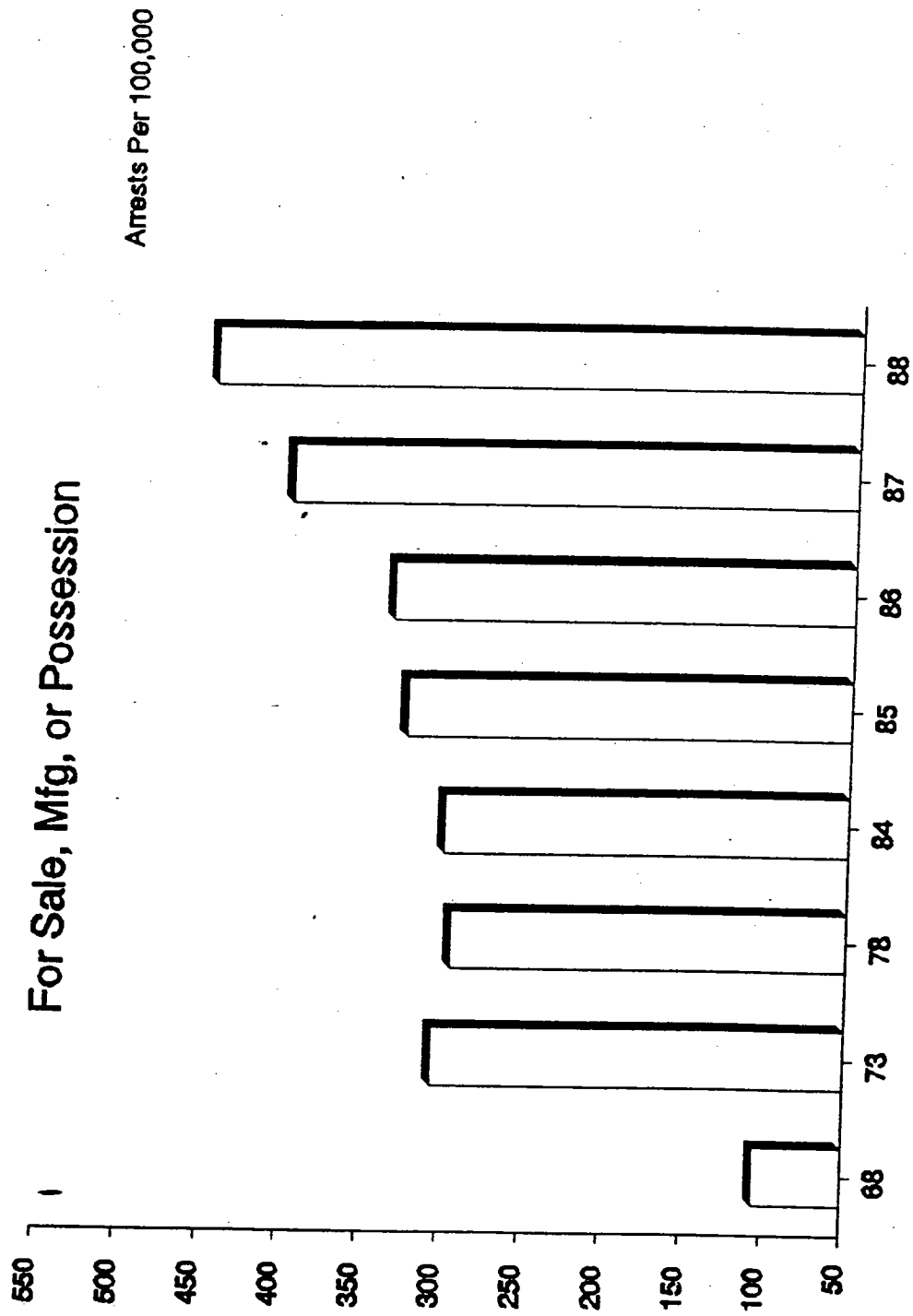
"NIJ's research is exploring intermediate sanctions like house arrest, electronic monitoring, shock incarceration, asset seizure and forfeiture, and intensive probation supervision. The goal is to give the American criminal justice system a more problem-specific, more rational structure of options for dealing with diverse offenders."

Marijuana Digest:
Post Office Box 16054
Washington, D.C. 20041

Marijuana Digest is published by the
Marijuana Study Group, copyright (1991)
Written & Edited by Jon Gettman.
Advisory Board: Michael Aldrich, PhD;
Lester Grinspoon, M.D. of Harvard
University; John Morgan M.D. of the City
University of New York; Ed Rosenthal.
Subscriptions: \$25 for 4 issues.

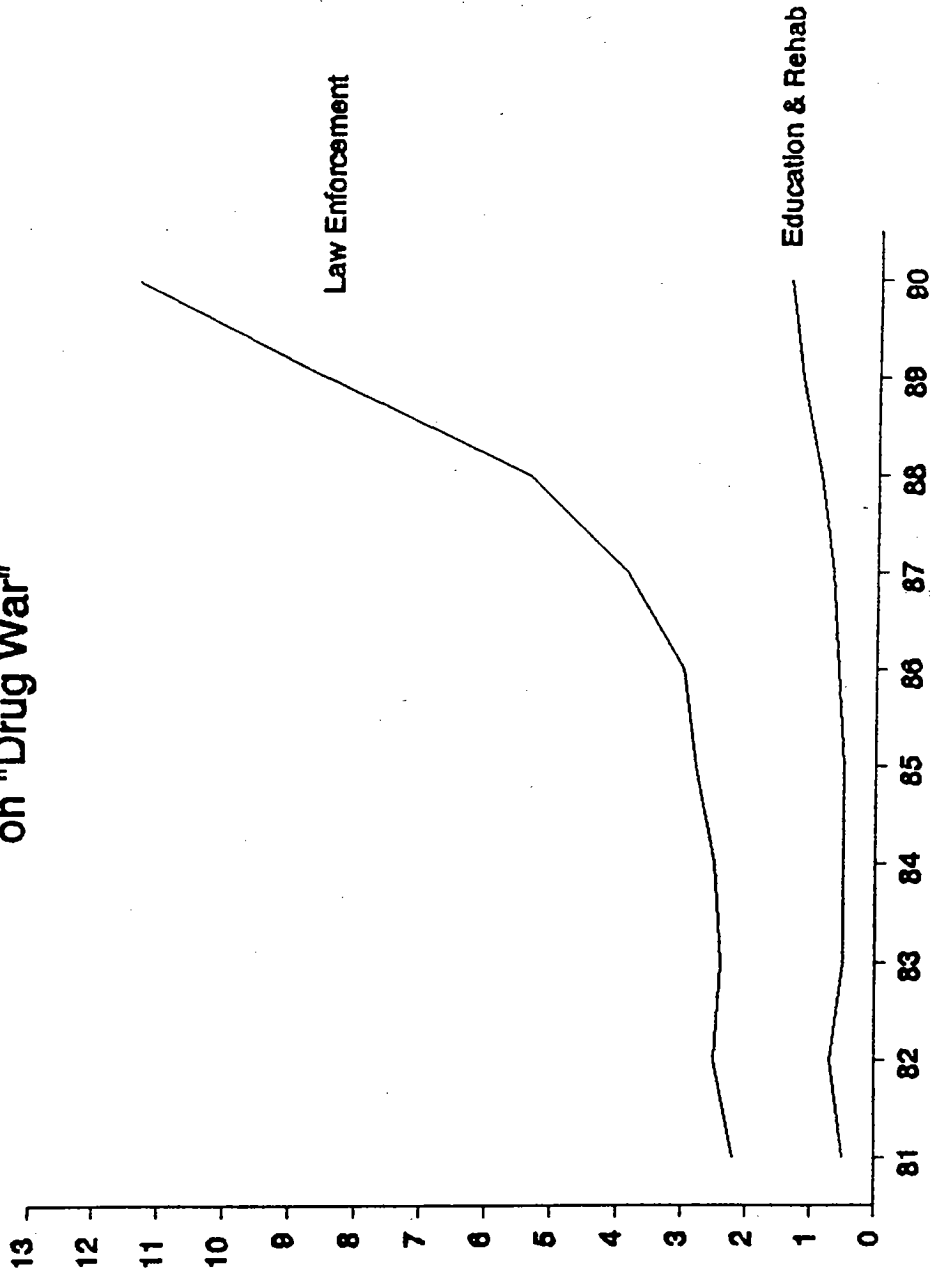
Drug Arrests in the U.S.

Source: FBI



Federal Spending on "Drug War"

Billions of Dollars



Drug & Marijuana Arrests 1968-1990

Year	All Drug Arrests	% MJ	Marijuana Arrests	Percentage of MJ Arrests		Percentage of All Drug Arrests	
				MJ Poss	Marijuana Possession	MJ Sales	Marijuana Sales/MFG
1965	60,500	0.31	18,815	0.00	0.00	0.00	0.00
1966	75,900	0.41	31,119	0.00	0.00	0.00	0.00
1967	121,500	0.51	61,843	0.00	0.00	0.00	0.00
1968	198,900	0.48	95,870	0.00	0.00	0.00	0.00
1969	288,600	0.41	118,903	0.00	0.00	0.00	0.00
1970	415,600	0.45	188,682	0.00	0.00	0.00	0.00
1971	492,000	0.46	225,828	0.00	0.00	0.00	0.00
1972	527,400	0.55	292,179	0.00	0.00	0.00	0.00
1973	628,900	0.67	420,700	0.00	0.00	0.00	0.00
1974	642,080	0.69	445,000	0.00	0.00	0.00	0.00
1975	601,300	0.69	416,100	0.00	0.00	0.00	0.00
1976	609,700	0.72	441,100	0.00	0.00	0.00	0.00
1977	642,700	0.71	457,600	0.00	0.00	0.00	0.00
1978	628,700	0.71	445,800	0.00	0.00	0.00	0.00
1979	558,600	0.70	391,600	0.00	0.00	0.00	0.00
1980	580,900	0.70	405,600	0.00	0.00	0.00	0.00
1981	559,900	0.71	400,300	0.86	344,339	0.14	55,990
1982	676,000	0.67	455,600	0.84	383,968	0.15	68,276
1983	661,400	0.62	406,900	0.82	334,007	0.17	69,447
1984	708,400	0.59	419,400	0.82	342,157	0.18	73,674
1985	811,400	0.56	451,138	0.81	365,941	0.19	85,197
1986	824,100	0.44	361,780	0.82	296,676	0.18	65,104
1987	937,400	0.40	378,709	0.83	313,709	0.17	65,618
1988	1,155,200	0.34	391,600	0.83	326,921	0.17	64,961
1989	1,361,700	0.29	398,977	0.79	314,552	0.21	84,425
1990	1,089,500	0.30	326,850	0.80	260,391	0.20	66,460
Totals:	15,858,280		8,447,993		3,282,661		699,152