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LEVANT: Most Los Angeles gang members are involved in drug trafficking outside of Los Angeles. They have been arrested for narcotics violations as far away as Kentucky, Texas, New York, Louisiana, Illinois, Washington, D.C., and Washington state, Oregon, Arizona and Nevada.

USA TODAY: Are the Midwest and smaller towns easy targets for these gangs?

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”

LEVANT: The demand is there consistently throughout the whole country. I wish people would believe that. There is no part of this country that doesn't have a horrible narcotics problem. We work closely with other police departments. If someone is arriving in town with a load of co-

caine, they're met by the local police and arrested. If someone is coming back to Los Angeles with money from narcotics sales, they're arrested. We use all the laws that are at our disposal.

USA TODAY: What are the gangs doing with the money they make from selling drugs?

LEVANT: Street gangs are a bunch of thugs. The profits they're getting from the drug trade are being used to get very dangerous automatic, semi-automatic assault rifles, semi-automatic pistols, silent submachine guns, all kinds of sophisticated weaponry.

USA TODAY: What does this mean for the future?

LEVANT: Now that they're becoming so rich, the danger is they're going to make a metamorphosis from clubs into highly sophisticated criminal organizations capable of doing a lot of damage to the general public.

USA TODAY: Why has it taken so long for the police to fight back against these gangs?

LEVANT: What has always been our posture is to react to a crime after the crime is committed. We're always playing catch-up. Now, what we've been doing for the past several months is getting the kind of support we need to put these thugs away for a long time.

USA TODAY: Would you call this an all-out war?

LEVANT: Exactly. We have city and state governments, the Drug Enforcement Administration, the FBI and the alcohol and firearms people, customs, and IRS people all on board. Drug dealing is non-controversial criminal activity. By using drug laws, we are able to take these crooks off the streets and put them away for long periods, using the appropriate state or federal laws.

USA TODAY: What does it matter if suspected drug dealers are back on the street in a few days?

LEVANT: That's really counterproductive because it gives stature to the thugs when you arrest them on a Friday and they're back out on Sunday or Monday. They're back in their neighborhood strutting around.

USA TODAY: How are you countering that?

LEVANT: What we have arranged are bail deviations with the district attorney's office so that when we make arrests for narcotics violations and we have the criminal history of the suspects and the evidence to prosecute cases successfully, they go to jail. The bail is enhanced so that it's very difficult for them to make bail. When they go to court, we have a 99% conviction rate with these cases.

USA TODAY: What difference do you expect that to make?

LEVANT: When you have a guy who is arrested who's previously been driving a flashy car with fancy clothes — a negative role model for the kids in the neighborhood — all of a sudden he's gone. Maybe he won't come back for years. That makes a statement, much better than pushing him from one neighborhood to another neigh-

INQUIRY

Topic: DRUGS & GANGS

Glenn Levant, 46, is the deputy chief of the Los Angeles Police Department. He is the commanding officer of the Bureau of Special Investigation, a new post created to fight increasing street-gang activity and drug dealing. Levant has been a police officer for 25 years. He was interviewed by free-lance journalist Mary-Ann Bendel.



Glenn Levant

We're going to put these thugs away

USA TODAY: In the first two months of this year, 50 people were killed in gang-related murders in Los Angeles and at least that many bystanders were killed or wounded. The LA police department has been cracking down with massive arrests the last three weekends. Is it working?

LEVANT: I certainly hope so. We have been arresting 400 gang members each weekend for everything from jaywalking to murder. Those convicted of the sale of narcotics will be getting between one and 40 years in prison.

USA TODAY: Last week, for the first time in several years, the police used the battering ram to break into houses where drugs were being prepared. When it was first used, there was a hue and cry against it, but now many people are supporting its use. Why the change?

LEVANT: People are fed up to the gills with drugs and gangs in their neighborhoods. The last seven times we used the ram, people have applauded. This last week, people were waking their children up and taking them out in their nightclothes and clapping. People were coming up and asking Chief Darryl Gates and the ram operators for their autographs like we were celebrities.

USA TODAY: Is the problem of drug gangs confined

neighborhood.

USA TODAY: How does the public view these dealers?

LEVANT: There is the real problem: the demand for drugs. I wish people realized that every time they buy dope, they're contributing to murder and mayhem.

USA TODAY: So you don't think there's any such thing as a "recreational" drug?

LEVANT: That's a contradiction in terms. There is no such thing. The money is going right back into buying guns to kill people with. Who knows who's next?

USA TODAY: What kinds of young people join these gangs?

LEVANT: These are morons, out-and-out hoods. I can't say anything good about them. I don't think they can read — which is another problem, the dropout rate in this country. But our message is this: if you use drugs, you'd better be prepared to pay the consequences, because you're going to go away for a long time — and we're going to take away everything that you ever bought with a drug dollar.

USA TODAY: Does that include cars and other property?

LEVANT: We'll take their shoes away from them, if we have to. We take clothes, jewelry, houses, cars, real property. Anything that they own that they bought with drug money, we're going to strip away, and we use that money we get from them to fight the war against other people like that. Just prosecute them to death.

USA TODAY: What about those who are buying the drugs? How do you deal with them?

LEVANT: If we see someone who is a buyer of drugs and he happens to be driving — and in Los Angeles, everyone has a car — he walks home after he gets out of jail. We keep the car, using the federal civil forfeiture laws. We've done that since October, and that makes a pretty good statement. We've taken everything from a '52 pickup truck to a brand-new Porsche.

USA TODAY: Are the cars returned?

LEVANT: They don't get them back. If you use any kind of conveyance — such as a car — to transport any kind of narcotics, that car is gone.

USA TODAY: How do you stop the flow of drugs to

Feds target drug gangs across USA

The FBI and the Drug Enforcement Administration have entered into a joint drug-fighting effort in six major cities in the USA: New York, Miami, Chicago, Houston, Los Angeles and San Diego.

Sue Schnitzer, FBI spokeswoman, explains the operation:

"We are investigating the ma-

for drug cartels and looking at drugs as a business. We are focusing our resources on those criminal enterprises such as we have done in the investigations of organized crime.

"We consider drugs a serious problem and are focusing a good deal of manpower on this problem. We will be using a variety of

investigative techniques, such as court-authorized electronic surveillance."

Gang operations involving drug dealing also have been reported in Boston, Cleveland, Dallas, Denver, Fort Lauderdale, Fla., Hartford, Conn., Kansas City, Philadelphia, Washington, D.C., and Toronto.

these gangs from such places as Mexico or Panama? Economic sanctions?

LEVANT: Just recently, narcotics detectives in Los Angeles raided a chemical lab that had American-manufactured chemicals readily available for sale for legitimate purposes. But in combination, you can make all kinds of drugs. They got enough chemicals in this one clandestine lab to make about 500 pounds of "speed."

USA TODAY: So the problem isn't just cocaine and marijuana from the Latin American countries?

LEVANT: If there's a demand, people are going to supply the drugs. If it's not cocaine that's popular this week, LSD will come back, which you can make very easily. Or meth, or speed. This is a very abusive society we've got here. We've got 25 million people in this country who use narcotics on a fairly regular basis.

USA TODAY: What does this mean for the USA's young people? Are we in danger of losing a whole generation to drugs?

LEVANT: We have a head start toward saving a generation of kids because in 1983 we started something called the DARE program, which stands for Drug Abuse Resistance Education — an elementary-school, officer-led educational program that's designed to educate children into basically how to resist the peer pressure.

USA TODAY: Is it working?

LEVANT: Absolutely. We've been testing it for seven years. It's now been adopted in 34 states. The Department of Defense has picked it up for all the overseas schools.

USA TODAY: The peer pressure seems to be so great to join a gang. How can a police program counter that?

LEVANT: It's the same kind of peer pressure to stay out of drugs as is involved in staying out of gangs. As a matter of fact, the DARE program has a couple of lessons in it that are designed to help kids get through that. Unfortunately, in some parts of this county, there are places where parents are reluctant to let their kids play in the neighborhoods or even go to school unattended because of the gang involvement. We intend to get rid of these heavy negative role models in the community so there's no one to look up to.

USA TODAY: Why not legalize cocaine and marijuana? Wouldn't that eliminate the profits?

LEVANT: Why hasn't any country in the world that has ever had legal narcotics ever stuck with it? All that does is it exacerbate the problem. Look at the history of a country like China. People forget the British were the biggest dope pushers in history, when they used opium to keep the Chinese population subjected. Now, it's a death penalty in China. It's illegal in the countries that export narcotics to the United States.

USA TODAY: So legalization doesn't work?

LEVANT: England had a horrible social experiment in the '60s when they used to say, "Poor heroin addicts, they're just sick people. Why don't we give them free heroin?" What resulted was that more and more people who were not addicted becoming addicted to heroin, so they abandoned that project. No place in the world that has ever experimented with legalizing narcotics has done it successfully.

The question: Recriminalized?

long-awaited blow to organized crime.
— Patrick Doyle

Use revenues for benefit of the people

the pipeline boom, the state always astute in their search for revenue, legalized a future rich marijuana. I'm sure there are other alternatives for the state government so. I resent being told what is good. I side with the government, for I do know what is best for the people. I would vote to recriminalize providing the revenue is used for the people's benefit, for those who will be paying the

— Paul S. McGiboney

Home-grown products keep money in state

hypocritical to criminally punish marijuana while legally sanctioning alcohol. Alcohol creates more social problems than marijuana. The marijuana law was issued by the people; so it's always being repealed. People are realizing that fighting a losing battle. It seems like the state is spending a lot on its hysterical anti-drug message.

They point to advantages for the crowd. Alaska, a state without manufacturing or agriculture, exports its smaller number resources to bring in revenue. Home-grown products — even marijuana — keep money from leaving the state.

— Michael Hootch
Palmer Correctional Center

Changing law won't stop flow of drugs

Do not believe that after all the legal changes for the present law, someone will spend more money to change them. A known fact that the government gets 10 percent of the drugs coming into the state. So changing the law won't stop the money on education. Young people use marijuana, which leads to harder drugs. But taking away alcohol can lead to alcoholism. No one can take away liquor stores how much one can

Alaska for the great outdoors and policy on marijuana. If it offends the state has an open policy for it. I suggest you find a state that does.

— David W. Konselman

Police should concentrate on important things

I am a contributing member of society. I have a decent job and work ethic. I donate blood. I know first aid and am planning on taking a CPR course. I have helped strangers get stuck. I think I am more of a help

than I go to jail because I like to drink. How long will it be before they are taking people for the beer in their police departments of Alaska more concerned with thieves, burglars and leave people like me



(Two-thirds of the offenders in Alaska's jails are there for alcohol related crimes.) If legislators need something to do may I suggest something be done to alleviate our obvious problems rather than restrict what we can do within our own homes.

— Dave Lloyd

A. Industry should be regulated like any another

Recriminalization sounds simple enough, doesn't it. But let's look at some of the ramifications.

Fact: At the present time, it is unlawful for any juvenile to possess or in any way be associated with marijuana. This is reasonable; minors are also prohibited by law from association with alcohol or tobacco. Recriminalization of marijuana would in no way alter the situation vis-a-vis our youth.

Fact: At least part of the attraction to youngsters of marijuana is its illegality. Can anyone imagine that making marijuana "more" illegal will reduce this appeal?

Fact: The 18th Amendment to the U.S. Constitution criminalized the use and possession of intoxicating alcohol. This law did not stop people from drinking. It did cause many deaths from poisonous, home-made "bath-tub gin," and made the Mafia into the very powerful criminal organization that it remains today.

Fact: With all the federal, state and local money, material and energy already being used to combat the cultivation, importation, and distribution and consumption of marijuana, it remains a billion-dollar industry, not one penny of which goes to government revenues.

I suggest the state government decriminalize marijuana completely and regulate it like any other industry: business licenses, quality control, import fees, etc. And best of all, tax the hell out of it. We could probably straighten out our current fiscal mess in six months or less.

— Ken Landfield
Homer

A. Alcohol is a much more

Abuse, Dr. Max Fink reported new evidence failed to show any signs of brain damage or other significant differences between users and non-users. "The evidence is fairly clear that chronic cannabis use is not accompanied by the things written in the medical literature in the 1930's and 1940's."

Another scientist on the panel, Dr. Thomas Bryan, president of the private Drug Abuse Council in Washington, said decriminalization "makes sense on the basis of the evidence that's in."

Dr. Robert DuPont, head of the National Institute on Drug Abuse, reported, "There is no question that alcohol and tobacco are causing more health problems than marijuana," and that marijuana "lacks the 'side effects' of either alcohol or tobacco."

People supporting recriminalization should rethink their antiquated concepts before passing a bill that would have such detrimental consequences and concentrate on real killers, like alcohol. But oh, I forgot... some of you are "social drinkers," aren't you?

— S. Nilsson

A. A tax should be placed on marijuana

In light of the current economic downturn trend of the state of Alaska, falling oil prices, massive budget cuts, etc., pot should not only not be recriminalized, it should be legalized and taxed — just like cigarettes and liquor in the Lower 48.

— Cynthia Rohrer

A. Legislators have no business changing court decisions

So certain members of our legislature have seized upon the issue of marijuana recriminalization once again.

Never mind the fact that it is not in the scope of their duties to change judicial findings. Never mind that it will cost in excess of \$1 million to prosecute a minimum caseload over five years. Never mind that despite Mr. Martin's and Mr. Fischer's claims, no new evidence of harmful side effects have

More readers reply to the question: Should marijuana be recriminalized?

A. Law didn't work before, and it won't work now

If recriminalization ever occurs, as it might next year when election year politics forces our political heroes to grasp any stance that could get them elected, the real effect will be minimal. It should be obvious that a law that did not work 10 years ago certainly will not work any better now.

Using even the federal government's sadly erroneous statistics, the number of people who smoke marijuana at a minimum equals the number it took to elect Ronald Reagan. There is a force at work here that will not simply disappear under a new law.

We do need a new marijuana law, one that recognizes the existing realities and doesn't cater to the media hysteria usually supported by politicians.

The advantages to legal marijuana are overwhelming. If such a law was passed we would finally have the necessary instrument to bring the drug under control. Being able to license, tax, collect, inspect and create regulations preventing the sale to minors are all easily possible once the initial step is taken.

Since it is nearly impossible to believe such a drastic revision in thinking will take place, one can only assume that the people of this state are in for a lot of tedious and ultimately unsuccessful debate on this issue.

The status quo is infinitely preferable to a return of a law that never worked. Until we finally realize the time has come to stop enforcing hypocritical laws, the best advice we can follow is this: If you think smoking marijuana is bad for you, then don't use it. If you are concerned that drugs are a problem with your children, concentrate your efforts on getting them to stop.

— Mark Phillip Archer

A. People aren't getting the truth about marijuana

The past and present attitudes about marijuana are based on ignorance and fear caused by misleading government reports that are so exaggerated that they are almost outright lies. It is incredible that our government can get away with deceiving the people like that.

Also from the people I have talked to, the police realize that alcohol causes many, many more problems and dangerous situations than pot. I believe that if people knew the truth about the drug, they would not be afraid to support our right to use it.

— David Wheeler

A. Use should be a matter of personal choice

One of the primary motivations in recriminalizing marijuana appears to be a concern for youth. This seems to suggest that some parents, who've no control over their youngsters, expect the state to assume responsibility for raising their children.

Consumption of alcohol by an adult, in a responsible manner, is nearly universally accepted. Irresponsible consumption, without regard for the relevant laws, creates a problem which concerns and affects the society.

Private cultivation and use of marijuana, when practiced as intended by the state, should not be a problem for or a concern of the society. Legal use currently is, as it should be, a personal choice made by an informed adult.

All young people are exposed to substances and practices which are illegal for them. Most do not acquire tastes for these merely through exposure.

An educated, aware youngster who has

will give a long-awaited blow to organized crime overall.

— Patrick Doyle

A. Use revenues for benefit of the people

During the pipeline boom, the state government, always astute in their search for possible future revenue, legalized a future rich harvest: marijuana. I'm sure there are other rich future pastures for the state government to graze in also.

Most people resent being told what is good for them, but I side with the government, for indeed, they do know what is best for the people. I would vote to recriminalize marijuana, providing the revenue is used conspicuously for the people's benefit, for they are the ones who will be paying the fines.

— Paul S. McGiboney

A. Home-grown products keep money in state

No! It is hypocritical to criminally punish users of marijuana while legally sanctioning the use of alcohol. Alcohol creates more social and medical problems than marijuana.

In Alaska the marijuana law was issued by the courts, not the people; so it's always being fought. People are realizing that fighting marijuana is a losing battle. It seems like the government is spending a lot on its hysterical anti-marijuana message.

Factors may point to advantages for the pro-cannabis crowd. Alaska, a state without significant manufacturing or agriculture, depends on the exports of its smaller number of natural resources to bring in revenue. Home-grown products — even marijuana — keep vital money from leaving the state.

— Michael Hootch
Palmer Correctional Center

A. Changing law won't stop flow of drugs

It's hard to believe that after all the legal battles fought for the present law, someone wants to spend more money to change them. It's a well known fact that the government seizes only 10 percent of the drugs coming into the country, so changing the law won't stop the flow! Spend the money on education.

True, many young people use marijuana, and it is a door to harder drugs. But taking that first drink can lead to alcoholism. No one is telling the liquor stores how much one can buy.

I came to Alaska for the great doors and it's privacy policy on marijuana. It offends someone that the state has an open policy for privacy then I suggest you find a state that has a closed one.

— David W. Konselman

A. Police should concentrate on important things

I feel like I am a contributing member of the community. I have a decent job and work with the public. I donate blood. I know first aid and am planning on taking a CPR course. Twice this year I have helped strangers get their cars unstuck. I think I am more of a help than a threat.

Why should I go to jail because I like to come home from work and take a couple of bong hits? How long will it be before they start busting people for the beer in their fridge? The police departments of Alaska should be more concerned with thieves,



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Recriminalization sounds simple and doesn't it. But let's look at some ramifications.

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Fact: At least part of the attraction of marijuana is its illegality. If anyone imagine that making marijuana "more" illegal will reduce this appeal?

Fact: The 18th Amendment to the Constitution criminalized the use of intoxicating alcohol. This did not stop people from drinking. It caused many deaths from poison home-made "bath-tub gin," and mad Mafia into the very powerful criminal organization that it remains today.

Fact: With all the federal, state and money, material and energy already used to combat the cultivation, importation and distribution and consumption of marijuana, it remains a billion-dollar industry, not one penny of which goes to government revenues.

I suggest the state government decriminalize marijuana completely and regulate it like any other industry: business licenses, quality control, import fees, etc. The best of all, tax the hell out of it. We probably straighten out our current mess in six months or less.

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All young people are exposed to substances and practices which are illegal for them. Most do not acquire tastes for these merely through exposure.

An educated, aware youngster who has been trusted to take responsibility for his or her actions will develop the self-esteem necessary to say no to illicit substances.

Perhaps parents should expend less effort lobbying against recriminalization and more nurturing a love of life and reality in their children. The resulting adult will be responsible, reliable and fully capable of making informed choices.

— K. J. Ferencak

A. All drugs should be made legal

The Drug Enforcement Administration suspects that more than \$110 billion in drug money is spent each year. This money goes directly to underworld coffers to propagate further crime. Since the Constitution guarantees the pursuit of happiness, it seems that all drugs could be legalized, their price doubled and a fraction of the proceeds, say \$30 billion, spent on enforcement and rehabilitation. The remainder could pay off the deficit or provide free medical treatment for all Americans.

Rampant drug abuse is already being addressed by employers in the form of drug tests. These tests may become more effective as the hysteria of "getting caught" is replaced with the prospect of effective, well-funded treatment. Furthermore, repeal of drug laws would enable users to discuss their problem openly with friends and family whose participation in therapy proves invaluable. Emphasis will shift from fear of retribution to an easily cultivated desire to be of sound mind and body.

The most important element of this agenda, in my mind, is that a tremendous amount of money will be redirected from destructive fugitives to constructive social programs. This

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Why should I go to jail because I like to come home from work and take a couple of bong hits? How long will it be before they start busting people for the beer in their fridge? The police departments of Alaska should be more concerned with thieves, killers, and rapists and leave people like me alone.

— Michael S. Cheatham

A. Inside one's home should be private

When the Alaska Senate starts making the payments on my home, then they might be able to tell me what I can and cannot do in the privacy of my own home!

Alaska should legalize marijuana and use the taxes on it to balance the state's budget. They would reap more benefits that way, more than raising fines and imposing jail sentences. The jails are overcrowded now!

You get more flies with honey!

— Brenda Hixson

A. Alaskans not ready to give up freedoms

The state Senate should leave the marijuana law as it stands. Although a native Alaskan myself I can empathize with the folks who moved up from the Lower 48 because they were tired of bureaucratic encroachment upon their constitutional rights by unfair marijuana laws.

Now, after having become used to the relative freedom of choice provided by being legally allowed to grow and use pot in our own homes, our legislators suppose we are prepared to give it up? Get real! A majority of us have tried pot or continue to enjoy a puff now and then so our legislators shouldn't forget who gave them their authority in the first place!

Marijuana use is a rather benign vice compared to the legal drug alcohol.

Recriminalization sounds doesn't it. But let's look at ramifications.

Fact: At the present time, many juveniles possess or are associated with marijuana. The minors are also prohibited association with alcohol. Recriminalization of marijuana will alter the situation vis-a-vis.

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I suggest the state decriminalize marijuana to regulate it like any other industry, quality control, import best of all, tax the hell out of it, probably straighten out our mess in six months or less.

A. Alcohol is a much more deadly drug

It's time to get out of the Stone Age (the pun) and recognize and prescribe marijuana to alleviate cancer patients going through it. It relieves pressure on the eyes, suffers and psychologists and have also used it as an aid in the.

During a New York Academic Conference on Chronic Pain sponsored by the National Institute on Drug Abuse.

you tell 'em

Q.

In responding to the Tower Report on the Iran-contra affair, Reagan admitted the Iran arms mistake. The president took credit for the actions of his subordinates in the diversion of arms sale to the Contras, but he said the diversion was without his knowledge.

As evidence that he's learned and is ready to move on, Mr. Reagan's recent staff changes and announcements to bring covert operations under review.

His supporters say the president and new staff will restore his credibility and influence.

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Are you satisfied with the president's response to the Tower Commission Report?

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— S. Nilsson

A. A tax should be placed on marijuana

In light of the current economic downturn trend of the state of Alaska, falling oil prices, massive budget cuts, etc., pot should not only not be recriminalized, it should be legalized and taxed — just like cigarettes and liquor in the Lower 48.

— Cynthia Rohrer

A. Legislators have no business changing court decisions

So certain members of our legislature have seized upon the issue of marijuana recriminalization once again.

Never mind the fact that it is not in the scope of their duties to change judicial findings. Never mind that it will cost in excess of \$1 million to prosecute a minimum caseload over five years. Never mind that despite Mr. Martin's and Mr. Fischer's claims, no new evidence of harmful side effects have been discovered — a fact recognized by our own drug and alcohol abuse division. Never mind that the real drug problem in Alaska is alcohol. Never mind that tens of thousands of responsible adults will become criminals.

Let's face it, what we really have here is the posturing of some politicians to join this year's fad issue, drug abuse. If you thought the prospects of ABC's telemovie "Amerika" alarming, wait til you see Mr. Martin and Mr. Fischer's version of "Alaska."

— Danny Stone

Send comments to PEOPLE'S FORUM, the Daily News, Box 14-9001, Anchorage, 99514-9001. LETTERS MUST BE RECEIVED BY NOON THURSDAY. Limit letters to 200 words and include a daytime phone number.

Q.

Should marijuana be recr

A. Making it against the law won't work

I have a question for all of the adults of Alaska: everyone, politicians, priests, police officers, lawyers, judges, teachers, businessmen, doctors. Would you be willing to give up that beer after work, sacrifice the wine at dinner or forego your martini lunch to help save some poor alcoholic from getting a drink?

Prohibition never worked, and never will. Recriminalizing marijuana won't work either. If you drink or smoke cigarettes and are in favor of recriminalizing marijuana, then you are a hypocrite and need to take a moment to think about what your real objectives are.

— Rick Kinsey

A. There are other ways to fight abuse

Sen. Fischer's proposal to recriminalize marijuana reminds me of a dog, nailed in the face by a porcupine, that keeps going back for more. Are we so blind to the history of prohibition? Anti-drug laws have failed universally to discourage abuse and succeeded in making organized crime rich and powerful beyond belief.

Chemical dependency and abuse can be fought responsibly through education and supportive behavior towards young people. Over regulating every aspect of life conveys the message to our youth that individual responsibility is not respected by our leaders.

From an economic standpoint, anti-drug laws keep the rewards of the trade so high that traditional enforcement techniques are doomed to failure from the start. The taxpaying citizen then foots the bill for enforcement, the judiciary and incarceration — and as victim, for the big bucks to support a habit must come from somewhere.

— Richard Tandlich

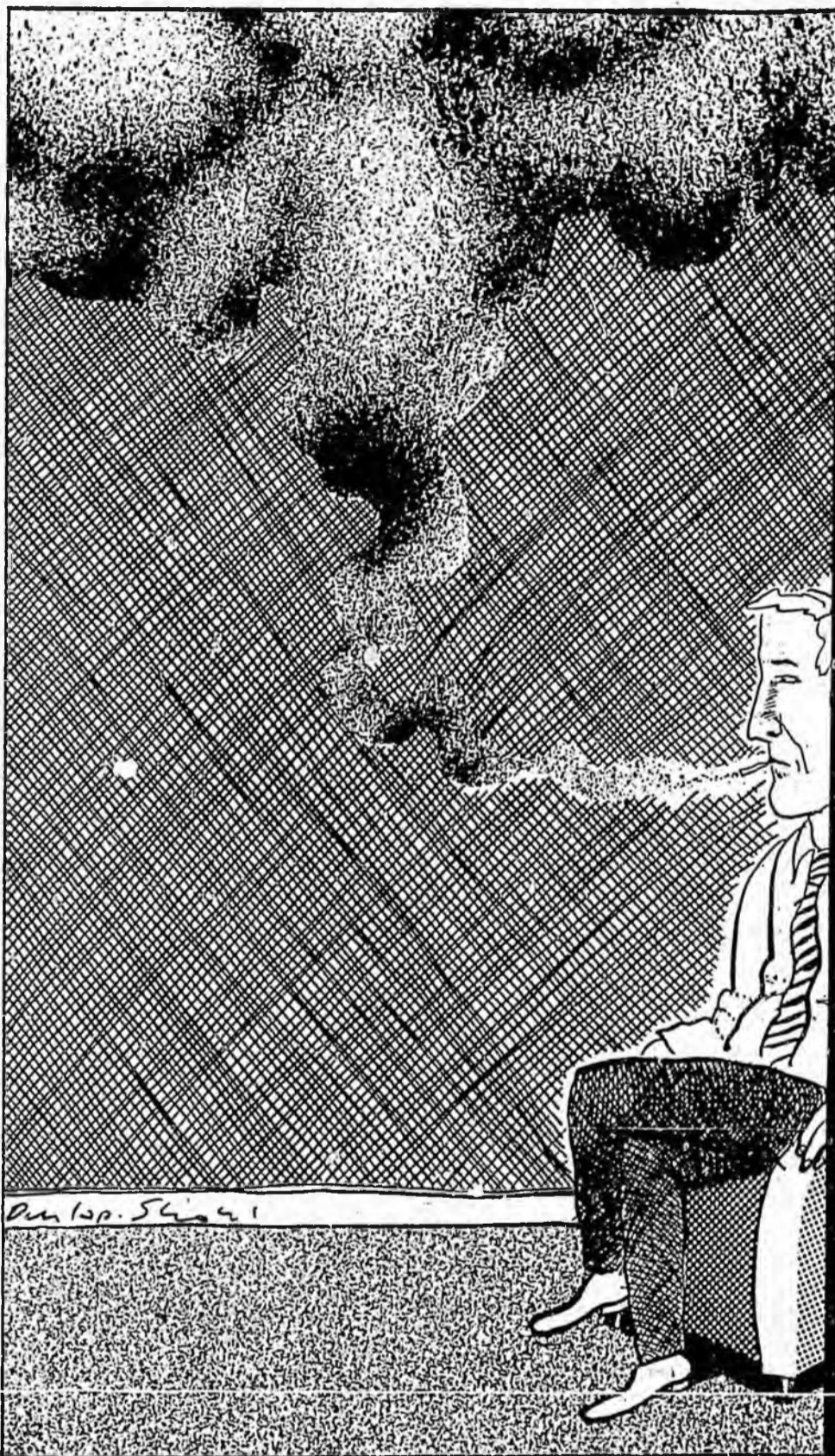
A. Smokers and dopers should be segregated

Recriminalize marijuana for condo and apartment dwellers and their children. All apartments should be either for smokers or for non-smokers in an area. Those who do not smoke anything have the right not to be force fed.

A lady of the evening moved in under me, chain smoked cigarettes and used pot. My circulation was so impaired from what came up around kitchen and bathroom pipes, I was hospitalized. If my window was open and she opened hers, her poisons were dumped up into my apartment, depriving me of having fresh air in my own home. It would be better for clean apartment dwellers if their neighbors just boozed it up, and left the nicotine and pot alone.

I want my rights to privacy of smoke and pot free air in my home. That privacy has again been intruded upon for the first time in about four years. My health had improved so much in four years. Now within six months my circulation has decreased. I have developed sinusitis, bronchitis, dulled thinking, poor circulation, sleeping problems, loss of energy — all because new tenants who use nicotine and pot moved under me again. They invade the privacy of my home with their addictions and I have no way of escape. I want a law that causes dopers to stop dumping their dope into my home.

— Elizabeth Montgomery



that take away our right to privacy. But the right of a mature individual to exercise free choice is one thing . . . and a law that puts pot in the hands of 9-year-olds is another.

As an Alaskan, I'll be pleased when we change our drug law. If our choice is between a dubious argument that we endanger certain privacy rights on the one hand, or the well-being of Alaska's youth on the other, I don't think there's a choice at all.

I know that young Alaskans have recognized the double standard. Last October, the executive board of the Alaska Association of School Governments — made up of students from all over Alaska — unanimously adopted a resolution calling for the recriminalization of marijuana. They felt that the state's marijuana law was making the fight against drug abuse in their schools more difficult.

We need to listen to the voices of young Alaskans.

— Frank H. Murkowski
United States Senator

legislators need to do their part and the mistake that was made by marijuana. Do it for our children. Do society. Recriminalize now!

— Richard D

A. No amount in the home should be illegal

I do not smoke, drink or use However, what one does in his or house is his or her business. Is being private legal? Alcohol does far more physically, environmentally, and socially. No amount of marijuana possession in a home should be illegal. The last cop in Anchorage was killed by an drunk. The latest murder trial involved killing committed by two drunks in Need I say more?

— Pa

A. Others issues facing us are

A. THC least harmful of intoxicants

A. Making it illegal is unenforceable

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— Paul Purtle

it. If it was legal and sold under regulations like alcohol and other controlled substances for a fair market price the large profit motive would be eliminated and with it the host of greedy vampires who control the market now.

For too long people have falsely believed that marijuana was a rung on the ladder to heroin use and nowadays to cocaine addiction and that by eliminating this rung we could save people from addiction. But in reality those people will become addicted anyway. So long as mind-numbing substances such as heroin and cocaine are available and so long as our society continues to abuse so many of its citizens, some will seek to escape their pain in this way!

For too long we have heard how we should "ask not what your country can do for you, ask what can you do for your country" and not enough about what is America doing for its growing multitudes of poor, homeless, and hopeless citizens. If America is so great why are so many Americans so damn unhappy!

— Gerald Hudspeth

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Other more harmful things

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A. Others issues facing us are more pressing

A bill to recriminalize the possession of marijuana in one's own home should not be passed. To do so would put many otherwise law-abiding citizens in a position contrary to the law.

When legislation was passed to decriminalize the possession of marijuana in the privacy of one's home, it reflected the pioneer spirit of Alaskans, and showed respect for the privacy and independent judgment of the individual.

Those who argue that marijuana in the home may adversely influence children may be right. If a parent is irresponsible enough to abuse such a substance in the company of a child, it could be considered a form of child abuse. But there is just as much of a potential for the abuse of many things in the home, from aspirin to alcohol.

In light of the state's current fiscal predicament, and considering a limited legislative session, I think our lawmakers would do well concentrating on the more pressing issues facing Alaska rather than squelching the independence of its citizens.

— Chas Jones

A. Alaska's youth appear to back recriminalization

I recently advised the state legislature what Public Safety Commissioner Bob Sundberg said at my Senate hearing last year:

"Only in Alaska can one sit at home and smoke marijuana secure in the knowledge that you are breaking federal law with the blessing of the State Supreme Court."

No one wants to see changes in our laws

that take away our right to privacy. But the right of a mature individual to exercise free choice is one thing . . . and a law that puts pot in the hands of 9-year-olds is another.

As an Alaskan, I'll be pleased when we change our drug law. If our choice is between a dubious argument that we endanger certain privacy rights on the one hand, or the well-being of Alaska's youth on the other, I don't think there's a choice at all.

I know that young Alaskans have recognized the double standard. Last October, the executive board of the Alaska Association of School Governments — made up of students from all over Alaska — unanimously adopted a resolution calling for the recriminalization of marijuana. They felt that the state's marijuana law was making the fight against drug abuse in their schools more difficult.

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A. THC least harmful of intoxicants

Of all the intoxicants that are legal in our society, (such as alcohol and nicotine), THC, the active ingredient in marijuana, is the least harmful. Rarely does violence occur with its use, and physical dependence has yet to be proved.

A totally drug-free society is without doubt the ideal, but in reality I doubt this will happen. Society would be a lot better off to totally legalize marijuana and recriminalize alcohol but then the lesson of America's criminalization of alcohol should apply to the recriminalization of marijuana.

— John Byrd

A. Legalizing marijuana was a mistake

Yes, marijuana should be recriminalized without delay. Marijuana is one more ill that is sinking our nation.

Debate this with any doper and you'll get the same argument every time: "It's no worse than alcohol." That may be true, and while we need to work harder on all forms of alcohol abuse, two wrongs don't make a right. Why add to our problems? Besides, alcohol is sold by legal, licensed and monitored stores.

"I can do what I want in the privacy of my home." OK, but how does most marijuana get there? Not by home-grown plant — but by drug dealers. By allowing marijuana in homes, we're creating a large market for drug dealers to get rich. These nice people don't just sell marijuana, but other more deadly drugs that people are willing to kill or steal to get.

At a time when most people are trying to get the message out that drugs kill, our

legislators need to do their part the mistake that was made in marijuana. Do it for our children's society. Recriminalize now!

— Rich

A. No amount in the home should be illegal

I do not smoke, drink or However, what one does in his house is his or her business. Is he private legal? Alcohol does far more physically, environmentally, and pot. No amount of marijuana in home should be illegal. The last case in Anchorage was killed by a drunk. The latest murder trial killing committed by two drunks. Need I say more?

A. Making it illegal is unenforceable

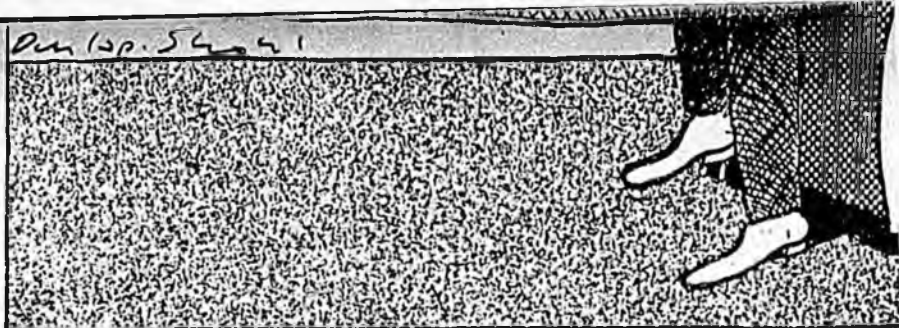
If a person engages in an activity that does not harm another person government have the right to prohibit activity? This is the fragile corner society: not our representative government, but our freedom. Harm to society from smoking is not substantiated and is exaggerated, exploiting our emotional reaction information we do receive.

Making an activity illegal necessarily stop a person from that activity. A person will choose smoking marijuana in private if unpleasant consequences outweigh pleasure it provides and if the consequences are relatively certain.

In fact, there is no way to stop from smoking marijuana in private an unacceptable intrusion of privacy extremely expensive. It really doesn't matter whether our legislators "recriminalize possession of marijuana or not, the law is unenforceable here as it is anywhere in the U.S.A.

A. Marijuana not a 'rung' on the ladder to addiction

Have I missed a large crime committed by the cursed potheads concocted a new reason to overcrowd already over-capacity jails? We have resources to attack the enormity of their numbers have reached many. Besides, most of the crime associated with marijuana use is the result of trying



away our right to privacy. But the mature individual to exercise free ne thing . . . and a law that puts pot is of 9-year-olds is another.

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— Paul Purtle

A. Making it illegal is unenforceable

If a person engages in an activity in private that does not harm another person, should the government have the right to prohibit that activity? This is the fragile cornerstone of our society: not our representative form of government, but our freedom. The alleged harm to society from smoking marijuana is not substantiated and is exaggerated by exploiting our emotional reactions to the information we do receive.

Making an activity illegal will not necessarily stop a person from engaging in that activity. A person will choose to stop smoking marijuana in private only if the unpleasant consequences outweigh the pleasure it provides and if the consequences are relatively certain.

In fact, there is no way to stop a person from smoking marijuana in private that is not an unacceptable intrusion of privacy and extremely expensive. It really doesn't matter whether our legislators "recriminalize" the possession of marijuana or not, the law is just as unenforceable here as it is anywhere else in the U.S.A.

— Ann Riley

A. Marijuana not a 'rung' on the ladder to addiction

Have I missed a large crime wave committed by the cursed potheads or have we concocted a new reason to overcrowd our already over-capacity jails? We haven't the resources to attack the enormity of users as their numbers have reached many millions. Besides, most of the crime associated with marijuana use is the result of trying to obtain

it. If it was legal and sold under regulations like alcohol and other controlled substances for a fair market price the large profit motive would be eliminated and with it the host of greedy vampires who control the market now.

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— Gerald Hudspeth

A. Other more harmful things remain legal

Why shouldn't the legislature take away the right to smoke cigarettes and have drinks in one's own home, to buy our own toilet paper and food while they're at it? Communists see life much the same way.

If marijuana is a health issue, shouldn't premarital sex be outlawed? It's a health hazard now.

Marijuana is not addictive like alcohol, coffee, and cigarettes, which are legal!

If a person 21 and over is legally responsible for their own actions, does the legislature have the right to tell them what they can smoke? They've already told us where we can or cannot smoke, now it's what we can or cannot smoke! How petty!

The law won't stop people from smoking it, it will only crowd the already overcrowded jails and cost taxpayers more in drug enforcement.

Not that it's OK to smoke and drive or perform any other public service. It should be punished just as severely as drunk drivers.

But to grow small amounts at home for personal use, who is it really affecting? The people or the legislature because they can't use it for a scapegoat for other more serious issues at hand?

— Chris Hayden

More responses next Saturday

Next Saturday's People's Forum page will carry additional responses to the question: "Should marijuana be recriminalized?"

Legislators' anti-marijuana case full of smoke

By ROBERT WAGSTAFF

In 1975, the Supreme Court of Alaska found that naturally growing marijuana "does not constitute a public health problem with any significant dimensions. It is, for instance, far more innocuous in terms of psychological and social damage than alcohol or tobacco. ... It appears that effects of marijuana on an individual are not serious enough to justify wide-spread concern, at least as compared with the far more dangerous effects of alcohol, barbiturates, and amphetamines."

The Alaska Supreme Court found that the state failed to meet its substantial burden to show that the prohibition of the possession of marijuana in the home was supported by a legitimate state interest. Eloquently writing for a unanimous Court, Chief Justice Rabinowitz:

"Our territory and now state has traditionally been the home of people who prize their individuality and who have chosen to settle or to continue living here in order to achieve a measure of control over their own lifestyles which is now virtually unattainable in many of our sister states."

The nationally renowned *Ravin* decision was based upon an exhaustive trial record where all of the best-known experts testified. All studies and claims were examined. The ultimate conclusion was that none justified making the possession and use of marijuana by adults in private a crime.

This has not stopped the Alaska Legislature. The Alaska Legislature is a peculiar body. It is knowingly attempting to pass a patently unconstitutional bill because it



thinks the politics of an election year justifies it and attention can be diverted thereby from its fiscal mismanagement.

In fact, Senate Judiciary Chairman Jay Kerttula has himself said that the findings of harm listed in the bill won't convince a court to overturn the *Ravin* decision stating, "the findings in this bill are overstated and in some cases wrong." Nonetheless, Kerttula voted for the bill.

Indeed, the Alaska Legislature is a strange body. It is sworn to uphold the Constitution of Alaska, yet it is now hysterically stampeding to violate that very document. The supposed justification is a politically created report on marijuana whose author explains:

"As you requested, I have not included any research which disputes the findings set out in the bill."

The teaching of history is that marijuana is innocuous. Marijuana has been used throughout the world in various forms, concentrations and quantities for thousands of years. Nothing bad has happened yet.

In fact, there are no new marijuana studies or new findings of any significance. Only the old timeworn arguments of the 1930s have been dusted off and recovered.

The findings of the bill proclaim, for example, that THC, the psychoactive ingredient in marijuana, is stored in the body for

up to 30 days causing the user to smoke more, resulting in alteration of basic psychology. This statement is simply and inarguably medically untrue. The psychoactive part of THC, in fact, is broken down by the body soon after ingestion. Some residual metabolites stay in the body longer but significantly these are non-psychoactive and have no effect.

The bill also announces that it is possible to overdose on marijuana because it increases the effects of alcohol. God forbid that it interfere with the legislator's drug of choice!

In the history of the world no one has ever died from an overdose of marijuana. It is one of the least toxic drugs known to man. Laboratory experiments have shown that a potentially lethal dose is 40 thousand times the actual intoxicating dose. Marijuana has much less cross reaction with alcohol than barbiturates or tranquilizers such as Valium.

The bill also proclaims that marijuana is 10 times more powerful today than it was 10 years ago. There is no evidence such is the case. As with all of the supposed claims, the origins are obscure, the allegations unsupported. This is not surprising as the "public hearings" were as carefully orchestrated as the research report.

As to potency, The New York Times has reported an actual decrease in the strength of available marijuana between 1980 and 1986. As with alcohol, consumers compensate for higher potency by consuming smaller doses.

The bill asserts that marijuana causes schizophrenia and a dulling of the senses creating the possibility that the user is

'It (the legislature) is sworn to uphold the Constitution of Alaska, yet it is now hysterically stampeding to violate that very document.'

unable to respond to body signals. There is absolutely no credible clinical evidence that marijuana causes schizophrenia or any other psychiatric clinical effects. These findings are simply made up.

Finally, and predictably, the bill says that marijuana affects fetal development, sperm eggs and sexual hormones. There is no documented case of marijuana causing any genetic deformity. In fact, the National Academy of Sciences affirms that marijuana use has no effect on chromosomes or fertility.

If you are unhappy with the Alaska legislature, please let it know how you feel. The spotlight has been on the legislature because of its past mismanagements. The legislature is now attempting to escape this unwelcome attention by attacking traditional scapegoats.

Robert Wagstaff is an Anchorage attorney.

PORTAGE: Firm to tour lake

Continued from Page C-5

state's largest package tour operator through its cruise ships, railcars and Gray Line motorcoaches. It also owns Westmark Hotels, a chain of 17 Alaska and Canadian hotels.

Through Westours Inc., the corporation controls at least 60 percent of the state's expanding package tour trade, and a share of at least another 20 percent, according to James Needham, an Arthur Young & Co. manager who serves as a tourism trade consultant.

Broderick said that Gray Line, as required by a Forest Service stipulation, will reserve at least 60 percent of each Portage boat trip for over-the-counter sales. The rest may be booked by tour companies.

Gray Line also will foot the bill for a new Forest Service ranger who will ride with the boat and explain the glaciology of the lake area. About 25 minutes of the hour-long trip will be spent close to the glacier front, Broderick said.

Glacier calving occasionally causes chunks of ice to crash into the lake, but Forest Service officials are convinced that the boat can safely operate near the glacier. Similar tour boats now cruise in front of the Columbia Glacier, Du Lac said. However high winds, which often howl

through the lake area, may shut down operations about 12 days each season.

Holland America hopes to start lake-development construction this summer, and will bid all contracts with local companies, Broderick said.

Trump aims to buy landmark New York hotel

The Associated Press

NEW YORK — Developer Donald Trump has a handshake agreement to buy the landmark Plaza Hotel for about \$450 million, according to a report published Friday.

The Plaza's owners have agreed on basic terms with Trump on acquiring the

hotel and they are expected to sign a binding contract next week, according to sources quoted in The Wall Street Journal. One source said the agreement so far is based on a handshake.

A spokeswoman for Trump and a spokesman at Howard Rubenstein Associates, which represents Trump, did not

immediately return telephone calls seeking confirmation.

Another source quoted by the Journal said last month that Trump was the preferred bidder because it was felt that he was most likely to restore the hotel's lost luster.

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Drug Awareness Information Newsletter

January 1988

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Connie & Otto Moulton

SYNOPSIS OF MARIJUANA

George Blernson and Otto Moulton

Superficially, marijuana appears to be mild and relatively harmless, but it is actually extremely dangerous and insidious, because:

1. Marijuana is strongly fat soluble, and so is stored for months in the fatty tissues of the body. These tissues act like time-release capsules, steadily feeding marijuana into the blood, and keeping the regular marijuana smoker in continual sedation.
2. An appreciable amount of marijuana is stored directly in the brain, which is 1/3 fat tissue. Since marijuana is continually present, it steadily damages the brain cells.
3. The severe effect of marijuana on the brain was demonstrated in experiments on monkeys performed by Dr. Robert Heath of Tulane Medical School, who is world-renowned for his brain research. The greatest damage occurred in the limbic region, deep in the brain, which is the center of motivation. The monkeys smoked two monkey-sized joints of marijuana per day, five days a week, for six months. After two months, brain waves from probes in the limbic region became severely distorted, and remained distorted six months after smoking had stopped. Then, the brain cells were examined under the electron microscope. Abnormalities were so great the brain appeared to be senile.
4. Marijuana is often claimed to be non-addictive, because physical withdrawal symptoms are mild after one stops smoking it. However, the reason for this is that marijuana cannot be withdrawn rapidly; the body has its own supply. It takes one week for the stored marijuana to drop to 1/2, two weeks to drop to 1/4, three weeks to 1/8, etc.
5. Regular marijuana smoking produces a drug-dependent personality, and generally leads to escalated use of many drugs, because:
 - a. As marijuana builds up in the body, it gradually drags the smoker into continual sedation, separating him from reality and forcing him into a dream world of drugs.
 - b. Marijuana weakens the center of motivation of the brain, and in time permanently damages it. Hence, prolonged marijuana smoking destroys normal motivational reflexes, so that the smoker experiences great difficulty living a drug-free existence.
 - c. Since marijuana inhibits nausea, people with marijuana stored in their bodies can drink alcohol very heavily without getting sick. Consequently, marijuana has caused an epidemic of alcohol abuse, drunk driving, and death from alcohol overdose.



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Connie & Otto Moulton

SUMMARY OF THE BIOLOGICAL EFFECTS OF MARIJUANA

by George Biernson and Otto Moulton

Marijuana, known scientifically as *cannabis sativa* and popularly as pot, contains 61 chemicals, called cannabinoids, which are found nowhere else. Its primary psychoactive ingredient is delta-9-tetrahydrocannabinol or delta-9-THC. Three other cannabinoids are known to be psychoactive, but occur in much lower concentration. Many of the cannabinoids probably contribute to the damage of marijuana to the body. However, the evidence against delta-9-THC is sufficient to brand it, by itself, an extremely dangerous drug. Often delta-9-THC is shortened to THC.

Storage of THC in the Body

THC is strongly fat soluble, and so is stored in the fatty tissues of the body for months. The fatty tissues act like time-release capsules, which steadily release THC into the blood, keeping the regular marijuana smoker in continual sedation. The THC molecules are very sticky, and so THC is very difficult to measure quantitatively; it sticks to the sides of test tubes and other equipment. The storage of THC in the body is discussed in detail in Ref. [1].

THC is called lipophilic, meaning "fat-loving". Its fat-storage properties are quite similar to those of the banned insecticide DDT. That lipophilic insecticide was thought to be harmless to vertebrates, until we discovered, to our dismay, that it was accumulating in the bodies of animals, and so was destroying our environment.

The brain is isolated from the main blood supply by the blood-brain barrier, which is a protective sieve of capillary walls and membranes that shields the brain against toxic substances. Lipophilic THC molecules stick to this sieve, and so the flow of THC to the brain is slow.

As THC is absorbed into the blood, most of it leaves very rapidly, to be stored in different physiological processes, which later feed THC back into the blood. As blood passes through the liver, part of the THC is metabolized to form other chemicals called metabolites, which are eventually excreted from the body. Unmetabolized THC is not excreted.

Because of these storage processes, the concentration of THC in the blood drops to a few percent of the initial level by the time the THC

molecules have worked their way through the blood-brain barrier. Hence, only a small amount of the THC entering the body contributes to the "high" sensation. In a light marijuana smoker, the concentration of THC in the brain blood that produces a strong "high" is about 10 micrograms (10 millionths of a gram) distributed throughout the total blood supply of the body.

Thus, THC is an extremely potent drug. It appears to be mild because its high fat solubility makes it slow acting. With this slow action, serious physical trauma from marijuana overdose is rare. On the other hand, being lipophilic makes marijuana very dangerous and insidious when used regularly.

There are four different types of THC storage processes in the body, which feed THC back into the blood at different rates: (1) fast storage, predominating in the first 10 minutes, (2) medium storage, predominating in the first hour, (3) slow storage, predominating in the first 12 hours, and (4) very slow storage, which controls THC blood concentration after one day. Very slow storage is caused by THC absorbed into fatty tissues. About 1/3 of the THC entering the body is absorbed into the fat tissues, which release it with a half life of approximately one week. Hence, it takes one week after marijuana smoking has ceased for THC stored in the fat to drop to 1/2, 2 weeks to drop to 1/4, 3 weeks to 1/8, etc.

All of the marijuana joints smoked over the past month contribute significantly to the THC in the fatty tissues, which is steadily released into the blood. The THC blood concentration from this steady release is low. Nevertheless, for a regular marijuana smoker, it is sufficient to cause sedation, because (1) THC is released so slowly it passes unimpeded through the blood-brain barrier, and (2) THC is extremely potent.

One third of the brain is fat tissue, and so an appreciable amount of THC is stored directly in the brain. Although the blood-brain barrier reduces THC flow to the brain, about half of the THC stored in the fat arrives so slowly it passes unimpeded through the blood-brain barrier. Hence, THC concentration in brain fat tissue should be about half of that in general body fat. (This slowly arriving THC comes partly from THC originally stored in the fat, which is recycled back into the fat, and partly from the slow storage process, described earlier.)

Effect of THC on the Brain

What is the effect of THC stored in brain cells? Dr. Robert Gilkeson [2] explains that the membranes of nerve cells are fat (or "lipid") tissue, and so are sites for storing THC molecules. The nerve cell membrane is crucially important because: (1) nutrients and waste products for the cell must pass across the cell membrane, and (2) this membrane is the primary source of neural electrical activity. When sticky THC molecules are stored in the nerve cell membrane, they degrade cell nutrition, and suppress electrical activity.

Hence, one would expect that long-term use of marijuana should cause serious brain damage. That this is so was demonstrated by experiments performed on the monkey by Dr. Robert Heath of Tulane Medical School, who is world renowned for his research on the brain [3] (pp 713-730). Clear, detailed descriptions of this work are given by Peggy Mann in [4, 5].

The following experiment was performed several times. For 6 months a monkey smoked the equivalent of 2 joints of marijuana per day, 5 days per week, using monkey-sized joints. After recovering for 6 months, the monkey was sacrificed and its brain cells examined under the electron microscope. EEG brain waves were measured from electrodes imbedded in the brain. The EEG waves became severely distorted after 2 months of smoking, and remained severely distorted 6 months after smoking had stopped.

The brain cells showed serious damage, particularly those in a deep part of the brain called the limbic system, which is the center of motivation. For example, over 30% of the limbic brain-cell nuclei had inclusion bodies, which are clots in the nuclei. In normal brains, less than 0.5% of brain-cell nuclei have inclusion bodies. The incidence is much higher in old brains, particularly those of senile patients, but even then is much less than was observed in the brains of these young monkeys. When the researchers first observed the enormous brain-cell damage, they were shocked at what they saw.

Dosage. This research by Heath is often dismissed with the argument that the monkeys were "chain-smoking" marijuana, using huge doses. This is not true. Early in this experiment the smoking apparatus was very inefficient, and little of the THC was absorbed into the monkey's body. This problem was corrected by developing a respirator that forced the monkeys to smoke in a human-like pattern.

With this respirator, a monkey weighing 11 pounds smoked a 0.25-gram joint of marijuana, containing 2.5-3% THC. (A normal marijuana joint is 1 gram, and good street pot today is usually 3.5-4% THC.) This dosage produces the same THC blood concentration, 10 minutes after smoking, as a human smoking a 1-gram joint.

If we scale the monkey's dose by weight, 0.25 gram of marijuana for an 11-pound monkey would be equivalent to 3 grams (or 3 joints) for a 132-pound teenager. However, equivalent drug dosages for different species are not scaled by weight. Extensive studies of drug equivalency have been made for cancer chemotherapy. As shown in [6], for the many drugs evaluated, the maximum tolerable dose for man, per pound of body weight, is approximately 1/3 of that for the monkey. When this factor 1/3 is included, the 0.25-gram monkey-sized joint is equivalent to a 1-gram joint for the 132 pound teenager.

To bury this dosage argument completely, let us ignore this 1/3 factor and assume, very optimistically, that dosage is scaled directly with body weight. Since the monkey smoked 10 times per week, this very optimistic assumption would yield 30 joints per week for the teenager, or 4.3 joints per day. In 1979 the National High-School Senior Survey showed that 10% of U.S. high-school seniors smoked marijuana daily, and the average consumption for the daily marijuana smokers was 3.5 joints per day. This average is very close to the very optimistic 4.3 joints per day corresponding to the monkey experiment, a smoking level that produced serious brain damage after 6 months of smoking.

Clearly, this experiment by Heath is crucially important to our youngsters. Yet, very few have received a reliable account of it in their drug education classes, even though its results were published in 1979. As Peggy Mann reported in the Nov. 1987 Reader's Digest, "We are teaching

our kids to use drugs" in drug education. The misinformation presented in most drug education programs is atrocious.

In 1981 the National Institute on Drug Abuse (NIDA) discontinued funding of this research by Dr. Heath, which is by far the most important research on marijuana ever performed anywhere in the world. This action was preceded in 1980 with the following derogatory evaluation by NIDA of Heath's work [7]:

"A researcher who used electrodes implanted deep within the brains of monkeys, instead of the more conventional scalp recording techniques, has found persistent changes related to chronic use. This same investigator has reported that rhesus monkeys administered marijuana smoke from one joint daily for five days per week for six months show persistent microscopic changes in brain cellular structure following this treatment. While these experiments demonstrate the possibility that more subtle changes in brain functioning or structure may occur as a result of marijuana smoking in animals, the implications of these changes for subsequent human or animal behavior is at present unknown. Other studies, using more conventional EEG techniques to measure brain electrical activity, have found changes temporarily associated with acute use, but no evidence of persistently abnormal EEG findings related to chronic cannabis use."

In EEG (electro-encephalogram) tests on man, the electrodes are almost always placed on the scalp, because it is dangerous to insert them into the brain. Only under extreme conditions, associated with brain surgery, has it been possible to place EEG electrodes inside the human brain. It is well known that EEG scalp records give an extremely limited measure of brain electrical activity. Doctors use the scalp EEG because it is the best that they can get, not because it is "conventional".

With NIDA's unscientific approach to research, is it any wonder that we have a drug epidemic?

The strong brain-wave distortions found by Heath on monkeys were detected only from electrodes implanted within the brain, and were not observed from those placed on the scalp. Hence one would not expect EEG scalp recordings of humans to show strong brain-wave distortion.

On the other hand, psychiatrist Dr. Robert Gilkeson has observed more subtle brain-wave changes from the scalp EEG [8] (p 20). Gilkeson has developed EEG techniques to pinpoint learning disabilities, which he applied to 50 youngsters, ages 13-18, who had used pot at least twice a week for 4 months. They abstained from pot for 2 days preceding the test.

Gilkeson found that all of these EEG records were "markedly immature for age", and had an abnormal amount of slow theta rhythms, "sufficient to be diagnostic of diffuse brain impairment. In the EEG section of academic tasks, none of these youngsters could speed up when challenged. Their brain waves failed to respond to these stimuli in the usual way." These subtle distortions of scalp EEG signals disappeared after the youngsters abstained from pot for 3 months. On the other hand, the severe distortions observed by Heath from deep-brain recordings persisted after 6 months of abstinence.

Effect on the Immune System: Relation to AIDS

In 1973, Dr. Akira Morishima of Columbia University examined, from healthy pot-smoking young men, the chromosomes of T-lymphocytes, which are important cells of the immune system. The men had smoked marijuana for an average of 4 years, and did not take other illegal drugs. For those smoking 2 joints per week, about 1/3 of the T-lymphocyte cells had about half the normal number of chromosomes (46). For the daily marijuana smokers, cell damage was greater, with some cells containing only 5 to 10 chromosomes. This study has been verified by many other researchers. [4] (p 113)

This has strong implications relative to the AIDS epidemic, because T-lymphocytes are a prime target for the AIDS virus. Many people who have been infected with AIDS do not have active symptoms. This study indicates that any use of marijuana may have a serious effect on the development of the disease. AIDS researchers should start correlating marijuana use with the progression of the AIDS symptoms.

Effect on Reproduction

The damage to chromosomes caused by marijuana can produce serious birth defects, which are transmitted through many generations. In experiments by Dr. Susan Dalterio, male mice were given a human equivalency dose of 1 to 3 joints of THC, 3 times per week, for 5 weeks. These mice were mated for a month with normal females. Twenty percent of the females either did not conceive, or had babies that were born dead or died soon after birth.

The resultant sons that matured were not exposed to any drugs and were mated with normal females. About 25% of these female mice did not achieve a normal pregnancy. The resultant grandsons of the THC-dosed mice that matured were not exposed to drugs and were mated with normal females. Many of their offspring showed severe abnormalities, including intestines outside the bodies, and exposed brains and spinal cords. Many of the sons and grandsons showed severe chromosome defects. [8] (p 12)

Effect on the Sex Drive

When mice or monkeys are exposed to marijuana, they have little sex drive: it is difficult to get them to mate. Similar results are observed in humans. A high incidence of impotence has been reported among men in Jamaica who smoked marijuana for 5 years. Dr. Ingrid Lantner, who has discussed marijuana on many radio call-in shows, reports: "Chronic pot smokers often tell me they are impotent, but this doesn't bother them --- since they no longer feel sexual desires." [8] (p 13)

Effect on the Lungs

Marijuana causes serious lung damage, particularly when cigarettes are also smoked. In 1971, studies were performed by Dr. Forrest Tennant on U.S. soldiers in Germany who smoked hashish daily, equivalent to 1-5 joints of marijuana. He found that 1/3 of the cigarette smokers had squamous metaplasia, a dangerous precancerous condition of the lungs; while 91% of those using hashish plus cigarettes had it. [4] (p 70)

Marijuana as Medicine

Since marijuana contains many different chemicals, marijuana itself is not appropriate for medicine. The only verified medical application of a drug derived from marijuana is the use of THC to combat nausea in cancer patients undergoing chemotherapy. THC is very effective in reducing nausea.

On the other hand, as explained earlier, THC attacks the immune defenses of the body. This is very serious for patients undergoing chemotherapy, because chemotherapy also weakens the immune system, making the patient very susceptible to infectious disease. Obviously, when THC is taken to combat nausea in chemotherapy patients, it must be carefully controlled and used sparingly.

Addiction and Drug Dependence

Marijuana is often claimed to be physically non-addictive because the user does not experience strong physical withdrawal symptoms when he stops smoking it. However, the reason for this is that THC cannot be withdrawn rapidly; the body has its own supply. It takes one week for the THC stored in the fat to drop to 50%, and one month to drop to 5%.

Actually, marijuana probably produces stronger physical drug dependence than any other drug. It generates a "pot personality" and often leads to escalated use of many drugs, because:

- (1) As marijuana builds up in the body, it gradually drags the smoker into continual sedation, separating him from reality and forcing him into a dream world of drugs.
- (2) As demonstrated by Heath's experiments on the monkey, marijuana weakens the center of motivation of the brain, and in time permanently damages it. Clinical experience has shown that prolonged marijuana smoking destroys normal motivational reflexes, so that the smoker experiences great difficulty living a drug-free existence.
- (3) Since marijuana is present in the body all the time, the body rapidly builds up tolerance to it, and the smoker must steadily escalate its use to achieve the same "high". Eventually, the kick from marijuana is not satisfying, and so he reaches for other drugs.
- (4) Since marijuana inhibits nausea, people with marijuana stored in their bodies can drink alcohol very heavily without getting sick. Consequently, marijuana has caused an epidemic of alcohol abuse, drunk driving, and death from alcohol overdose. Teenage death from alcohol overdose used to be very rare; without marijuana in the system, the body protects itself by vomiting. [4] (p 51)

Marijuana is often called a "stepping stone" or "gateway drug" because it leads to drugs giving a stronger kick. However, these terms are misleading: they imply that the primary damage of marijuana comes from drugs evolving from its use. Marijuana's dangers are deceptive because its main action is slow and delayed, and so it is difficult for the user to relate cause and effect.

Remember that THC is extremely potent and is stored for months in the body, causing serious damage to the brain, to chromosomes, and to the immune system. THC appears to be mild because it acts slowly. Hence, marijuana is at least as harmful as cocaine and heroin, but is really more dangerous because it is so insidious. In societies where marijuana is readily available, and heroin and cocaine are not, the smoker usually sticks to marijuana, until it destroys him. For example, in Morocco and Jamaica, marijuana-induced insanity is common. [9] (p. 76)

Survey after survey have shown that essentially all users of other illegal drugs started with marijuana, and most continue to use marijuana along with the other drugs. The great reluctance of a heroin addict to stop may be due more to the marijuana he has taken than the heroin.

Many surveys of this sort were available in the early 1970's, when the myth of marijuana's harmlessness was spread across the U.S. For example, the U.S. Commission on Marijuana and Drug Abuse stated in its 1972 report to Congress that "80% of the [San Diego High School] students who had used marijuana weekly or more often had used other illegal drugs, and 50% of this group had used LSD" [10] (p 56). Similarly, Psychology Today (April 1970) found from a survey of its readers that 58% of those who smoked marijuana weekly had taken LSD, while at least 99% of those who drank alcohol but did not use marijuana had not taken LSD. Yet LSD is probably the most harmful psychoactive drug used by man, and its dangers had been well publicized at that time. It produces an hallucinogenic state akin to schizophrenia, and is a common cause of insanity. (Use of LSD and similar hallucinogenic drugs is widespread today: a 1983 survey shows that 21% of young adults have taken them.) [11] (p 364)

These studies were glibly dismissed as being irrelevant. They were buried by using the fallacious argument: "Since marijuana is not addictive, it cannot by itself lead to other drugs; hence these correlations cannot be the result of cause-and-effect relationships."

We hear of statistical studies everywhere we turn. Elections are predicted with remarkable accuracy from them. Our knowledge of the dangers of tobacco is largely the result of statistical evidence. Most of the decisions in modern medicine concerning medical procedures are based strongly on statistical data. Yet, strangely, statistical studies relating marijuana to other drugs, or to crime, suicide, and insanity, are considered to be irrelevant.

Note that the violent crime rate has increased tremendously since the early 1960's, directly paralleling the use of marijuana. It rose from 1.62 per 1000 of population in 1962 to 5.81 in 1980, which is a factor of 3.6. [11] (p 370)

Conclusion

The scientific evidence is more than sufficient to brand marijuana an extremely dangerous drug, yet few youngsters are aware of this. They smoke marijuana because it is there, and they believe it is no more harmful than alcohol. The only way they learn otherwise is to see their classmates being destroyed by it. However, for this mechanism to operate, many young lives must be sacrificed. It is about time that science provided a better learning mechanism.

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NOTES:

References [7] and [10] contain serious misinformation.

References [1] and [2] are available from Committees of Correspondence for \$1.00 each prepaid.

References [4], [5], and [9] are available from PRIDE, 100 Edgewood Ave. NE, Suite 1002, Atlanta, GA 30303.



Drug Awareness Information Newsletter

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Write Makes Might
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Connie & Otto Moulton

STORAGE OF MARIJUANA IN THE BODY

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The Lipophilic Property of THC

During World-War II, a wonder insecticide was developed: DDT. It killed the insects, and was completely harmless to man and other vertebrates --- or so we thought. We eventually banned DDT when we realized it was destroying our environment.

The problem is that DDT is strongly fat soluble, and so is absorbed in fat tissue, where it is stored for months. DDT is called "lipophilic", meaning "fat-loving".

Today we have another popular lipophilic chemical: THC, or tetra-hydro-cannabinol. This wonder substance is the psychoactive ingredient in marijuana. Like DDT, THC is also stored in the body for months. It has been found in the milk of mothers who quit smoking marijuana three months before their babies were born.

THC is a very potent drug, but appears to be mild because its high fat solubility makes it act slowly. With this slow action, serious physical trauma from marijuana overdose is rare. On the other hand, being lipophilic makes marijuana very dangerous and insidious when used regularly. This article explains the processes of THC storage in the body resulting from its lipophilic property.

The THC Model

Probably the best data on the storage of THC in the body are provided by pharmaco-kinetic experiments performed on the dog by Garrett and Hunt (Ref. [1]). The concentration of THC in the blood was repeatedly measured over an extended period, following an injection of THC. To achieve high accuracy, radioactive labeled THC was used. Since the level of radiation was quite high, comparable tests cannot be performed on humans. However, this experiment involves basic physiological processes, and so its results should apply approximately to man.

The lipophilic THC molecules are very sticky. Consequently, THC is very difficult to measure quantitatively, because it sticks to the sides of test tubes and other equipment.

Figure 1 shows a model of THC storage in the body, which I derived from the Garrett and Hunt data. The model is implied in their results, but a significant amount of theoretical and computer analysis (Ref. [2]) was required to calculate the model parameters. As a parent, I wanted precise drug information, and so I applied my engineering training to the problem.

As shown in Fig. 1, THC leaves the blood in five different ways: it is metabolized into other chemicals (called "metabolites") as it passes through the liver; and it is stored in four different kinds of "compartments", which act like time-release capsules, feeding the THC back into the blood at different rates. These four storage compartments are different physiological processes, which provide fast, medium, slow, and very-slow storage of THC.

The very-slow storage is due to absorption of THC into the fat tissues of the body, but the three other storage processes have not been identified. Since THC molecules are very sticky, one of the storage processes may be due to sticking of THC molecules to the sides of blood vessels.

The metabolized THC is eventually excreted from the body, but unmetabolized THC is not. A complex array of different metabolites of THC is formed in the body, and there may be several parallel paths, involving different chemical reactions, between THC metabolism and excretion.

The rate of conversion of THC in the blood to metabolites corresponds to a half life of 6.7 minutes. Hence if THC remained in the blood, the THC in the body would drop to half every 6.7 minutes. However, THC is metabolized much more slowly than this, because it is removed from the blood and sequestered in the four compartments.

The numbers in Fig. 1 give the relative rates of THC transfer into, and out of, the storage compartments. These are normalized in terms of the rate at which THC is converted to metabolites (shown as 1.0 in the figure). For example, the arrow leading from the blood to the medium storage compartment (2) has a rate parameter of 2.1. This means that the THC molecules flow into this compartment 2.1 times faster than they are metabolized by the liver.

The rate of THC flow into a compartment is proportional to the amount of THC in the blood. The rate of THC flow from a compartment back into the blood is proportional to the amount of THC in the compartment. For the medium storage compartment (2), the rate parameter 2.1 for flow into the compartment is 10 times the rate parameter 0.21 for flow back into the blood. Therefore, the THC in this compartment eventually reaches a steady level that is 10 times the THC in the blood. At that time, THC flows back into the blood at the same rate that it flows into the compartment.

Figure 2 shows how the THC in the blood varies during the first three hours after an injection. Curve (1) is the response (to 30 minutes) relative to the minute scale, and curve (2) is the response (to 3 hours) relative to the hour scale.

As shown by curve (1), initially THC in the blood decreases very

rapidly. It drops to 50% in one minute, and to 10% in 5 minutes. During this initial transient, 15% of the THC leaving the blood is metabolized, and the other 85% is sequestered in the four storage compartments. The compartments soon begin to feed appreciable amounts of THC back into the blood, and so the rate of THC decay decreases. THC in the blood drops to 5% in 12 minutes, but takes nearly 2 hours to reach 1%.

After 1 day, the process enters the "terminal phase", in which the fast, medium, and slow compartments are nearly at steady-state conditions, and THC in the blood is controlled by the slow return of THC from the very-slow storage compartment (4), which is the body fat. The flow rate from the fat is equal to the THC stored in the fat multiplied by the rate parameter 0.0009. In the terminal phase, this flow rate is equal to the rate at which THC is metabolized, plus the rate at which THC flows back into the fat. Hence, it is equal to $(1.0 + 0.55)$ times the amount of THC in the blood. This indicates that the ratio of THC stored in the fat, to THC in the blood, is equal to

$$\text{Ratio} = (1.00 + 0.55)/0.0009 = 1700$$

Thus, during the terminal phase, there is 1700 times as much THC in the fat as is carried in the blood.

Since the fat-to-blood rate parameter is 0.0009, the half life corresponding to the release of THC from fat to blood is

$$\text{Fat-to-Blood Half-Life} = (6.7 \text{ min})/0.0009 = 5.17 \text{ days}$$

Remember that the metabolization half life is 6.7 minutes, which corresponds to a rate parameter of unity. As THC is released from fat to blood, 0.55 nanogram is reabsorbed back into the fat for every 1.0 nanogram that is metabolized. Hence the half life for elimination of THC is 1.55 times greater than this fat-to-blood half life, and so is

$$\text{Elimination Half-Life} = 1.55(5.17 \text{ days}) = 8.0 \text{ days}$$

This shows that it takes 8 days for the THC in the fat to decay to 1/2, 16 days to decay to 1/4, 24 days to 1/8, etc.

Related to the "half-life", there is another useful parameter called the "time constant", defined as 1.44 times the half life. The time constant for elimination of THC from the fat is

$$\text{Time Constant} = 1.44(8.0 \text{ days}) = 11.5 \text{ days}$$

When a person smokes marijuana regularly, the THC contributions from successive marijuana joints accumulate in the fat. The THC stored in the fat reaches a steady level equivalent to the number of marijuana joints smoked during an 11.5-day time constant. For example, a person smoking one joint of marijuana per day carries in his fat a steady THC level equivalent to 11.5 joints of marijuana.

The fraction of the THC entering the body that is absorbed into the fat is approximately equal to

$$0.55/(1.00 + 0.55) = 0.35$$

The quantity 0.55 is the rate parameter for flow into the fat, and 1.00 is the rate parameter for metabolization. Thus, 35% of the THC that enters the body is absorbed into the fat.

In the terminal phase, there is 1700 times as much THC in the fat as in the blood, and so the fraction of the THC from one marijuana joint carried in the blood is

$$0.35/1700 = 0.000206 = 0.0206\%$$

If a person smokes one joint per day, the THC accumulated in his fat is equivalent to 11.5 joints. Hence, the steady level of THC in his blood, due to release of THC from the fat, is 11.5 times 0.0206%, which is

$$\text{Steady THC Blood Level} = 11.5(0.0206\%) = 0.24\%$$

This indicates that a person who regularly smokes one marijuana joint per day carries a continual THC level in his blood equal to 0.24% (or about 1/4 of 1%) of the THC absorbed from a single joint. This might seem quite small. However, as we will see, it is enough to produce appreciable sedation --- sedation that occurs continually.

The Blood-Brain Barrier

The brain is isolated from the main blood supply by the blood-brain barrier. This is a protective sieve, made of capillary walls and cell membranes, which helps to protect the brain from toxic substances. The lipophilic THC molecules tend to stick to the blood-brain barrier. Hence this sieve greatly reduces the amount of THC that enters the brain by slowing the flow of THC molecules.

Figure 3 gives data from tests made by Lemburger, et. al. (Ref. [3]), following an injection of THC. The lower plot shows the heart rate, and the upper two plots show results from psychological tests. Each point is the mean value obtained from six subjects.

The heart rate changes very quickly after the THC injection, but the upper plots indicate a lag of about 15 minutes before full psychological symptoms are experienced. This delay is caused by the blood-brain barrier, which slows the flow of sticky THC molecules to the brain. Figure 2 shows that at 15 minutes (point A) the THC in the blood is 4.2% of the injected dose.

The psychological responses in Fig. 3 stay close to maximum until 45 minutes after the injection. At 45 minutes, Fig. 2 shows (point B) a THC blood level of 1.9%. At 2 hours, the psychological measures of "high" and "symptom score" in Fig. 3 are about 50% of the maximum values. At that time, Fig. 2 shows (point C) a THC blood level somewhat less than 1%.

Since the blood-brain barrier slows the transfer of THC to the brain, the THC concentration in the brain blood is much less than in the heart blood during the early part of the transient. However, as time passes, the rate of change of THC in the blood decreases, and so the effect of the blood-brain barrier diminishes. Eventually, equilibrium should exist across the barrier, and the THC concentration in the brain blood should be approximately equal to that in the heart blood.

In the terminal phase, the blood-brain barrier should have essentially no effect on the THC blood concentration in the brain. How much effect this barrier has at 2 hours is not clear. However, let us assume conservatively that the blood-brain barrier is also in equilibrium at that time, so that THC concentration in the brain blood is the same as in the heart blood.

With this assumption, we conclude that a brain-blood THC level of 1% produces 50% of maximum "high". This is only 4 times greater than the steady THC blood level, 1/4 of 1%, in the brain of an individual who smokes one marijuana joint per day. Therefore, this steady THC level should be sufficient to produce appreciable sedation, keeping the daily marijuana smoker in a continually numbed state.

Storage of THC in the Brain

The brain weighs about 3 lbs, and 1/3 of this is fat tissue. Hence, a significant amount of the THC sequestered in the fat is stored directly in the brain. Since the blood-brain barrier strongly limits the flow of THC into the brain, the THC concentration in brain fat is lower than in general body fat. But how much lower?

The slow storage compartment (3) releases THC so slowly it should pass essentially unimpeded through the blood-brain barrier. In Figure 1, the rate parameter for release of THC from compartment (3) is 0.017. This corresponds to a half life of $(6.7 \text{ min})/0.017$, which is 6.6 hours. For this half life, the THC level drops only 10% per hour.

It can be shown that the peak THC level in compartment (3) is 39% of the injected THC. When this THC is released into the blood, 35% of it is stored in the fat. Hence, the THC in the fat that comes from compartment (3) is

$$0.39(35\%) = 14\%$$

The total THC in the fat is 35% of the injected dose. The ratio 14%/35% is equal to 0.40. Hence, 40% of the THC stored in the fat comes from the slow storage compartment, released so slowly it passes unimpeded through the blood-brain barrier.

As THC is released from the fat to the blood, 35% of it is recycled back into the fat. Consequently, 35% of the steady THC level in the fat of a regular marijuana smoker is recycled THC, which enters the fat so slowly it is unimpeded by the blood-brain barrier. Of the remaining 65%, which enters the fat directly, 40% comes from compartment (3), and only 60% arrives at a fast rate. Hence, the fraction of the steady THC level in the fat that enters at a fast rate is

$$0.60(65\%) = 39\%$$

The rest of the steady THC level (61%) enters the fat so slowly it passes unimpeded through the blood-brain barrier.

This analysis shows that the steady THC concentration in brain fat tissue should be at least 61% of that in the general body fat. Therefore, an appreciable amount of THC is stored in the brain of a regular

marijuana smoker.

What is the effect of THC stored in the brain cells? Dr. Robert C. Gilkeson has devoted considerable research to this issue. He explains that the membranes of nerve cells are fat (or "lipid") tissue, and so are sites for storage of THC molecules. The nerve cell membrane is crucially important because: (1) nutrients and waste products for the cell must pass across the cell membrane, and (2) this membrane is the primary source of neural electrical activity. When sticky THC molecules are stored in the nerve cell membrane, they degrade cell nutrition, and suppress electrical activity.

Hence, one would expect that long-term use of marijuana should cause serious brain damage. That this is so was demonstrated by experiments performed on the monkey by Dr. Robert Heath and his colleagues at Tulane Medical School (Ref. [4], pp 713-730). Clear and detailed descriptions of this work have been given by Peggy Mann in Refs. [5, 6].

The following experiment was performed several times. For 6 months a monkey smoked the equivalent of 10 to 15 joints of marijuana per week, using monkey-sized joints. After recovering for 6 months, the monkey was sacrificed and its brain cells were examined under the electron microscope. Brain waves were measured from probes imbedded deep in the skull. These signals became severely distorted after 2 months of smoking, and remained distorted 6 months after smoking had stopped.

The brain cells showed severe damage, particularly those in a deep part of the brain called the limbic system, which is the center of motivation. For example, over 30% of the limbic brain cell nuclei had inclusion bodies, which are clots in the nuclei. In normal brains, less than 0.5% of brain cell nuclei have inclusion bodies. The incidence is much higher in old brains, particularly those of senile patients, but even then is much less than was observed in the brains of these young monkeys. When the researchers first observed the enormous brain-cell damage, they were shocked at what they saw.

Historical Evidence

That marijuana is stored in the body, producing continual sedation, is not a new discovery. As explained by historian Franz Lowenthal, Professor of Near Eastern Literature at Yale University (Ref. [4], pp. 739-745), marijuana is an old problem to Arab society. The Arabs have struggled for centuries against the devastating effects of marijuana (or in their words "hashish"). A thirteenth century religious leader, Sheikh Ali al-Hariri, gave the following advice:

"He has to give it up for forty days, until his body is free from it, and forty more days until he has rested from it after becoming free."

This conclusion by Sheikh al-Hariri, made 700 years ago, is remarkably consistent with our THC model.

What was obvious to Sheikh al-Hariri should also be obvious to people today. Why have we not drawn the same conclusion? Maybe we don't want to know the truth.

REFERENCES:

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- [5] Peggy Mann, Pot Safari (A Visit to the Top Marijuana Researchers in the U.S.), Woodmere Press, New York, 1982.
- [6] Peggy Mann, Marijuana Alert, McGraw-Hill, 1985 (with foreword by Nancy Reagan).

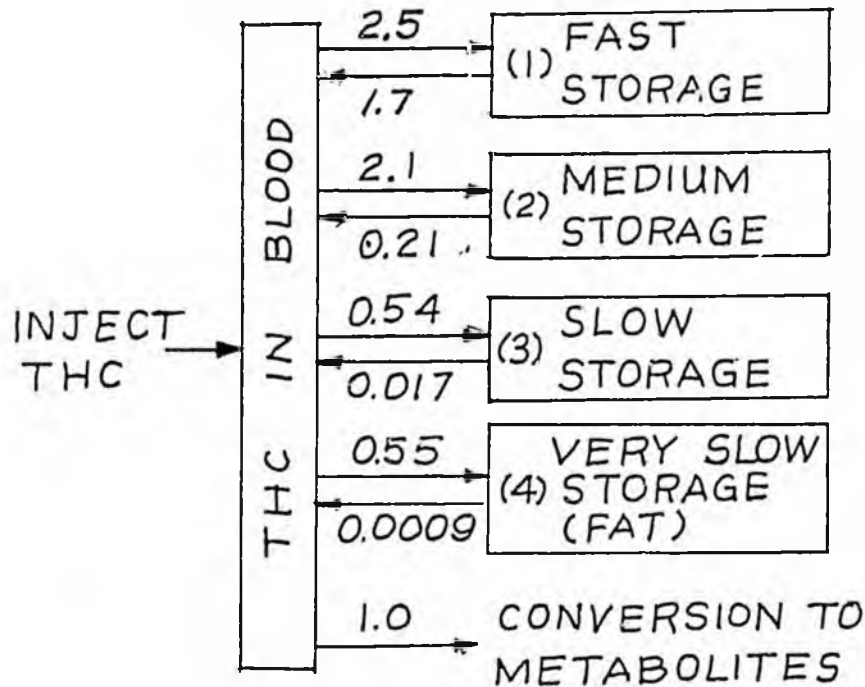


FIGURE 1: MODEL OF THC STORAGE IN THE BODY

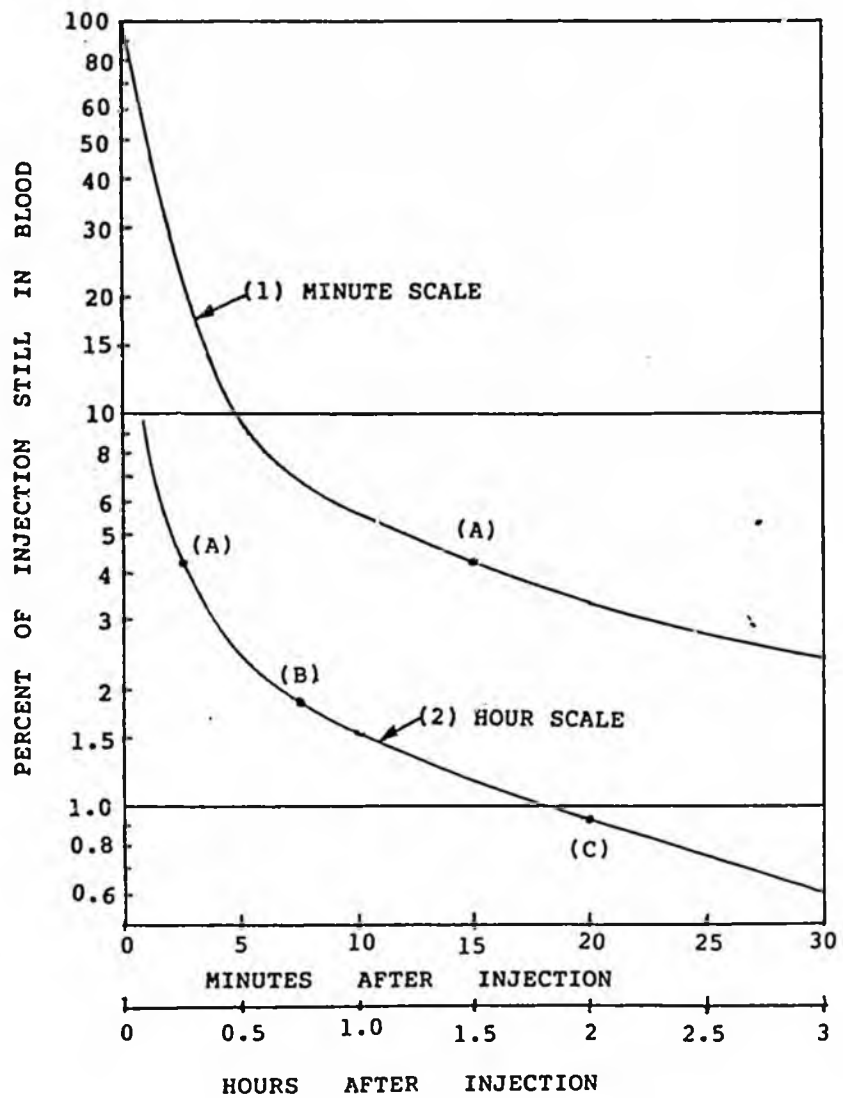


FIGURE 2: VARIATION OF THC BLOOD LEVEL WITH TIME

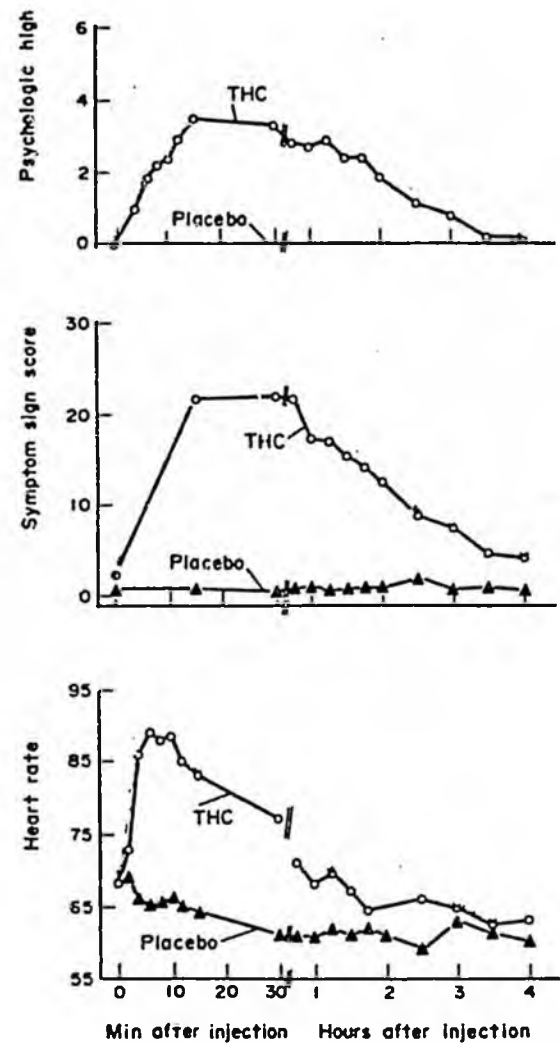


FIGURE 3: EFFECT OF THC INJECTION ON HEART RATE AND PSYCHOLOGICAL RESPONSES

In the terminal phase, the blood-brain barrier should have essentially no effect on the THC blood concentration in the brain. How much effect this barrier has at 2 hours is not clear. However, let us assume conservatively that the blood-brain barrier is also in equilibrium at that time, so that THC concentration in the brain blood is the same as in the heart blood.

With this assumption, we conclude that a brain-blood THC level of 1% produces 50% of maximum "high". This is only 4 times greater than the steady THC blood level, 1/4 of 1%, in the brain of an individual who smokes one marijuana joint per day. Therefore, this steady THC level should be sufficient to produce appreciable sedation, keeping the daily marijuana smoker in a continually numbed state.

Storage of THC in the Brain

The brain weighs about 3 lbs, and 1/3 of this is fat tissue. Hence, a significant amount of the THC sequestered in the fat is stored directly in the brain. Since the blood-brain barrier strongly limits the flow of THC into the brain, the THC concentration in brain fat is lower than in general body fat. But how much lower?

The slow storage compartment (3) releases THC so slowly it should pass essentially unimpeded through the blood-brain barrier. In Figure 1, the rate parameter for release of THC from compartment (3) is 0.017. This corresponds to a half life of $(6.7 \text{ min})/0.017$, which is 6.6 hours. For this half life, the THC level drops only 10% per hour.

It can be shown that the peak THC level in compartment (3) is 39% of the injected THC. When this THC is released into the blood, 35% of it is stored in the fat. Hence, the THC in the fat that comes from compartment (3) is

$$0.39(35\%) = 14\%$$

The total THC in the fat is 35% of the injected dose. The ratio 14%/35% is equal to 0.40. Hence, 40% of the THC stored in the fat comes from the slow storage compartment, released so slowly it passes unimpeded through the blood-brain barrier.

As THC is released from the fat to the blood, 35% of it is recycled back into the fat. Consequently, 35% of the steady THC level in the fat of a regular marijuana smoker is recycled THC, which enters the fat so slowly it is unimpeded by the blood-brain barrier. Of the remaining 65%, which enters the fat directly, 40% comes from compartment (3), and only 60% arrives at a fast rate. Hence, the fraction of the steady THC level in the fat that enters at a fast rate is

$$0.60(65\%) = 39\%$$

The rest of the steady THC level (61%) enters the fat so slowly it passes unimpeded through the blood-brain barrier.

This analysis shows that the steady THC concentration in brain fat tissue should be at least 61% of that in the general body fat. Therefore, an appreciable amount of THC is stored in the brain of a regular

marijuana smoker.

What is the effect of THC stored in the brain cells? Dr. Robert C. Gilkeson has devoted considerable research to this issue. He explains that the membranes of nerve cells are fat (or "lipid") tissue, and so are sites for storage of THC molecules. The nerve cell membrane is crucially important because: (1) nutrients and waste products for the cell must pass across the cell membrane, and (2) this membrane is the primary source of neural electrical activity. When sticky THC molecules are stored in the nerve cell membrane, they degrade cell nutrition, and suppress electrical activity.

Hence, one would expect that long-term use of marijuana should cause serious brain damage. That this is so was demonstrated by experiments performed on the monkey by Dr. Robert Heath and his colleagues at Tulane Medical School (Ref. [4], pp 713-730). Clear and detailed descriptions of this work have been given by Peggy Mann in Refs. [5, 6].

The following experiment was performed several times. For 6 months a monkey smoked the equivalent of 10 to 15 joints of marijuana per week, using monkey-sized joints. After recovering for 6 months, the monkey was sacrificed and its brain cells were examined under the electron microscope. Brain waves were measured from probes imbedded deep in the skull. These signals became severely distorted after 2 months of smoking, and remained distorted 6 months after smoking had stopped.

The brain cells showed severe damage, particularly those in a deep part of the brain called the limbic system, which is the center of motivation. For example, over 30% of the limbic brain cell nuclei had inclusion bodies, which are clots in the nuclei. In normal brains, less than 0.5% of brain cell nuclei have inclusion bodies. The incidence is much higher in old brains, particularly those of senile patients, but even then is much less than was observed in the brains of these young monkeys. When the researchers first observed the enormous brain-cell damage, they were shocked at what they saw.

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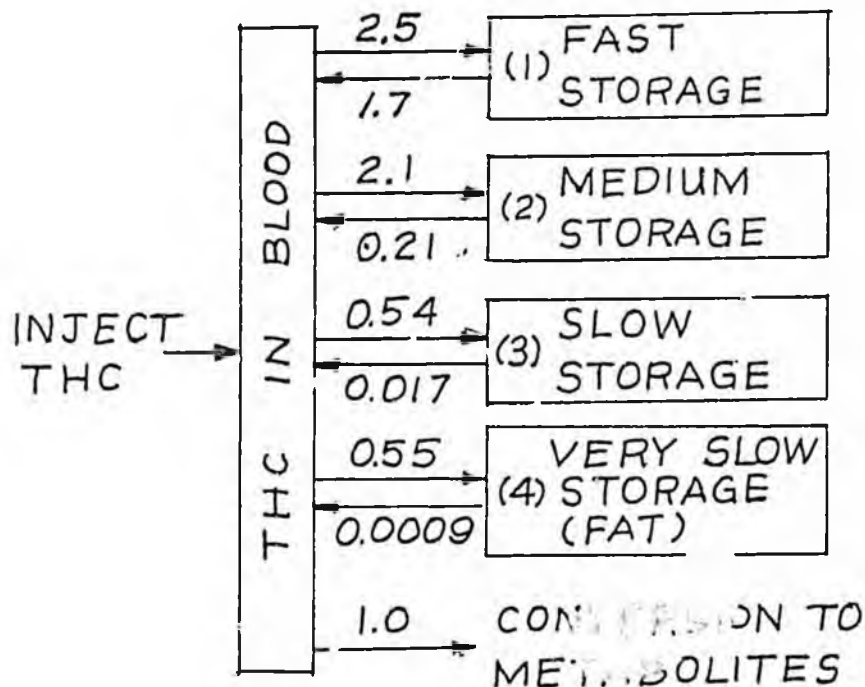


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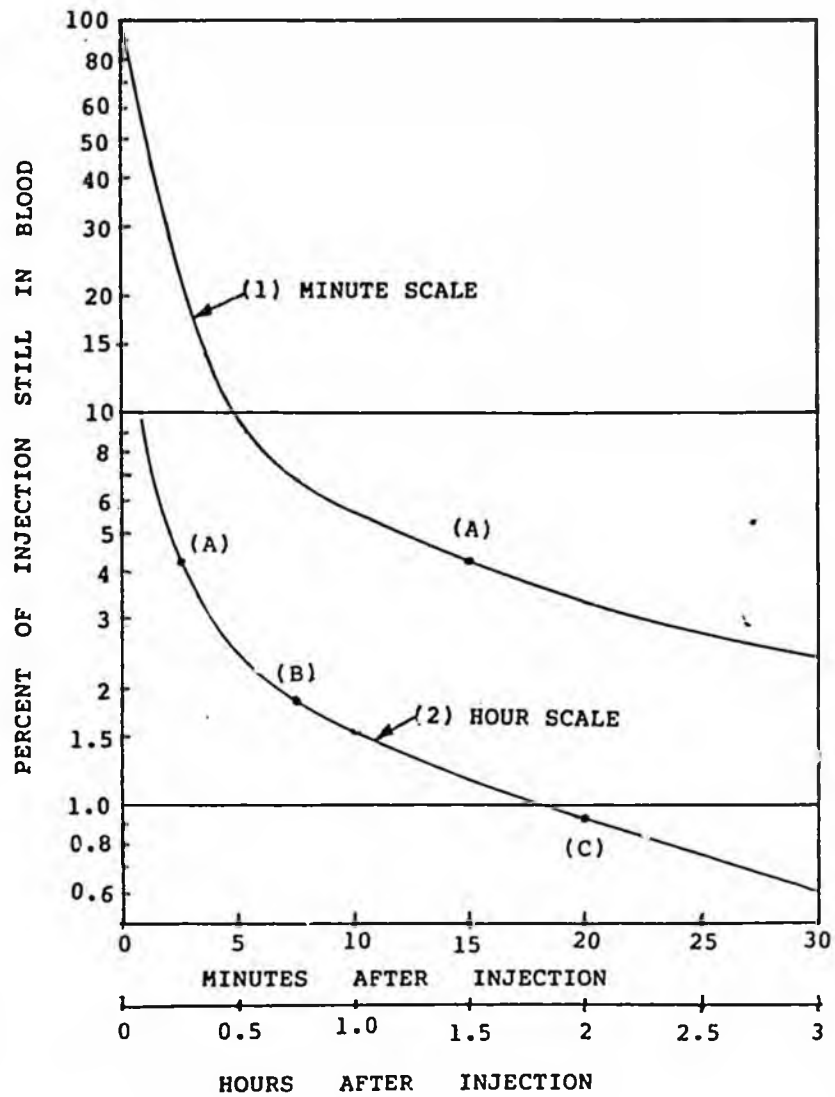


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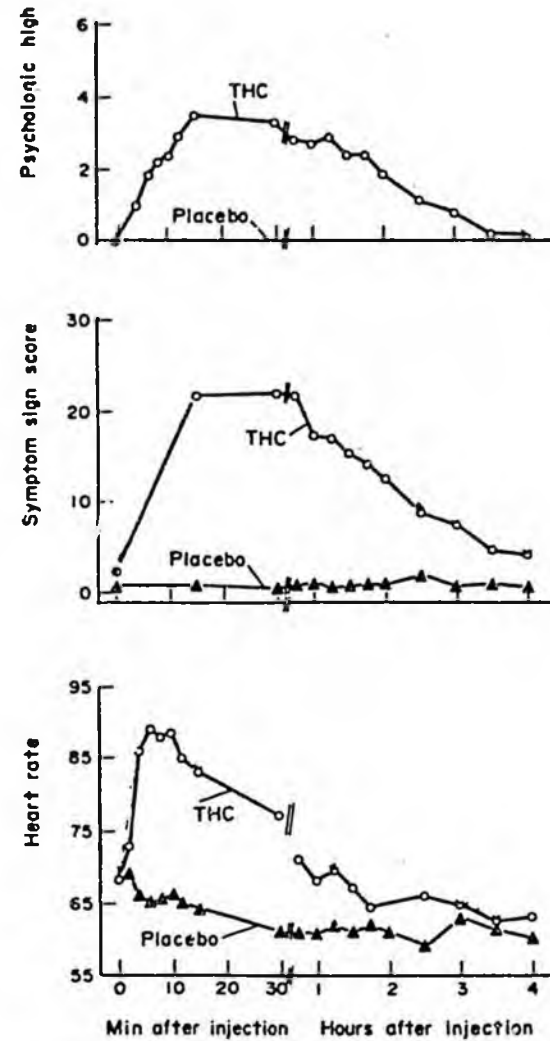


FIGURE 3: EFFECT OF THC INJECTION ON HEART RATE AND PSYCHOLOGICAL RESPONSES

L. 12.1

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RECEIVED

MAR 19 1987

March 19, 1987

GOVERNOR'S OFFICE

Steve Cowper
Office of the Governor
P.O. Box A
Juneau, AK 99811

Re: Our File No. 2027.01

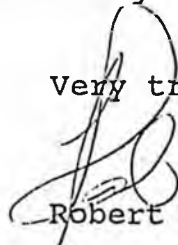
Dear Steve:

As we predicted last fall, the Legislature has introduced several bills calling for the "recriminalization" of marijuana with a number of unfactual alleged findings of fact. Enclosed please find a point by point rebuttal of all the purported "new" facts regarding marijuana.

In summary, nothing has changed as far as marijuana and scientific evidence since the Ravin decision in 1975. Indeed, the ultimate bottom line is that people all over the world have been using marijuana in various quantities for over 3,000 years and nothing has happened yet.

The issue presented in such legislation transcends marijuana. It deals with the right of privacy, the right of the people to be let alone to do what they want, so long as it doesn't affect anyone else. Please let me know if you would like any additional information or if I can be of any other assistance. We are not releasing the contents of this letter generally at this time.

Very truly yours,

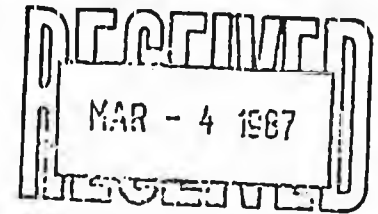

Robert H. Wagstaff

RHW:ksg/01

NORML

2001 S STREET, NW, SUITE 640, WASHINGTON, DC 20009 • (202) 483-5500
February 26, 1987

Robert Wagstaff
912 West 6th St
Anchorage, AK 99501



Dear Mr. Wagstaff:

I have examined the findings reported in House Bill #55 of the Alaskan Legislature and have found them flawed and inaccurate. Here is a point by point rebuttal of the findings. References to the National Academy of Sciences refer to their publication Marijuana and Health which reports their 1982 study of marijuana related research.

1) "THC, the mind altering ingredient in marijuana, is not soluble in water, but goes into the fatty tissues of the brain, testicles, ovaries, and other internal organs, and takes 30 days to be eliminated from the body;"

Actually, THC is broken down by the body soon after ingestion. - It's metabolites stay in the body for up to 30 days, but these metabolites are non-psychoactive. Any toxicologist can confirm this. Urine testing advocates exploit the confusion between THC which is the active ingredient and is metabolized relatively quickly, and its metabolites (chiefly 9-carboxy-THC) which have no psychoactive effect but linger in the body for a month or so.

The following quote is from a recent article by Chemical & Engineering News (6/2/86). "Marijuana is the most commonly abused drug and the kinetics of its metabolism have been studied extensively. It is also an unusual drug in that it can be detected in urine for a long time. Very little of the original drug, Delta-9-tetrahydrocannabinol or THC, goes into the urine. The chemical is absorbed from the blood into body fat tissue where it is eliminated as it is slowly metabolized. . . (metabolites) can be found in urine for longer than a month . . ."

The following quote is from a Center for Disease Control MMWR Report (9/16/83). "Studies involving humans indicate that 80% - 90% of the total dose of Delta-9-THC is excreted within 5 days - approximately 20% in urine and 65% in feces."

Most experts claim that the metabolites disappear 10 to 14 days after ingestion in most cases. Urine tests detect these metabolites, which is why the manufacturers are required to point out that they are tests to indicate recent use, not intoxication or impairment. If THC remained in the system for 30 days, and remained active, the urine tests would be marketed as a way to indicate impairment. They aren't.

2) "the buildup of THC in the body causes the user to smoke more marijuana to achieve the desired high and may result in loss of sleep, appetite, and initiative, as well as moodiness and depression;"

The "buildup of THC" is actually tolerance to the drug, a physiological response humans and animals have to any drug. It occurs not because of the THC buildup, but because of other complex biological factors.

The symptoms mentioned accompany cessation of marijuana use in some individuals, not the buildup in the body. A majority of marijuana smokers experience no side-effects from cessation of use. If these symptoms indicate anything, they indicate the relative lack of serious side-effects from cessation of use, unlike those associated with alcohol and opiate withdrawal.

3) "it is possible for a human being to overdose from the use of marijuana, especially if it is used in conjunction with alcohol, because it increases the effects of alcohol;"

There is no record of anyone ever dying from an overdose of marijuana. It is one of the least toxic drugs known to man.

Raphael Mechoulam, who isolated the main ingredient of marijuana (THC) has edited Cannabinoids as Therapeutic Agents which includes an article by Mark Segal on Marijuana's potential as an analgesic. He reports that marijuana has promise as a pain killer because it is non-addictive and does not depress the respiratory tract (unlike opioids.) Marijuana's promise as a pain-killer is reported by the National Academy of Sciences, and by Roger Roffman in the book Marijuana as Medicine; its promise rests on the fact that finding #3 is essentially false.

Marijuana is a mild intoxicant, and as such should not be used in conjunction with other intoxicants. Whether marijuana increases the effects of alcohol, or complicates them, or just how one would subjectively describe the effects of mixing the two, is beside the point that multiple drug use provides multiple safety concerns. Marijuana, though, has far less severe cross-reaction with alcohol than barbituates or tranquilizers such as valium. Once again, a good toxicologist can provide confirmation of these points.

4) "the THC content of a marijuana cigarette 10 years ago was one percent, but is as high as 10 percent per cigarette today:"

Proponents of jailing people for marijuana use have been using this argument as if to suggest that marijuana is ten times more dangerous than it used to be. The premise that an increase in potency demonstrates an increase in danger is logically unsound. As with alcohol, consumers compensate for higher potency by consuming smaller doses. Anyone who counsels alcoholics will confirm that beer is no less dangerous than whiskey simply because it has a lesser potency.

The government has been trying to sell the increased potency argument for some time. The enclosed press release refers to a New York Times report in 1986 that marijuana had increased to an average potency of 3.5%, and that this was an alarming increase over the seventies. However, in 1980, The Times ran a similar story, only at that time they claimed that marijuana had an average potency of 4%. So, marijuana has actually decreased in potency, if you believe The Times.

5) "Marijuana causes schizophrenia, illusions, and hallucinations, including a dulling of the senses, creating the possibility that the user is unable to respond to body signals, such as pain;"

There is no clinical evidence that marijuana causes schizophrenia. The National Academy of Sciences found that drug abuse was more often than not a symptom rather than a cause of mental problems. Illusions and hallucinations are often subjective phenomena influenced by an individual's mental state and the power of suggestion. Individuals susceptible to lapses in their grasp of reality will compound their mental problems with the use of alcohol, marijuana, or other drugs.

Marijuana users do not hallucinate. They do experience an alteration of their space perception, and an apparent enhancement of colors. These, combined with impairment of motor coordination, are reasons why marijuana should not be used while driving a motor vehicle. However, to call these effects of marijuana "hallucinations" is misleading if not untruthful. Individuals who take LSD hallucinate. Individuals detoxifying from alcohol addiction hallucinate. Hallucinate means the individual sees something that isn't there. Marijuana users do not hallucinate.

The National Institute on Drug Abuse's pamphlet, "Marijuana", is far from being the best source on marijuana's effects. However, its claims are based far more on actual research than popular myths. It makes no mention of hallucinations, illusions, or schizophrenia resulting from marijuana use.

Marijuana's promise as a pain killer is referenced above. However, the dose required to render an individual oblivious to body signals such as pain far exceeds standard levels of use. A sufficient dose to accomplish this would also put the subject to sleep. It is unlikely that this presents any danger to the individual or to society.

6) "although it may take a heavy cigarette smoker as long as 20 years to develop lung cancer, one marijuana cigarette a day may cause lung cancer in three years;"

Marijuana is used daily by over 6 million Americans, according to the National Institute of Drug Abuse. Marijuana has been a popular recreational drug used by a large percentage of young Americans since 1965. There is no record of case histories to document this finding. If this finding were true, we would have millions of case histories of young individuals with lung cancer from marijuana use. The case histories don't exist because the statement is false.

The National Academy of Sciences decided that marijuana smoking and tobacco smoking can not be compared because the methods of ingestion differ so greatly. Marijuana smokers smoke far less materials a day than tobacco smokers (up to 2 cigarettes a day compared to 20 - 60), but they inhale the smoke far deeper into the lungs. On the other hand, many marijuana smokers use a waterpipe (or "bong") which filters out many, but not all, of the tars that contribute to lung cancer.

Claims that marijuana is more carcinogenic than tobacco are compelled by a logic that dictates that because marijuana is illegal (except in Alaska) it has to be more dangerous than tobacco (or in other cases, than alcohol). The claims are based on the undisputed fact that marijuana contains more tar than tobacco, but ignore the differences in ingestion and dosage that make comparisons inaccurate. Marijuana smoke is bad for the lungs, it does

contribute to the formation of lung cancer, and I am convinced that by the year 2000 we will begin to hear of case studies of individuals who have lung cancer as a result of long term marijuana use.

Nonetheless, it is not true that a marijuana cigarette a day for three years will cause lung cancer. I offer my own lungs and continued health as proof.

7) "THC affects eggs, sperm, sexual hormones, and the development of a fetus, and marijuana use may result in deformed or undersized offspring;"

There are no documented cases of marijuana use causing a genetic deformity. I challenge anyone to provide one.

In April, 1984 Ralph Hingson delivered a paper at a NORML conference on "Effects of Marijuana Use on Pregnant Women". Dr. Hingson's conclusion was that marijuana use during pregnancy may result in a smaller birth weight for the fetus, but in an allowable range (similar to the smaller birth weight for babies from nicotine or alcohol using mothers.) NORML has been publicizing this since 1984. We regularly hear, though, from mothers who used marijuana during pregnancy who delivered babies of normal weight.

Laboratory tests have indicated that under some conditions, large doses of THC affect the eggs, sperm, and sexual hormones of rats and other animals. There is evidence that THC inhibits sperm mobility. However, the effects of marijuana on fertility seem to be negligible - as millions of marijuana smoking parents will attest to.

The National Academy of Sciences report affirmed that marijuana use has no effect on chromosomes or fertility.

8) "other physical reactions to marijuana include irreversible changes in the brain, sinusitis, pharyngitis, bronchitis, emphysema, increased heart rate, and decreased blood circulation;"

Marijuana use does not cause brain damage. NIDA recently announced proof that it does. My office contacted the researcher. His data actually suggested that a dose of 50 marijuana cigarettes a day for 30 years would not cause brain damage. What NIDA based their comments on was his finding that 136 marijuana cigarettes for 30 years would cause slight premature senilia. An individual would have to smoke a marijuana cigarette every 8 minutes for 16 hours a day, for thirty years, to suffer any brain damage - if this study is conclusive. The enclosed NORML press release cited above re: marijuana potency contains more details of this study.

Smoking contributes to lung and sinus problems, and marijuana smoking is no different. Marijuana does increase the heart rate and/or blood pressure in some individuals; NORML cautions against marijuana use by individuals with cardiovascular problems.

9) "other psychological reactions to marijuana include loss of memory; impairment in thinking, reading comprehension, and verbal and arithmetic problem solving; impairment of perception of distance and time; and anxiety, panic, paranoia, psychosis, and psychological dependence."

People use marijuana because they enjoy the mild impairment of the senses marijuana contributes to. This impairment is short term, and wears off two to three hours after ingestion. There is no evidence of prolonged impairment from marijuana use. The effects described above up to but not including anxiety are the short-term effects desired by the marijuana user.

The danger of teenage marijuana use is that many teens are prone to mix relaxation and studying, meaning they think it is okay to study while high on marijuana or while drinking beer. Impairment limits the ability to learn, especially the acquisition of learning skills. This is why it is essential to deter adolescents from marijuana use, and a primary reason why NORML advocates legalizing marijuana for adults (and shutting down the black market that will sell to students.) However 90% of marijuana smokers are adults whose learning skills are unimpaired by their occasional, moderate marijuana use.

Marijuana produces a condition similar to stress on the human body (for example, the increase in heart rate.) Most users find this pleasurable (ironically even the ones who claim they use marijuana to alleviate stress), some first time users do not. This is what accounts to reports of anxiety attacks by new or inexperienced users of marijuana. No everybody who tries marijuana likes it, nor does everyone who uses it does so without ill-effect. People with pre-existing mental problems, as mentioned above, are susceptible to drug abuse. They are the source of reports of panic, paranoia, and psychosis resulting from marijuana use.

The issue of psychological dependence has been hotly debated for twenty years. Obviously, millions and millions of Americans use marijuana regularly. I contend they do so because they enjoy using marijuana. Whether they are psychologically dependent or not is a moot point. Marijuana is not an addictive drug, nor a dangerous one. Psychological reactions to it are cultural, not medical or biological. Once again, to belabor the point, some people with psychological problems abuse marijuana and other drugs. As with anxiety, panic, paranoia and psychosis, psychological dependence is not an observed side-effect in the overwhelmingly majority of marijuana users.

Additional Comments

To be to the point, these findings at best constitute horrible distortions and exaggerations of existing research findings. At worst they are deceptive lies and half-truths designed to mislead the legislature of Alaska.

The National and International Drug Law Enforcement Strategy of the National Drug Enforcement Policy Board (NDEPB) (Jan. 1987) states that "because the decriminalization of marijuana possession undermines the standard of the unacceptability of drug use, the 11 states (which includes Alaska) that have decriminalized marijuana possession should recriminalize this offense." This document also indicates that the Attorney General is now in charge of all anti-drug efforts, including drug-education plans.

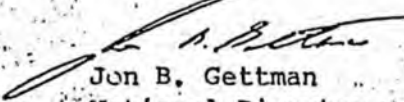
Many of the claims represented in the above findings replicate claims in the NDEPB's Analysis of the Domestic Cannabis Problem and the Federal Response, (8/86). The source cited was a Drug Enforcement Administration

report "The Health Implications of Marijuana Use." It is rife with phrases such as "research suggests," "have been observed," "marijuana may," and other cautious terminology which avoids making a direct conclusion. It is my opinion after studying these claims that they represent law enforcement's best attempt to justify the laws which they are obligated to enforce.

Social bias often interferes with sound scientific reasoning. The notion that marijuana is illegal so it must be dangerous is the driving rationale behind the ludicrous comments about marijuana above. The strategy of the NDEPB is to justify their increasing budget requests by turning drug education programs into law enforcement propaganda.

Please let me know how I can be of service in bringing the truth about marijuana to the people of Alaska.

Sincerely yours,



Jon B. Gettman
National Director

cc: Chris Hamre
enclosures

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 18, 1988

SUBJECT: Constitutionality of "criminalizing"
 possession of marijuana (CSSB 32 (HESS))

TO: Senator Bettye Fahrenkamp

FROM: Jack Chenoweth
 Legislative Counsel

You have asked whether the legislature may constitutionally make possession of any amount of marijuana illegal.

In a memorandum accompanying the original version of SB 32, the drafter, Keith Levy, wrote:

. . . This draft makes the possession of any amount of marijuana illegal. The proposed amendment to AS 11.71.060(a) specifically concerns possession of any amount less than one-half pound and makes it a misdemeanor.

This provision conflicts with the right to privacy under Art. 1, sec. 22 of the Alaska Constitution. In the case of Ravin v. State, 537 P.2d 494 [(1975)], the Alaska Supreme Court ruled that this right to privacy within the home prevailed over an inadequately compelling governmental interest in preventing marijuana possession and use by adults in the home. The policy arguments made in the bill are not, in my opinion, sufficiently weighty to overcome the constitutional protection recognized in the Ravin decision.

Since then, as you know, the findings provisions of the original bill have been amended and extended and incorporated into the version that is the Senate HESS Committee Substitute. The committee substitute makes no change in the operative text of the bill.

It is the constitutionality of that committee substitute as to which you inquire.

*

In Ravin, the court acknowledged that the right of privacy is limited by the "legitimate needs of the State to protect the health and safety of its citizens." 537 P.2d 494, at 501. Responding to the evidence marshalled by the state in defense of its prosecution, the court determined that

. . . It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbiturates, and amphetamines. Moreover, the current patterns of use in the United States are not such as would warrant concern that in the future consumption patterns are likely to change.

Ravin, supra., at 509 - 510. The court did not close the door to debate or to the adoption of legislation that would survive constitutional scrutiny:

Research is continuing extensively. Scientific doubts persist, however, and that fact has significance for our application of the law. It is a long-standing rule of law that statutes designed to protect the public health will receive a liberal construction. . . . There is a presumption in favor of public health measures; when there is substantial doubt as to the safety of a given substance or situation for the public health, controls intended to obviate the danger will usually be upheld.

Ravin, supra., at 510. But, the court concluded:

. . . no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice. The state must demonstrate a need based on proof that the public health or welfare will

in fact suffer if the controls are not applied.
[Emphasis added]

Ravin, supra. at 511.

In an inquiry as to constitutionality of legislation setting controls on possession of marijuana in the home, the burden is on the state to "demonstrate a need based on proof that the public health or welfare will in fact suffer if controls are not applied."

Under scrutiny, would CSSB 32 (HESS) meet the burden laid down in the Ravin decision?

Assuming CSSB 32 (HESS) is passed and becomes law, in a prosecution under it, applying the Ravin test, a court is not constrained to look only at the legislative findings to ascertain whether there is "demonstrated . . . need based on proof" that public health or welfare will be affected by the criminal re-regulation of the possession of the plant. The court may also conduct an analysis beyond the findings cited by the legislature in its consideration of the bill, Gray v. State, 525 P.2d 524 (Alaska, 1974), and rely on other relevant evidence and arguments "including matters which have never been presented to or considered by the legislature in its deliberations." Gray, supra., note 15 at 528. 1/

What is in balance is, as the court has said

. . . the general proposition that the authority of the state to exert control over the individual extends only to activities of the individual which affect others or the public at large as it relates to matters of public health or safety, or to provide for the general welfare. . . . The state cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals. . . .

Ravin, supra., at 509.

The "findings"--bill section 1 identifies them as such--purport to set out factual conclusions from which the legislature has decided to proceed to "recriminalize" marijuana. 2/ As I've reviewed the recitations, I've found that many of the statements are general and speculation, or

Senator Bettye Fahrenkamp

Page 4

February 18, 1988

have relatively little to do with concerns of public health, safety, and welfare that affect significant numbers of Alaskans. 3/

More to the point, however, is my belief that the Senate committee did not establish a record in hearings that would verify the recitations set out in the findings sufficient to meet the Ravin burden. A comparative examination of the findings to the court's analysis in Ravin leads me to conclude that much of the material set out as findings is little more than conclusions that have already received some attention by the court in the initial decision. 4/ Virtually all of the findings in section 1(a) of the bill have a counterpart in the extended discussion of the physiological and psychological effects of the drug undertaken by the court in its decision. Almost everything that the Senate committee substitute reports as "fact" or offers as conclusion is addressed in the earlier opinion. (So, for example, where the committee substitute asserts that the "THC content of commonly obtainable marijuana has increased from less than one percent 10 years ago to as high as 10 percent today" (finding 6), the Ravin decision seemingly anticipates the finding by reporting--and subsequently dismissing--the claim that "most of the [physiological] damage suggested by [the] studies [reviewed and relied on by the court] comes in the context of intensive use of concentrated forms of THC." Ravin, supra., at 506, Emphasis added. And, where the committee substitute recites that "other psychological reactions to marijuana include loss of memory, anxiety, panic, paranoia, psychosis, psychological dependence, and impairment in thinking, reading comprehension, verbal and arithmetic problem solving, and perception of distance and time" (finding 12), the litany appears to have been taken almost intact from similar observations made in the Ravin decision at pp. 505-507.)

Recitations of findings unsupported by significant evidence--or at least significant new evidence--makes it less likely that the court would sustain the enactment against a constitutional challenge.

Even at that, the emphasis in section 1(a) of the committee substitute is overwhelmingly on the purported effect of marijuana on the individual. By itself, that is probably not enough, as Keith Levy has claimed, to meet the test of Ravin, i.e., that the record show that the legislature's

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deliberations found "a close and substantial relationship of the intrusion to a legitimate governmental interest." The opinion makes it quite clear that government may not "simply decide what is in a person's best interest and then compel it." The burden, the court has made clear, is on the government to demonstrate that "the public health or welfare will in fact suffer if the controls are not applied."

I am not prepared to speculate on how the court would rule on this bill. In candor, however, like Keith Levy, I have serious reservations. This office has previously addressed the question of the constitutionality of this and similar legislation (HB 698, 13th Legislature; SB 163, 14th Legislature), and our conclusions have been consistent. Now, despite the Senate HESS committee's revision of the findings as it produced the committee substitute, I cannot conclude that the HESS committee substitute meets the Ravin tests. Suffice to say that, without reviewing the specific testimony that the senate committee received last year as it considered the bill, it should be clear that bill findings that are unsupported by rigorous examination by the legislative committee that authored them would surely be insufficient to meet the burden of the Ravin test. But even if the underlying evidence is sufficient in that regard, it is far from clear to me that the evidence offered compels the conclusion the state may now act to prohibit possession of marijuana for a reason related to the public health or public welfare.

Thank you for the opportunity to comment.

1/ In its decision, the Ravin court wrestled with the adequacy of the record. In the absence of a legislative record, it undertook its own examination, an extensive review of pertinent evidence that, in the decision, the court summarized as follows:

[W]e conclude that citizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, non-commercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest.

This leads us to the second facet of our inquiry, namely, whether the State has demonstrated sufficient justification for the prohibition of possession of marijuana in general in the interest of public welfare; and further, whether the State has met the greater burden of showing a close and substantial relationship between the public welfare and control of ingestion or possession of marijuana in the home for person use.

The evidence which was presented at the hearing before the district court consisted primarily of several expert witnesses familiar with various medical and social aspects of marijuana use. Numerous written reports and books were also introduced into evidence.

. . .

The justification offered by the State to uphold AS 17.12.010 are generally that marijuana is a psychoactive drug; that it is not a harmless substance; that heavy use has concomitant risks, that it is capable of precipitating a psychotic reaction in at least individuals who are predisposed towards such reaction; and that its use adversely affects the user's ability to operate an automobile. The State relies upon a number of medical researchers who have raised questions as to the substance's effect on the body's immune system, on chromosomal structure, and on the functioning of the brain. On the other hand, in almost

every instance of reports of potential danger arising from marijuana use, reports can be found reaching contradictory results. It appears that there is no firm evidence that marijuana, as presently used in this country, is generally a danger to the user or to others. But neither is there conclusive evidence to the effect that it is harmless. . . .

Possibly implicit in the State's catalogue of possible dangers of marijuana use is the assumption that the State has the authority to protect the individual from his own folly, that is, that the State can control activities which present no harm to anyone except those enjoying them. Although some courts have found the "public interest" to be broad enough to justify protecting the individual against himself, most have found inherent limitations on the police power of the state. An apposite example is the litigation regarding the constitutionality of laws requiring motorcyclists to wear helmets. Most of the courts addressing the issue, including this one, have resolved it by finding a connection between the helmet requirement and the safety of other motorists, but a significant number of courts have explicitly rejected such restrictive measures as beyond the police power of the state because they do not benefit the public. Typical of the logic of these latter cases is the dissent of Justice Abe in State v. Lee, [465 P2d. 573 (1975)] in which the Hawaii Supreme Court upheld a motorcycle helmet requirement despite finding no clear link between lack of the requirement by the motorcyclist and injury to others. The court reasoned that where a person's conduct is so reckless, and the resulting injury and death are so widespread as to be of concern to the public, then the conduct affects the public interest and is within the scope of the police power. Justice Abe dissented, citing a general right to be left alone or liberty to do as you please. There has to be a genuine harm to others, he wrote, to justify such controls; a state cannot simply decide what is in a person's best interest and compel it.

Ravin, supra., at 504-509. (Footnotes omitted.)

After finding, on the basis of the evidence offered and considered, a "need for control of drivers under the influence of marijuana," the court concluded:

[G]iven the relative insignificance of marijuana consumption as a health problem in our society at present, we do not believe that the potential harm generated by drivers under the influence of marijuana, standing alone, creates a close and substantial relationship between the public welfare and control of ingestion of marijuana or possession of it in the home for personal use. Thus we conclude that no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice. The state must demonstrate a need based on proof that the public health or welfare will in fact suffer if the controls are not applied.

Ravin, supra., at 511 (Footnotes omitted.)

2/ The language and content of the proposed findings that support subsection 1(a) of CSSB 32 appear to derive from related material and proposed findings incorporated into CSHB 698 of the 13th Legislature. A document in our records recites that the findings used in CSHB 698 "are taken from the testimony in several [House] Judiciary Committee hearings, including (but not limited to)" testimony or material submitted by

Dr. Reese T. Jones, clinical psychiatrist,
University of California, San Francisco; and
Dr. Gabriel G. Nahas, Columbia University, New
York City, re: the psychological effects and the
biological effects, respectively, of the use of
marijuana.

There is an additional sheet reciting other proposed conclusions, some of which appear to have been incorporated into the findings in the earlier bill (and carried forward into this bill), but the source of the information is not noted or disclosed.

3/ The tendency of the findings set out in section 1 of CSSB 32 to generalize and to speculate as to the personal and public health consequences of use of small amounts of

the drug may be illustrated by the "tentativeness" of some of the principal findings set out in subsection (a) of the committee substitute:

-- the findings recite the buildup of tetrahydrocannabinol (THC) in the tissues of the body, but conclude only that "repeated administration of even small doses may lead to an accumulation" of the drug at cumulatively higher levels (finding 3) and that the buildup "may result in loss of sleep, appetite, and initiative . . ." (finding 4);

-- the findings note that "marijuana may cause schizophrenia, illusions, and hallucinations . . ." (finding 8); that use of the drug "may result in deformed or undersized offspring" (finding 10); and that its use "may [hasten the onset of] lung cancer" (finding 9).

That the findings rely on national studies and have little direct relevance to data based on studies involving or affecting Alaskans seems self-evident.

As to the assertions made in subsection (b) of the committee substitute, the subsection in which the legislature makes direct reference to the public health and welfare of the people of the state, I question whether the committee has a basis for the proposed conclusions. There is nothing in the drafting file to indicate the source of these specific statistics and conclusions.

4/ In its opinion, the Ravin court reported at length on its conclusions concerning the physiological and psychological effects of the use of the drug:

The short-term physiological effects are relatively undisputed. An immediate slight increase in the pulse, decrease in salivation, and a slight reddening of the eyes are usually noted. There is also impairment of psychomotor control. These effects generally end within two to three hours of the end of smoking.

Long-term physiological effects raise more controversy among the experts. The National Commission on Marihuana and Drug Abuse reported that among users "no significant physical, biochemical, or mental abnormalities could be attributed solely to their marijuana smoking." Certain researchers have pointed to possible deleterious effects on the body's immune

defenses, on the chromosomal structures of users, and on testosterone levels in the body. The methodology of certain of these studies has been extensively criticized by other qualified medical scientists, however. These studies cannot be ignored. It should be noted that most of the damage suggested by these studies becomes in the context of intensive use of concentrated forms of THC. It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem of any significant dimensions. It is, for instance, far more innocuous in terms of physiological and social damage than alcohol or tobacco. But the studies suggesting dangers in intensive cannabis use do raise valid doubts which cannot be dismissed or discounted.

The immediate psychological effects of marijuana are typically a mild euphoria and a relaxed feeling of well-being. The user may feel a heightened sensitivity to taste and to visual and aural sensations, and his perception of time intervals may be distorted. A desire to become high can lead to a greater high; fear of becoming high or general nervousness can cause the user to fail to experience any high at all. In rare cases, excessive nervousness or fear of the drug can even precipitate a panic reaction. Occasionally a user will experience a negative reaction such as anxiety or depression, particularly when he takes in more of the substance than needed to achieve the desired high. However, in smoking marijuana, the user can selftitrate, or control the amount taken in, since the effect builds up gradually.

Additional short-term effects are an impairment of immediate-past-memory facility and impairment in performing psycho-motor tasks. Experienced users seem less impaired in this regard than naive users.

In extreme rare instances, use of marijuana has been known to precipitate psychotic episodes; however, the consensus of the experts seems to be that the potential for precipitating psychotic episodes exists only for a limited number of prepsychotic persons who could be pushed into psychosis by any number of drug or nondrug-related influences.

There is considerable debate as to the long-term effects of marijuana on mental functioning. Certain researchers cite evidence of an "amotivational syndrome" among long-term heavy cannabis users. However, the main examples of this effect are users in societies where large segments of the population exhibit such traits as social withdrawal and passivity even without drug use. The National Commission concludes that long-time heavy users do not deviate significantly from their social peers in terms of mental functioning, at least to any extent attributable to marijuana use.

Most authorities have accepted the theory that marijuana users develop a "reverse tolerance", that is, that a moderate user needs less and less marijuana over time to achieve a high. Recent research indicates that this may be true only up to a point, and that beyond a certain intensity of use a true tolerance begins to develop. If true, this may be relevant regarding only heavy use of concentrated forms of cannabis, since marijuana is physically addicting. It also rejected the notion that marijuana as used in the United States today presents a significant risk of causing psychological dependency in the user. Rather, the experimental or intermittent user develops little or no psychological dependency. Lengthy use on a regular basis does present a risk of such dependency and of subsequent heavier use, and strong psychological dependence is characteristic of heavy users in other countries. This pattern of use is rare in the United State today, however.

While there is no confirmed report of a human ever having died from an overdoes of cannabis, the toxic levels of THC have been determined from tests on animals. The lethal dose for marijuana is approximately 40,000 times the dose needed to achieve intoxication. The equivalent ratio of intoxicating to lethal doses for alcohol is 4/10 and for barbiturates 3/50.

Ravin, supra., at 506-508 (Footnotes omitted).

I suspect that one key element in any judicial analysis would be the link between adult possession and use of marijuana and the impact of that use on, and opportunity for

use by, adolescents living in the same home. In Ravin, citing a 1971 article in the American Medical Association Journal, the court related that "24% of Anchorage school children in grades six through twelve had used marijuana, as had 46% in grades eleven and twelve." Ravin, supra., at 505. In CSSB 32, the legislature finds that "the daily use of marijuana in the state has increased to as high as four percent among the general population and as high as six percent among secondary school students" (finding 2). The analysis prompts other, unanswered, questions. Are the figures cited for the Anchorage School District representative of the state as a whole? As to the purported increased usage of the drug on a regular basis, claimed now to be six percent among secondary school students, is that an increase when compared to patterns of use reported in the 1971 report of the Journal of the American Medical Association? And--most significantly in a bill that attempts to regulate possession of marijuana by adults--do public health officials and educators and others who might be familiar with the welfare of secondary school students provide testimony of the serious deleterious effects of either their use of marijuana or of their regular exposure to its use by adults?

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Irwin RAVIN, Petitioner,
v.
STATE of Alaska, Respondent.
No. 2135.

Supreme Court of Alaska.
May 27, 1975.
As Amended May 28, 1975.

Proceeding was instituted on defendant's motion to dismiss charge of violation of statute proscribing possession of marijuana. The District Court, Third Judicial District, Anchorage, Dorothy D. Tyner, J., denied motion to dismiss and the superior court affirmed and petition for review from the superior court's affirmance was granted. The Supreme Court, Rahinowitz, C. J., held that need for control of drivers under influence of marijuana and existing doubts as to safety of marijuana demonstrate a sufficient justification for statutory proscription of possession of marijuana, and thus an individual's right to possess or ingest marijuana while driving is subject to statute proscribing possession of marijuana; and that no adequate justification exists for State's intrusion into citizen's right of privacy by its prohibition of possession of marijuana by an adult for personal consumption in home, and thus possession of marijuana by adults at home for personal use is constitutionally protected.

Remanded for further proceedings.

Boochever and Connor, JJ., filed specially concurring opinions.

1. Criminal Law \hookrightarrow 1030(2)

Issue of cruel and unusual punishment in application of statute proscribing possession of marijuana to possession of marijuana for personal use was not considered by Supreme Court, since issue was not raised below or in petition for review to Supreme Court. Rules of Appellate Procedure 24(c); AS 17.12.010, 17.12.150.

2. Constitutional Law \hookrightarrow 82

Once a fundamental right under State Constitution has been shown to be involved and it has been further shown that this constitutionally protected right has been impaired by governmental action, government must come forward and meet its substantial burden of establishing that abridgment in question was justified by a compelling governmental interest.

3. Constitutional Law \hookrightarrow 82

When governmental action interferes with an individual's freedom in an area which is not characterized as fundamental, a less stringent test is ordinarily applied and, in such cases, court's task is to determine whether legislative enactment has a reasonable relationship to a legitimate government purpose, and under this "rational basis" test state need only demonstrate existence of facts which can serve as a rational basis for belief that measure would properly serve public interest.

4. Constitutional Law \hookrightarrow 82

If governmental restrictions interfere with individual's right to privacy, court will require that relationship between means and ends be not merely reasonable but close and substantial.

5. Constitutional Law \hookrightarrow 82

Federal right to privacy arises only in connection with other fundamental rights, such as the grouping of rights which involve the home, and even in connection with penumbra of home-related rights, right of privacy in sense of immunity from prosecution is absolute only when private activity will not endanger or harm the general public. Const. art. 1, § 22; U.S.C.A. Const. Amends. 1, 3-5, 14.

6. Constitutional Law \hookrightarrow 82
Drugs and Narcotics \hookrightarrow 41

Right to privacy amendment to Alaska Constitution cannot be read so as to make the possession or ingestion of marijuana itself a fundamental right. Const. art. 1, § 22.

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7. Constitutional Law ⇨82

Privacy amendment to Alaska Constitution was intended to give recognition and protection to the home. Const. art. 1, § 22.

8. Constitutional Law ⇨82

Privacy in the home is a fundamental right. Const. art. 1, § 22; U.S.C.A.Const. Amend. 4.

9. Constitutional Law ⇨82

Right of privacy in the home must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare. Const. art. 1, § 22; U.S.C.A.Const. Amend. 4.

10. Constitutional Law ⇨82

No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely. Const. art. 1, § 22; U.S.C.A. Const. Amend. 4.

11. Constitutional Law ⇨82

Right of privacy in home is limited in that possession of substances is guaranteed only for purely private, noncommercial use in home. Const. art. 1, § 22; U.S.C.A. Const. Amend. 4.

12. Constitutional Law ⇨70.1(10)

In determining validity of legislative proscription of possession of marijuana, it is not function of court to reassess scientific evidence in the manner of a legislature.

13. Constitutional Law ⇨82

State cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals.

14. Constitutional Law ⇨82

The right of an individual to do as he pleases is not absolute and it can be made to yield when it begins to infringe on the rights and welfare of others.

15. Constitutional Law ⇨81

Authority of state to control activities of its citizens is not limited to activities

which have a present and immediate impact on public health or welfare.

16. Constitutional Law ⇨82

State is under no obligation to allow otherwise "private" activity which will result in numbers of people becoming public charges or otherwise burdening the public welfare.

17. Health and Environment ⇨20

Statutes designed to protect the public health will receive a liberal construction.

18. Health and Environment ⇨20

There is a presumption in favor of public health measures.

19. Health and Environment ⇨20

When there is substantial doubt as to safety of a given substance or situation of public health, controls intended to obviate the danger will usually be upheld.

20. Automobiles ⇨332

Need for control of drivers under influence of marijuana and existing doubts as to safety of marijuana demonstrate a sufficient justification for statutory proscription of possession of marijuana; and thus an individual's right to possess or ingest marijuana while driving is subject to statute proscribing possession of marijuana. AS 05.25.060, 17.12.010, 17.12.150, 28.35.030; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 14.

21. Drugs and Narcotics ⇨43

No adequate justification exists for State's intrusion into citizen's right of privacy by its prohibition of possession of marijuana by an adult for personal consumption in home, and thus possession of marijuana by adults at home for personal use is constitutionally protected. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

22. Constitutional Law ⇨82

Privacy of individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest.

23. Drugs and Narcotics ⇨62, 68

Neither federal nor Alaska Constitution affords protection for the buying or selling of marijuana, nor absolute protection for its use or possession in public. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

24. Drugs and Narcotics ⇨56

Possession at home of amounts of marijuana indicative of intent to sell rather than possession for personal use is unprotected. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

25. Constitutional Law ⇨250.1(2)

Drugs and Narcotics ⇨43

Statute proscribing possession of marijuana is not violative of equal protection on ground that other commonly used recreational drugs, such as alcohol and tobacco, are not proscribed, even though they may inflict more damage on user than does marijuana. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amend. 1, 14.

26. Health and Environment ⇨20

It is not irrational for legislature to regulate those public health areas where it can do so, when other areas exist where controls are less feasible.

27. Drugs and Narcotics ⇨43

Fact that marijuana may be the least harmful of drugs covered by statute proscribing possession is not alone sufficient to make classification of marijuana with other drugs covered irrational. AS 17.10.010 et seq., 17.12.010, 17.12.150(3); U.S.C.A.Const. Amends. 1, 14.

28. Constitutional Law ⇨70.3(12)

Wisdom of statute proscribing possession of marijuana was for legislature, rather than judiciary. AS 17.10.010 et seq., 17.12.010, 17.12.150(3).

1. AS 17.12.010 provides:

Except as otherwise provided in this chapter, it is unlawful for a person to manufacture, export, import, counterfeit, possess, have under his control, sell, prescribe, administer, dispense, give, transfer, supply or distribute

R. Collin Middleton and Robert H. Wagstaff, Anchorage, for petitioner.

Stephen G. Dunning, Asst. Dist. Atty., Joseph D. Balfe, Dist. Atty., Anchorage, Norman C. Gorsuch, Atty. Gen., Juneau, for respondent.

OPINION

Before RABINOWITZ, C. J., and CONNOR, ERWIN, BOOCHEVER and FITZGERALD, JJ.

RABINOWITZ, Chief Justice.

The constitutionality of Alaska's statute prohibiting possession of marijuana is put in issue in this case. Petitioner Ravin was arrested on December 11, 1972 and charged with violating AS 17.12.010.¹ Before trial Ravin attacked the constitutionality of AS 17.12.010 by a motion to dismiss in which he asserted that the State had violated his right of privacy under both the federal and Alaska constitutions, and further violated the equal protection provisions of the state and federal constitutions. Lengthy hearings on the questions were held before District Court Judge Dorothy D. Tyner, at which testimony from several expert witnesses was received. Ravin's motion to dismiss was denied by Judge Tyner. The superior court then granted review and after affirmance by the superior court, we, in turn, granted Ravin's petition for review from the superior court's affirmance.

[1] Here Ravin raises two basic claims: first, that there is no legitimate state interest in prohibiting possession of marijuana by adults for personal use, in view of the right to privacy; and secondly, that the statutory classification of marijuana as a dangerous drug, while use of alcohol and tobacco is not prohibited, denies

in any manner, a depressant, hallucinogenic or stimulant drug.

AS 17.12.150 defines "depressant, hallucinogenic, or stimulant drug" to include all parts of the plant *Cannabis Sativa L.*

him due process and law.²

We first address the claim that his constitutional right of privacy compels the State of Alaska to protect his right to possess marijuana for personal use. Ravin's basic claim exists under the federal and Alaska constitutions a fundamental right the scope of which is sufficient to compass and protect the right to possess marijuana for personal use. The State then have the burden of showing a compelling state interest in the prohibition of possession of marijuana. We apply the controlling principles, that the evidence submitted in this case demonstrates that the State's interests in controlling marijuana are not as compelling as those of the State.

Ravin's arguments necessitate a re-examination of the contours of the right to privacy and the scope of the court's review of the legislature's action in criminalizing possession of marijuana.

[2] We have previously held that the right to privacy to be applied when a claim of a state action encroaches upon an individual's constitutional rights. *Smith*, 501 P.2d 159 (Alaska 1972).

2. In his briefs before this court, Ravin attempts to raise the issue of the constitutionality of the statute AS 17.12.010 to possession of marijuana for personal use. Because this issue is not raised below or in the petition for review, we decline to consider it. *Moran v. Holman*, 501 P.2d 142 (Alaska 1972).

3. 501 P.2d at 171. See *State v. Adams*, 501 P.2d 142 (Alaska 1972); *State v. Adams*, 502 P.2d 433 (Alaska 1972); *State v. Adams*, 505 P.2d 524, 527 (Alaska 1973); *State v. Adams*, 505 P.2d 1131, 1133 (Alaska 1973); *State v. Adams*, 505 P.2d 1133 (Alaska 1973).

him due process and equal protection of law.²

We first address petitioner's contentions that his constitutionally protected right to privacy compels the conclusion that the State of Alaska is prohibited from penalizing the private possession and use of marijuana. Ravin's basic thesis is that there exists under the federal and Alaska constitutions a fundamental right to privacy, the scope of which is sufficiently broad to encompass and protect the possession of marijuana for personal use. Given this fundamental constitutional right, the State would then have the burden of demonstrating a compelling state interest in prohibiting possession of marijuana. In light of these controlling principles, petitioner argues that the evidence submitted below by both sides demonstrates that marijuana is a relatively innocuous substance, at least as compared with other less-restricted substances, and that nothing even approaching a compelling state interest was proven by the State.

Ravin's arguments necessitate a close examination of the contours of the asserted right to privacy and the scope of this court's review of the legislature's determination to criminalize possession of marijuana.

[2] We have previously stated the tests to be applied when a claim is made that state action encroaches upon an individual's constitutional rights. In *Breese v. Smith*, 501 P.2d 159 (Alaska 1972), we had

2. In his briefs before this court, Ravin also attempts to raise the issue of cruel and unusual punishment in the application of AS 17.12.010 to possession of marijuana for personal use. Because this issue was not raised below or in the petition for review to this court, we decline to consider the issue in this proceeding. See Appellate Rule 21(c). Cf. *Moran v. Holman*, 501 P.2d 769, 770 n. 1 (Alaska 1972).

3. 501 P.2d at 171. See *State v. Wylie*, 510 P.2d 142 (Alaska 1973); *State v. Van Dorn*, 502 P.2d 453 (Alaska 1972); *Gray v. State*, 525 P.2d 524, 527 (Alaska 1974); *Gilbert v. State*, 525 P.2d 1131, 1133 (Alaska 1974); *State v. Adams*, 522 P.2d 1125 (Alaska 1974).

before us a school hairlength regulation which encroached on what we determined to be the individual's fundamental right to determine his own personal appearance. There we stated:

Once a fundamental right under the constitution of Alaska has been shown to be involved and it has been further shown that this constitutionally protected right has been impaired by governmental action, then the government must come forward and meet its substantial burden of establishing that the abridgement in question was justified by a compelling governmental interest.³

This standard is familiar federal law as well. As stated by the United States Supreme Court:

Where there is a significant encroachment upon personal liberty, the State may prevail only upon showing a subordinating interest which is compelling.⁴ The law must be shown "necessary, and not merely rationally related, to the accomplishment of a permissible state policy."⁵

[3] When, on the other hand, governmental action interferes with an individual's freedom in an area which is not characterized as fundamental, a less stringent test is ordinarily applied. In such cases our task is to determine whether the legislative enactment has a reasonable relationship to a legitimate governmental purpose.⁶ Under this latter test, which is sometimes referred to as the "rational basis" test, the State

4. *Dates v. Little Rock*, 361 U.S. 516, 524, 80 S.Ct. 412, 417, 4 L.Ed.2d 480, 486 (1960). See *Roe v. Wade*, 410 U.S. 113, 155, 93 S.Ct. 705, 25 L.Ed.2d 147, 178 (1973).

5. *McLaughlin v. Florida*, 379 U.S. 184, 196, 85 S.Ct. 283, 290, 13 L.Ed.2d 222, 231 (1964), quoted in the concurrence of Mr. Justice Goldberg in *Griswold v. Connecticut*, 381 U.S. 470, 407, 85 S.Ct. 1678, 14 L.Ed.2d 510, 523 (1965).

6. See *Concerned Citizens v. Kenai Peninsula Borough*, 527 P.2d 447, 452 (Alaska 1974); *Mobil Oil Corp. v. Legal Boundary Comm'n.*, 518 P.2d 92, 101 (Alaska 1974); *Meyer v. Nebraska*, 262 U.S. 390, 43 S.Ct. 625, 67 L.Ed. 1042 (1923).

need only demonstrate the existence of facts which can serve as a rational basis for belief that the measure would properly serve the public interest.

In our recent opinion in *Lynden Transport, Inc. v. State*, 532 P.2d 700 (Alaska 1975), we recognized the existence of considerable dissatisfaction with the fundamental right-compelling state interest test. There we said:

It has been suggested that there is mounting discontent with the rigid two-tier formulation of the equal protection doctrine, and that the United States Supreme Court is prepared to use the clause more rigorously to invalidate legislation without expansion of "fundamental rights" or "suspect" categories and the concomitant resort to the "strict scrutiny" tests. We are in agreement with the view that the Supreme Court's recent equal protection decisions have shown a tendency towards less speculative, less deferential, more intensified means-to-end inquiry when it is applying the traditional rational basis test and we approve of this development. See Gunther, *Forward: In Search of Evolving Doctrine on a Changing Court: A Model for Newer Equal Protection*, 86 Harv.L.Rev. 1 (1972). See, e. g., *James v. Strange*, 407 U.S. 128, 92 S.Ct. 2027, 32 L.Ed.2d 600 (1972); *Jackson v. Indiana*, 406 U.S. 715, 92 S.Ct. 1845, 32 L.Ed.2d 435 (1972); *Humphrey v. Cady*, 405 U.S. 504, 92 S.Ct. 1048, 31 L.Ed.2d 394 (1972); *Eisenstadt v. Baird*, 405 U.S. 438, 92 S.Ct. 1029, 31 L.Ed.2d 349 (1972); *Reed v. Reed*, 404 U.S. 71, 92 S.Ct. 251, 30 L.Ed.2d 225 (1971).

[4] This court has previously applied a test different from the rigid two-tier formulation to state regulations. In *State v. Wylie*,⁷ we tested durational residency requirements for state employment by both

the compelling state interest test and a test which examined whether the means chosen suitably furthered an appropriate governmental interest.⁸ It is appropriate in this case to resolve Ravin's privacy claims by determining whether there is a proper governmental interest in imposing restrictions on marijuana use and whether the means chosen bear a substantial relationship to the legislative purpose. If governmental restrictions interfere with the individual's right to privacy, we will require that the relationship between means and ends be not merely reasonable but close and substantial.

Thus, our undertaking is two-fold: we must first determine the nature of Ravin's rights, if any, abridged by AS 17.12.010, and, if any rights have been infringed upon, then resolve the further question as to whether the statutory impingement is justified.

As we have mentioned, Ravin's argument that he has a fundamental right to possess marijuana for personal use rests on both federal and state law, and centers on what may broadly be called the right to privacy. This "right" is increasingly the subject of litigation and commentary and is still a developing legal concept.⁹

In Ravin's view, the right to privacy involved here is an autonomous right which gains special significance when its situs is found in a specially protected area, such as the home. Ravin begins his privacy argument by citation of and reliance upon *Griswold v. Connecticut*,¹⁰ in which the Supreme Court of the United States struck down as unconstitutional a state statute effectively barring the dispensation of birth control information to married persons. Writing for five members of the Court, Mr. Justice Douglas noted that rights protected by the Constitution are not limited to those specifically enumerated in the

7. 510 P.2d 142 (Alaska 1973).

8. *Id.* at n. 16.

9. The right to privacy was recently made explicit in Alaska by an amendment to the

state constitution. Alaska Const. Art. I, §

22.

10. 391 U.S. 470, 87 S.Ct. 1678, 14 L.Ed.2d 510 (1968).

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Constitution. In order to secure the enumerated rights, certain peripheral rights must be recognized. In other words, the specific guarantees in the Bill of Rights have penumbras, formed by emanations from those guarantees that help give them life and substance."¹¹ Certain of these penumbral rights create "zones of privacy", for example, First Amendment rights of association, Third and Fourth Amendment rights pertaining to the security of the home, and the Fifth Amendment right against self-incrimination. The Supreme Court of the United States then proceeded to find a right to privacy in marriage which antedates the Bill of Rights and yet lies within the zone of privacy created by several fundamental constitutional guarantees. It was left unclear whether this particular right to privacy exists independently, or comes into being only because of its connection with fundamental enumerated rights.

The next important Supreme Court opinion regarding privacy is *Stanley v. Georgia*,¹² in which a state conviction for possession of obscene matter was overturned as violative of the First and Fourteenth Amendments. The Supreme Court had previously held that obscenity is not protected by the First Amendment.¹³ But in *Stanley* the Court made a distinction between commercial distribution of obscene matter and the private enjoyment of it at home. The Constitution, it said, protects the fundamental right to receive information and ideas, regardless of their worth. Moreover, the Supreme Court said,

. . . in the context of this case - a prosecution for mere possession of printed or filmed matter in the privacy of a

person's own home—that right takes on an added dimension. For also fundamental is the right to be free, except in very limited circumstances, from unwanted governmental intrusions into one's privacy.¹⁴

The Supreme Court concluded that the First Amendment means a state has no business telling a man, sitting alone in his own home, what books he may read or what films he may watch. The Court took care to limit its holding to mere possession of obscene materials by the individual in his own home. It noted that it did not intend to restrict the power of the state or federal government to make illegal the possession of items such as narcotics, firearms, or stolen goods.

The *Stanley* holding was subsequently refined by a series of cases handed down in 1973. In *Paris Adult Theatre I v. Slaton*,¹⁵ the Supreme Court rejected the claim of a theater owner that his showing of allegedly obscene films was protected by *Stanley* because his films were shown only to consenting adults. The Court explicitly rejected the comparison of a theater to a home and found a legitimate state interest in regulating the use of obscene matter in local commerce and places of public accommodation. It apparently found no fundamental right involved in viewing obscene matter under these conditions, for it noted that the right to privacy guaranteed by the Fourteenth Amendment extends only to fundamental rights. The protection offered by *Stanley*, the Supreme Court stated, was restricted to the home, and it explicitly refused to say that all activities occurring between consenting adults were beyond the reach of the government.¹⁶

11. 351 U.S. at 484, 85 S.Ct. at 1681, 14 L. Ed.2d at 514.

12. 394 U.S. 557, 89 S.Ct. 1243, 22 L.Ed.2d 542 (1969).

13. See *Roth v. U. S.*, 354 U.S. 476, 77 S.Ct. 1304, 1 L.Ed.2d 1498 (1957).

14. 394 U.S. at 504, 89 S.Ct. at 1247, 22 L. Ed.2d at 519.

15. 413 U.S. 49, 93 S.Ct. 2628, 37 L.Ed.2d 446 (1973). See also *United States v. Orito*, 413 U.S. 139, 93 S.Ct. 2674, 37 L.Ed.2d 513 (1973); *United States v. 12 200-Fr. Reels*, 413 U.S. 129, 93 S.Ct. 2935, 37 L.Ed.2d 500 (1973).

16. In a companion case, *United States v. Orito*, 413 U.S. 139, 93 S.Ct. 2674, 37 L.Ed. 2d 513 (1973), the Supreme Court observed

[5] These Supreme Court cases indicate to us that the federal right to privacy arises only in connection with other fundamental rights, such as the grouping of rights which involve the home. And even in connection with the penumbra of home-related rights, the right of privacy in the sense of immunity from prosecution is absolute only when the private activity will not endanger or harm the general public.

The view is confirmed by the Supreme Court's abortion decision, *Roe v. Wade*.¹⁷ There appellant claimed that her right to decide for herself concerning abortion fell within the ambit of a right to privacy flowing from the federal Bill of Rights. The Court's decision in her favor makes clear that only personal rights which can be deemed "fundamental" or "implicit in the concept of ordered liberty" are protected by the right to privacy. The Supreme Court found this right "broad enough to encompass a woman's decision whether or not to terminate her pregnancy," but it rejected the idea that a woman's right to decide is absolute. At some point, the state's interest in safeguarding health, maintaining medical standards, and protecting potential life becomes sufficiently compelling to sustain regulations. One does not, the Supreme Court said, have an unlimited right to do with one's body as one pleases.

The right to privacy which the Court found in *Roe* is closely akin to that in *Griswold*: in both cases the zone of privacy involves the area of the family and procreation,¹⁸ more particularly, a right

that the *Stanley* right to possess obscene matter in the home is limited to the home and does not create a right to transport, receive, or distribute the matter. The Supreme Court further said that it is not true that a zone of constitutionally protected privacy follows such materials when they are moved outside the home. See *United States v. 12 200-Ft. Reels*, 413 U.S. 123, 93 S.Ct. 2025, 37 L.Ed. 2d 591 (1973).

17. 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

18. *C. Eisenstadt v. Baird*, 405 U.S. 438, 453, 92 S.Ct. 1020, 1028, 31 L.Ed.2d 349 (1972) where the Supreme Court said in part:

of personal autonomy in relation to choices affecting an individual's personal life.

In Alaska this court has dealt with the concept of privacy on only a few occasions. One of the most significant decisions in this area is *Breese v. Smith*,¹⁹ where we considered the applicability of the guarantee of "life, liberty, the pursuit of happiness" found in the Alaska Constitution,²⁰ to a school hairlength regulation. Noting that hairstyles are a highly personal matter in which the individual is traditionally autonomous, we concluded that governmental control of personal appearance would be antithetical to the concept of personal liberty under Alaska's constitution. Since the student would be forced to choose between controlling his own personal appearance and asserting his right to an education if the regulations were upheld, we concluded that the constitutional language quoted above embodied an affirmative grant of liberty to public school students to choose their own hairstyles, for "at the core of [the concept of liberty] is the notion of total personal immunity from government control: the right 'to be let alone.'"²¹ That right is not absolute, however; we also noted that this "liberty" must yield where it "intrude[s] upon the freedom of others."²²

Subsequent to our decision in *Breese*, a right to privacy amendment was added to the Alaska Constitution. Article I, section 22 reads:

The right of the people to privacy is recognized and shall not be infringed. The

If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.

19. 501 P.2d 159 (Alaska 1972).

20. Alaska Const. Art. I, § 1.

21. 501 P.2d at 168.

22. 501 P.2d at 170, quoting *Bishop v. Colaw*, 150 P.2d 1020, 1077 (8th Cir. 1971).

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legislature shall implement this section. The effect of this amendment is to place privacy among the specifically enumerated rights in Alaska's constitution. But this fact alone does not, in and of itself, yield answers concerning what scope should be accorded to this right of privacy.²³ We have suggested that the right to privacy may afford less than absolute protection to "the ingestion of food, beverages or other substances".²⁴ For any such protection must be limited by the legitimate needs of the State to protect the health and welfare of its citizens.²⁵

Although a number of other jurisdictions have considered the privacy issue as it applies to marijuana prosecutions, they provide little help in defining the scope of article I, section 22 of Alaska's constitution. In Hawaii, whose constitution also contains an express guarantee of the right to privacy,²⁶ the supreme court has faced a similar issue. In *State v. Kantner*,²⁷ the Supreme Court of Hawaii upheld a conviction for possession of marijuana by a 3-2 vote, with one member of the majority concurring only because he thought the constitutional issue had not been properly raised. A majority rejected the claim that application of the statute violated guarantees of equal protection and due process, and two members of the court rejected the

claim of violation of "fundamental liberty" based on *Griswold*. In dissent, Justice Levinson emphasized the guarantees of privacy and personal autonomy which he found in both the Hawaii Constitution and the due process clause of the Fourteenth Amendment to the United States Constitution. He found that the right to privacy "guarantees to the individual the full measure of control over his own personality consistent with the security of himself and others."²⁸ The experiences generated by use of marijuana are mental in nature, he wrote, and thus among the most personal and private experiences possible. So long as conduct does not produce detrimental results, the right of privacy protects the individual's conduct designed to affect these inner areas of the personality. The state failed to show, he found, any harm to the user or others from the private, personal use of marijuana, and so the statute infringed on the right to personal autonomy.

In a Michigan case the same year, a conviction for possession of marijuana was overturned by a unanimous court, though for a variety of reasons. One of the justices in *People v. Sinclair*,²⁹ Justice T. G. Kavanagh, rested his opinion squarely on the basic right of the individual to be free from government intrusions. He found the marijuana possession statute to be "an

23. For a discussion of the origins and scope of a similar constitutional guarantee of privacy, in the Hawaii Constitution, Art. I, § 5, see *State v. Kantner*, 53 Haw. 327, 493 P.2d 306 (1972), particularly n. 4 in the dissent of Justice Levinson at p. 314. This court has, in the area of searches and seizures, attempted to define the right of privacy. See, e.g., *Erickson v. State*, 507 P.2d 508 (Alaska 1973); *Mattern v. State*, 500 P.2d 228 (Alaska 1972); *Davis v. State*, 499 P.2d 1025 (Alaska 1972); *Ellison v. State*, 383 P.2d 716 (Alaska 1963); *Raboy v. City of Fairbanks*, 459 P.2d 470 (Alaska 1970); *Slezina v. State*, 451 P.2d 252 (Alaska 1969).

24. *Gray v. State*, 525 P.2d 524, 528 (Alaska 1974). In *Gray* we said:

There is no available recorded history of this amendment, but clearly it shields the ingestion of food, beverages or other substances. But the right of privacy is not

absolute. Where a compelling state interest is shown, the right may be held to be subordinate to express constitutional powers such as the authorization of the legislature to promote and protect public health and provide for the general welfare.

25. *Id.* If the State were required, for instance, to carry the extremely heavy burden of showing a compelling state interest before it could regulate the purity of foodstuffs and medicines, the result would be a practical inability to protect the public from health threats which consumers could neither know about nor protect themselves against.

26. Hawaii Const. Art. I, § 5.

27. 53 Haw. 327, 493 P.2d 306 (1972).

28. 493 P.2d at 315.

29. 387 Mich. 91, 193 N.W.2d 578 (1972).

impermissible intrusion on the fundamental right of liberty and the pursuit of happiness. It is an unwarranted interference with the right to possess and use private property.³⁰ He noted the basic freedom of the individual to be free to do as he pleases as long as his actions do not interfere with the rights of his neighbor or of society. . . . 'Big Brother' cannot, in the name of Public health, dictate to anyone what he can eat or drink or smoke in the privacy of his own home."³¹

Generally, however, privacy as a constitutional defense in marijuana cases has not met with much favor. It was rejected, for instance, by the Massachusetts Supreme Judicial Court in *Commonwealth v. Lois*,³² where the court held that there was no constitutional right to smoke marijuana, that smoking marijuana was not fundamental to the American scheme of justice or necessary to a regime of ordered liberty, and that smoking marijuana was not locatable in any "zone of privacy". Furthermore, the court said, there is no constitutional right to become intoxicated.³³

[6] Assuming this court were to continue to utilize the fundamental right-compelling state interest test in resolving privacy issues under article I, section 22 of Alaska's constitution, we would conclude that there is not a fundamental constitutional right to possess or ingest marijuana in Alaska. For in our view, the right to privacy amendment to the Alaska Constitution cannot be read so as to make the possession or ingestion of marijuana itself a fundamental right. Nor can we conclude that such a fundamental right is shown by virtue of the analysis we employed in *Breece*. In that case, the student's tradi-

tional liberty pertaining to autonomy in personal appearance was threatened in such a way that his constitutionally guaranteed right to an education was jeopardized. Hairstyle, as emphasized in *Breece*, is a highly personal matter involving the individual and his body. In this sense this aspect of liberty-privacy is akin to the significantly personal areas at stake in *Griswold* and *Eisenstadt v. Baird*. Few would believe they have been deprived of something of critical importance if deprived of marijuana, though they would be stripped of control over their personal appearance. And, as mentioned previously, a discrete federal right of privacy separate from the penumbras of specifically enumerated constitutional rights has not as yet been articulated by the Supreme Court of the United States. Therefore, if we were employing our former test, we would hold that there is no fundamental right, either under the Alaska or federal constitutions, either to possess or ingest marijuana.

The foregoing does not complete our analysis of the right to privacy issues. For in *Gray* we stated that the right of privacy amendment of the Alaska Constitution "clearly it shields the ingestion of food, beverages or other substances", but that this right may be held to be subordinate to public health and welfare measures. Thus, Ravin's right to privacy contentions are not susceptible to disposition solely in terms of answering the question whether there is a general fundamental constitutional right to possess or smoke marijuana. This leads us to a more detailed examination of the right to privacy and the relevancy of where the right is exercised. At one end of the scale of the scope of the right to privacy is possession or ingestion

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reasonable (Fourth Amendment has "privacy home,"³⁴ described all government of a man's life."³⁵ receive would with the police to this police credited. And in emphasis: protected to receive found dimensions prosec

30. 394 N.W.2d at 896.

31. *Id.*

32. 230 N.E.2d 898 (Mass.1969).

33. The privacy argument has been rejected in several other cases. *Miller v. State*, 458 S.W.2d 650 (Tex.Crim.App.1970); *In re Klor*, 61 Cal.2d 816, 51 Cal.Rptr. 903, 415 P.2d 717 (1966); *People v. Aguilar*, 257 Cal.

App.2d 597, 65 Cal.Rptr. 171 (1968); *United States v. Drotar*, 416 F.2d 914 (5th Cir. 1969), *vacated on other grounds*, 402 U.S. 939, 91 S.Ct. 1628, 29 L.Ed.2d 107 (1971); *Borras v. State*, 229 So.2d 244 (Fla.1969); *Raines v. State*, 225 So.2d 339 (Fla.1969). See *Scott v. United States*, 125 U.S.App.D.C. 396, 395 F.2d 619 (1968).

34. *Mo*
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35. *Id.*
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36. *Id.*
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37. *Id.*
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38. *Id.*
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39. *Id.*
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in the individual's home. If there is any area of human activity to which a right to privacy pertains more than any other, it is the home. The importance of the home has been amply demonstrated in constitutional law. Among the enumerated rights in the federal Bill of Rights are the guarantee against quartering of troops in a private house in peacetime (Third Amendment) and the right to be "secure in their . . . houses . . . against unreasonable searches and seizures . . ." (Fourth Amendment). The First Amendment has been held to protect the right to "privacy and freedom of association in the home."³⁴ The Fifth Amendment has been described as providing protection against all governmental invasions "of the sanctity of a man's home and the privacies of life."³⁵ The protection of the right to receive birth control information in *Griswold* was predicated on the sanctity of the marriage relationship and the harm to this fundamental area of privacy if police were allowed to "search the sacred precincts of marital bedrooms."³⁶ And in *Stanley v. Georgia*,³⁷ the Court emphasized the home as the situs of protected "private activities". The right to receive information and ideas was found in *Stanley* to take on an added dimension precisely because it was a prosecution for possession in the home:

"For also fundamental is the right to be free, except in very limited circumstances, from unwanted governmental intrusions into one's privacy."³⁸ In a later case, the Supreme Court noted that *Stanley* was not based on the notion that the obscene matter was itself protected by a constitutional penumbra of privacy, but rather was a "reaffirmation that 'a man's home is his castle.'"³⁹ At the same time the Court noted, "the Constitution extends special safeguards to the privacy of the home, just as it protects other special privacy rights such as those of marriage, procreation, motherhood, child rearing, and education."⁴⁰ And as the Supreme Court pointed out, there exists a "myriad" of activities which may be lawfully conducted within the privacy and confines of the home, but may be prohibited in public.⁴¹

[7] In Alaska we have also recognized the distinctive nature of the home as a place where the individual's privacy receives special protection. This court has consistently recognized that the home is constitutionally protected from unreasonable searches and seizures, reasoning that the home itself retains a protected status under the Fourth Amendment and Alaska's constitution distinct from that of the occupant's person.⁴² The privacy amendment to the Alaska Constitution was intended to give recognition and protection to the

34. *Moreno v. United States Dep't of Agriculture*, 345 F.Supp. 310, 314 (D.D.C.1972), *aff'd*, 413 U.S. 529, 93 S.Ct. 2821, 37 L.Ed. 2d 782 (1973).

35. *Boyd v. U. S.*, 116 U.S. 616, 620, 6 S.Ct. 524, 29 L.Ed. 716, 751 (1886).

36. 351 U.S. at 456, 55 S.Ct. at 1682, 14 L. Ed.2d at 516.

37. 394 U.S. 557, 89 S.Ct. 1213, 22 L.Ed.2d 542 (1969).

38. 354 U.S. at 564, 80 S.Ct. at 1247, 22 L. Ed.2d at 549.

39. *Paris Adult Theatre I v. Slaton*, 413 U.S. 49, 51, 93 S.Ct. 2623, 2640, 37 L.Ed.2d 446, 462 (1973).

40. *U. S. v. Orito*, 413 U.S. 139, 142, 93 S.Ct. 2674, 2677, 37 L.Ed.2d 513, 517 (1973). See

U. S. v. 12 200-Ft. Reels, 413 U.S. 123, 93 S.Ct. 2665, 37 L.Ed.2d 500 (1973).

41. *U. S. v. Orito*, 413 U.S. 139, 142-143, 93 S.Ct. 2674, 37 L.Ed.2d 513, 515 (1973).

42. *State v. Spietz*, 531 P.2d 521 (Alaska 1975); *Ferguson v. State*, 489 P.2d 1032 (Alaska 1971). See cases cited *supra* at n. 21. The home receives special attention in other areas of Alaska's laws, e. g., the homestead exemption in relation to execution sales, AS 09.25.090; the justifiable homicide defense pertaining to the prevention of a felony in the home, AS 11.15.100; and the distinction between burglary in a dwelling house and burglary in other structures, AS 11.20.090-.100.

home. Such a reading is consonant with the character of life in Alaska. Our territory and now state has traditionally been the home of people who prize their individuality and who have chosen to settle or to continue living here in order to achieve a measure of control over their own lifestyles which is now virtually unattainable in many of our sister states.

[8-11] The home, then, carries with it associations and meanings which make it particularly important as the situs of privacy. Privacy in the home is a fundamental right, under both the federal and Alaska constitutions. We do not mean by this that a person may do anything at anytime as long as the activity takes place within a person's home. There are two important limitations on this facet of the right to privacy. First, we agree with the Supreme Court of the United States, which has strictly limited the *Stanley* guarantee to possession for purely private, noncommercial use in the home. And secondly, we think this right must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare. No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely. Indeed, one aspect of a private matter is that it is private, that is, that it does not adversely affect persons beyond the actor, and hence is none of

their business. When a matter does affect the public, directly or indirectly, it loses its wholly private character, and can be made to yield when an appropriate public need is demonstrated.

Thus, we conclude that citizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, non-commercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest.

This leads us to the second facet of our inquiry, namely, whether the State has demonstrated sufficient justification for the prohibition of possession of marijuana in general in the interest of public welfare; and further, whether the State has met the greater burden of showing a close and substantial relationship between the public welfare and control of ingestion or possession of marijuana in the home for personal use.

[12] The evidence which was presented at the hearing before the district court consisted primarily of several expert witnesses familiar with various medical and social aspects of marijuana use.⁴³ Numer-

43. Among the works we have examined in addition to the testimony below are the following: Marijuana: A Signal of Misunderstanding, the First Report of the National Commission on Marijuana and Drug Abuse (March 1972); Drug Use in America: Problem in Perspective, the Second Report of the National Commission on Marijuana and Drug Abuse (March 1973); Drug Use in Anchorage, Alaska, 223 *J. Am. Med. Ass'n* 657 (1971); G. Nahas, Marijuana: A Deceptive Weed (1973); Nahas *et al.*, Inhibition of Cellular Mediated Immunity in Marijuana Smokers, 183 *Science* 419 (1974); L. Grinspoon, Marijuana Reconsidered (1971); Hearings before the U. S. Senate Subcommittee on Internal Security, May 1971; Nahas & Greenwood, The First Report of the National Commission on Marijuana (1972); Signal of

Misunderstanding or Exercise in Ambiguity, draft of article to be published in *Bulletin of N. Y. Academy of Medicine: Marijuana and Health: Fourth Annual Report to the U. S. Congress from the Secretary of Health, Education, and Welfare* (1971); Silverstein & Tassin, Normal Skin Test Responses in Chronic Marijuana Users, 180 *Science* 740 (1974); Marijuana: The Grass May No Longer Be Greener, 185 *Science* 683 (1974); Marijuana (II): Does it Damage the Brain?, 185 *Science* 775 (1974); Depression of Plasma Testosterone Levels After Chronic Intensive Marijuana Use, 290 *N. Engl. J. Med.* 872 (1974); Plasma Testosterone Levels Before, During and After Chronic Marijuana Smoking, 291 *N. Engl. J. Med.* 1051 (1974); Marijuana Survey-State of Oregon, Drug Abuse Council (1974).

ous written reports and books were also introduced into evidence.⁴⁴

Marijuana is the common term for dried leaves or stalk of the plant *Cannabis sativa* L. The primary psychoactive ingredient in the plant is delta-9-tetrahydrocannabinol (THC). Most marijuana available in the United States has a THC content of less than one percent. Other cannabis derivatives with a higher THC content, such as hashish, are available in the United States although much less common than is marijuana.

According to figures published by the National Commission on Marihuana and Drug Abuse⁴⁵ in 1973, an estimated 26 million Americans have used marijuana at least once. The incidence generally cuts across social and economic classes, though use is greatest among young persons (55%

of 18-21 year-olds have used it). Only about 2% of the adults who have used it were classified by the National Commission as "heavy users" (more than once daily). The experience in Alaska seems to be similar. A report published in the Journal of the American Medical Association in 1971 indicated that 24% of Anchorage school children in grades six through twelve had used marijuana, as had 46% in grades eleven and twelve.⁴⁶

Scientific testimony on the physiological and psychological effects of marijuana on humans generally stresses the variability of effects upon different individuals and on any one individual at different times. The setting and psychological state of the user can affect his responses. Responses also vary with the amount of marijuana one has used in the past. A new user, for instance, often feels no effects at all.

44. It is not the function of this court to reassess the scientific evidence in the manner of a legislature. See *U. S. v. Thorne*, 325 A. 2d 764 (D.C.App.1974), where an attack on the constitutionality of the District of Columbia marijuana statutes was made. There the court said:

In our opinion the court below misconceived its function in its approach to the constitutionality of the statutory proscription of the possession and use of marijuana. In deciding that this drug has virtually no harmful effects upon the human system, the court had occasion to consider the testimony of four expert witnesses and a voluminous mass of documentary studies. The court weighed this evidence and resolved the conflict to its own satisfaction. If this were a hearing or a trial turning upon the determination of facts upon which there was conflicting testimony, such procedure was, of course, correct.

But a holding that a legislative enactment is invalid cannot rest open a judicial determination of a debatable medical issue. Any party assailing the constitutionality of a statute has the heavy burden of demonstrating that it has no rational basis.

It is apparent from the record in this case that the question decided by the court below after the hearing on the pre-trial motions was "at least debatable." Hence, under the tests set forth in *Caroline Products*, the court should have deferred to congressional judgment.

Similarly the Supreme Judicial Court of Massachusetts in *Commonwealth v. Lois*, 243 N.E.2d 898, 901-02 (1969), said:

We know of nothing that compels the Legislature to thoroughly investigate the available scientific and medical evidence when enacting a law. The test of whether an act of the Legislature is rational and reasonable is not whether the records of the Legislature contain a sufficient basis of fact to sustain that act. The Legislature is presumed to have acted rationally and reasonably. See *Commonwealth v. Fitzgigan*, 326 Mass. 378, 379, 96 N.E.2d 715; *Coffee-Rich, Inc. v. Commissioner of Pub. Health*, 348 Mass. 414, 422, 204 N.E.2d 281. "Unless the act of the Legislature cannot be supported upon any rational basis of fact that reasonably can be conceived to sustain it, the court has no power to strike it down as violative of the Constitution." *Sperry & Hutchinson Co. v. Director of the Div. on the Necessaries of Life of Commonwealth*, 307 Mass. 408, 418, 30 N.E.2d 209, 271, 131 A.L.R. 1254. See *United States v. Carolene Prod. Co.*, 304 U.S. 144, 154, 58 S.Ct. 778, 82 L.Ed. 1234.

Justice Kirk, in his concurring opinion in *Lois*, also explains the question of legislative judgment and the range of judicial cognizance.

45. *Drug Use in America: Problem in Perspective*, the Second Report of the National Commission on Marihuana and Drug Abuse (March 1973) at 61.

46. *Drug Use in Anchorage, Alaska*, 223 J. Am.Med.Ass'n 657 (1971).

The short-term physiological effects are relatively undisputed. An immediate slight increase in the pulse, decrease in salivation, and a slight reddening of the eyes are usually noted. There is also impairment of psychomotor control. These effects generally end within two to three hours of the end of smoking.

Long-term physiological effects raise more controversy among the experts. The National Commission on Marijuana and Drug Abuse reported that among users "no significant physical, biochemical, or mental abnormalities could be attributed solely to their marijuana smoking."⁴⁷ Certain researchers have pointed to possible deleterious effects on the body's immune defenses,⁴⁸ on the chromosomal structures of users,⁴⁹ and on testosterone levels in the body.⁵⁰ The methodology of certain of these studies has been extensively criticized by other qualified medical scientists, however. These studies cannot be ignored. It should be noted that most of the damage suggested by these studies comes in the context of intensive use of concentrated forms of THC. It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem of any—significant dimensions. It is, for instance, far more innocuous in terms of physiological and social damage than alcohol or tobacco. But the studies suggesting dangers in intensive

cannabis use do raise valid doubts which cannot be dismissed or discounted.

The immediate psychological effects of marijuana are typically a mild euphoria and a relaxed feeling of well-being. The user may feel a heightened sensitivity to taste and to visual and aural sensations, and his perception of time intervals may be distorted. A desire to become high can lead to a greater high; fear of becoming high or general nervousness can cause the user to fail to experience any high at all. In rare cases, excessive nervousness or fear of the drug can even precipitate a panic reaction. Occasionally a user will experience a negative reaction such as anxiety or depression, particularly when he takes in more of the substance than needed to achieve the desired high. However, in smoking marijuana, the usual method of taking it in this country, the user can self-titrate, or control the amount taken in, since the effect builds up gradually.

Additional short-term effects are an impairment of immediate-past-memory facility and impairment in performing psychomotor tasks. Experienced users seem less impaired in this regard than naive users.

In extremely rare instances, use of marijuana has been known to precipitate psychotic episodes; however, the consensus of the experts seems to be that the potential for precipitating psychotic episodes exists only for a limited number of prepsychotic

indicating that delta-9-THC (and possibly other marijuana constituents) have an effect upon certain basic cellular mechanisms which involve the uptake of amino acids and the nucleotides into primary nuclear components such as DNA. Since this may interfere with basic biological processes, the preliminary data raises the possibility that the effects of marijuana, under some circumstances, may be more widespread on the organism than has been previously thought.

Id. at 6.

50. Depression of Plasma Testosterone Levels After Chronic Intensive Marijuana Use, 280 *N.Engl.J. Med.* 872 (1971). *But cf.* Plasma Testosterone Levels Before, During and After Chronic Marijuana Smoking, 291 *N.Engl.J. Med.* 1051 (1971).

47. *Marijuana: A Signal of Misunderstanding*. First Report of the National Commission on Marijuana and Drug Abuse (March 1972), p. 61.

48. See Nahas, et al. Inhibition of Cellular Mediated Immunity in Marijuana Smokers, 183 *Science* 419 (1971). *But cf.* Normal Skin Test Responses in Chronic Marijuana Users, 186 *Science* 740 (1974).

49. See Stenehaver, Statement before the Senate Subcommittee on Internal Security, May 16, 1971. The National Institute on Drug Abuse, in *Marijuana and Health*, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare, states in part:

The preclinical findings of greatest interest and potential significance during the past two years have been a series of studies

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persons who could be pushed into psychosis by any number of drug or nondrug-related influences.

There is considerable debate as to the long-term effects of marijuana on mental functioning. Certain researchers cite evidence of an "amotivational syndrome" among long-term heavy cannabis users. However, the main examples of this effect are users in societies where large segments of the population exhibit such traits as social withdrawal and passivity even without drug use. The National Commission concludes that long-time heavy users do not deviate significantly from their social peers in terms of mental functioning, at least to any extent attributable to marijuana use.⁵¹

The experts generally agree that the early widely-held belief that marijuana use directly causes criminal behavior, and particularly violent, aggressive behavior, has no validity. On the contrary, the National Commission found indications that marijuana inhibits "the expression of aggressive impulses by pacifying the user, interfering with muscle coordination, reducing psychomotor activities and generally producing states of drowsiness, lethargy, timidity and passivity."⁵² Moreover, the Commission and most other authorities agree that there is little validity to the the-

ory that marijuana use leads to use of more potent and dangerous drugs. Although it has been stated that the more heavily a user smokes marijuana, the greater the probability that he has used or will use other drugs, "it has been suggested that such use is related to 'drug use proneness' and involvement in drug subcultures rather than to the characteristics of cannabis, *per se*."⁵³

The most serious risk to the public health discerned by the National Commission is the possibility of an increase in the number of heavy users, who now constitute about 2% (500,000) of those who have used the drug. Within this group certain emotional changes have been observed among "predisposed individuals" as a result of prolonged heavy use. This group seems to carry the highest risk, particularly in view of the risk of retarding social adjustment among adolescents if heavy use should grow.

Most authorities have accepted the theory that marijuana users develop a "reverse tolerance", that is, that a moderate user needs less and less marijuana over time to achieve a high. Recent research indicates that this may be true only up to a point, and that beyond a certain intensity of use a true tolerance begins to develop.⁵⁴ If true, this may be relevant regarding only

51. Marijuana: A Signal of Misunderstanding, the First Report of the National Commission on Marijuana and Drug Abuse (March 1972), 63. See also Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education and Welfare (1974), which reads at 12:

While chronic users in the United States have used for appreciably shorter periods of time than users overseas, studies of American chronic users are potentially of great importance in assessing possible implications of marijuana use for the American population. In one large scale study of undergraduate student use comparisons were made between nonusers (including those who had done a limited amount of experimentation), occasional users and chronic users (those who had used three or more times a week for three years or more or for two years if use was almost daily). No

statistical differences in academic performance were found nor was there any evidence of reduced motivation. . . . Another study of moderately using medical students who has used regularly for three or more years and who were matched with non-using medical students for intelligence, found no difference on an extensive battery of neuropsychological tests.

52. *Id.* at 70-71.

53. Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare (1974) at 6.

54. "While tolerance to the effects of marijuana has not been generally observed among American users, there is increasingly convincing evidence that tolerance (i. e., larger dosages required to produce the same effects found with lower dosages) does develop under conditions of heavy, regular use. Given

heavy use of concentrated forms of cannabis, since marijuana use is self-limiting due to the forms in which it is taken.

The National Commission rejected the notion that marijuana is physically addicting. It also rejected the notion that marijuana as used in the United States today presents a significant risk of causing psychological dependency in the user. Rather, the experimental or intermittent user develops little or no psychological dependence. Lengthy use on a regular basis does present a risk of such dependence and of subsequent heavier use, and strong psychological dependence is characteristic of heavy users in other countries. This pattern of use is rare in the United States today, however.

While there is no confirmed report of a human ever having died from an overdose of cannabis, the toxic levels of THC have been determined from tests on animals. The lethal dose for marijuana is approximately 40,000 times the dose needed to achieve intoxication. The equivalent ratio of intoxicating to lethal doses for alcohol is 4/10 and for barbiturates is 3/50.

The number of persons arrested for marijuana possession has climbed steeply in recent years. In 1973, over 400,000 marijuana arrests occurred, a 43% rise over the previous year. It should also be noted that 81% of persons arrested for marijuana-related crimes have never been convicted of any crime in the past, and 91% have never been convicted of a drug-related crime.⁵⁸

The justifications offered by the State to uphold AS 17.12.010 are generally that marijuana is a psychoactive drug; that it is not a harmless substance; that heavy

the relatively low doses and infrequent use typical of present patterns of use in the United States it is not surprising that tolerance has not usually been observed. While the amounts involved were usually large and quite atypical of current use patterns, the probability of a withdrawal syndrome in at least some American heavy users must be considered." Marijuana and Health, Fourth Report to the United States Congress

use has concomitant risk; that it is capable of precipitating a psychotic reaction in at least individuals who are predisposed towards such reaction; and that its use adversely affects the user's ability to operate an automobile. The State relies upon a number of medical researchers who have raised questions as to the substance's effect on the body's immune system, on chromosomal structure, and on the functioning of the brain. On the other hand, in almost every instance of reports of potential danger arising from marijuana use, reports can be found reaching contradictory results. It appears that there is no firm evidence that marijuana, as presently used in this country, is generally a danger to the user or to others. But neither is there conclusive evidence to the effect that it is harmless.⁵⁹ The one significant risk in use of marijuana which we do find established to a reasonable degree of certainty is the effect of marijuana intoxication on driving. We shall return to this aspect of the problem later in this opinion.

Possibly implicit in the State's catalogue of possible dangers of marijuana use is the assumption that the State has the authority to protect the individual from his own folly, that is, that the State can control activities which present no harm to anyone except those enjoying them. Although some courts have found the "public interest" to be broad enough to justify protecting the individual against himself,⁶⁰ most have found inherent limitations on the police power of the state. An apposite example is the litigation regarding the constitutionality of laws requiring motorcyclists to wear helmets. Most of the courts addressing the issue, including this one, have resolved it by finding a connection between

from the Secretary of Health, Education, and Welfare (1974) at 10, 75-81.

58. Marijuana: A Signal of Misunderstanding, Appendix II, at 722.

59. Petitioner's witnesses, Doctors Parr and Ungerleider, both testified that marijuana was not harmless.

60. *B. G. Raines v. State*, 225 So.2d 230 (Fla. 1970).

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the helmet requirement and the safety of other motorists,⁵⁸ but a significant number of courts have explicitly rejected such restrictive measures as beyond the police power of the state because they do not benefit the public.⁵⁹ Typical of the logic of these latter cases is the dissent of Justice Abe in *State v. Lee*,⁶⁰ in which the Hawaii Supreme Court upheld a motorcycle helmet requirement despite finding no clear link between lack of the equipment by the motorcyclist and injury to others. The court reasoned that where a person's conduct is so reckless, and the resulting injury and death are so widespread as to be of concern to the public, then the conduct affects the public interest and is within the scope of the police power. Justice Abe dissented, citing a general right to be left alone or liberty to do as you please. There has to be a genuine harm to others, he wrote, to justify such controls; a state cannot simply decide what is in a person's best interest and compel it.⁶¹

[13,14] We glean from these cases the general proposition that the authority of the state to exert control over the individual extends only to activities of the individual which affect others or the public at large⁶² as it relates to matters of public health or safety, or to provide for the general welfare. We believe this tenet to be

basic to a free society. The state cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals. The right of the individual to do as he pleases is not absolute, of course: it can be made to yield when it begins to infringe on the rights and welfare of others.⁶³

[15,16] Further, the authority of the state to control the activities of its citizens is not limited to activities which have a present and immediate impact on the public health or welfare. It is conceivable, for example, that a drug could so seriously develop in its user a withdrawal or amotivational syndrome, that widespread use of the drug could significantly debilitate the fabric of our society. Faced with a substantial possibility of such a result, the state could take measures to combat the possibility. The state is under no obligation to allow otherwise "private" activity which will result in numbers of people becoming public charges or otherwise burdening the public welfare. But we do not find that such a situation exists today regarding marijuana. It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbitu-

58. *E. g.*, *Kinzory v. Chappel*, 504 P.2d 531 (Alaska 1972); *People v. Biehmeier*, 54 Misc.2d 406, 282 N.Y.S.2d 797 (1967); *State v. Mele*, 103 N.J. Super. 353, 247 A.2d 176 (1968).

59. *E. g.*, *American Motorcycle Ass'n v. Davids*, 11 Mich. App. 351, 158 N.W.2d 72 (1968); *Peonie v. Fries*, 42 Ill.2d 446, 250 N.E.2d 149 (1969). See *Everhardt v. New Orleans*, 208 So.2d 423 (La. App. 1968), *rev'd*, 217 So.2d 400 (1969); *People v. Carmichael*, 53 Misc.2d 584, 279 N.Y.S.2d 272 (1967), *rev'd*, 56 Misc.2d 389, 288 N.Y.S.2d 921 (1968).

60. 51 Haw. 514, 455 P.2d 773 (1970).

61. Similarly, in *State v. Kantner*, 53 Haw. 327, 493 P.2d 754 (1972), which involved the constitutionality of Hawaii's marijuana statute, Justice Abe stated his belief that the statute went beyond the police power of the state because of the lack of evidence that use of

marijuana harms anyone other than the user. There is, he wrote, under the Hawaii Constitution a fundamental right of liberty to make a fool of oneself so long as one's act does not endanger others.

62. *Cf. Liggett Co. v. Baldridge*, 278 U.S. 105, 111-12, 49 S.Ct. 57, 59, 73 L.Ed. 204, 208 (1928):

The police power may be exerted in the form of state legislation where otherwise the effect may be to invade rights guaranteed by the Fourteenth Amendment only when such legislation bears a real and substantial relation to the public health, safety, morals, or some other phase of the general welfare.

63. See *Roe v. Wade*, 410 U.S. 113, 154, 93 S.Ct. 705, 35 L.Ed.2d 147, 177 (1974); *Gray v. State*, 525 P.2d 524, 528 (Alaska 1974); *Breese v. Smith*, 501 P.2d 159, 170 (Alaska 1972).

rates and amphetamines. Moreover, the current patterns of use in the United States are not such as would warrant concern that in the future consumption patterns are likely to change.⁶⁴

[17-19] Research is continuing extensively. Scientific doubts persist, however, and that fact has significance for our application of the law. It is a long-standing rule of law that statutes designed to protect the public health will receive a liberal construction.⁶⁵ We have seen repeated examples in recent years where scientific doubts as to the safety of various products, drugs, or environmental conditions have been held to justify controls. There is a presumption in favor of public health measures; when there is substantial doubt as to the safety of a given substance or situation for the public health, controls intended to obviate the danger will usually be upheld.

64. We recognize that more potent forms of cannabis than marijuana are commonly used in other countries and are available on a limited scale here. However, studies of use patterns here do not indicate any great likelihood of a significant shift in use here to the more potent substances. If such a shift were to occur, then marijuana use could be characterized as a serious health problem.

65. See Sutherland Statutory Construction § 71.02 (4th ed. 1974) and the cases cited in note 42 *supra*.

66. See Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare 105 (1974). This report contains citations to the most recent studies.

67. Evidence that marijuana has a detrimental effect on driving performance, especially as the dose increases, continues to mount. It has been found to increase both braking and starting times, to adversely affect attention and concentration abilities, and to detract from performance on a divided attention task, all of which are presumably involved in driving. A recent Canadian study of driving ability while marijuana-intoxicated examined drivers' performance under both driving course and actual traffic conditions. A significant decline in performance as measured by several criteria was found in most drivers test-

ed. But one way in which use of marijuana most clearly does affect the general public is in regard to its effect on driving. All of which brings us to the opposite (from the home) end of the scale of the right to privacy in the context of ingestion or possession of marijuana, namely, when the individual is operating a motor vehicle. Recent research has produced increasing evidence of significant impairment of the driving ability of persons under the influence of cannabis.⁶⁶ Distortion of time perception, impairment of psychomotor function, and increased selectivity in attentiveness to surroundings apparently can combine to lower driver ability.⁶⁷ In this regard, Ravin points out that marijuana usually produces passivity and inactivity, in contrast to alcohol, which increases aggressiveness and is likely to result in overconfidence in one's driving ability. Although a person under the influence of marijuana may be less likely to attempt to drive than

ed. Based on the accumulated evidence, it seems clear that driving while under the influence of marijuana is ill-advised. Marijuana and Health, Fourth Report to the U. S. Congress from the Secretary of Health, Education, and Welfare 10-11 (1974).

Petitioner's own experts do not disagree with the Secretary's conclusions. Dr. Grinspoon testified that ". . . it stands to reason that anybody who is intoxicated or has a psychoactive drug in him should not drive, because there is no question . . . his wherewithall is not with him, and I think that would be the case with marijuana." Dr. Fineglass stated that ". . . moderate or heavy use of marijuana can definitely interfere with some of the local skills that would be necessary for the operation of a motor vehicle, and therefore, in their recommendations did take note of driving while intoxicated as a potential danger to the public safety." Dr. Ungerleider testified that although the immediate effects of marijuana intoxication on the organs and bodily functions are transient and have little or no permanent effect, "there is a definite loss of some psychomotor control, temporary impairment of time space perception. . . ." Later in the course of his testimony, Dr. Ungerleider concluded that recent studies had proven that driving under the influence of marijuana presents a serious risk resulting from impaired driving ability.

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a person under the influence of alcohol, there exists the potential for serious harm to the health and safety of the general public.⁶⁸

[20-24] In view of the foregoing, we believe that at present, the need for control of drivers under the influence of marijuana and the existing doubts as to the safety of marijuana, demonstrate a sufficient justification for the prohibition found in AS 17.12.010 as an exercise of the state's police power for the public welfare. Given the evidence of the effect of marijuana on driving an individual's right to possess or ingest marijuana while driving would be subject to the prohibition provided for in AS 17.12.010. However, given the relative insignificance of marijuana consumption as a health problem in our society at present, we do not believe that the potential harm generated by drivers under the influence of marijuana, standing alone, creates a close and substantial relationship between the public welfare and control of ingestion of marijuana or possession of it in the home for personal use. Thus we conclude that no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice.

The state must demonstrate a need based on proof that the public health or welfare will in fact suffer if the controls are not applied.

The state has a legitimate concern with avoiding the spread of marijuana use to adolescents who may not be equipped with the maturity to handle the experience prudently, as well as a legitimate concern with the problem of driving under the influence of marijuana. Yet these interests are insufficient to justify intrusions into the rights of adults in the privacy of their own homes.⁶⁹ Further, neither the federal or Alaska constitution affords protection for the buying or selling of marijuana, nor absolute protection for its use or possession in public. Possession at home of amounts of marijuana indicative of intent to sell rather than possession for personal use is likewise unprotected.⁷⁰

In view of our holding that possession of marijuana by adults at home for personal use is constitutionally protected, we wish to make clear that we do not mean to condone the use of marijuana. The experts who testified below, including petitioner's witnesses, were unanimously opposed to the use of any psychoactive drugs. We agree completely. It is the responsibility of every individual to consider carefully the ramifications for himself and for those around him of using such substances. With the freedom which our society offers to each of us to order our lives as we see fit goes the duty to live responsibly, for

68. Current Alaska law enacted since the trial of this case prohibits driving under the influence of an hallucinogenic drug. AS 28-35.030. Alaska law also specifically prohibits operation of a boat while under the influence of marijuana. AS 05.25.020.

There does not now exist a means for detecting the presence of cannabis in the body which is available for practical use by law enforcement agencies. Such means are in use in laboratories, however, and research is progressing toward a device which could be used by police in the way that breathalyzer tests for alcohol are used now.

children. See *Broese v. Smith*, 501 P.2d 159, 167 (Alaska 1972). We note that distinct government interests with reference to children may justify legislation that could not properly be applied to adults.

70. Statistics indicate that few arrests for simple possession occur in the home except when other crimes are simultaneously being investigated. The trend in general in law enforcement seems to be toward minimal effort against simple users of marijuana, and concentration of efforts against dealers and users of more dangerous substances. Moreover, statistics indicate that most arrests for possession of marijuana in Alaska result in dismissals before trial.

69. We do not intend to imply that the right of privacy in the home does not apply to

our own sakes and for society'. This result can best be achieved, we believe, without the use of psychoactive substances.

[25-26] We briefly address Ravin's second assertion of error, namely that AS 17.12.010 denies him due process and equal protection of the law. The argument is two-fold. First, Ravin asserts, the proscription denies equal protection because the other commonly used "recreational" drugs, alcohol and tobacco, are not proscribed, though they inflict far more damage on the user than does marijuana. We reject, however, the assumption that the legislature must apply equal controls to equal threats to the public health. Assuming some degree of control of marijuana use is permissible, it does not follow that the political obstacles to placing controls on alcohol and tobacco should render the legislature unable to regulate other substances equally or less harmful.⁷¹ It is not irrational for the legislature to regulate those public health areas where it can do so, when there exists other areas where controls are less feasible.

[27] Ravin also attacks as irrational the classification of marijuana with the other drugs covered by AS 17.12.150(3) ("depressant, stimulant, or hallucinogenic"). He may be correct that marijuana is the least harmful of the drugs covered by AS 17.12.150(3), but that alone is not sufficient to make the classification irrational. In a number of cases the classification of marijuana either as or with narcotic drugs has been struck down as irrational in view

of the relative harmlessness of marijuana.⁷² In other cases, courts have deferred to the legislative finding of facts implicit in the classification.⁷³ However, in every case in which statutes have been struck down, the statutory scheme classified marijuana with, or subject to equal sanctions with, the most dangerous proscribed drugs. In Alaska, however, "hard" drugs are in a completely different category⁷⁴ from marijuana, with substantially greater penalties for misuse. The drugs with which marijuana is grouped in AS 17.12.150(3) are not so different from marijuana that yet another classification must be set up for marijuana alone. We find no merit to Ravin's contention on this point.

[28] One other facet of this petition remains for discussion. Ravin urges us to recognize that whatever harm results from marijuana use is far outweighed by the negative aspects of enforcement. Over 400,000 persons were arrested for marijuana-related crimes in 1973; 81% of them had no previous criminal records. Using these statistics, and asserting that marijuana use does not pose a substantial public health threat, Ravin questions the wisdom of AS 17.12.010. We note that the Alaska Bar Association, American Bar Association, National Conference of Commissioners on Uniform State Laws, National Advisory Commission on Criminal Justice Standards and Goals and the Governing Board of the American Medical Association have recommended decriminalization of possession of marijuana. The National Commission on Marijuana and Drug

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71. See *U. S. v. Maiden*, 355 F.Supp. 743 (D. Conn.1973); *U. S. v. Kiffer*, 477 P.2d 519 (2d Cir. 1972). In attacking a complex problem, the state need not choose between attacking every aspect of that problem or not attacking that problem at all. *Dandridge v. Williams*, 397 U.S. 471, 90 S.Ct. 1153, 25 L.Ed.2d 491 (1970); *McDonald v. Board of Election Commissioners*, 391 U.S. 802, 89 S.Ct. 1404, 22 L.Ed.2d 739 (1969).

72. *Id. g.*, *People v. McCabe*, 49 Ill.2d 328, 275 N.E.2d 407 (1971); *Attwood v. State*, 509 S.W.2d 312 (Tex.Crim.App.1974); see *People v. Sinclair*, 387 Mich. 91, 204 N.W.2d

878 (1972); *cf. State v. Zornes*, 475 P.2d 109 (Wash.1970).

73. *Id. g.*, *Bettis v. United States*, 408 F.2d 503 (9th Cir. 1969); *Commonwealth v. Lois*, 243 N.E.2d 898 (Mass.1969); *Miller v. Texas*, 458 S.W.2d 680 (Tex.Crim.App.1970); *Raines v. State*, 225 So.2d 330 (Fla.1969); *People v. McKenzie*, 169 Colo. 521, 458 P.2d 232 (1969); *People v. Stark*, 157 Colo. 59, 400 P.2d 923 (1965). See *State v. Kantaer*, 53 Haw. 327, 493 P.2d 306 (1972).

74. See AS 17.10.010 et seq. (The Uniform Narcotic Drug Act).

Abuse has recommended that private possession for personal use no longer be an offense. A Canadian study has arrived at similar results. And at least one state, Oregon, has already decriminalized possession of small amounts of marijuana.⁷⁵

In opposition, the State argues that under Alaska's constitutional system of separate but equal branches of government the issue is a "political controversy over the State's fundamental policy toward the drug marijuana". Thus, the "issue should be properly determined by the people's elected representatives". We agree that determination of the wisdom of a particular legislative enactment is more properly the subject of investigation and resolution by the legislature rather than the judiciary.

The record does not disclose any facts as to the situs of Ravin's arrest and his alleged possession of marijuana. In view of these circumstances, we hold that the matter must be remanded to the district court for the purpose of developing the facts concerning Ravin's arrest and circumstances of his possession of marijuana. Once this is accomplished, the district court is to consider Ravin's motion to dismiss in conformity with this opinion.

Remanded for further proceedings consistent with this opinion.

BOOCHEVER, Justice (concurring, with whom CONNOR, Justice, joins).

Because of the importance of the issues discussed in this case and the possibility that portions of the opinion may be construed as substantially circumscribing the Alaska Constitutional right to privacy, I find it necessary to file this concurrence. By its reliance on certain United States Supreme Court cases¹ and the manner in

which some of the conclusions are set forth, the opinion may be read as limiting the right of privacy principally to protection of activities engaged in within the confines of the home.² The opinion relies chiefly on United States Supreme Court precedent, although there is no Federal Constitutional provision corresponding to art. I, § 22 of the Alaska Constitution which specifies that "the right of the people to privacy is recognized and shall not be infringed". While Federal cases defining the right of privacy derived from other provisions of the United States Constitution are of assistance in determining the perimeters of our constitutional right to privacy, we are certainly not bound by those cases in construing the separate Alaska provision. Even when Alaska Constitutional provisions are closely akin to those of the Federal Constitution, we have stated:

While we must enforce the minimum constitutional standards imposed upon us by the United States Supreme Court's interpretation of the Fourteenth Amendment, we are free, and we are under a duty, to develop additional constitutional rights and privileges under our Alaska Constitution if we find such fundamental rights and privileges to be within the intention and spirit of our local constitutional language and to be necessary for the kind of civilized life and ordered liberty which is at the core of our constitutional heritage. We need not stand by idly and passively, waiting for constitutional direction from the highest court of the land. Instead, we should be moving concurrently to develop and expound the principles embedded in our constitutional law.³

Although the majority opinion emphasizes the right of privacy in the home, it rec-

75. *O.R.N.* 167,297. The Alaska legislature have also recently passed a bill which would decriminalize possession of marijuana in certain contexts.

1. *Stanley v. Georgia*, 394 U.S. 557, 89 S.Ct. 1243, 22 L.Ed.2d 542 (1969); *Griswold v. Connecticut*, 381 U.S. 479, 85 S.Ct. 1678, 14 L.Ed.2d 510 (1965).

2. The court writes that art. I, § 22 of the Alaska Constitution " . . . was intended to give recognition and protection to the home".

3. *Baker v. City of Fairbanks*, 471 P.2d 296, 401-02 (Alaska 1970) (footnotes omitted).

cases that analysis of the Federal decisions does not indicate that the right of privacy is relegated to the home. It is true that *Griswold v. Connecticut*⁴ invalidated a Connecticut statute prohibiting the distribution of contraceptives and the dissemination of birth control information to married adults by finding a right of privacy, emanating from other constitutional provisions, within which the marital relationship, arguably home related, was protected. But the later case of *Eisenstadt v. Baird*⁵ held that a statute prohibiting the distribution of contraceptives to unmarried persons but allowing such distribution to married persons violated the equal protection clause of the fourteenth amendment. In so holding, the Court referred to *Griswold* and explained what the case stood for.

If under *Griswold* the distribution of contraceptives to married persons cannot be prohibited, a ban on distribution to unmarried persons would be equally impermissible. It is true that in *Griswold* the right of privacy in question inhered in the marital relationship. Yet the marital couple is not an independent entity with a mind and heart of its own, but an association of two—individuals each with a separate intellectual and emotional makeup. If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.⁶

The Court held that the right of privacy involved being free to decide for oneself

whether to bear or beget a child, a right relating to the autonomy of the individual, not to a place.

Similarly, *Roe v. Wade*,⁷ in upholding the right of a woman to decide whether she should terminate her pregnancy, stated:

This right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or, as the District Court determined, in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy.⁸

Again, the right of privacy pertained to the freedom of the individual to decide as to her course of action and was unrelated to any situs.

On the other hand, there are the *Stanley—Paris Adult Theatre I* group of cases⁹ holding that the "broad power to regulate obscenity does not extend to mere possession by the individual in the privacy of his own home" although obscenity is not otherwise constitutionally immune from state regulation.

Thus it appears that the United States Supreme Court has found a right of privacy to exist as to activities within the home or with reference to values associated with the home, and, additionally, as a right of personal autonomy, to make decisions that shape an individual's personal life.¹⁰

Since the citizens of Alaska, with their strong emphasis on individual liberty, enacted an amendment to the Alaska Constitution expressly providing for a right to

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4. 381 U.S. 479, 85 S.Ct. 1678, 14 L.Ed.2d 510 (1965).

5. 405 U.S. 438, 92 S.Ct. 1029, 31 L.Ed.2d 349 (1972).

6. *Id.* 405 U.S. at 473, 92 S.Ct. at 1038, 31 L.Ed.2d at 362.

7. 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

8. *Id.* 410 U.S. at 153, 93 S.Ct. at 727, 35 L.Ed.2d at 177.

9. *Stanley v. Georgia*, 394 U.S. 557, 89 S.Ct. 1231, 22 L.Ed.2d 542 (1969); *Paris Adult Theatre I v. Slaton*, 413 U.S. 49, 93 S.Ct. 2028, 37 L.Ed.2d 436 (1973); *United States v. Orin*, 413 U.S. 139, 93 S.Ct. 2674, 37 L.Ed.2d 513 (1973); *United States v. 12 244 Fr. Books*, 413 U.S. 123, 93 S.Ct. 2305, 37 L.Ed.2d 500 (1973).

10. On Privacy: Constitutional Protection for Personal Liberty, 48 N.Y.U.L.Rev. 670, 703 (1973).

11. Gray

12. See *Id.* S.Ct. 41 Wade, 4 2d 147 (

13. Lynch 2d 731 P.2d 152

14. Lynch 709, 709

15. Whic use of one law

privacy not found in the United States Constitution, it can only be concluded that that right is broader in scope than that of the Federal Constitution. As such, it includes not only activities within the home and values associated with the home, but also the right to be left alone and to do as one pleases as long as the activity does not infringe on the rights of others. Thus, the decision whether to ingest food, beverages or other substances comes within the purview of that right to privacy.¹¹

The right to privacy, however, is not monolithic. For example, the right to decide whether to eat strawberry ice cream cannot be placed on the same level as that of deciding whether to bear a child. Moreover, the importance of the right may properly be related to the place where it is exercised, for example, at the home or in the market place. Other considerations would be the nature of relationships involved (marital, doctor-patient, attorney-client, etc.), the particular activity in question and the individual's interest in it.

Having discussed generally the contours of what I perceive to be the right to privacy under the Alaska Constitution, I shall turn briefly to the test utilized by the court in determining infringements of that right. Particularly in equal protection cases, but also as to cases alleging infringement of other constitutional rights, the United States Supreme Court,¹² and this court¹³ in the past, have followed a two-tiered test. If the right involved was deemed to be "fundamental", a statute infringing upon it was required to be "necessary" to further a

"compelling state interest". Whereas if the right infringed upon was classified as non-fundamental, any rational basis that might be conceived to justify the legislation was held to be sufficient.¹⁴ As a practical matter, the test was result oriented, since once a right was declared to be fundamental, the challenged regulation or legislative act would be stricken,¹⁵ whereas otherwise some reason could usually be found to sustain it.

I agree with the majority's departure from that test in areas where we have discretion to depart from standards established by the United States Supreme Court. With reference to laws challenged as invading the Alaskan right of privacy,¹⁶ I would apply a single flexible test dependent first upon the importance of the right involved. Based on the nature of that right, a greater or lesser burden would be placed on the state to show the relationship of the intrusion to a legitimate governmental interest. I agree with the majority opinion that interference with rights of privacy within one's home requires a very high level of justification. Similar considerations would apply to certain relationships, without reference to situs, i. e. attorney-client, doctor-patient, priest-parishioner, marital relationship, parent-child. In all cases involving a right of privacy, I believe that the relationship of the intrusion to a legitimate governmental interest must be carefully examined. The court should not abandon protection of the right of an individual to decide how to conduct his life because a rational basis may be "con-

11. *Gray v. State*, 525 P.2d 524 (Alaska 1974).

12. See *Bates v. Little Rock*, 361 U.S. 516, 80 S.Ct. 412, 4 L.Ed.2d 480 (1960); *Roe v. Wade*, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

13. *Lyn-den Transport, Inc. v. State*, 532 P.2d 709 (Alaska 1975); *Breese v. Smith*, 501 P.2d 159 (Alaska 1972).

14. *Lyn-den Transport, Inc. v. State*, 532 P.2d 709, 708 (Alaska 1975).

15. Where a fundamental right has required use of the compelling state interest test, only one law has been found valid by the Supreme

Court, *Korematsu v. United States*, 323 U.S. 214, 65 S.Ct. 193, 89 L.Ed. 194 (1944), but no state law has passed muster. *Dunn v. Blumstein*, 405 U.S. 329, 332-34, 52 S.Ct. 995, 31 L.Ed.2d 274, 296-97 (1972) (Burger, C. J., dissenting). See 45 N.Y.U.L.Rev. 670 at 702. See also *Gilbert v. State*, 526 P.2d 1121 (Alaska 1974).

16. Of course, in any event where Federal Constitutional rights are involved, we must at least apply the minimum standards prescribed by the United States Supreme Court. *Baker v. City of Fairbanks*, 471 P.2d 385, 401-02 (Alaska 1970).

ceived" for the legislation in question. The importance of the governmental interest and the means utilized to accomplish this goal must be balanced against the nature of the particular right of privacy.¹⁷

Applying this test to the facts in this case, assuming that the defendant was found in possession of marijuana in an automobile, I agree with the majority that a valid reason existed for the prohibition due to the proven effect of marijuana on driving, and the unavailability of practical tests for ascertaining whether one is under the influence of an hallucinogenic when balanced against the rather minor status of the right involved, to possess marijuana in public. Accordingly, I would affirm the order denying the motion to dismiss.

CONNOR, Justice (concurring).

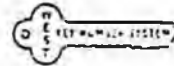
I concur in the majority opinion and the separate concurring opinion of Justice BOOCHEVER, but wish to add some observations.

The decision today properly leaves unanswered the question of how far the right to privacy, in connection with the possession of marijuana, extends outside the home. Such a determination can be made only when we are presented with specific facts against which the individual's claim of privacy can be measured, as opposed to the state's assertion of power to control the possession of marijuana. Under the test we have employed in determining the scope of the right to privacy, it is necessary to balance these conflicting claims and determine whether the state's prohibition bears a direct and substantial relationship to effectuating a legitimate state interest.

The record in the case before us does not contain facts about the particular circumstances in which appellant possessed marijuana. Accordingly, we must remand

the case for further elucidation of the facts.

It is certain that the right to privacy does not vanish when one leaves the home.¹ There are certain aspects of personal autonomy which one carries with him even when he ventures out of the home, though the claim to privacy diminishes in proportion to the extent that one's person and one's activities impinge upon other persons. But, in order to trace the contours of the right to privacy, it will be necessary to engage in a critical analysis of the facts of each case which presents itself for decision. Only in this fashion can the right to privacy, outside the home, be determined on a reasoned, coherent basis so as to furnish the courts and the public with reliable rules of action. Much definitional work, therefore, remains to be done in the cases yet to be determined.



In the Matter of the ALASKA BAR ASSOCIATION, Petitioner,

v.

Robert F. MARTIN, Respondent.

No. 2495.

Supreme Court of Alaska.

July 14, 1975.

The Bar Association brought disciplinary proceeding and recommended a suspension. The Supreme Court held that the respondent's misconduct warrants suspension from practice for a period of 90 months.

Suspension ordered.

17. 48 N.Y.U.L.Rev. 670 at 705.

1. The right to privacy which received protection in *Roe v. Wade*, 410 U.S. 113, 93

S.Ct. 705, 35 L.Ed.2d 147 (1973), has nothing to do with the locus of the home and, for the most part, is concerned with matters occurring outside the home.

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political gossip, the daily crises, the delicious high that is obtained only at the center of the action. Like any lobbyist, he was first of all selling himself, and he took pains to develop his public persona of Mr. NORML, the cool and collected pot politician, party-giver and ladies' man. In fact, he had to an extent modeled himself after NORML's first financial patron, Hugh Hefner. But there was another, darker side to Stroup's personality, an angry side. He was angry in part at the drug laws and at a political establishment that, as he saw it, loved to guzzle its whiskey but denied his generation the right to enjoy its drug of choice. At another level Stroup was angry at his past, angry at a small-town Baptist boyhood in Dix, Illinois, that for years he had only wanted to escape. There was a certain Jekyll-and-Hyde quality to Stroup. If he could be charming and considerate, he could also be abruptly cold, self-righteous, and intensely critical of others, including his close friends and allies, if they did not match him in their dedication to the cause. This duality seemed to flow from the influence of two quite dissimilar parents: a father with a small-town politician's live-and-let-live attitude and a mother who was a devout Southern Baptist and not at all tolerant of the sins of the world.

In the fall of 1975 I was asked to conduct a *Playboy* interview with Stroup. By then the reform movement had scored some major victories. In 1973 Oregon had ended criminal penalties for smoking, and in the summer of 1975 five more states had done the same: Alaska, California, Maine, Colorado, and Ohio. NORML had provided national leadership to this burst of reform, by gaining publicity for the issue, by advising state legislators on what strategies and expert witnesses might be most effective, and often by paying the expenses for those outside witnesses to go to testify. Moreover, NORML had begun a far-ranging legal program, which involved both aid to individual defendants and court challenges to the constitutionality of state and federal marijuana laws, and to the federal government's ban on the medical use of marijuana. For many years the government had treated marijuana smokers pretty much as it pleased, but now NORML was rallying some of the brightest young lawyers in America to the smokers' defense.

As I studied the marijuana debate in preparation for my interview with Stroup, I began to think of it in terms of a war, a terrible civil war. I was struck by the parallels between this issue and the other great nation-dividing issue of the time, the war in Vietnam. In both

cases the political establishment had been hell-bent to convince young Americans of something they refused to believe: that they should go die in Vietnam, in one case; that they should not smoke marijuana, in the other. In the minds of many Americans the two wars seemed to have blended: The slippery little Vietcong in Southeast Asia had become the dope-smoking hippie at home, and it was somehow imperative that the government's armed forces search out and destroy him. The same mentality that could say we had to destroy a village to save it in Vietnam could argue that we had to send a college student to prison to save him from marijuana.

The marijuana war was being waged on one front as a military conflict, in which tens of thousands of police and narcotics agents busied themselves arresting millions of young people for smoking and/or selling the weed. But as NORML, the Marijuana Commission, President Nixon, Sen. James Eastland, and others began a national debate on the issue, it became increasingly a propaganda war, fought through the media, as the pro-marijuana and anti-marijuana forces battled for the hearts and minds of millions of nonsmoking Americans who would ultimately determine the outcome of the conflict in the political arena.

In 1976 I spent six months as Jimmy Carter's speechwriter and had an opportunity to view the marijuana issue from the perspective of a presidential campaign. If there is anything to be learned in a national campaign, as it moves endlessly from city to city, rally to rally, enclave to enclave, it is that America is an incredibly large, diversified, and potentially explosive nation, less melting pot than tinderbox. The divisions are all there—black and white, Protestant and Catholic, North and South, immigrant and blueblood—waiting for politicians to exploit them. Now to that list has been added the division between those who enjoy drugs and those who fear them. The issue had been exploited in 1972, when McGovern supported decriminalization and Nixon opposed it. Nixon's followers denounced McGovern as the candidate of the three A's—acid, amnesty, and abortion, marijuana having been transformed by political hyperbole into "acid," or LSD.

Fortunately, the drug issue was not exploited in the 1976 campaign. Carter had endorsed decriminalization early in his campaign. I had assumed he was motivated by a combination of intellectual honesty and political necessity: the former because he knew his sons had smoked, the latter because the issue was important to a lot of young

When Stroup arrived in Sacramento, Brownell took him around to meet several Democratic assemblymen, one of whom took him for an outside agitator and threw him out of his office, whereupon Stroup carried his lobbying campaign to Beverly Hills, where he rallied rich liberals to contact their assemblymen. The Playboy mansion was made available for lobbying efforts, a fact that reflected Hefner's intense interest in the legislation.

The second vote came on June 24. The Republicans invoked unit rule again. During two hours of emotional debate, Assemblyman Willie Brown, a black liberal, waved a hand-rolled cigarette and declared that people who smoked a few joints were not criminals. (He later said the joint was made of tobacco). John Briggs, the anti-gay, anti-pot leader, gave the Democrats a candid summary of his political strategy: "It's quite possible that in 1976 your platform will be 'Grass, Gays, and Godlessness.'"

The bill needed forty-one votes, and it got forty-two. In Brownell's eyes the heroes of the second vote were two first-term Democrats from conservative districts who voted no the first time but switched to yes on the second vote. One of them was Floyd Mori, a Mormon who neither smoked nor drank. The reformers had succeeded in convincing him that a vote against jail penalties did not amount to an endorsement of marijuana. The other convert was Richard Robinson, a former Marine officer in Vietnam who decided that as a matter of conscience he could not oppose reform, even if his vote was not needed and might harm him politically.

The bill's passage was denounced by Ed Davis, who said the legislature was favoring "pansies and potheads" and urged Governor Brown to veto it. In fact, Brown postponed action on the bill until it was within hours of becoming law without his signature; then he signed it with a minimum of ceremony. Still, he signed it, and on the first day of 1976, California stopped putting people in jail for smoking marijuana.

A state agency later conducted a survey of the results of the new law in its first year. It found that arrests dropped from about eighty-eight thousand in 1975 to about ten thousand in 1976 (these were for possession of more than an ounce), and about forty thousand citations were issued for possession of less than an ounce. An estimated \$25 million in police and court costs was saved.

Finally, in the 1976 elections, there was a political footnote: None of the Democrats who supported the reform bill was defeated.

That spring, as the battle raged on in California, strange things were happening in Alaska.

The Alaska saga actually began in 1972, with two young lawyers sitting around one evening smoking marijuana and grumbling about the marijuana laws. The two lawyers in Alaska were about thirty years old, and their names were Robert Wagstaff and Irwin Ravin. Wagstaff was a native of Kansas City who had done his undergraduate work at Dartmouth. It was there, in 1961, that he first smoked. Marijuana was not readily available in those days, but Wagstaff was a jazz fan, and some black jazz musicians introduced him to the weed. He returned to the University of Kansas law school, then moved to Fairbanks, Alaska, where he became an assistant district attorney. It was in Fairbanks that he met Ravin, a native of Newark, New Jersey, and a graduate of Rutgers. Later they moved to Anchorage and practiced law together.

They also smoked marijuana, and as they talked that night in 1972, they agreed the legal and political climate in Alaska was such that a good test case, with the right client, could overturn the marijuana laws. But who would be that client?

That question was left unresolved. Then, a couple of nights later, fate intervened in the person of a Fairbanks policeman who stopped Ravin because a taillight was out on his car. It was a routine traffic violation. All Ravin had to do was sign the citation and go on his way. But Ravin decided the time had come to take a stand. Knowing he had a couple of joints in his pocket, he refused to sign the citation. That left the arresting officer no choice but to take him to the station. There he was routinely searched, the two joints were found, and the case of *Ravin v. Alaska* came to be.

Wagstaff and another lawyer, R. C. Middleton, filed a motion to dismiss the charges before trial, arguing that the state law prohibiting possession of marijuana was unconstitutional because it violated the right of privacy guaranteed by both the U.S. and the Alaska constitutions. In a sense, the issue was not so much legal as political. Reformers in other states had made the same right-of-privacy arguments and had always been turned down. But Alaska was not like

other states. It was a frontier. People went there for privacy, for freedom; for Alaskans the right of privacy came near to being sacred. That, at least, is how Wagstaff hoped the courts would see things, and he was aware that the Alaska supreme court was the youngest and most liberal in the nation.

Lengthy hearings were held in district court on the constitutional question. Wagstaff was a member of the national board of the ACLU and he had legal and financial help from it. He also had help from NORML, who paid the expenses for Drs. Thomas Ungerleider, Joel Fort, and Lester Grinspoon to go to Alaska to testify. The district court denied Wagstaff's motion to dismiss, and he appealed the constitutional question to the Alaska supreme court. By the spring of 1975 the court was near a decision, and Wagstaff was increasingly optimistic that it would be a favorable one.

Meanwhile, things were happening in the state legislature. State Senator Terry Miller, a clean-cut Republican in his early thirties, had introduced a decriminalization bill similar to Oregon's. Stroup never went to Alaska, but he kept in touch with the situation there through Wagstaff, who had agreed to be NORML's state representative. As legislative hearings drew near, an unexpected conflict arose between Stroup and Wagstaff. Wagstaff was convinced there was a very good chance that the supreme court would make smoking legal in Alaska. For that reason he was very skeptical about the decriminalization bill. It provided for \$100 fines for private possession and \$1000 fines for public smoking or possessing while driving. As far as Stroup was concerned, it was a good bill, but Wagstaff feared that if the bill passed, it would take the pressure off the supreme court to rule in favor of Ravin. Thus, Alaska might settle for a system of fines when it could have had full legalization of private possession. He therefore announced to Stroup that he intended to go testify *against* the bill.

Stroup couldn't believe it. Wagstaff was the kind of smart, able lawyer he dreamed of finding to be a NORML state coordinator—and now he said he was going to testify against decriminalization. Stroup thought it made him and NORML look like idiots. A transcontinental shouting match ensued.

"Bob," Stroup insisted, "we can't have NORML opposing a decriminalization bill. It may not be a perfect bill, but we've only been able to pass one in America so far."

Wagstaff was not moved, and he did in fact testify against the bill. It

didn't matter. On May 16 the Alaska bill passed, and the state's new Republican governor, Jay Hammond, keeping the promise he had earlier made, did not veto it. The bill became law without his signature.

That made Alaska the second state, after Oregon, to adopt decriminalization. Then, eleven days after the legislature acted, the state supreme court, in a stunning decision, ruled five to none that possession of marijuana by adults at home for personal use was constitutionally protected by the right-of-privacy provision in the state constitution.

In its fifty-four page opinion the court said there was "no firm evidence" that marijuana was harmful to the user or to society, and that "mere scientific doubts" could not justify government intrusion into the privacy of the home. The court added, "It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem. . . . It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbiturates and amphetamines."

The ruling stuck down the legislature's new system of fines for marijuana use. Private cultivation of marijuana was not mentioned by the court, but later the state attorney general ruled that the right of privacy included cultivation. It was as legal to grow marijuana in Alaska as it was to grow tomatoes. Only sale remained illegal.

On June 16 Maine became the third state, after Oregon and Alaska, to decriminalize marijuana use. The main reason marijuana-law reform passed easily in Maine was that it was part of a new state criminal-code revision that had been recommended by a high-level commission after several years of study. The commission concluded that far too much time and money were being spent on victimless crimes, such as marijuana use and prostitution, and the legislature accepted the view.

In Maine, as in several other states, it was not until after decriminalization passed that its opponents, particularly law-enforcement officials, began to speak out strongly against it. Pressure from police officials, who claimed the new law was causing increased smuggling activity in the state, led to new hearings the next year. A

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BEGINNER'S GUIDE TO GROW ROOMS

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JOURNEY TO
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POT STING
IN HAWAII

THE 10 WORST
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POP MUSIC
BY JAMES MARSHALL





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ON THE COVER: Sharon M. is the lead singer of *Black Light Chameleons*, a New York-based psychband (pictured left). Captain Whizzo's light show is visible to the naked eye at NYC's *Mind's Eye* Events (see feature).

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THE BIG CHILL:

Alaska's Proposed Pot Law

By JON GETTMAN, NORML Director

(The following testimony was given to the Senate Judiciary Committee on May 1, 1987 during a public hearing on Senate Bill #32, which if passed would **recriminalize** marijuana use in the state of Alaska.)

Mr. Chairman, members of the committee, citizens of **Alaska:** My name is Jon Gettman and I am the National Director of **NORML**, the National Organization for the Reform of Marijuana Laws. Founded in 1970, **NORML** is an educational organization dedicated to the review and study of marijuana use, marijuana laws, and their effect on our society.

The **Marijuana Tax Act of 1937** marked the beginning of federal attempts to deter marijuana use by making it illegal. And here we are, **50 years** later, living proof of prohibition's ineffectiveness, still discussing whether criminal penalties are appropriate for marijuana use.

Alaska has the respect and admiration of people around the world for its integrity on the matter of marijuana use. They are impressed by your dedication to the principle of privacy, which Justice Brandeis once remarked is the cornerstone of all our freedoms. We are impressed by Alaska because we know that your dedication to privacy is founded on a deep conviction to the ethic of personal responsibility.

Others, though, respect your laws because they are practical. They envy you in that respect, wishing the political climate in which they work would allow them to devote their time to more serious matters than debating adult marijuana use at home.

There have been repeated challenges to the policy of arresting marijuana users over the last 25 years that have discredited many of the old excuses justifying prohibition. The

emotional voices calling for the imprisonment of marijuana users come up with some new excuse every few years. The latest is that because marijuana is, on average, more potent today than ten years ago, it is somehow more dangerous; more subtle is the implication that this increase in its potency renders previous regulations irrelevant.

The claim is that the more potent marijuana of the '80s is a new, different drug than the one many adults tried in the '60s and early '70s. First of all, as with alcohol, marijuana smokers compensate for a higher potency by simply using less. Secondly, high potency marijuana has been on the market, so to speak, for thousands of years under the name hashish. Though hashish is manufactured from the resins of oils of marijuana, pharmacuetically it has a high level of THC. This claim is part of a long historical trend of believing that despite the discrediting of previous scare stories about marijuana, new evidence emerging from research will finally prove that marijuana really is as bad as "they" said it was. It is this historical context that causes me to treat these claims with more than a bit of skepticism.

The National Academy of Sciences conducted a review of all the literature about marijuana. The study was chaired by Arnold S. Relman, editor of the **New England Journal of Medicine**. Their report, **Marijuana & Health**, was published in 1982. There have been no new developments since that time to contradict their findings. Just as in a court of law, there are rules of evidence by which to evaluate research claims. Without exception,

the "dangers" of marijuana fail to satisfy those rules of evidence to the satisfaction of the National Academy of Sciences.

Let me address this bill pointedly. It is based on several "findings" that are without foundation. First of all, THC, the drug's active ingredient, does not, I repeat, does not lodge in the fatty tissues of the body for 30 days, as Finding Number One reports. Findings Number One and Number Two (which claims that this buildup cause "loss of sleep," "moodiness," and "restlessness") are simply wrong. THC is broken down by the body in a few hours, when the high associated with it wears off. It is the by-products of this chemical breakdown that lodge in the fatty tissues for several weeks. **These have no effect on the body whatsoever and there is not a single study that proves otherwise.** So there is no "buildup" of THC.

Finding Number Three, which claims "it is possible for a human being to overdose from marijuana," is also factually incorrect. Marijuana is one of the least toxic drugs known. You can not overdose from smoking marijuana. Furthermore, marijuana does not interact with alcohol, as other drugs do, and increase its potency. Any toxicologist familiar with marijuana will confirm this fact.

To the extent that marijuana and alcohol are both intoxicants, their use in conjunction, and to excess, would be irresponsible, and in some circumstances, dangerous.

Finding Number Four concerns the accusation that marijuana is more dangerous today because it is more potent. The "finding" also claims that marijuana averages a THC potency of 10 percent; actually, the average potency of marijuana these days is closer to 3.5

continued on page 28



percent. A slight digression will further underscore its irrelevance.

Experts are now realizing that the key to understanding drug related problems is to focus on addictive personalities rather than arguing about the relative addictiveness of different drugs. Present theory holds that, for a variety of reasons, some people are prone to abuse drugs, any drugs, legal or not. The potency of the drug is irrelevant for these people. An alcoholic is no less off the wagon for drinking beer than he or she would be for drinking vodka. The increased potency of marijuana makes it no less and no more dangerous than it was ten years ago, which is, relatively speaking, not dangerous at all.

Marijuana does not cause schizophrenia, illusions, or hallucinations (as Finding Number Five claims) and the only pain it can dull is that of headaches, muscle soreness, or cramps—which by the way is why urinalysis tests confuse the metabolites of marijuana with those of ibuprofen, the active ingredient in Advil. The possibility that marijuana makes the body unresponsive to severe pain, as the finding claims, is just not so.

There is no doubt that long-term marijuana smoking will increase someone's likelihood of lung disease or lung cancer, as in the case of smoking tobacco. Our lungs, it seems, are not made for smoke.

The claim that one marijuana cigarette a day for three years will cause cancer is preposterous. Millions of people have smoked far more marijuana than this for far longer, including, I admit, myself, and there are not millions of cases of lung cancer to prove this claim. As with the rest of the findings this bill is based on, this claim is contradicted by the Reiman report.

Furthermore, examinations commissioned by the British government in 1894, by Mayor LaGuardia in New York in 1944, by President Nixon in 1972, by the LeDain Commission in Canada in 1974, by the Australian Royal Commission in 1977, by the National Academy of Sciences in 1982, and also by a British Advisory Council Report to the Home Secretary in 1982 have all concluded that these claims about the "dangers" of marijuana use are without foundation. Marijuana has been around for thousands of years, and it has not essentially changed during the last ten.

The simple fact is that marijuana users have found it to be relatively harmless. It is also clear that many other people just don't like this fact. Rather than leave this matter of choice to the individual as an issue of personal responsibility, some would rather have the state make that decision and intervene in the private lives of its citizens. This is what the invasion of privacy is all about, and if that is the intent of your law then you should be honest and change your findings to this simple statement: We find that many Alaskans don't like marijuana use by their fellow citizens because they are afraid of it.

And before I continue, let me share with you what my organization tells the public about marijuana use. It's bad for the lungs, and a waterpipe should be used to filter out some of the tars. It raises the blood pressure in some people, and should be avoided for that reason by people with cardiovascular problems. The use of marijuana during pregnancy may contribute to a slightly smaller birth weight for the fetus, similar to alcohol or tobacco use during pregnancy; NORML advises women to cease marijuana use during pregnancy, as well as alcohol and tobacco. Marijuana causes short-term impairment and should not be used in conjunction with work, driving, and/or the use of heavy machinery, or under any circumstances by adolescents. And yes, gentlemen, it is true that marijuana slightly suppresses sperm production. However, this has no effect on fertility or chromosomes, as the Reiman report confirms, and as do the several married couples of my acquaintance.

Arresting pot smokers is ineffective —and it costs too much money.

Ladies and gentlemen, we don't need to examine the works of experts to decide if marijuana causes this massive complex of adverse effects cited by its opponents. Marijuana has been used by over 75 million people, yet there is no prevalence of case histories (epidemiological or longitudinal studies) that prove a single one of these findings. There are no deformed babies on account of marijuana use, no overdoses, no lung cancer patients, and no brain-damaged patients either. The burden of proof, then, is with the accuser. I, for one, would like to know about the individuals whose cases would prove these findings, for I don't believe they exist. If it really caused genetic defects, surely out of the millions and millions of people who have used marijuana in the last 25 years, there would be some clear proof of deformed babies! Yet there is not. And there is almost certainly no indication that millions of young men are walking around with protruding breasts. This, I neglected to mention earlier, was one of the scare stories circulated during the '70s, that marijuana, by way of affecting hormonal production, caused breast development in young males.

And how about Alaska's fellow pioneer, The Netherlands, which has long had a tolerant attitude toward marijuana? Officials there, reported an April 18th article in the *New York Times*, have concluded that their noncriminal approach to marijuana is working, that marijuana use did not lead to harder drugs, and that the number of marijuana users has remained steady (at 36 percent) during the last ten years. Several years ago Spain decriminalized marijuana. Last fall a committee of members of the European parliament recommended that marijuana smokers caught with cannabis for their own use should be cautioned, not prosecuted.

Of even greater interest are domestic developments. In the last few years Columbia, Missouri, almost passed a decriminalization bill by referendum, a bill cleared the Milwaukee City Council, and another cleared the New Hampshire House by consent. Though neither measure became law, the town of Hickory Hills, Illinois, has enacted a decriminalization bill. And, one recently passed the House in Iowa by a wide vote, and awaits action in their Senate.

The alternative to arresting marijuana smokers is to drop criminal penalties, or, as in Alaska, to respect personal use and cultivation of marijuana as a matter of individual privacy. This approach is being studied by others not so much because of a noble respect for privacy, or, I'm sorry to say, justice and credibility, but for two other very understandable reasons.

1) Arresting marijuana smokers is ineffective. And 2) it costs too much money. Many experts share the opinion, voiced for example by Dr. William J. Kinnard Jr., Dean of the School of Pharmacy at the University of Maryland at Baltimore, that "legal control of marijuana is almost impossible and our limited resources should be directed to the control of the more toxic illicit substances," that is, cocaine and heroin.

Finally, if the legislature adopts these findings they will be challenged. Certainly the issue will end up in court, but that is not the arena that threatens the well-being of your communities the most. No, these findings will be challenged by the inquiring minds of your children. If these fears and distortions are adopted as fact, they will constitute a lie, and a lie easily contradicted by common sense, history, and scientific review. It is in the arena of credibility that this bill will damage the state of Alaska. If you want to send a message to your kids, tell them what we tell them: When you are old enough to accept responsibility for yourself you are old enough to make your own decisions. Alcohol, marijuana, and tobacco can all be harmful, though many people seem to enjoy using them in moderation. Some people have a tendency to abuse drugs, and unfortunately, we don't always know in advance who they are. Furthermore, young people lack the maturity to use and not abuse these drugs (as do many adults). These principles, a good, credible education, and a keen interest in development will keep your children from having drug problems.

IDENTIFYING THE MARIHUANA USER

by

Forest S. Tennant, Jr., M.D., Dr. P.H.



Veract, Inc.

*Dedicated To The
California Highway Patrol!
Who Have Been The
Inspiration For This Handbook*

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NOTE FROM THE AUTHOR

This is one of a series of manuals on specific drugs which are abused and/or may cause dependence. Much of it is based on observations made on my patients who have drug problems and from personal research studies. Since research on drug abuse is a relatively new field of endeavor, one can expect future changes in some of the information presented here. I have attempted to give the reader the most current information. As new information becomes available these manuals will be updated.

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SECTION I BACKGROUND ON MARIHUANA USE

PURPOSE AND INTRODUCTION

- This manual is for law enforcement, medical, correctional, legal, and mental health professionals, as well as employers, teachers, and parents who must competently and accurately identify a drug user in his/her various stages of use.
- Much of the information given here comes from observations and studies conducted with drug users who have been treated in the author's facilities.
- This is the first edition of this manual. It will be updated when enough new information warrants it.
- The format of this manual is intended to help the reader to rapidly review the material, and to be used as a quick reference guide.
- Some material is presented in detailed tables to provide answers to specific questions.
- This manual was written in collaboration with many experienced drug abuse clinicians in order to provide as much scientific accuracy as possible.
- A list of scientific references is provided because there is considerable research that gives the scientific grounding for the identification procedures described here.

THREE CATEGORIES OF IDENTIFICATION

1. *Acute Marihuana Influence*

This category is of the most interest to law enforcement and medical personnel who must determine which drug someone has recently taken. For example, identification of the acute user is especially applicable when a person is publicly intoxicated, obviously sedated, driving poorly, or has had an accident or injury.

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2. Chronic and Covert Marijuana Use

This category is of great interest to employers, teachers and parents, who must recognize the covert or non-obvious user. For example, this situation is applicable to a person who is performing poorly in work or in school, behaving abnormally, or who has certain specific medical symptoms.

3. Marijuana Addiction or Dependence

This category is of most interest to medical, penal, and mental health personnel who must determine if addiction or dependence is present and must be medically treated. For example, this situation is applicable to a person who is admitted to a penal or medical institution, and a decision must be made whether medical withdrawal treatment is necessary.

WHAT IS MARIHUANA?

- Marijuana is the plant, *Cannabis sativa*.
- Hashish is the resin from *Cannabis sativa*. It is becoming more popular in the United States.
- The active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC).
- THC is used medicinally to help relieve nausea and vomiting produced by anti-cancer drugs. THC is taken as a capsule or tablet when used for medical purposes.

HOW IS MARIHUANA USED?

- It is usually smoked as a cigarette or joint
- Hashish is smoked in a pipe.

POTENCY AND HAZARDS OF TODAY'S MARIHUANA

- Beginning in about 1983, the potency of the marijuana sold in the United States dramatically increased from 1-2% THC to 5-15% THC content. Some areas report a 27% THC level in marijuana.
- The increase in potency has made today's marijuana much more hazardous relative to causing impairment, addiction, and medical complications.
- Many persons in the United States have had personal experiences or have observed other persons during the 1960's and 1970's who smoked marijuana joints containing 1-2% THC. These persons are still under the impression that marijuana is quite harmless due to these experiences, and are not aware of the differences in marijuana today.

- Although the potency difference between 1 and 10% marijuana is a mathematical difference of only 9%, the human brain recognizes this as a 900% difference.
- In the late 1960's and early 1970's, the author observed that U.S. Army soldiers in Europe and Vietnam who smoked potent marijuana and hashish developed many medical complications. The same medical problems are now being observed in the United States in persons using marijuana.
- The high potency marijuana now being smoked is responsible for many accidents, injuries, addiction, and health complications. This new development is the primary reason this handbook has been developed.

HOW DOES MARIHUANA WORK IN THE BODY?

- The THC that is smoked partially changes into two other compounds after it enters the human blood stream. These two compounds are chemically known as 11-hydroxy- Δ^9 -tetrahydrocannabinol (OH-THC) and 11-Nor Δ^9 -tetrahydrocannabinol-9-carboxylic acid (C-THC).
- THC is detectable in the human blood stream (plasma) for only about two hours. It produces euphoria and may cause visual, mental, and muscle (motor) impairment during this time period. OH-THC stays in the plasma 4 to 6 hours and may cause a small amount of euphoria. Depending on the amount smoked, C-THC may remain in the plasma for as long as 3 to 6 days. It causes no euphoria but may produce visual, mental and motor impairment. Consequently, users have no perception that they may be impaired.
- C-THC stays in human plasma for so long because it is lipophilic or fat-soluble. It goes into fatty tissue and "sticks" until it is released back into the plasma. Because of the fat-solubility of C-THC, it can be found in the urine for many days after one has stopped smoking marijuana. C-THC has been found in urine for up to about 45 days in chronic or addicted marijuana users.

SUMMARY OF MARIHUANA METABOLITES

Metabolite	Approximate Length of Time in Plasma	Causes Euphoria	Causes Visual, Mental, and Motor Impairment
THC	2-3 hours	Yes	Yes
OH-THC	4-6 hours	Mild, if any	Yes
C-THC	3-6 days	No	Yes

EVIDENCE OF IMPAIRMENT

- A study at Stanford University in California was done with 10 licensed, commercial pilots who smoked a marijuana joint and then were tested on a flight simulator 24 hours later. Pilots made landing errors and one even missed the runway!
- The author has detected strabismus of the eye (non-convergence) and non-or slow-reacting pupils up to one week after chronic marijuana smoking was stopped. These findings were present as long as C-THC was detected in the plasma.
- Due to new research, it is clear that one may remain legally and medically under the influence of marijuana for up to a few days after smoking it.

EFFECT OF MARIHUANA ON NEUROTRANSMITTERS AND THE IMMUNE SYSTEM

- Many controlled research studies have shown that marijuana has both stimulant and sedative effects on the body. Until recently, the cause of this has not been understood. Marijuana has been shown to reduce levels of the body's internal stimulant, norepinephrine, and the body's internal opioid, endorphin.
- These findings help explain why marijuana smoking causes an increase in pulse rate and blood pressure while at the same time may produce muscle relaxation, slow speech and sedation. In simple terms, marijuana has many of the simultaneous, combined effects of cocaine and heroin.
- The sex hormones, follicle stimulating hormone and luteinizing hormone, may be suppressed by chronic marijuana use.
- It is marijuana's effects on neurotransmitters, neurohormones, and the immune system that provide many of the physical signs and behaviors that allow for the medical and legal identification of acute and chronic marijuana use.

WHO ABUSES MARIHUANA?

- Marijuana was once known as a drug for the college student. Its use is now widespread in all age groups and socioeconomic classes. Today most users start using marijuana in their early teenage years, but use below age 10 years is not uncommon.
- Recent surveys of high school seniors in the United States reveal that as many as 60-70% have reportedly tried marijuana at least one time and about 5 to 7% report daily use.

- Drug addicts of various types frequently use marijuana as a second drug. This is particularly common in cocaine, amphetamine, and phencyclidine (PCP) addicts.
- Persons with the underlying psychiatric disorders of depression and schizophrenia often find marijuana particularly desirable.
- Most marijuana users are also cigarette smokers.

GENERAL PATTERNS OF MARIHUANA USE

Classification	Usual Frequency of Use	Chief Characteristic
Intermittent or occasional	1 to 4 times per month	Sometimes called social, casual, or "recreational" users. Also used to control stress.
Binge	Every few hours for a short period.	A great amount used in a short time period (weekend or evening).
Addiction or dependence	Type 1—6 to 12 times per day	Probably dependent upon THC or OH-THC. Withdrawal symptoms begin the day of cessation (when THC or OH-THC leaves the blood stream).
	Type 2—Daily or every other day	Probably dependent upon C-THC. Withdrawal symptoms occur about three days after cessation (when C-THC leaves the blood stream).

SECTION II

IDENTIFICATION OF ACUTE MARIHUANA INFLUENCE

ACUTE EFFECTS OF MARIHUANA

- Marihuana has four basic effects, although all four may not exist in one person at the same time.

Stimulation

Increase in Pulse Rate
Increase in Temperature
Increase in Blood Pressure
Decreased Attention Span
Sweating
Craving for Sweets
Mood Elevation
Poor Concentration

Sedation / Muscle Relaxation

Droopy Eyelid
Strabismus (non-convergence)
Slow or Non-reactive Pupil
Inability to Maintain Pupil Constriction
Giggly or Giddy
Visual-Perception Disturbance
Poor Muscle Coordination
Mouth-Breather (dry lips/mouth)
Slow Gait
Poor Balance
Sleepy Appearance
Slow Speech

Anesthesia/Analgesia

Pain Relief
Increased Hearing Threshold
Memory Loss
Time Distortion

Hallucinogenic

(Usually only with high doses or combined with other drugs)

Hallucinations
Paranoia
Delusion

- Marihuana is commonly used with alcohol (a sedative), cocaine (a stimulant), PCP, or other drug which may potentiate some of its effects and reactions.
- Most of these effects last about 2 to 5 hours after smoking marihuana. Some effects, particularly vision, motor and mental may last for more than 24 hours, depending on the dosage taken.

GENERAL PHYSICAL AND BEHAVIORAL SIGNS OF ACUTE DRUG INFLUENCE

- All psychoactive drugs, when consumed in a high enough dose, will produce abnormal physical and behavioral signs in an individual who is not tolerant to the drug. Many of these signs are generic in that they are similar regardless of which drug, including marihuana, is taken. For example, a common misconception is that stimulants and sedatives cause very different acute physical and behavioral signs. Although there are some specific differences in the acute drug effects of stimulants and sedatives, both classes of drugs produce many identical symptoms. More importantly, low and high dosages of the same drug may produce different signs and symptoms. The degree of tolerance that a user may have will also influence symptoms. Further, persons in withdrawal from a stimulant, e.g., cocaine, may exhibit symptoms associated with the acute use of a sedative, e.g. heroin and vice versa.
- A problem in the physical examination and evaluation of the drug user is that the evaluator may not know the terminology to apply to what he/she observes. Listed here are a number of terms which may be used to describe the various generic symptoms and behaviors that are commonly observed with most types of acute drug influence, including acute marihuana influence.
- It is not essential that the evaluator or examiner memorize or even be able to recognize all of the signs and symptoms listed here to make a proper medical and legal diagnosis. The presence of only some of the following, when combined with laboratory confirmation of body fluid, (i.e. blood or urine) is sufficient to make a medical and legal diagnosis of acute drug influence.

TABLE OF GENERAL SIGNS AND SYMPTOMS FOUND IN ACUTE DRUG INFLUENCE

Accommodating	Expressionless	Paranoid
Agitated	Flat	Passive
Aggressive	Forgetful	Persnickety
Alert	Giddy	Pesky
Angry	Giggly	Rambling
Animated	Happy	Redundant
Anorexic	Hesitant	Relaxed
Anxious	Hostile	Remorseful
Antagonistic	Hyperactive	Repetitive
Antisocial	Hysterical	Resistive
Argumentative	Impatient	Restless
Befuddled	Inappropriate	Rigid
Belligerent	Inattentive	Ruffled
Bizarre	Incoherent	Sedated
Boisterous	Inconsistent	Silly
Bubbling	Indecisive	Sleepy
Cautious	Indifferent	Sluggish
Cocky	Irrational	Somnolent
Combative	Irritable	Stumbling
Confused	Insolent	Stupefied
Contentious	Intoxicated	Subdued
Contradictive	Jittery	Submissive
Dazed	Jovial	Talkative
Deliberate	Jumbled Speech	Tense
Denies	Laughing	Uncertain
Depressed	Lethargic	Uncooperative
Disheveled	Loud	Uneasy
Disjointed Speech	Mellow	Uncaring
Disoriented	Monotone	Unconcerned
Distracted	Moody	Unkempt
Drowsy	Mute	Unresponsive
Eager	Nervous	Unsteady
Erratic	Non-responsive	Violent
Euphoric	Non-communicative	Withdrawn
Evasive	Obstreperous	
Excited	Over-confident	

NOTE: Some of these terms mean the same thing and there may be other terms that are acceptable.

PHYSICAL EVALUATION/EXAMINATION OF A PERSON SUSPECTED OF ACUTE MARIHUANA INFLUENCE

- Below is a list of physical evaluation procedures to be used when a person is suspected of acute marihuana influence. It is not necessary to do every procedure to make a correct medical and legal identification. Most of these procedures can be done by a non-medical person:
 1. Listen for speech rate.
 2. Observe gait and balance.
 3. Look for sleepy appearance, droopy eyelids, mouth breathing, dry lips, and green tongue.
 4. Smell for odor of alcohol and marihuana.
 5. Assess responses for attention span, concentration, and giddiness.
 6. Assess depth perception by asking person to estimate a distance.
 7. Examine eyes for droopy eyelid, pupil reaction, strabismus (non-convergence), and redness.
 8. Determine muscle coordination and balance by finger-to-finger, finger-to-nose, step-test, and/or one leg-balance-count test (divided attention).
 9. Take pulse, blood pressure, and respiratory rate.
 10. Feel skin for sweating and tremor.
 11. Note if hallucinations, delusions, or paranoia is present.
 12. Instruct to give correct time, date, and place.
 13. Observe for general physical and behavioral signs of acute drug influence (see previous table).

LEGAL DIAGNOSIS OF DRUG INFLUENCE

- The elements required to make a *legal* diagnosis of acute drug influence are well established in case law. Furthermore, the elements are identical to the *medical* diagnosis of acute drug influence. Put simply, the elements required for a proper diagnosis of acute drug influence are the same in a medical clinic, emergency room, work place, police department, or on a highway. There are three basic elements required to make a medical and legal diagnosis:
 1. Reason to investigate further
 2. Physical evidence
 3. Laboratory confirmation

Professionals may differ in the terms that they use to describe the three elements. Some of the terms are listed here:

• **ELEMENT NO. 1 – Reason to Investigate Further**

Some Common Descriptive Terms	Some Common Reasons
Probable Cause (Law Enforcement) Just or "For" Cause (Industry) Reasonable Suspicion (Industry) Index of Suspicion (Medicine)	accident, injury, illegal activity, improper driving, abnormal behavior, psychosis, absenteeism, walk or talk

• **ELEMENT NO. 2 – Physical Evidence**

Some Common Descriptive Terms	Some Common Evidence
Supporting Evidence (Legal) Specific Objective Facts (Legal) Abnormal Physical Finding (Medicine)	abnormal walk, speech, balance, visual perception, blood pressure, pulse, mental state, eye signs, mental response.

• **ELEMENT NO. 3 – Laboratory Confirmation**

Sometimes called "essential evidence," this element requires that the drug be found in a body fluid which can be blood, urine, breath, saliva, eye fluid (vitreous), hair, or feces. Urine is the most common fluid that is analyzed with blood ranking second. Alcohol is usually measured in breath.

LABORATORY FINDINGS AND CORRELATIONS WITH DEGREE OF ACUTE INFLUENCE

Only in the case of alcohol does the body fluid concentration reflect any predictable degree of impairment of acute influence. Most states use a blood alcohol concentration of 100mg/100 ml, or 10 mg% as the legal criteria for acute alcohol influence because this level is known to cause significant physical impairment in persons who are not tolerant to alcohol. At this time, it is not scientifically possible to determine the degree of acute influence or impairment by the concentration of other drugs of abuse present in blood or urine. Therefore, qualitative, not

quantitative urine and blood tests are the most appropriate to confirm a diagnosis of acute influence of marijuana, cocaine, heroin, amphetamines, and phencyclidine. It is also emphasized that the presence of abnormal physical signs, symptoms, and behaviors are the primary determinants of acute influence — not the laboratory test, which is only capable of confirmation.

LEGAL DIAGNOSIS OF ACUTE MARIHUANA INFLUENCE

- Recommended criteria are listed here for the medical and legal diagnosis of acute marijuana influence. Note that all three elements as described above are included.

• **ELEMENT NO. 1 – Reason to Investigate Further
One of the Following Must be Present**

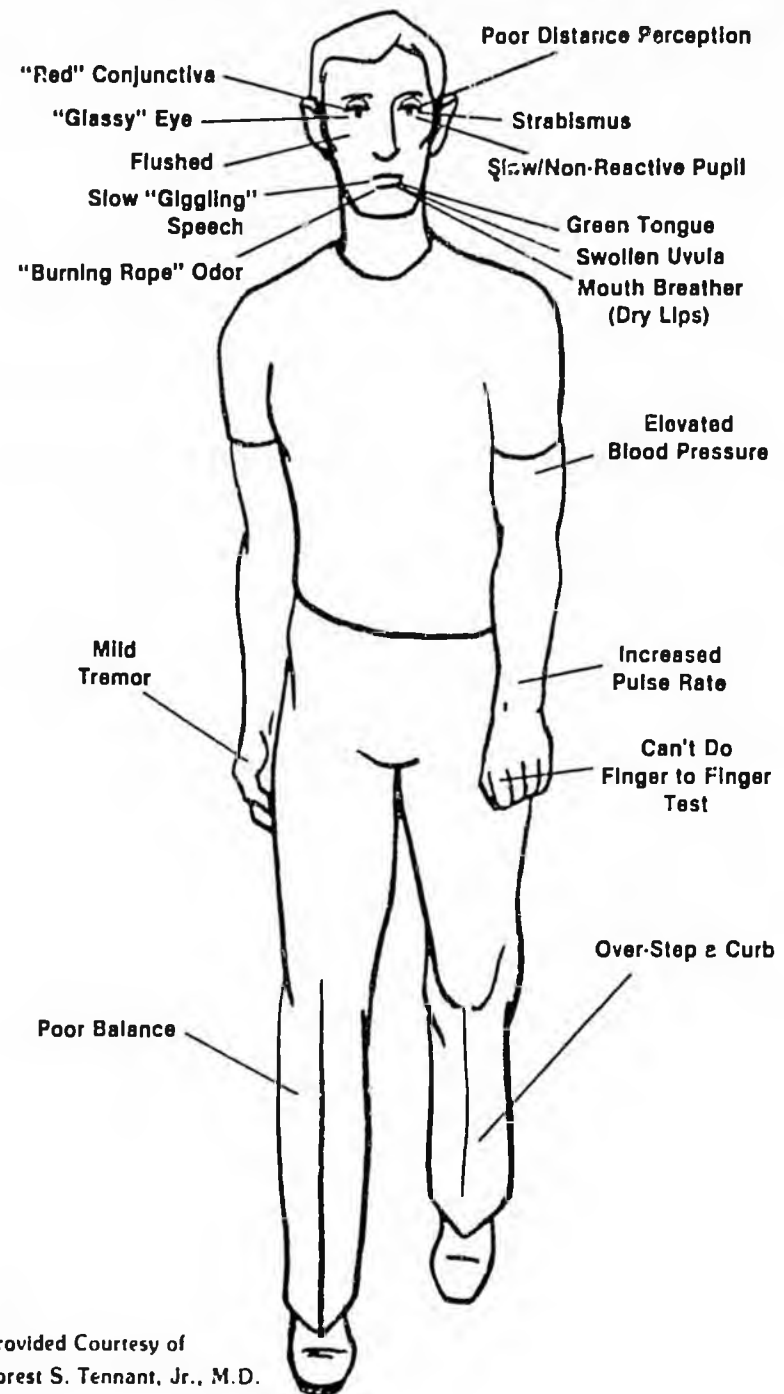
- Accident
- Injury
- Illegal Activity
- Recurrent Infections/Illness
- Progressive Change in Mood, Mental Ability, or Memory
- Deterioration of Work or School Performance
- Psychiatric Symptoms
- Abnormal Gait or Speech
- Improper Driving
- Sudden Disappearance from Work/Home
- Other Unusual Behavior
- Smell of Marijuana Smoke

ELEMENT NO. 2 – Physical Evidence – Supporting Evidence
Two or More of the Following Must Be Present

Slow or Non-Reacting Pupil
Pupil Cannot Hold Constriction in Direct Light
(Rebound Dilation)
Strabismus (Non-Convergence)
Abnormal Walk or Stumbling
Green Tongue
Elevated Pulse
Slow or Slurred Speech
Abnormal Finger-to-Finger Test
Unattentive or Unresponsive to Questions
Does Not Know Current Time, Date, or Place
Inappropriate Laughter or Giggling
Other Acute General Influence Signs (See Table on page 8)
Red Eye (Sclera)
Dilated Pupil
Droopy Eyelid
Mouth Breathing and Dry Lips
Abnormal Distance Perception
Elevated Blood Pressure
Abnormal Divided-Attention Test
(One Leg-Count Test)
Poor Balance/Coordination
Excess Sweating
Tremor
Abnormal Step Test

ELEMENT NO. 3 –
Laboratory Confirmation – Essential Evidence
Presence of marijuana metabolite in urine, blood, or saliva.

**Physical Signs of a Non-Tolerant
Person Under Marijuana Influence**



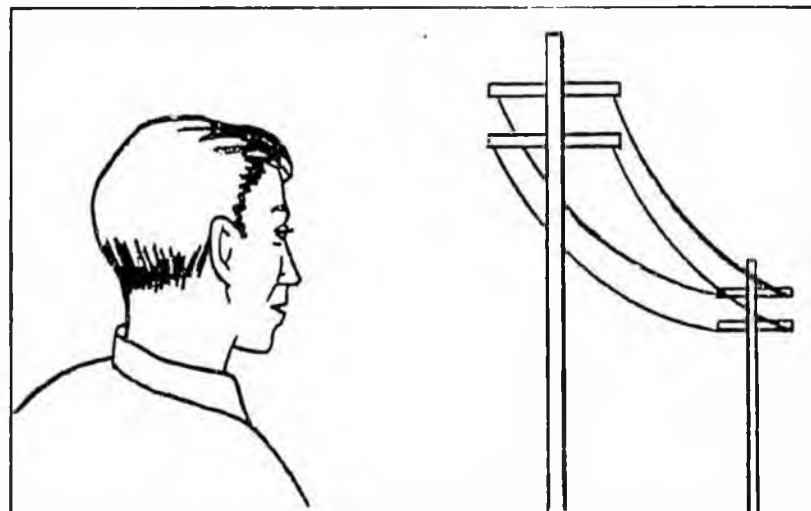
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SPECIFIC PHYSICAL TESTS FOR ACUTE MARIHUANA INFLUENCE

Physical tests can be conducted which demonstrate evidence of acute marihuana influence. These tests access one or more of the basic physical determinants of drug influence, i.e., perception, balance, coordination, and attention span. Not all of these tests need to be positive to establish the diagnosis of acute influence. Seldom are all the tests abnormal at the same time. Not all of these tests need to be done to establish a diagnosis of acute marihuana influence. In addition, there may be other tests or variants of these which can be utilized since the object of the physical tests is to document that marihuana is present in the body and that it is producing some physical effect.

Test #1 – Distance Perception Test

Procedure: Ask how far away an object is, such as a wall, telephone pole, etc.



Normal
Can estimate distance

Abnormal
Estimate is off 20% or more

Test #2 – Step Test

Procedure: Have subject attempt to step up a curb or stairs.

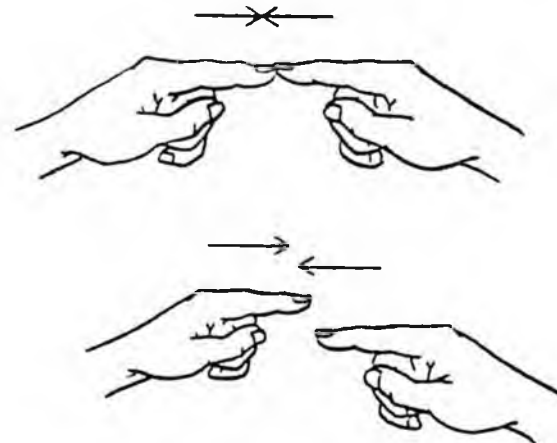


Normal
Can step up accurately

Abnormal
Over-steps or under-reaches

Test #3 – Finger-to-Finger Test

Procedure: With eyes open and arms extended, have the subject touch his index fingers. Then have subject shut his eyes and again try to touch his index fingers.



Normal
Less than 2" off and
usually in a vertical plane

Abnormal
More than 2" off and
usually in a horizontal plane

Test #4 – One Leg-Count-Balance Test (Divided Attention)

Procedure: Have subject stand on one leg, close eyes, and count to 10.

Normal	Abnormal
Can accomplish	Cannot stand on one leg and complete the count

Test #5 – Strabismus or Non-Convergence Test

Procedure: Ask subject to focus eyes on a finger or object at the end of the subject's nose.

Normal	Abnormal
Can "cross eyes" and gaze at object	One or both eyes will be unable to converge and will drift outward

Test #6 – Time Test

Procedure: Ask subject what time it is.

Normal	Abnormal
Will know correct time	Will be off at least 15 to 30 minutes

Test #7 – Pupillary Reaction

Procedure: Shine a light on the pupil and quickly remove it. Observe reaction. Then shine the light on the pupil to see if the pupil can maintain its constriction.

Normal	Abnormal
Pupil rapidly reacts. With constant light it will maintain constriction for at least 5 to 10 seconds.	Pupil reacts slowly or not at all. With constant light, the pupil will not hold its constriction and will dilate to its original size or slightly bigger (rebound dilation).

Procedure: Measure pupil size in room light and then put individual in darkness for five minutes.

Normal	Abnormal
Pupil will dilate	Pupil will not dilate

CHANGES IN VITAL SIGNS WITH ACUTE MARIHUANA INFLUENCE

Marihuana has stimulant properties due to its effects on norepinephrine. Consequently, vital signs may show stimulatory effects:

PUPIL SIZE –	Over 5.0 mm in diameter
PULSE –	Over 100 beats per minute (Normal - 72/minute)
BLOOD PRESSURE –	Systolic over 140 mm Hg (Normal - 120 mm Hg) Diastolic over 100 mm Hg (Normal - 90 mm Hg)
RESPIRATORY RATE –	Over 25 respirations per minute (Normal - 20/minute)
TEMPERATURE –	Over 100°F (Normal 98.6°F)
SPECIAL NOTE:	If two of the above are present and there is marihuana derivative in plasma, urine, or saliva, acute marihuana influence should be considered to be present.

VISION EFFECTS WITH MARIHUANA

There is growing evidence that some eye abnormalities and possibly other neuro-muscular effects are present as long as marihuana's long-acting metabolite, C-THC, remains in the blood stream (plasma). Basically this means that marihuana may produce impairment and meet the criteria for acute influence for possibly as long as three to six days after the last dose of marihuana. For example, a study was conducted at Stanford University in which ten licensed pilots were given a marihuana joint containing 19 mg of THC. Twenty-four hours later they were tested on a flight simulator, and all made landing errors, including one pilot who missed the runway. Other examples of vision effects of marihuana include numerous drivers driving erratically who are routinely arrested by the California Highway Patrol. Upon examination they show eye findings of strabismus and slow or non-reactive pupil but claim to have not smoked marihuana for three to four days. However, they show marihuana metabolite in their urine but no evidence of alcohol or other drug use.

The author has now studied some chronic marihuana users to correlate eye and other physical abnormalities with the presence of C-THC in plasma. Although strabismus (non-convergence) and slow, or non-reactive pupils were not present in every user, they were found in some marihuana users 3 to 6 days after they claimed to have ceased

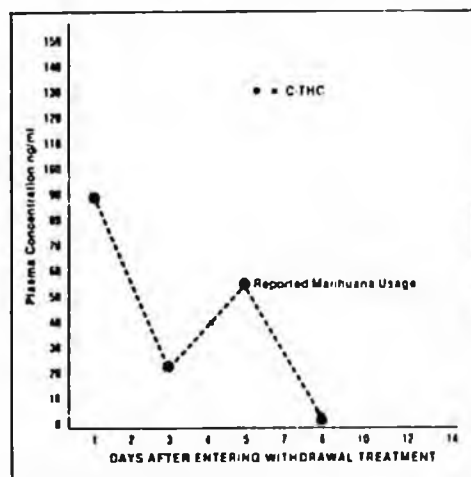
use. Figures in Example 1 show the plasma levels of C-THC in two chronic marihuana users who were treated by the author. In both cases one-sided strabismus and non-reactive pupil were present until C-THC was undetectable in plasma. The importance of this finding is that drug influence and impairment may remain for several days after marihuana was last used even though the user has no feeling of euphoria or perception of impairment. The presence of strabismus and a non-reactive pupil can impair visual tracking ability which may produce accidents and injuries.

CASE EXAMPLES OF PLASMA CONCENTRATIONS AND EYE ABNORMALITIES

To document whether eye abnormalities exist after cessation of marihuana use, the author has studied chronic users by determining the presence of C-THC in plasma while, at the same time, determining the presence of strabismus and non or slow-reactive pupils. Shown are two examples. In both cases C-THC remained in plasma for three days following the user's last reported use. In addition, strabismus and a non-reactive pupil were present during this time. Additionally, these persons experienced mild withdrawal symptoms when the plasma no longer showed C-THC.

EXAMPLE NO. 1

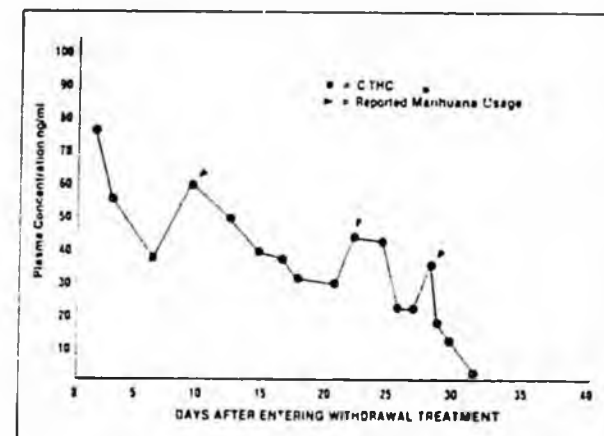
PLASMA CONCENTRATIONS OF C-THC DURING WITHDRAWAL IN A 3 TO 5 TIMES PER DAY MARIHUANA USER.



Strabismus and non-reactive pupil were present during the eight days that C-THC was detected in the plasma.

EXAMPLE NO. 2

PLASMA CONCENTRATIONS OF C-THC DURING WITHDRAWAL IN A ONE TIME PER DAY MARIHUANA USER



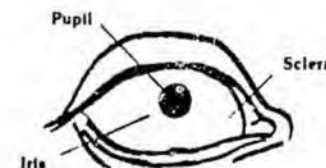
Strabismus and a non-reactive pupil were present during the 32 days that C-THC was detected in plasma

DETERMINATION OF PRESENCE OF PUPILLARY DILATION OR CONSTRICTION

In normal room light, the pupil of an adult is usually between 2.9 and 6.5 mm in diameter. About 1 to 3% of the adult population may have a congenital dilation or constriction.

A rapid way to determine if dilation or constriction is present is to measure the pupil diameter against one side of the iris.

Normal Size Pupil



Pupil diameter about same width as one side of iris

Constricted Pupil



Diameter much smaller than width of one side of iris

Dilated Pupil



Diameter much larger than width of one side of iris

MEASUREMENT OF PUPIL SIZE AND REACTION

Use a standard pupillometer for measuring of pupil size. Pictured here is an actual-size example which can be copied for use.

Veraet, Inc.
 338 So. Glendora Avenue
 West Covina, CA 91790
 (818) 919-7476

MILLIMETERS

•	10	•
•	15	•
•	20	•
•	25	•
•	30	•
•	35	•
•	40	•

PUPILOMETER

•	45	•
•	50	•
•	55	•
•	60	•
•	65	•
•	70	•

Normal size of a full pupil 2.9 to 6.5 mm

VAT PUPILOMETER



Dilated pupil of type observed with acute cocaine-amphetamine influence. Sometimes observed with acute marijuana influence.



Reddish sclera (dilated veins) of acute marijuana smoker.



Constricted pupil and reddish eye in person under acute influence of marijuana and heroin.



Droopy eye-lid, constricted pupil and reddish sclera of person under the acute influence of phencyclidine (PCP) and marijuana.

PUPIL MEASUREMENT GUIDELINES

1. During the day, test subject away from bright sun. At night, test the subject in light. Plain room lighting is best.
2. Measure pupil size by holding a flashlight at a 45° angle from the subject's lateral side. Never shine the light directly into the eye from the front, or the pupil will constrict and destroy the measurement.
3. Compare subject's pupil size to a pupilometer. Note sizes in millimeters.
4. Keep flashlight about one foot away.
5. Note the reaction or absence of reaction in subject's pupils by "flicking" the light beam on and off the pupil.
6. Repeat above procedures on at least one non-drug-using person in the same light and note results for comparison.
7. A few persons with a very dark iris surrounding the pupil cannot be adequately measured.

PHOTOGRAPHIC DOCUMENTATION OF PUPIL SIZE AND REACTION

There are some specific legal occasions when photographic evidence of pupil size and/or reaction may be advantageous. The following are key points when using this procedure.

1. A standard camera with a flash is sufficient since it reacts faster than the pupil can.
2. Take photograph with pupilometer next to the eye for comparison.
3. Room light is satisfactory. Avoid bright light or darkness.
4. To document non-reactivity by photograph, take a picture in room light. Then place the subject in a very dark room for 5 minutes and repeat the same photograph. A non-reactive pupil will not dilate in darkness. It is advisable to take photographs of a control subject at the same time and in the same light to demonstrate the difference.

SUMMARY OF EYE EFFECTS WITH MARIHUANA

Finding	How Often Present	Usual Approximate* Time May last After Smoking
Redness	Frequent	4 to 6 hours
Dilated Pupil	Sometimes	2 to 4 hours
Non- or Slow-Reacting Pupil	Usual	1 to 3 days
Failure to Hold Constriction (Rebound Dilation)	Sometimes	4 to 6 hours
Strabismus (non-convergence)	Frequent	1 to 3 days
Droopy Eyelid	Frequent	2 to 4 hours
Failure to Estimate Distance	Frequent	4 to 6 hours

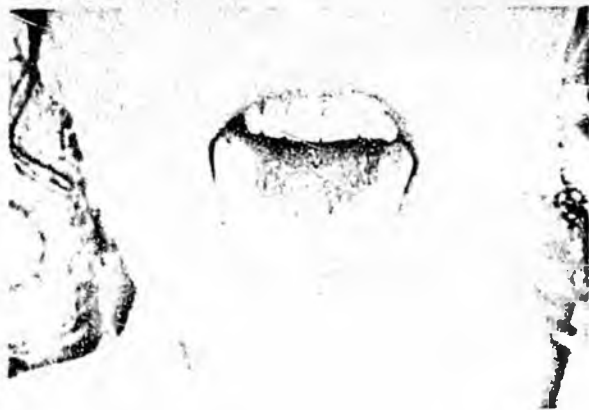
*Approximate means that the time may be shorter or longer

LEGAL CASE EXAMPLES OF ACUTE MARIHUANA INFLUENCE

There are many legal challenges currently in process with employees who have been disciplined for marihuana use and/or detection in urine. In most of these cases, there was a claim of acute marihuana influence by the employer, but one of the three key elements was missing, i.e., cause for suspicion, physical evidence, or laboratory confirmation. Courts in California have now had considerable experience with drivers who are under the acute influence of marihuana and case law is now well established. The California Highway Patrol has developed the methodology to accurately identify the driver under marihuana influence and some of the information in this handbook is based on their experience. Following are two typical case examples:

CASE EXAMPLE #1 – California High Patrol

Element #1	Finding(s)
Cause to investigate	Weaving on road



Green coated tongue of marihuana-hashish smoker.



Glazed eye and droopy eye-lid of acute marihuana influence.



Reddish, glazed eye of acute marihuana influence. Normal size pupil and mild drooping of eye-lid.

Element #2
Physical Examination

Reddish eye
Strabismus (one-side)
Poor distance perception
Non-reactive pupil
Aniriated
Anxious
Evasive
Giddy
Indifferent

Element #3
Laboratory Confirmation

Negative Alcohol Breath Test
Marihuana metabolite in urine

CASE EXAMPLE #2 – Industrial Accident

Element #1
Cause to investigate

Findings
Accident involving machinery

Element #2
Physical Examination

Glassy Eye
Flushed
Sleepy
Non-responsive
Inconsistent
Unsteady
Inappropriate
Stumbling

Element #3
Laboratory Confirmation

Marihuana metabolite in urine

In the latter case, two lay persons made the physical observations and carefully recorded this in writing.

Section III

IDENTIFICATION OF CHRONIC OR COVERT MARIHUANA USE

HOW TO MAKE A DIAGNOSIS OF CHRONIC MARIHUANA USE

- There are two major criteria used in order to make a diagnosis of covert or chronic marihuana use when a person doesn't admit use.
 1. Presence of suggestive behaviors and signs.
 2. Marihuana derivative in blood or urine.
- The major problem of chronic marihuana use is to know when to suspect someone.
- When someone is suspected of chronic marihuana use, they can be confronted by telling them the signs and behaviors that make you suspicious. Once confronted, it may be appropriate for a physician, employer, parent, teacher, coach, etc., to ask for a urine test for definitive proof.

WHY MAKE A DIAGNOSIS OF CHRONIC OR COVERT MARIHUANA USE?

Chronic marihuana use has so many debilitating and negative consequences that it needs to be identified as early as possible in order to prevent its numerous medical complications and social problems.

In contrast to most other drug or alcohol abusers, marihuana users, in the author's experience, have a higher success rate in stopping and maintaining abstinence. Early identification and intervention usually produces good results. Consequently, the best way to help a chronic or covert marihuana user is to identify him/her as soon as possible.

WHEN TO SUSPECT CHRONIC OR COVERT MARIHUANA USE

Only a blood or urine test will definitely diagnose marihuana use. However, you should suspect chronic marihuana use if you observe a combination of some of marihuana's chronic effects. Some of marihuana's long-term effects can be scientifically attributed to its ability to adversely affect the brain's norepinephrine, or endorphin systems. In addition, chronic marihuana smoking causes irritation of the respiratory system, instability of glucose metabolism, and occasionally, abnormalities of sex hormones. These hormone and respiratory changes can provide clues to chronic/covert marihuana use if one knows the basic signs and behaviors associated with them.

BASIC SIGNS AND BEHAVIORS ASSOCIATED WITH CHRONIC AND COVERT MARIHUANA USE

- Frequent absences from school or work
- Time distortion, including tardiness, unusual meal times
- Frequent missed appointments
- Constant use of eye drops (usually Visine®)
- Wears marihuana-leaf jewelry, insignia, or have clips to hold cigarettes
- Wear sunglasses indoors
- Abnormal sleep pattern such as staying up after midnight or daytime sleeping
- Repetitive forgetfulness or broken promises
- Frequent accidents, injuries, and/or traffic violations
- Loss of interest or motivation in job/school/relationships
- Deterioration of work or school performance
- Careless in hygiene and grooming habits. Females stop polishing their nails or wearing lipstick and make-up. Males skip shaving. Fail to brush teeth
- Recurrent respiratory infections
- Poor pain and stress tolerance
- Acne worsens
- Sudden personality changes. Becomes dull, bland, humorless
- Binge eating of sweets and snacks between meals

TIME DISTORTION WITH MARIHUANA

Chronic use of marihuana and many other stimulant drugs alters the brain chemistry so that normal time patterns are not maintained. To illustrate, the normal person tends to know when three meals per day should be eaten, when to go to sleep at night, take a 15-minute coffee break, or when to leave for school or work to arrive on time. A person whose internal time clock has been disturbed by chronic drug use will have distorted behaviors, including inability to keep appointments and meet time deadlines. They will also tend to stay up late at night or sleep during the day.

MOTIVATION DISTURBANCES

Marihuana may disrupt the brain chemicals that allow one to be motivated to carry out normal day-to-day activities. Lack of motivation exhibits itself in a number of rather typical ways. Particularly affected are such common motivations, such as eating a proper diet, maintaining

normal hygiene, and treating one's fellow man in a civil and decent manner. A chronic or covert marihuana user may be unable to maintain a sufficient level of motivation to carry out these routine daily functions.

ABNORMAL SELF-PERCEPTION OF JOB OR SCHOOL PERFORMANCE

Cocaine, marihuana, and PCP may markedly impair a person's job or school performance. For unknown reasons, however, the drug user may have little or no accurate perception of this. They may insist that they are "doing fine" and that they do not deserve criticism in spite of failing grades or poor athletic or job performance. Unfortunately, the loss of accurate perception of self-performance may persist after drug use is stopped.

PERSONS MOST LIKELY TO SUSPECT

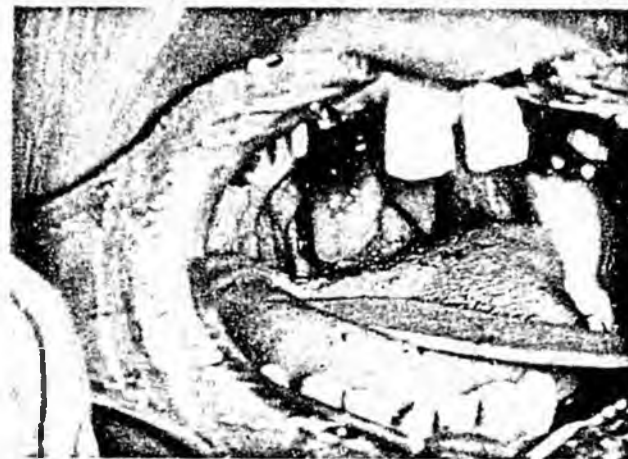
Cigarette smoking is the single, biggest indicator that a person may be using illegal drugs. Approximately one-third of the adult population over age 18 years smoke cigarettes, and of these, about 25% abuse drugs and/or alcohol. These figures may be higher for youth. The percentage of youth who are between 13 and 19 years of age, who smoke cigarettes and frequently use marihuana is probably over 50%. One reason youth who smoke cigarettes are likely candidates to use illegal drugs is because they are already knowledgeable about inhaling and are tolerant to the heat irritation produced by ordinary cigarettes. Physically and psychologically, it is a short step from cigarette smoking to marihuana or cocaine inhalation. Over 99% of heroin users smoke cigarettes. In the author's experience well over 90% of PCP and amphetamine users smoke cigarettes.

CRAVING FOR SWEETS

Constant ingestion of sweets is a behavior that many chronic marihuana users exhibit. Marihuana releases norepinephrine from neurons which can reduce blood sugar and cause craving for sweets. Extremely poor dental hygiene is often observed in chronic marihuana users and this may be related to the constant ingestion of sweets.

ANESTHETIC AND ANALGESIC EFFECTS OF MARIHUANA

Marihuana has some pain relieving effects. It was even used for this purpose in ancient medical practice. It is probably anesthesia of the auditory (hearing) mechanism that enables drug users to listen to



Swollen uvula and poor dentition in a chronic marihuana-hashish user.



Blackened gums of chronic marihuana-cocaine smoker.

excessively loud music that irritates most normal people. The author has observed that many industrial accidents occur because either the victim or propagator was a marihuana user and apparently did not hear machinery, a vehicle, or even a verbal warning.

WORK PROBLEMS OF THE HIGHLY-TRAINED WORKER

Numerous research studies document that marihuana, particularly the high potency forms now sold in the United States can impair tasks that require superior mental and physical skills. Also, impairments can be demonstrated many hours after the euphoria or "high" has subsided. Specifically, marihuana may impair immediate recall, glare recovery, peripheral vision, and time sense. Visual illusions and inappropriate or incorrect memory may intrude into consciousness, leading to an interruption of correct mental sequencing of events in time called, "temporal disorganization." While simple, repetitive and well-known tasks can usually be performed properly, work requiring a high level of cognitive integration may be adversely affected. An example is a chronic marihuana user who operates a machine competently until it malfunctions at which time the person may not be able to recall or remember the appropriate safety measures. Put another way, when a person is under the influence of drugs, routine tasks usually get accomplished, but dealing appropriately with the unexpected or the unusual is quite another matter. Other adverse effects of chronic marihuana influence on the job include diminution of visual tracking, complex reaction time, hand steadiness, complicated signal interpretation, and attention span. Deficiencies in perception, memory and cognition make learning difficult which handicaps all but workers doing the simplest tasks.

The author has observed many middle-management personnel, who began smoking marihuana many years ago when it was only a 1-2% grade of potency. They now find they cannot achieve the level of skill called for in their jobs due to the impairment produced by the more potent marihuana.

SOME SIGNS OF DETERIORATING WORK PERFORMANCE

Work Patterns

- Inconsistency in quality of work
- High/low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work missing deadlines
- Increased difficulty in handling complex situations

Absenteeism

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flu, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearance from the job with difficulty in locating employee
- Requesting to leave work early for various reasons
- Spends excessive amount of time on the telephone
- Argumentative
- Exaggerated sense of self-importance
- Violent
- Avoids talking with supervisor regarding work issues

Relationship to Others On the Job

- Overreaction to real or imagined criticism
- Avoiding and withdrawing from peers/supervisors
- Complaints from co-workers
- Borrowing money from fellow employees
- Complaints of problems at home such as separation, divorce and child discipline problems
- Persistent job transfer requests

Physical Signs or Condition

- Weariness, exhaustion
- Untidiness
- Yawning excessively
- Blank stare
- Slurred speech
- Sleepiness (nodding)
- Unsteady walk
- Sunglasses worn at inappropriate times
- Changes in appearance after lunch or break

Accidents

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on the job

Mood/Actions

- Appears to be depressed or anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness / mood changes
- Withdrawn or improperly talkative

MEDICAL PATIENTS WHO SHOULD ESPECIALLY BE SCREENED FOR COVERT MARIHUANA USE

- Psychiatric patients under age 25
- Teenagers Young Adults with Chronic Respiratory Infections and Allergies/Urticaria
- Pregnant Women under age 25
- Males with gynecomastia (enlarged breasts)
- Weight loss (indicating poor nutrition)

WORKERS WHO SHOULD ESPECIALLY BE SCREENED FOR COVERT MARIHUANA USE

- Chronically Absent
- Job Deterioration
- Frequently Tardy
- Accident or Injury Prone
- Memory Lapses
- Repeatedly Miss Deadlines
- Excessively Sick
- Poor Hearing
- Sleeping on Job

TEST TO DETERMINE IF SOMEONE YOU KNOW IS LIKELY TAKING MARIHUANA AND/OR OTHER DRUGS

Following is a self-test to determine if a person might be covertly taking marihuana and/or other drugs. If you complete this test and it suggests drug use, you may want to confirm or deny your suspicion with a urine test.

1. Does the person eat three meals per day at the normal eating times? YES NO
2. Does the person make it to school/work on time practically every day? YES NO
3. Does the person voluntarily go to bed on weekdays by 11:00 p.m.? YES NO
4. Can you easily awaken the person in the morning? YES NO
5. Does the person meet curfews/or deadlines the vast majority of time? YES NO
6. Is the person's weight holding steady or slightly increasing? YES NO
7. Does the person comb his or her hair every morning? YES NO
8. Does the person brush his or her teeth at least morning and evening? YES NO
9. Does the person attend Church or Sunday School at least once a month? YES NO
10. Does the person invite friends to the house whose behavior is open and normal? YES NO
11. Does the person smoke cigarettes? YES NO
12. Does the person have a good attention span? YES NO
13. Does the person take responsibility for household chores? YES NO
14. Does the person take care to appear neat and clean? YES NO
15. Does the person frequently play loud rock music after midnight? YES NO

- | | | |
|--|-----|----|
| 16. Does the person play "heavy metal" music or engage in other cult-like activities? | YES | NO |
| 17. Has the person's acne worsened in the past 90 days? | YES | NO |
| 18. Has the person lost interest in a school/work activity he/she used to enjoy? | YES | NO |
| 19. Is the person having trouble getting along with teachers, coaches, friends, fellow-workers, or spouse? | YES | NO |
| 20. Is the person having trouble getting along with you? | YES | NO |
| 21. Has the person lost interest in the clothes that he/she wears or changed the type of clothing worn (for example, "dressing down")? | YES | NO |
| 22. Has the person suddenly had a drop in grades or work performance? | YES | NO |
| 23. Has the person had over three colds, sinus infections, or other respiratory ailments in the past one year? | YES | NO |
| 24. Does the person sniff a great deal or have a chronic reddened appearance under the nose? | YES | NO |
| 25. Does the person smoke a brown type cigarette? | YES | NO |
| 26. Has the person failed to come home at night on more than one occasion during the past 90 days? | YES | NO |
| 27. Does the person complain that a lot of people don't see things his or her way? | YES | NO |
| 28. Does the person constantly complain that people including the family don't understand him/her? | YES | NO |
| 29. Has the person had more than two motor vehicle accidents or other traffic violations in the past one year? | YES | NO |

INTERPRETATION OF TEST TO SUSPECT COVERT DRUG USE

Questions 1 through 14:

- A. Answer "No" to three or less: Drug use doubtful
- B. Answer "No" to four to six: Drug abuse very likely
- C. Answer "No" to seven or more: Drug abuse almost certain

Questions 15 through 29:

- A. Answer "Yes" to three or less: Drug abuse doubtful
- B. Answer "Yes" to four to six: Drug abuse likely
- C. Answer "Yes" to seven or more: Drug abuse almost certain

THE WORST THING TO DO IF YOU SUSPECT MARIHUANA USE

The worst thing to do is to do nothing because a person may have little time left in which to continue drug use without risking permanent neurochemical changes. If you suspect drug use, it is important to take action that will either confirm or discount your suspicions.

INFORMING THE SUSPECTED USER

Step one is to find a quiet, uninterrupted time to inform the suspected user of your suspicion. There is one common downfall when most persons do this. That is to fail to tell the drug user the precise reasons drug use is suspected. In other words, don't simply say, "I think you are using drugs." Say, "Here is a list of specific reasons that make me think you are using drugs." Then read the list. Be specific and include all the behavior and physical symptoms that make you suspicious. Refer to the above table to make your list.

WHAT IF MARIHUANA USE IS DENIED?

1. Tell the individual all the behaviors you want changed so that you will not longer be suspicious.
2. If the individual is an employee and your personnel policies allow for a medical evaluation and/or urine test for drugs, obtain these for confirmation.

LEGAL RIGHT TO TERMINATE AN EMPLOYEE FOR COVERT MARIHUANA USE

Many private companies and public organizations are now identifying marihuana users by a urine test. In some cases, the test is done for a cause such as previously listed or it is done as part of routine testing at an annual physical examination or other periodic testing time. At the present time, there are numerous law suits and arbitrations going on throughout the United States over the issue of whether an employer may legally terminate an employee for covert marihuana use. Most of the litigation has been brought about because the mere presence of marihuana metabolite in blood or urine, regardless of amount, does not prove there was any job impairment or hazard. In addition, the precise time of marihuana ingestion cannot be pinpointed by a urine test, and

marihuana can even enter urine in small amounts through passive (being near others smoking) inhalation. The author has now reviewed, been consulted, or appeared in arbitration hearings for several dozen cases of marihuana detection by employers. Although future court judgments and/or legislation could modify current trends, the author passes on the following observations to serve as legal guidelines for employers regarding marihuana use by employees.

- Companies should not urine test anyone unless there are written policies regarding procedures and penalties. Unionized organizations must have prior joint labor-management agreements.
- Pre-employment urine screening and disallowing employment for marihuana in the urine is now routinely done in many companies, and it is rarely challenged.
- Termination is rarely challenged if the three elements of acute marihuana influence, as described in this handbook are present and carefully recorded in writing, i.e., reasons to investigate further, physical evidence, and laboratory confirmation.
- Employees who may endanger others by virtue of their marihuana use, such as transportation personnel, machinery operators, or physicians, may often be successfully terminated or lose their license by virtue of marihuana detection, even though all of the criteria for acute influence is not present.
- Suspension or temporary termination for the purpose of treatment or documenting clearance of marihuana from blood and/or urine is essentially never challenged on legal grounds.
- Repeated positive urine tests, even without meeting criteria for acute influence is rarely challenged.

RECOMMENDED GUIDELINES FOR EMPLOYERS WHO DETECT MARIHUANA USE

Unless there are purely business or other non-drug related reasons, the author generally recommends that employers not terminate marihuana users. Why? My experience clearly shows that marihuana users can be withdrawn and remain abstinent much easier than the vast majority of alcoholics and other drug (cocaine, heroin, etc.) users, provided they are periodically urine tested. Since marihuana may be detected in urine for many days after a single usage, periodic urine testing can insure abstinence. In contrast, cocaine and alcohol cannot be detected in urine for more than about 24 to 36 hours post-use which makes relapse difficult to detect until it is full-blown.

For reasons not clearly understood by the author, he seldom sees marihuana users relapse if they remain abstinent for four consecutive months (120 days). In addition, the withdrawal symptoms of marihuana addiction are relatively mild and don't require hospitalization.

SPECIFIC STEPS TO RETAIN A MARIHUANA-DETECTED EMPLOYEE

1. Suspend or temporarily terminate the employee for purposes of clearing the urine of marihuana.
2. Don't hospitalize unless the employee requests it.
3. Have attending physician take a marihuana urine test weekly until clear.

If you need precise documentation that marihuana is leaving the body in a timely, sequential fashion, plasma testing or quantitative urine testing can be done.

1. Return employee to regular duty when the attending physician certifies that the employee is fit for duty based on the following:
 - a. No marihuana or other drug in urine
 - b. No presence of strabismus and the pupil is reactive
 - c. Has normal physical and mental abilities
5. Upon return to work, give employee in writing:
 - a. List of all prior job deficiencies which were likely drug related
 - b. Treatment and monitoring plan
 - c. Penalty if there is future drug use
6. Urine test weekly for 90 to 120 days
7. Optional:
 - a. Eye examination and alcohol breath test by trained person at time of each urine collection
 - b. Drug education classes
 - c. Counseling
 - d. Self-help group
 - e. Additional urine tests for one year

SECTION IV IDENTIFICATION OF MARIHUANA DEPENDENCE OR ADDICTION

WHAT IS ADDICTION OR DEPENDENCE

- A modern definition of an addict or dependent person is someone who desires to keep a minimal quantity of drug in the blood stream at all times.
- When the drug quantity in the blood stream drops below a critical level, the addict will automatically take another dose to raise the blood level. The most common example is the person addicted or dependent on nicotine who will almost be unconscious of reaching for another cigarette in order to raise his or her blood level of nicotine. The minimal level in a marihuana addict is about 5-10 ng/ml of C-THC.
- It is necessary for the blood stream to maintain a minimal level of drug in order to saturate target areas of the brain. If a saturated area suddenly becomes unsaturated, withdrawal sets in. In the case of opioids and benzodiazepines, the target areas are known as "receptor sites."
- The concepts of physical and psychological dependence are archaic in light of new research on blood concentrations, receptor sites, brain chemistry, and withdrawal syndromes. All mind altering drugs, including nicotine, marihuana, and cocaine, can produce addiction or dependence, develop tolerance, and induce a withdrawal syndrome after cessation of chronic use. The author recommends the term "biologic" addiction or dependence rather than the terms "physical" or "psychologic" since both of these factors are always present to at least a limited degree.
- Addiction or dependence can be essentially diagnosed by simply knowing how long a specific drug stays in the blood stream and finding out from the user how often he/she uses it.

BACKGROUND EVIDENCE FOR MARIHUANA ADDICTION

Marihuana addiction was described in the United States over 40 years ago. In 1944, 35 "confirmed marihuana addicts" were admitted to a military hospital and developed withdrawal symptoms. Since this time, marihuana addiction has been reported in other countries. In addition, animals have demonstrated addiction to marihuana and there has been

one carefully controlled trial where humans were given known quantities of THC, and they developed withdrawal symptoms when marihuana was abruptly discontinued. Animals that are addicted to marihuana have demonstrated withdrawal symptoms when given naloxone, and the author has recently demonstrated this in a human marihuana addict. When naloxone precipitates withdrawal symptoms, it means that the addicting drug has opioid (i.e., heroin, morphine, etc.) activity. To complement these findings, another recent study in animals has demonstrated that THC will deplete endorphins in the nervous system. Furthermore, marihuana may also adversely affect the neurotransmitters, norepinephrine and serotonin. Current evidence suggests that marihuana addiction exists, at least in part, as a result of depleted endorphin, norepinephrine, and possibly other neurotransmitters.

COMMONLY OBSERVED MARIHUANA WITHDRAWAL SYMPTOMS

*The following symptoms have been reported in
animal and human studies*

<i>Insomnia</i>	<i>Anorexia</i>
<i>Nausea</i>	<i>Photophobia</i>
<i>Myalgia</i>	<i>Cannabis craving</i>
<i>Anxiety</i>	<i>Depression</i>
<i>Restlessness</i>	<i>Mental confusion</i>
<i>Irritability</i>	<i>Yawning</i>
<i>Chills</i>	<i>Anergy</i>

TWO TYPES OF CLINICAL MARIHUANA DEPENDENCE

Two types of marihuana dependence are seen today. Type One is an individual who will self-administer marihuana several times per day, usually at an interval of about two to four hours unless asleep. This individual may voluntarily present to the clinician with the complaint that their daily dosage has escalated and that they are unable to cease use without medical assistance. The patient may or may not relate mental impairment primarily related to memory, motivation, time-keeping, abnormal thoughts, and work or school performance. In addition, they may relate a number of withdrawal symptoms that occur when they attempt abrupt cessation. The precise relapse rate following withdrawal is unknown, but it occurs.

CASE EXAMPLE: Voluntary Treatment

MV was a 25-year old male who presented with the complaint that he could not "stop marihuana by myself." He was a 12-year user having begun marihuana smoking at 13 years of age. He had used marihuana daily for about five years and was using two to three joints per day at the time of admission to outpatient treatment. The patient was married and held a regular job as a warehouse superintendent. He claimed he was having considerable conflicts with his wife and employer. In addition, he had noticed in the two months just prior to admission that he occasionally heard voices that were not real, did not always have total "control over his mind," and had some thoughts of suicide. He denied use of any other drug or excessive alcohol intake. His treatment admission breath alcohol was negative, and his urine contained marihuana metabolite, but no other abusable drug. The patient was administered desipramine, 25 mg. three times per day and was given weekly psychotherapy for approximately six months. During the first ten days of treatment, he reported insomnia, abdominal cramps, diaphoresis, tachycardia, and anxiety. These symptoms subsided, and he submitted a urine void of marihuana approximately 30 days after admission. Most of the thought disturbances noted above disappeared after about two to six weeks of treatment. He denied any marihuana use during the six months after entering treatment, and he submitted monthly urine tests that showed no marihuana.

Type Two form of marihuana dependence is primarily being identified as a result of mandatory urine screening and treatment referral in the workplace. Seldom does a Type Two voluntarily present for treatment, although it may occur. In this form, the patient is usually self-administering marihuana every 24 to 36 hours and may give a history of carrying on this habit for several years. As in Type One, reported impairment relative to memory, motivation, time-keeping, and job performance is variable. In contrast to Type One, however, the patient may report few if any symptoms of withdrawal upon abrupt cessation. Relapse, however, is common.

CASE EXAMPLE: Identification On Job and Mandatory Treatment

HS was a 37-year-old male salesperson. He was reported to the management of his company to be a marihuana user who also sold it to other employees while on company premises. A mandatory urine test revealed the presence of marihuana metabolite, and in order to retain employment he was required to undergo withdrawal and enter a periodic urine-testing program. Upon interview, he stated that he had

used marihuana every evening for approximately 22 years. He believed this habit had not been injurious to himself until approximately three months prior to treatment when he began to notice some defects in his short term memory. Physical examination was normal. Plasma analysis showed 80 ng/ml of C-THC. He was administered desipramine, 25 mg. three times per day and tyrosine. During the first three weeks following cessation of marihuana, he reported mild insomnia, depression, anergy, and craving. Urine analysis showed no marihuana metabolite after about 50 days. After six weeks of abstinence, he reported improvement of short term memory and improved job performance.

METABOLIC BASIS FOR TWO FORMS OF DEPENDENCE

New data on the metabolism and pharmacokinetics of marihuana provide a sound rationale as to why two basic clinical forms of dependence appear to exist. When a marihuana cigarette is smoked, THC is converted to two major metabolites, OH-THC and C-THC. THC and OH-THC both have psychoactive effects, and they remain in the plasma at concentrations above about 5 ng/ml to 10 ng/ml for only about two to six hours. During this period they appear to produce a short-term characteristic "high" or euphoria. This time period correlates well with the self-administration frequency of Type One marihuana dependence. The C-THC metabolite remains in plasma at concentrations above 5 ng/ml to 10 ng/ml for at least 48 to 72 hours or even longer. Although this metabolite may produce little or no euphoria, it is likely the compound that sustains Type Two dependence. A similar phenomenon also exists with some benzodiazepines, such as diazepam which also has long-lasting metabolites. For example, some withdrawal symptoms and even seizures may not appear for several days following cessation of diazepam dependence. The author has recently observed that withdrawal symptoms following abrupt cessation of marihuana dependence may not appear for several days.

SUMMARY TABLE: TWO FORMS OF MARIHUANA DEPENDENCE

	Frequency of Self-Administration	Likely Dependence metabolite(s)	Usual Referral Route	Patient's Perceived Dependence	Usual Severity of Withdrawal Symptoms	Relapse Rate
Type One	Multiple times each day	THC OH-THC	Voluntary self-referred	Significant	Moderate	High
Type Two	Every 24 to 48 hours	C-THC	Involuntary: Detected by mandatory screening	Minor to moderate	Mild	High

CLINICAL PRESENTATION OF THE MARIHUANA ADDICT

Until about 1982, the author seldom observed marihuana addiction/dependence in Los Angeles. Since that time, however, clinical demand for medical withdrawal treatment has steadily grown. Regardless of whether the patient sought treatment voluntarily or was identified by mandatory urine screening, all patients have essentially the same complaint, "Doctor, I've got a marihuana problem and I can't quit. I need your help."

As with other addictions, the marihuana addict doesn't normally seek medical withdrawal assistance from a physician until he/she has attempted to stop on his/her own, consulted a counselor, minister, friend, or family member, attended self-help groups, or even entered a hospital rehabilitation program and still continued to use marihuana. Unfortunately, there is no specific medical withdrawal treatment for marihuana addiction at this time. However, research is in progress to develop a specific withdrawal treatment.

HOW TO MAKE A PRESUMPTIVE DIAGNOSIS OF MARIHUANA ADDICTION OR DEPENDENCE

Addiction or dependence is assumed to be present if the following are evident:

- Person states that they have used marihuana one or more times per day for thirty or more consecutive days, just prior to evaluation.
- Person states that they cannot stop without medical assistance.
- Person states that they experience withdrawal symptoms, craving, or sickness when they stop use.
- Marihuana metabolite is present in urine or plasma.

SECTION V

LABORATORY IDENTIFICATION OF MARIHUANA USE

BACKGROUND FOR LABORATORY IDENTIFICATION

- Modern research has identified, at least to a great extent, how the human body accepts, deactivates, and eliminates drugs. This process is usually called "metabolism" or "pharmacokinetics."
- Laboratory identification for drugs of abuse primarily attempts to assay for the suspected drug in urine or plasma (clear part of blood).
- Urine testing is primarily qualitative and determines what someone used rather than how much was used. Urine tests have some capability of determining approximately when a drug was used.
- Plasma testing can tell the quantitative presence of a drug and give a reasonable estimate as to *when* a drug was used. Plasma testing can also give an estimate as to whether *enough* drug was taken to *produce acute* effects or toxic levels. If the person is tolerant to the drug, a plasma level may have little meaning.
- Quantitative urine testing for marihuana is used primarily to help rule out passive inhalation and determine if marihuana cessation is truly occurring in someone who claims to have ceased use.

BACKGROUND AND HISTORY OF MARIHUANA TESTING

Although urine testing capability for some illegal drugs of abuse occurred in the late 1960's and early 1970's, urine testing for marihuana was not technologically possible until about 1980. Blood (plasma) testing for marihuana is currently changing from research to general status. Due to the newness of the tests, there has been controversy over their interpretation. A large number of recent research studies, however, have clarified interpretation so that urine and plasma testing can now be used with great confidence.

URINE TESTING METHODS AVAILABLE

Five different technological methods are now available for marihuana urine testing. They are summarized below.

TEST	APPROXIMATE SENSITIVITY	GENERAL COST
Enzyme Multiplied Immuno Assay (EMIT)	20 ng/ml	Very Low
Thin Layer Chromatography (TLC)	10-20 ng/ml	Low
Radioimmunoassay (RIA)	10-20 ng/ml	Low
Gas Chromatography — Mass Spectrometry (GC/MS)	5-10 ng/ml	High
High Performance (HPLC)		
Gas Liquid Chromatography	5-10 ng/ml	High

TOXICOLOGY UNITS OF MEASUREMENT

The usual measurement for marihuana metabolites (THC, OH-THC and C-THC) are in nanograms per millimeter. This is usually abbreviated ng/ml.

1 g	= gram (There are 28 grams in one ounce)	1.0
1 mg	= milligram (One thousandth of a gram)	0.001
1 ug	= microgram (One millionth of a gram)	0.000,001
1 ng	= nanogram (One billionth of a gram)	0 000,000,001
1 pg	= picogram (One trillionth of a gram)	0 000,000,000,001
1 L	= liter (approximately one quart)	
ml	= milliliter (One thousandth of a liter)	

PLASMA TESTING

At this time, plasma testing is very expensive and is done by GC/MS or HPLC. It is quantitative, requires great technological skill and, consequently, is costly. Some commercial laboratories are beginning to offer plasma testing. However, there is little practical advantage of plasma over urine testing for screening asymptomatic persons. The amount of OH-THC and C-THC may not tell either precisely when

someone has used marijuana or how impaired they may be. It should be especially noted that plasma levels over 10 ng/ml, that are not accompanied by acute signs or influence, likely indicate the presence of tolerance and possibly dependence. The best use of plasma testing is to determine if a chronic user is eliminating C-THC from the plasma during withdrawal.

ACCEPTED STANDARDS TO AVOID FALSE POSITIVE URINE TESTS

Unfortunately, some laboratories new to urine testing are not aware of the long-established (at least 15 years!) standard "rule of two." This standard calls for testing any positive urine specimen, i.e., urine containing a drug with a second technological method. Only when the drug is detected by a second technological method, is the urine deemed a true positive.

The one notable exemption to the "rule of two" is when the tested individual admits to recent marijuana use. This situation is frequent in medical and clinical settings. When this is the case, a single method is satisfactory. Other than self-admission, the author recommends the rule of two be followed in the following situations.

1. Pre-employment testing
2. Post-employment testing
3. Screening for covert use
4. Potential litigation

INTENTIONAL FALSIFICATION METHODS

Drug users have numerous techniques to submit a false negative test. Many adulterants may cause urine screening to show falsely negative.

Common Falsification Methods	Adulterants which may cause False Negatives
• Submit toilet or tap water	Salt
• Switch urines	Bleach
• Bring concealed urine in bag, mouth, or in body cavity to testing location	Lemon juice Liquid soap Blood

URINE TESTING FOR COERCION PURPOSES

There are many instances when the presence of marijuana in urine

may result in a coercive action.

- Loss of job
- Suspension from job/school
- Incarceration

In the early 1980's, the general standard to use a marijuana positive urine test for coercive purposes was to have it confirmed by GC/MS or HPLC after initial detection by EMIT, TLC, or RIA. This standard was primarily established because the less expensive methods, EMIT, TLC and RIA methods were not yet refined. Currently EMIT, TLC and RIA methods are extremely sensitive and specific. This has, for most purposes, eliminated the need for use of GC/MS or HPLC for confirmations. Many experts now believe that when two of these three methods (EMIT, RIA, TLC) are positive, there is actually as much or more assurance that marijuana is in the urine than when detected by GC/MS or HPLC. The reasons for this are that GC/MS and HPLC take extraordinary technical skill that is subject to human error and that the sensitivity is too low (i.e. less than 10 ng/ml).

Despite varying opinions among qualified experts, a given legal or other situation may mandate use of GC/MS or HPLC confirmation. To possibly avoid cost and litigation the author usually recommends that marijuana first be found on two of these three methods (EMIT, TLC, RIA) and that the urine specimen found to be positive be frozen in the event that some legal or other situation demands confirmation by GC/MS or HPLC. Urine specimens can be frozen almost indefinitely without degradation of its marijuana content.

PASSIVE INHALATION

Studies have shown that someone who is extremely close to other persons who smoke marijuana may passively inhale it. Although someone may passively inhale enough to show 10 to 20 ng/ml in the urine for one or two days post-exposure, the author knows of no documented cases which show that passive inhalation can cause as much as 50 ng/ml of marijuana metabolite in urine, unless the subject is exposed to very dense marijuana smoke for many hours.

LENGTH OF TIME MARIJUANA STAYS IN PLASMA AND URINE

A great deal of publicity has been generated as to how long marijuana metabolites may remain in urine. It remains detectable in plasma and urine for many days due to the fact that it is fat-soluble. When smoked, marijuana metabolites enter the fat, lodge there, and then leak out over a period of time. It is important to point out that it is

only the regular, chronic user or addict that keeps marijuana in urine for more than a few days. The length of time that marijuana metabolites can be detected in plasma is much shorter than in urine because the kidney concentrates drug in the urine 100 to 1000 times that found in plasma. In other words, marijuana can be detected in urine much longer than plasma due to the kidney's ability to concentrate drugs.

APPROXIMATE URINE RETENTION

Approximate Frequency of Use	Approximate Length of Time in Urine*
Once per week	2 to 20 days
Twice per week	5 to 30 days
Daily	15 to 45 days

*Varies as to whether user is a chronic or occasional user and amount used.

APPROXIMATE PLASMA RETENTION AFTER SMOKING MARIHUANA

Metabolite	Approximate Time in Plasma*
THC	2 - 3 hours
OH-THC	4 - 6 hours
C-THC	3 - 6 days

*Varies as to whether user is a chronic or an occasional user and amount used.

HAIR AND SALIVA ANALYSIS

Saliva analysis is possible because the smoker leaves THC residues in the mouth while smoking. If found in saliva, it usually means that marijuana has been smoked within the previous one to three hours. However, this test cannot be relied upon for confirmatory diagnosis of marijuana use because the smoker can easily spit or wash the residue out of the oral cavity.

Hair analysis can be done if there is a medical or legal reason to know if someone used a drug approximately 30 days prior to hair sampling. Analysis of hair will not reliably reveal drug use occurring within the past one to two weeks prior to sampling. The major use of hair sampling is in forensic cases, and not appropriate for the usual drug use screening situations.

RELATIONSHIP OF URINE AND PLASMA CONCENTRATIONS WITH IMPAIRMENT OR INFLUENCE

There is no more misunderstood aspect of marijuana identification than the fact that there is no reliable way to correlate plasma or urine concentrations with impairment or influence. Undoubtedly, this confusion stems from the criteria used for determining impairment from alcohol. There is general agreement that a blood (reflected by breath or urine) alcohol concentration of 100 mg/deciliter or .10 mg% indicates some impairment or influence. No such correlation can be made with marijuana since it is fat soluble and released very slowly from the body compared to alcohol. For example, a very low urine concentration may be found in persons severely intoxicated and vice-versa.

The non-correlation of urine and plasma concentrations of abusable drugs with the degree of impairment and influence has recently prompted the National Institute on Drug Abuse to make this statement in the Journal of the American Medical Association: "Testing of drugs or drug metabolites in urine is only of qualitative value in indicating some prior exposure to specified drugs. Inferences regarding the presence or systemic concentration (quantity) of the drug at the time of driving or impairment from drug use are generally unwarranted. The presence of an illicit substance in urine that may indicate prior illegal action can, however, add a dimension to probable cause of observed driving performance."

Despite the lack of correlation between plasma and urine concentration and impairment, the finding of marijuana metabolites in urine or plasma means that marijuana is in body tissues including the brain, eye, nerves and muscles. Although a chronic user or addict may be tolerant and not have physical signs of acute influence, an employer, coach, teacher, or parent must assume that some subtle impairment exists. The author therefore, highly recommends that any individual with marijuana in urine, and particularly plasma, not be allowed to drive, work, play sports, or participate in any activity that could produce harm to the marijuana user or innocent bystanders. Risk-type activities should not be resumed until repetitive urine tests show no traces of marijuana.

GUIDELINES TO SELECTING A LABORATORY

1. Use only a laboratory that specializes in urine and/or plasma testing.
2. Follow the standard, "Rule of Two."
3. Has procedures to insure integrity and security of samples.
4. Reports results within 72 hours.
5. Can freeze specimens for future analysis.
6. Communicates well.

L. Allen

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RECEIVED
MARCH 19 1987

March 19, 1987

COVER THIS OFFICE

Steve Cowper
Office of the Governor
P.O. Box A
Juneau, AK 99811

Re: Our File No. 2027.01

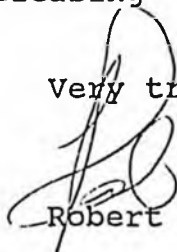
Dear Steve:

As we predicted last fall, the Legislature has introduced several bills calling for the "recriminalization" of marijuana with a number of unfactual alleged findings of fact. Enclosed please find a point by point rebuttal of all the purported "new" facts regarding marijuana.

In summary, nothing has changed as far as marijuana and scientific evidence since the Ravin decision in 1975. Indeed, the ultimate bottom line is that people all over the world have been using marijuana in various quantities for over 3,000 years and nothing has happened yet.

The issue presented in such legislation transcends marijuana. It deals with the right of privacy, the right of the people to be let alone to do what they want, so long as it doesn't affect anyone else. Please let me know if you would like any additional information or if I can be of any other assistance. We are not releasing the contents of this letter generally at this time.

Very truly yours,



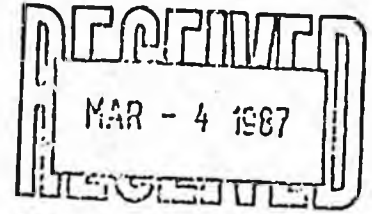
Robert H. Wagstaff

RHW:ksg/01

NORML

2001 S STREET, NW, SUITE 640, WASHINGTON, DC 20009, (202) 483-5500
February 26, 1987

Robert Wagstaff
912 West 6th St
Anchorage, AK 99501



Dear Mr. Wagstaff:

I have examined the findings reported in House Bill #55 of the Alaskan Legislature and have found them flawed and inaccurate. Here is a point by point rebuttal of the findings. References to the National Academy of Sciences refer to their publication Marijuana and Health which reports their 1982 study of marijuana related research.

1) "THC, the mind altering ingredient in marijuana, is not soluble in water, but goes into the fatty tissues of the brain, testicles, ovaries, and other internal organs, and takes 30 days to be eliminated from the body;"

Actually, THC is broken down by the body soon after ingestion. - It's metabolites stay in the body for up to 30 days, but these metabolites are non-psychoactive. Any toxicologist can confirm this. Urine testing advocates exploit the confusion between THC which is the active ingredient and is metabolized relatively quickly, and its metabolites (chiefly 9-carboxy-THC) which have no psychoactive effect but linger in the body for a month or so.

The following quote is from a recent article by Chemical & Engineering News (6/2/86). "Marijuana is the most commonly abused drug and the kinetics of its metabolism have been studied extensively. It is also an unusual drug in that it can be detected in urine for a long time. Very little of the original drug, Delta-9-tetrahydrocannabinol or THC, goes into the urine. The chemical is absorbed from the blood into body fat tissue where it is eliminated as it is slowly metabolized. . . (metabolites) can be found in urine for longer than a month . . ."

The following quote is from a Center for Disease Control MMWR Report (9/16/83). "Studies involving humans indicate that 80% - 90% of the total dose of Delta-9-THC is excreted within 5 days - approximately 20% in urine and 65% in feces."

Most experts claim that the metabolites disappear 10 to 14 days after ingestion in most cases. Urine tests detect these metabolites, which is why the manufacturers are required to point out that they are tests to indicate recent use, not intoxication or impairment. If THC remained in the system for 30 days, and remained active, the urine tests would be marketed as a way to indicate impairment. They aren't.

2) "the buildup of THC in the body causes the user to smoke more marijuana to achieve the desired high and may result in loss of sleep, appetite, and initiative, as well as moodiness and depression;"

The "buildup of THC" is actually tolerance to the drug, a physiological response humans and animals have to any drug. It occurs not because of the THC buildup, but because of other complex biological factors.

The symptoms mentioned accompany cessation of marijuana use in some individuals, not the buildup in the body. A majority of marijuana smokers experience no side-effects from cessation of use. If these symptoms indicate anything, they indicate the relative lack of serious side-effects from cessation of use, unlike those associated with alcohol and opiate withdrawal.

3) "it is possible for a human being to overdose from the use of marijuana, especially if it is used in conjunction with alcohol, because it increases the effects of alcohol;"

There is no record of anyone ever dying from an overdose of marijuana. It is one of the least toxic drugs known to man.

Raphael Mechoulam, who isolated the main ingredient of marijuana (THC) has edited Cannabinoids as Therapeutic Agents which includes an article by Mark Segal on Marijuana's potential as an analgesic. He reports that marijuana has promise as a pain killer because it is non-addictive and does not depress the respiratory tract (unlike opioids.) Marijuana's promise as a pain-killer is reported by the National Academy of Sciences, and by Roger Roffman in the book Marijuana as Medicine; its promise rests on the fact that finding #3 is essentially false.

Marijuana is a mild intoxicant, and as such should not be used in conjunction with other intoxicants. Whether marijuana increases the effects of alcohol, or complicates them, or just how one would subjectively describe the effects of mixing the two, is beside the point that multiple drug use provides multiple safety concerns. Marijuana, though, has far less severe cross-reaction with alcohol than barbituates or tranquilizers such as valium. Once again, a good toxicologist can provide confirmation of these points.

4) "the THC content of a marijuana cigarette 10 years ago was one percent, but is as high as 10 percent per cigarette today:"

Proponents of jailing people for marijuana use have been using this argument as if to suggest that marijuana is ten times more dangerous than it used to be. The premise that an increase in potency demonstrates an increase in danger is logically unsound. As with alcohol, consumers compensate for higher potency by consuming smaller doses. Anyone who counsels alcoholics will confirm that beer is no less dangerous than whiskey simply because it has a lesser potency.

The government has been trying to sell the increased potency argument for some time. The enclosed press release refers to a New York Times report in 1986 that marijuana had increased to an average potency of 3.5%, and that this was an all-time increase over the seventies. However, in 1980, The Times ran a similar report, only at that time they claimed that marijuana had an average potency of 4%. So, marijuana has actually decreased in potency, if you believe The Times.

5) "Marijuana causes schizophrenia, illusions, and hallucinations, including a dulling of the senses, creating the possibility that the user is unable to respond to body signals, such as pain;"

There is no clinical evidence that marijuana causes schizophrenia. The National Academy of Sciences found that drug abuse was more often than not a symptom rather than a cause of mental problems. Illusions and hallucinations are often subjective phenomena influenced by an individual's mental state and the power of suggestion. Individuals susceptible to lapses in their grasp of reality will compound their mental problems with the use of alcohol, marijuana, or other drugs.

Marijuana users do not hallucinate. They do experience an alteration of their space perception, and an apparent enhancement of colors. These, combined with impairment of motor coordination, are reasons why marijuana should not be used while driving a motor vehicle. However, to call these effects of marijuana "hallucinations" is misleading if not untruthful. Individuals who take LSD hallucinate. Individuals detoxifying from alcohol addiction hallucinate. Hallucinate means the individual sees something that isn't there. Marijuana users do not hallucinate.

The National Institute on Drug Abuse's pamphlet, "Marijuana", is far from being the best source on marijuana's effects. However, its claims are based far more on actual research than popular myths. It makes no mention of hallucinations, illusions, or schizophrenia resulting from marijuana use.

Marijuana's promise as a pain killer is referenced above. However, the dose required to render an individual oblivious to body signals such as pain far exceeds standard levels of use. A sufficient dose to accomplish this would also put the subject to sleep. It is unlikely that this presents any danger to the individual or to society.

6) "although it may take a heavy cigarette smoker as long as 20 years to develop lung cancer, one marijuana cigarette a day may cause lung cancer in three years;"

Marijuana is used daily by over 6 million Americans, according to the National Institute of Drug Abuse. Marijuana has been a popular recreational drug used by a large percentage of young Americans since 1965. There is no record of case histories to document this finding. If this finding were true, we would have millions of case histories of young individuals with lung cancer from marijuana use. The case histories don't exist because the statement is false.

The National Academy of Sciences decided that marijuana smoking and tobacco smoking can not be compared because the methods of ingestion differ so greatly. Marijuana smokers smoke far less materials a day than tobacco smokers (up to 2 cigarettes a day compared to 20 - 60), but they inhale the smoke far deeper into the lungs. On the other hand, many marijuana smokers use a waterpipe (or "bong") which filters out many, but not all, of the tars that contribute to lung cancer.

Claims that marijuana is more carcinogenic than tobacco are compelled by a logic that dictates that because marijuana is illegal (except in Alaska) it has to be more dangerous than tobacco (or in other cases, than alcohol). The claims are based on the undisputed fact that marijuana contains more tar than tobacco, but ignore the differences in ingestion and dosage that make comparisons inaccurate. Marijuana smoke is bad for the lungs, it does

contribute to the formation of lung cancer, and I am convinced that by the year 2000 we will begin to hear of case studies of individuals who have lung cancer as a result of long term marijuana use.

Nonetheless, it is not true that a marijuana cigarette a day for three years will cause lung cancer. I offer my own lungs and continued health as proof.

7) "THC affects eggs, sperm, sexual hormones, and the development of a fetus, and marijuana use may result in deformed or undersized offspring;"

There are no documented cases of marijuana use causing a genetic deformity. I challenge anyone to provide one.

In April, 1984 Ralph Hingson delivered a paper at a NORML conference on "Effects of Marijuana Use on Pregnant Women". Dr. Hingson's conclusion was that marijuana use during pregnancy may result in a smaller birth weight for the fetus, but in an allowable range (similar to the smaller birth weight for babies from nicotine or alcohol using mothers.) NORML has been publicizing this since 1984. We regularly hear, though, from mothers who used marijuana during pregnancy who delivered babies of normal weight.

Laboratory tests have indicated that under some conditions, large doses of THC affect the eggs, sperm, and sexual hormones of rats and other animals. There is evidence that THC inhibits sperm mobility. However, the effects of marijuana on fertility seem to be negligible - as millions of marijuana smoking parents will attest to.

The National Academy of Sciences report affirmed that marijuana use has no effect on chromosomes or fertility.

8) "other physical reactions to marijuana include irreversible changes in the brain, sinusitis, pharyngitis, bronchitis, emphysema, increased heart rate, and decreased blood circulation;"

Marijuana use does not cause brain damage. NIDA recently announced proof that it does. My office contacted the researcher. His data actually suggested that a dose of 50 marijuana cigarettes a day for 30 years would not cause brain damage. What NIDA based their comments on was his finding that 136 marijuana cigarettes for 30 years would cause slight premature senilia. An individual would have to smoke a marijuana cigarette every 8 minutes for 16 hours a day, for thirty years, to suffer any brain damage - if this study is conclusive. The enclosed NORML press release cited above re: marijuana potency contains more details of this study.

Smoking contributes to lung and sinus problems, and marijuana smoking is no different. Marijuana does increase the heart rate and/or blood pressure in some individuals; NORML cautions against marijuana use by individuals with cardiovascular problems.

9) "other psychological reactions to marijuana include loss of memory; impairment in thinking, reading comprehension, and verbal and arithmetic problem solving; impairment of perception of distance and time; and anxiety, panic, paranoia, psychosis, and psychological dependence."

People use marijuana because they enjoy the mild impairment the senses marijuana contributes to. This impairment is short term, and wears off two to three hours after ingestion. There is no evidence of prolonged impairment from marijuana use. The effects described above up to but not including anxiety are the short-term effects desired by the marijuana user.

The danger of teenage marijuana use is that many teens are prone to mix relaxation and studying, meaning they think it is okay to study while high on marijuana or while drinking beer. Impairment limits the ability to learn, especially the acquisition of learning skills. This is why it is essential to deter adolescents from marijuana use, and a primary reason why NORML advocates legalizing marijuana for adults (and shutting down the black market that will sell to students.) However 90% of marijuana smokers are adults whose learning skills are unimpaired by their occasional, moderate marijuana use.

Marijuana produces a condition similar to stress on the human body (for example, the increase in heart rate.) Most users find this pleasurable, (ironically even the ones who claim they use marijuana to alleviate stress), some first time users do not. This is what accounts to reports of anxiety attacks by new or inexperienced users of marijuana. No everybody who tries marijuana likes it, nor does everyone who uses it does so without ill-effect. People with pre-existing mental problems, as mentioned above, are susceptible to drug abuse. They are the source of reports of panic, paranoia, and psychosis resulting from marijuana use.

The issue of psychological dependence has been hotly debated for twenty years. Obviously, millions and millions of Americans use marijuana regularly. I contend they do so because they enjoy using marijuana. Whether they are psychologically dependent or not is a moot point. Marijuana is not an addictive drug, nor a dangerous one. Psychological reactions to it are cultural, not medical or biological. Once again, to belabor the point, some people with psychological problems abuse marijuana and other drugs. As with anxiety, panic, paranoia and psychosis, psychological dependence is not an observed side-effect in the overwhelmingly majority of marijuana users.

Additional Comments

To be to the point, these findings at best constitute horrible distortions and exaggerations of existing research findings. At worst, they are deceptive lies and half-truths designed to mislead the legislature of Alaska.

The National and International Drug Law Enforcement Strategy of the National Drug Enforcement Policy Board (NDEPB) (Jan. 1987) states that "because the decriminalization of marijuana possession undermines the standard of the unacceptability of drug use, the 11 states (which includes Alaska) that have decriminalized marijuana possession should recriminalize this offense." This document also indicates that the Attorney General is now in charge of all anti-drug efforts, including drug-education plans.

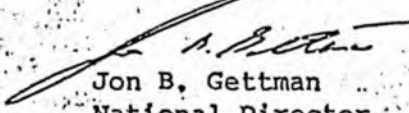
Many of the claims represented in the above findings replicate claims in the NDEPB's Analysis of the Domestic Cannabis Problem and the Federal Response, (8/86). The source cited was a Drug Enforcement Administration

report "The Health Implications of Marijuana Use." It is rife with phrases such as "research suggests," "have been observed," "marijuana may," and other cautious terminology which avoids making a direct conclusion. It is my opinion after studying these claims that they represent law enforcement's best attempt to justify the laws which they are obligated to enforce.

Societal bias often interferes with sound scientific reasoning. The notion that marijuana is illegal so it must be dangerous is the driving force behind the ludicrous comments about marijuana above. The strategy of the NDEPB is to justify their increasing budget requests by turning drug education programs into law enforcement propaganda.

Please let me know how I can be of service in bringing the truth about marijuana to the people of Alaska.

Sincerely yours,


Jon B. Gettman
National Director

cc: Chris Hamre
enclosures

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 18, 1988

SUBJECT: Constitutionality of "criminalizing"
 possession of marijuana (CSSB 32 (HESS))

TO: Senator Bettye Fahrenkamp

FROM: Jack Chenoweth
 Legislative Counsel

You have asked whether the legislature may constitutionally make possession of any amount of marijuana illegal.

In a memorandum accompanying the original version of SB 32, the drafter, Keith Levy, wrote:

. . . This draft makes the possession of any amount of marijuana illegal. The proposed amendment to AS 11.71.060(a) specifically concerns possession of any amount less than one-half pound and makes it a misdemeanor.

This provision conflicts with the right to privacy under Art. 1, sec. 22 of the Alaska Constitution. In the case of Ravin v. State, 537 P.2d 494 [(1975)], the Alaska Supreme Court ruled that this right to privacy within the home prevailed over an inadequately compelling governmental interest in preventing marijuana possession and use by adults in the home. The policy arguments made in the bill are not, in my opinion, sufficiently weighty to overcome the constitutional protection recognized in the Ravin decision.

Since then, as you know, the findings provisions of the original bill have been amended and extended and incorporated into the version that is the Senate HESS Committee Substitute. The committee substitute makes no change in the operative text of the bill.

It is the constitutionality of that committee substitute as to which you inquire.

*

In Ravin, the court acknowledged that the right of privacy is limited by the "legitimate needs of the State to protect the health and safety of its citizens." 537 P.2d 494, at 501. Responding to the evidence marshalled by the state in defense of its prosecution, the court determined that

. . . It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbiturates, and amphetamines. Moreover, the current patterns of use in the United States are not such as would warrant concern that in the future consumption patterns are likely to change.

Ravin, supra., at 509 - 510. The court did not close the door to debate or to the adoption of legislation that would survive constitutional scrutiny:

Research is continuing extensively. Scientific doubts persist, however, and that fact has significance for our application of the law. It is a long-standing rule of law that statutes designed to protect the public health will receive a liberal construction. . . . There is a presumption in favor of public health measures; when there is substantial doubt as to the safety of a given substance or situation for the public health, controls intended to obviate the danger will usually be upheld.

Ravin, supra., at 510. But, the court concluded:

. . . no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice. The state must demonstrate a need based on proof that the public health or welfare will

in fact suffer if the controls are not applied.
[Emphasis added]

Ravin, supra. at 511.

In an inquiry as to constitutionality of legislation setting controls on possession of marijuana in the home, the burden is on the state to "demonstrate a need based on proof that the public health or welfare will in fact suffer if controls are not applied."

Under scrutiny, would CSSB 32 (HESS) meet the burden laid down in the Ravin decision?

Assuming CSSB 32 (HESS) is passed and becomes law, in a prosecution under it, applying the Ravin test, a court is not constrained to look only at the legislative findings to ascertain whether there is "demonstrated . . . need based on proof" that public health or welfare will be affected by the criminal re-regulation of the possession of the plant. The court may also conduct an analysis beyond the findings cited by the legislature in its consideration of the bill, Gray v. State, 525 P.2d 524 (Alaska, 1974), and rely on other relevant evidence and arguments "including matters which have never been presented to or considered by the legislature in its deliberations." Gray, supra., note 15 at 528. 1/

What is in balance is, as the court has said

. . . the general proposition that the authority of the state to exert control over the individual extends only to activities of the individual which affect others or the public at large as it relates to matters of public health or safety, or to provide for the general welfare. . . . The state cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals. . . .

Ravin, supra., at 509.

The "findings"--bill section 1 identifies them as such--purport to set out factual conclusions from which the legislature has decided to proceed to "recriminalize" marijuana. 2/ As I've reviewed the recitations, I've found that many of the statements are general and speculation, or

have relatively little to do with concerns of public health, safety, and welfare that affect significant numbers of Alaskans. 3/

More to the point, however, is my belief that the Senate committee did not establish a record in hearings that would verify the recitations set out in the findings sufficient to meet the Ravin burden. A comparative examination of the findings to the court's analysis in Ravin leads me to conclude that much of the material set out as findings is little more than conclusions that have already received some attention by the court in the initial decision. 4/ Virtually all of the findings in section 1(a) of the bill have a counterpart in the extended discussion of the physiological and psychological effects of the drug undertaken by the court in its decision. Almost everything that the Senate committee substitute reports as "fact" or offers as conclusion is addressed in the earlier opinion. (So, for example, where the committee substitute asserts that the "THC content of commonly obtainable marijuana has increased from less than one percent 10 years ago to as high as 10 percent today" (finding 6), the Ravin decision seemingly anticipates the finding by reporting--and subsequently dismissing--the claim that "most of the [physiological] damage suggested by [the] studies [reviewed and relied on by the court] comes in the context of intensive use of concentrated forms of THC." Ravin, supra., at 506, Emphasis added. And, where the committee substitute recites that "other psychological reactions to marijuana include loss of memory, anxiety, panic, paranoia, psychosis, psychological dependence, and impairment in thinking, reading comprehension, verbal and arithmetic problem solving, and perception of distance and time" (finding 12), the litany appears to have been taken almost intact from similar observations made in the Ravin decision at pp. 506-507.)

Recitations of findings unsupported by significant evidence--or at least significant new evidence--makes it less likely that the court would sustain the enactment against a constitutional challenge.

Even at that, the emphasis in section 1(a) of the committee substitute is overwhelmingly on the purported effect of marijuana on the individual. By itself, that is probably not enough, as Keith Levy has claimed, to meet the test of Ravin, i.e., that the record show that the legislature's

Senator Bettye Fahrenkamp
Page 5
February 18, 1988

deliberations found "a close and substantial relationship of the intrusion to a legitimate governmental interest." The opinion makes it quite clear that government may not "simply decide what is in a person's best interest and then compel it." The burden, the court has made clear, is on the government to demonstrate that "the public health or welfare will in fact suffer if the controls are not applied."

I am not prepared to speculate on how the court would rule on this bill. In candor, however, like Keith Levy, I have serious reservations. This office has previously addressed the question of the constitutionality of this and similar legislation (HB 698, 13th Legislature; SB 163, 14th Legislature), and our conclusions have been consistent. Now, despite the Senate HESS committee's revision of the findings as it produced the committee substitute, I cannot conclude that the HESS committee substitute meets the Ravin tests. Suffice to say that, without reviewing the specific testimony that the senate committee received last year as it considered the bill, it should be clear that bill findings that are unsupported by rigorous examination by the legislative committee that authored them would surely be insufficient to meet the burden of the Ravin test. But even if the underlying evidence is sufficient in that regard, it is far from clear to me that the evidence offered compels the conclusion the state may now act to prohibit possession of marijuana for a reason related to the public health or public welfare.

Thank you for the opportunity to comment.

1/ In its decision, the Ravin court wrestled with the adequacy of the record. In the absence of a legislative record, it undertook its own examination, an extensive review of pertinent evidence that, in the decision, the court summarized as follows:

[W]e conclude that citizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, non-commercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest.

This leads us to the second facet of our inquiry, namely, whether the State has demonstrated sufficient justification for the prohibition of possession of marijuana in general in the interest of public welfare; and further, whether the State has met the greater burden of showing a close and substantial relationship between the public welfare and control of ingestion or possession of marijuana in the home for person use.

The evidence which was presented at the hearing before the district court consisted primarily of several expert witnesses familiar with various medical and social aspects of marijuana use. Numerous written reports and books were also introduced into evidence.

. . .

The justification offered by the State to uphold AS 17.12.010 are generally that marijuana is a psychoactive drug; that it is not a harmless substance; that heavy use has concomitant risk; that it is capable of precipitating a psychotic reaction in at least individuals who are predisposed towards such reaction; and that its use adversely affects the user's ability to operate an automobile. The State relies upon a number of medical researchers who have raised questions as to the substance's effect on the body's immune system, on chromosomal structure, and on the functioning of the brain. On the other hand, in almost

every instance of reports of potential danger arising from marijuana use, reports can be found reaching contradictory results. It appears that there is no firm evidence that marijuana, as presently used in this country, is generally a danger to the user or to others. But neither is there conclusive evidence to the effect that it is harmless. . . .

Possibly implicit in the State's catalogue of possible dangers of marijuana use is the assumption that the State has the authority to protect the individual from his own folly, that is, that the State can control activities which present no harm to anyone except those enjoying them. Although some courts have found the "public interest" to be broad enough to justify protecting the individual against himself, most have found inherent limitations on the police power of the state. An apposite example is the litigation regarding the constitutionality of laws requiring motorcyclists to wear helmets. Most of the courts addressing the issue, including this one, have resolved it by finding a connection between the helmet requirement and the safety of other motorists, but a significant number of courts have explicitly rejected such restrictive measures as beyond the police power of the state because they do not benefit the public. Typical of the logic of these latter cases is the dissent of Justice Abe in State v. Lee, [465 P2d. 573 (1975)] in which the Hawaii Supreme Court upheld a motorcycle helmet requirement despite finding no clear link between lack of the requirement by the motorcyclist and injury to others. The court reasoned that where a person's conduct is so reckless, and the resulting injury and death are so widespread as to be of concern to the public, then the conduct affects the public interest and is within the scope of the police power. Justice Abe dissented, citing a general right to be left alone or liberty to do as you please. There has to be a genuine harm to others, he wrote, to justify such controls; a state cannot simply decide what is in a person's best interest and compel it.

Ravin, supra., at 504-509. (Footnotes omitted.)

After finding, on the basis of the evidence offered and considered, a "need for control of drivers under the influence of marijuana," the court concluded:

[G]iven the relative insignificance of marijuana consumption as a health problem in our society at present, we do not believe that the potential harm generated by drivers under the influence of marijuana, standing alone, creates a close and substantial relationship between the public welfare and control of ingestion of marijuana or possession of it in the home for personal use. Thus we conclude that no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice. The state must demonstrate a need based on proof that the public health or welfare will in fact suffer if the controls are not applied.

Ravin, supra., at 511 (Footnotes omitted.)

2/ The language and content of the proposed findings that support subsection 1(a) of CSSB 32 appear to derive from related material and proposed findings incorporated into CSHB 698 of the 13th Legislature. A document in our records recites that the findings used in CSHB 698 "are taken from the testimony in several [House] Judiciary Committee hearings, including (but not limited to)" testimony or material submitted by

Dr. Reese T. Jones, clinical psychiatrist,
University of California, San Francisco; and
Dr. Gabriel G. Nahas, Columbia University, New
York City, re: the psychological effects and the
biological effects, respectively, of the use of
marijuana.

There is an additional sheet reciting other proposed conclusions, some of which appear to have been incorporated into the findings in the earlier bill (and carried forward into this bill), but the source of the information is not noted or disclosed.

3/ The tendency of the findings set out in section 1 of CSSB 32 to generalize and to speculate as to the personal and public health consequences of use of small amounts of

the drug may be illustrated by the "tentativeness" of some of the principal findings set out in subsection (a) of the committee substitute:

-- the findings recite the buildup of tetrahydrocannabinol (THC) in the tissues of the body, but conclude only that "repeated administration of even small doses may lead to an accumulation" of the drug at cumulatively higher levels (finding 3) and that the buildup "may result in loss of sleep, appetite, and initiative . . ." (finding 4);

-- the findings note that "marijuana may cause schizophrenia, illusions, and hallucinations . . ." (finding 8); that use of the drug "may result in deformed or undersized offspring" (finding 10); and that its use "may [hasten the onset of] lung cancer" (finding 9).

That the findings rely on national studies and have little direct relevance to data based on studies involving or affecting Alaskans seems self-evident.

As to the assertions made in subsection (b) of the committee substitute, the subsection in which the legislature makes direct reference to the public health and welfare of the people of the state, I question whether the committee has a basis for the proposed conclusions. There is nothing in the drafting file to indicate the source of these specific statistics and conclusions.

4/ In its opinion, the Ravin court reported at length on its conclusions concerning the physiological and psychological effects of the use of the drug:

The short-term physiological effects are relatively undisputed. An immediate slight increase in the pulse, decrease in salivation, and a slight reddening of the eyes are usually noted. There is also impairment of psychomotor control. These effects generally end within two to three hours of the end of smoking.

Long-term physiological effects raise more controversy among the experts. The National Commission on Marihuana and Drug Abuse reported that among users "no significant physical, biochemical, or mental abnormalities could be attributed solely to their marijuana smoking." Certain researchers have pointed to possible deleterious effects on the body's immune

defenses, on the chromosomal structures of users, and on testosterone levels in the body. The methodology of certain of these studies has been extensively criticized by other qualified medical scientists, however. These studies cannot be ignored. It should be noted that most of the damage suggested by these studies becomes in the context of intensive use of concentrated forms of THC. It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem of any significant dimensions. It is, for instance, far more innocuous in terms of physiological and social damage than alcohol or tobacco. But the studies suggesting dangers in intensive cannabis use do raise valid doubts which cannot be dismissed or discounted.

The immediate psychological effects of marijuana are typically a mild euphoria and a relaxed feeling of well-being. The user may feel a heightened sensitivity to taste and to visual and aural sensations, and his perception of time intervals may be distorted. A desire to become high can lead to a greater high; fear of becoming high or general nervousness can cause the user to fail to experience any high at all. In rare cases, excessive nervousness or fear of the drug can even precipitate a panic reaction. Occasionally a user will experience a negative reaction such as anxiety or depression, particularly when he takes in more of the substance than needed to achieve the desired high. However, in smoking marijuana, the user can selftitrate, or control the amount taken in, since the effect builds up gradually.

Additional short-term effects are an impairment of immediate-past-memory facility and impairment in performing psycho-motor tasks. Experienced users seem less impaired in this regard than naive users.

In extreme rare instances, use of marijuana has been known to precipitate psychotic episodes; however, the consensus of the experts seems to be that the potential for precipitating psychotic episodes exists only for a limited number of prepsychotic persons who could be pushed into psychosis by any number of drug or nondrug-related influences.

There is considerable debate as to the long-term effects of marijuana on mental functioning. Certain researchers cite evidence of an "amotivational syndrome" among long-term heavy cannabis users. However, the main examples of this effect are users in societies where large segments of the population exhibit such traits as social withdrawal and passivity even without drug use. The National Commission concludes that long-time heavy users do not deviate significantly from their social peers in terms of mental functioning, at least to any extent attributable to marijuana use.

Most authorities have accepted the theory that marijuana users develop a "reverse tolerance", that is, that a moderate user needs less and less marijuana over time to achieve a high. Recent research indicates that this may be true only up to a point, and that beyond a certain intensity of use a true tolerance begins to develop. If true, this may be relevant regarding only heavy use of concentrated forms of cannabis, since marijuana is physically addicting. It also rejected the notion that marijuana as used in the United States today presents a significant risk of causing psychological dependency in the user. Rather, the experimental or intermittent user develops little or no psychological dependency. Lengthy use on a regular basis does present a risk of such dependency and of subsequent heavier use, and strong psychological dependence is characteristic of heavy users in other countries. This pattern of use is rare in the United State today, however.

While there is no confirmed report of a human ever having died from an overdoes of cannabis, the toxic levels of THC have been determined from tests on animals. The lethal dose for marijuana is approximately 40,000 times the dose needed to achieve intoxication. The equivalent ratio of intoxicating to lethal doses for alcohol is 4/10 and for barbiturates 3/50.

Ravin, supra., at 506-508 (Footnotes omitted).

I suspect that one key element in any judicial analysis would be the link between adult possession and use of marijuana and the impact of that use on, and opportunity for

use by, adolescents living in the same home. In Ravin, citing a 1971 article in the American Medical Association Journal, the court related that "24% of Anchorage school children in grades six through twelve had used marijuana, as had 46% in grades eleven and twelve." Ravin, supra., at 505. In CSSB 32, the legislature finds that "the daily use of marijuana in the state has increased to as high as four percent among the general population and as high as six percent among secondary school students" (finding 2). The analysis prompts other, unanswered, questions. Are the figures cited for the Anchorage School District representative of the state as a whole? As to the purported increased usage of the drug on a regular basis, claimed now to be six percent among secondary school students, is that an increase when compared to patterns of use reported in the 1971 report of the Journal of the American Medical Association? And--most significantly in a bill that attempts to regulate possession of marijuana by adults--do public health officials and educators and others who might be familiar with the welfare of secondary school students provide testimony of the serious deleterious effects of either their use of marijuana or of their regular exposure to its use by adults?

JBC:bb
wkb2/114

Irwin RAVIN, Petitioner,
 v.
 STATE of Alaska, Respondent.
 No. 2135.

Supreme Court of Alaska.
 May 27, 1975.
 As Amended May 29, 1975.

Proceeding was instituted on defendant's motion to dismiss charge of violation of statute proscribing possession of marijuana. The District Court, Third Judicial District, Anchorage, Dorothy D. Tyner, J., denied motion to dismiss and the superior court affirmed and petition for review from the superior court's affirmance was granted. The Supreme Court, Rabinowitz, C. J., held that need for control of drivers under influence of marijuana and existing doubts as to safety of marijuana demonstrate a sufficient justification for statutory proscription of possession of marijuana, and thus an individual's right to possess or ingest marijuana while driving is subject to statute proscribing possession of marijuana; and that no adequate justification exists for State's intrusion into citizen's right of privacy by its prohibition of possession of marijuana by an adult for personal consumption in home, and thus possession of marijuana by adults at home for personal use is constitutionally protected.

Remanded for further proceedings.

Boochever and Connor, JJ., filed specially concurring opinions.

1. Criminal Law ⇨1030(2)

Issue of cruel and unusual punishment in application of statute proscribing possession of marijuana to possession of marijuana for personal use was not considered by Supreme Court, since issue was not raised below or in petition for review to Supreme Court. Rules of Appellate Procedure 24(c); AS 17.12.010, 17.12.150.

2. Constitutional Law ⇨82

Once a fundamental right under State Constitution has been shown to be involved and it has been further shown that this constitutionally protected right has been impaired by governmental action, government must come forward and meet its substantial burden of establishing that abridgment in question was justified by a compelling governmental interest.

3. Constitutional Law ⇨82

When governmental action interferes with an individual's freedom in an area which is not characterized as fundamental, a less stringent test is ordinarily applied and, in such cases, court's task is to determine whether legislative enactment has a reasonable relationship to a legitimate government purpose, and under this "rational basis" test state need only demonstrate existence of facts which can serve as a rational basis for belief that measure would properly serve public interest.

4. Constitutional Law ⇨82

If governmental restrictions interfere with individual's right to privacy, court will require that relationship between means and ends be not merely reasonable but close and substantial.

5. Constitutional Law ⇨82

Federal right to privacy arises only in connection with other fundamental rights, such as the grouping of rights which involve the home, and even in connection with penumbra of home-related rights, right of privacy in sense of immunity from prosecution is absolute only when private activity will not endanger or harm the general public. Const. art. 1, § 22; U.S.C.A. Const. Amendments. 1, 3-5, 14.

6. Constitutional Law ⇨82
 Drugs and Narcotics ⇨41

Right to privacy amendment to Alaska Constitution cannot be read so as to make the possession or ingestion of marijuana itself a fundamental right. Const. art. 1, § 22.

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7. Constitutional Law ⇨82

Privacy amendment to Alaska Constitution was intended to give recognition and protection to the home. Const. art. 1, § 22.

8. Constitutional Law ⇨82

Privacy in the home is a fundamental right. Const. art. 1, § 22; U.S.C.A.Const. Amend. 4.

9. Constitutional Law ⇨82

Right of privacy in the home must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare. Const. art. 1, § 22; U.S.C.A.Const. Amend. 4.

10. Constitutional Law ⇨82

No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely. Const. art. 1, § 22; U.S.C.A. Const. Amend. 4.

11. Constitutional Law ⇨82

Right of privacy in home is limited in that possession of substances is guaranteed only for purely private, noncommercial use in home. Const. art. 1, § 22; U.S.C.A. Const. Amend. 4.

12. Constitutional Law ⇨70.1(10)

In determining validity of legislative proscription of possession of marijuana, it is not function of court to reassess scientific evidence in the manner of a legislature.

13. Constitutional Law ⇨82

State cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals.

14. Constitutional Law ⇨82

The right of an individual to do as he pleases is not absolute and it can be made to yield when it begins to infringe on the rights and welfare of others.

15. Constitutional Law ⇨81

Authority of state to control activities of its citizens is not limited to activities

which have a present and immediate impact on public health or welfare.

16. Constitutional Law ⇨82

State is under no obligation to allow otherwise "private" activity which will result in numbers of people becoming public charges or otherwise burdening the public welfare.

17. Health and Environment ⇨20

Statutes designed to protect the public health will receive a liberal construction.

18. Health and Environment ⇨20

There is a presumption in favor of public health measures.

19. Health and Environment ⇨20

When there is substantial doubt as to safety of a given substance or situation of public health, controls intended to obviate the danger will usually be upheld.

20. Automobiles ⇨332

Need for control of drivers under influence of marijuana and existing doubts as to safety of marijuana demonstrate a sufficient justification for statutory proscription of possession of marijuana; and thus an individual's right to possess or ingest marijuana while driving is subject to statute proscribing possession of marijuana. AS 05.25.060, 17.12.010, 17.12.150, 28-35.030; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 14.

21. Drugs and Narcotics ⇨43

No adequate justification exists for State's intrusion into citizen's right of privacy by its prohibition of possession of marijuana by an adult for personal consumption in home, and thus possession of marijuana by adults at home for personal use is constitutionally protected. AS 17-12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

22. Constitutional Law ⇨82

Privacy of individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest.

23. Drugs and Narcotics ⇨62, 68

Neither federal nor Alaska Constitution affords protection for the buying or selling of marijuana, nor absolute protection for its use or possession in public. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

24. Drugs and Narcotics ⇨66

Possession at home of amounts of marijuana indicative of intent to sell rather than possession for personal use is unprotected. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amends. 1, 4, 14.

25. Constitutional Law ⇨250.1(2)

Drugs and Narcotics ⇨43

Statute proscribing possession of marijuana is not violative of equal protection on ground that other commonly used recreational drugs, such as alcohol and tobacco, are not proscribed, even though they may inflict more damage on user than does marijuana. AS 17.12.010, 17.12.150; Const. art. 1, § 22; U.S.C.A.Const. Amend. 1, 14.

26. Health and Environment ⇨20

It is not irrational for legislature to regulate those public health areas where it can do so, when other areas exist where controls are less feasible.

27. Drugs and Narcotics ⇨43

Fact that marijuana may be the least harmful of drugs covered by statute proscribing possession is not alone sufficient to make classification of marijuana with other drugs covered irrational. AS 17.10.010 et seq., 17.12.010, 17.12.150(3); U.S.C.A.Const. Amends. 1, 14.

28. Constitutional Law ⇨70.3(12)

Wisdom of statute proscribing possession of marijuana was for legislature, rather than judiciary. AS 17.10.010 et seq., 17.12.010, 17.12.150(3).

1. AS 17.12.010 provides:

Except as otherwise provided in this chapter, it is unlawful for a person to manufacture, compound, counterfeit, possess, have under his control, sell, prescribe, administer, dispense, give, transfer, supply or distribute

R. Collin Middleton and Robert H. Wagstaff, Anchorage, for petitioner.

Stephen G. Dunning, Asst. Dist. Atty., Joseph D. Balfe, Dist. Atty., Anchorage, Norman C. Gorsuch, Atty. Gen., Juneau, for respondent.

OPINION

Before RABINOWITZ, C. J., and CONNOR, ERWIN, BOOCHEVER and FL. ZGERALD, JJ.

RABINOWITZ, Chief Justice.

The constitutionality of Alaska's statute prohibiting possession of marijuana is put in issue in this case. Petitioner Ravin was arrested on December 11, 1972 and charged with violating AS 17.12.010.¹ Before trial Ravin attacked the constitutionality of AS 17.12.010 by a motion to dismiss in which he asserted that the State had violated his right of privacy under both the federal and Alaska constitutions, and further violated the equal protection provisions of the state and federal constitutions. Lengthy hearings on the questions were held before District Court Judge Dorothy D. Tyner, at which testimony from several expert witnesses was received. Ravin's motion to dismiss was denied by Judge Tyner. The superior court then granted review and after affirmance by the superior court, we, in turn, granted Ravin's petition for review from the superior court's affirmance.

[1] Here Ravin raises two basic claims: first, that there is no legitimate state interest in prohibiting possession of marijuana by adults for personal use, in view of the right to privacy; and secondly, that the statutory classification of marijuana as a dangerous drug, while use of alcohol and tobacco is not prohibited, denies

in any manner, a depressant, hallucinogenic or stimulant drug.

AS 17.12.150 defines "depressant, hallucinogenic, or stimulant drug" to include all parts of the plant *Cannabis Sativa* L.

him due process and law.²

We first address the fact that his constitutional privacy compels the State of Alaska is protecting the private possession of marijuana. Ravin's basic claim exists under the federal constitution a fundamental right of which is sufficient to compass and protect the right to possession of marijuana for personal use. The State then has the burden of showing a compelling state interest in the possession of marijuana. The controlling principles, that the evidence submitted demonstrates that marijuana is not a dangerous drug compared with other substances, and that nothing is a compelling state interest for the State.

Ravin's arguments necessitate a re-examination of the contours of the right to privacy and the scope of the court's review of the legislature's action to criminalize possession of marijuana.

[2] We have previously held that the right to privacy to be applied when a state action encroaches upon an individual's constitutional rights. *Smith*, 501 P.2d 159 (Alaska 1972).

2. In his briefs before this court, Ravin attempts to raise the issue of the constitutionality of the statute prohibiting possession of marijuana for personal use. Because this issue is not raised below or in the petition for review, we decline to consider it. *See Appellate Procedure*. *Moran v. Holman*, 501 P.2d 1122 (Alaska 1972).

3. 501 P.2d at 171. *See State v. Adams*, 502 P.2d 1122 (Alaska 1973); *State v. Adams*, 502 P.2d 453 (Alaska 1972); *State v. Adams*, 502 P.2d 524, 527 (Alaska 1972); *State v. Adams*, 502 P.2d 1122 (Alaska 1972); *State v. Adams*, 502 P.2d 1122 (Alaska 1972).

him due process and equal protection of law.²

We first address petitioner's contentions that his constitutionally protected right to privacy compels the conclusion that the State of Alaska is prohibited from penalizing the private possession and use of marijuana. Ravin's basic thesis is that there exists under the federal and Alaska constitutions a fundamental right to privacy, the scope of which is sufficiently broad to encompass and protect the possession of marijuana for personal use. Given this fundamental constitutional right, the State would then have the burden of demonstrating a compelling state interest in prohibiting possession of marijuana. In light of these controlling principles, petitioner argues that the evidence submitted below by both sides demonstrates that marijuana is a relatively innocuous substance, at least as compared with other less-restricted substances, and that nothing even approaching a compelling state interest was proven by the State.

Ravin's arguments necessitate a close examination of the contours of the asserted right to privacy and the scope of this court's review of the legislature's determination to criminalize possession of marijuana.

[2] We have previously stated the tests to be applied when a claim is made that state action encroaches upon an individual's constitutional rights. In *Breese v. Smith*, 501 P.2d 159 (Alaska 1972), we had

2. In his briefs before this court, Ravin also attempts to raise the issue of cruel and unusual punishment in the application of AS 17.12.010 to possession of marijuana for personal use. Because this issue was not raised below or in the petition for review to this court, we decline to consider the issue in this proceeding. See Appellate Rule 21(c). Cf. *Moran v. Hoffman*, 501 P.2d 769, 770 n. 1 (Alaska 1972).

3. 501 P.2d at 171. See *State v. Wyllie*, 516 P.2d 142 (Alaska 1973); *State v. Van Doet*, 502 P.2d 453 (Alaska 1972); *Gray v. State*, 525 P.2d 524, 527 (Alaska 1974); *Gilbert v. State*, 526 P.2d 1121, 1133 (Alaska 1974); *State v. Adams*, 522 P.2d 1125 (Alaska 1974).

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before us a school hairlength regulation which encroached on what we determined to be the individual's fundamental right to determine his own personal appearance. — re we stated

Once a fundamental right under the constitution of Alaska has been shown to be involved and it has been further shown that this constitutionally protected right has been impaired by governmental action, then the government must come forward and meet its substantial burden of establishing that the abridgement in question was justified by a compelling governmental interest.³

This standard is familiar federal law as well. As stated by the United States Supreme Court:

Where there is a significant encroachment upon personal liberty, the State may prevail only upon showing a subordinating interest which is compelling.⁴ The law must be shown "necessary, and not merely rationally related, to the accomplishment of a permissible state policy."⁵

[3] When, on the other hand, governmental action interferes with an individual's freedom in an area which is not characterized as fundamental, a less stringent test is ordinarily applied. In such cases our task is to determine whether the legislative enactment has a reasonable relationship to a legitimate governmental purpose.⁶ Under this latter test, which is sometimes referred to as the "rational basis" test, the State

4. *Dates v. Little Rock*, 301 U.S. 516, 524, 80 S.Ct. 412, 417, 4 L.Ed.2d 480, 486 (1960). See *Roe v. Wade*, 410 U.S. 113, 153, 93 S.Ct. 705, 35 L.Ed.2d 147, 178 (1973).

5. *McLaughlin v. Florida*, 379 U.S. 184, 196, 85 S.Ct. 283, 290, 13 L.Ed.2d 222, 231 (1964), quoted in the concurrence of Mr. Justice Goldberg in *Griswold v. Connecticut*, 391 U.S. 479, 497, 85 S.Ct. 1678, 14 L.Ed.2d 510, 523 (1955).

6. See *Concerned Citizens v. Kenai Peninsula Borough*, 527 P.2d 447, 452 (Alaska 1974); *Mobil Oil Corp. v. Local Boundary Comm'n*, 518 P.2d 92, 101 (Alaska 1974); *Meyer v. Nebraska*, 262 U.S. 390, 43 S.Ct. 625, 67 L.Ed. 1042 (1923).

need only demonstrate the existence of facts which can serve as a rational basis for belief that the measure would properly serve the public interest.

In our recent opinion in *Lynden Transport, Inc. v. State*, 532 P.2d 700 (Alaska 1975), we recognized the existence of considerable dissatisfaction with the fundamental right-compelling state interest test. There we said:

It has been suggested that there is mounting discontent with the rigid two-tier formulation of the equal protection doctrine, and that the United States Supreme Court is prepared to use the clause more rigorously to invalidate legislation without expansion of "fundamental rights" or "suspect" categories and the concomitant resort to the "strict scrutiny" tests. We are in agreement with the view that the Supreme Court's recent equal protection decisions have shown a tendency towards less speculative, less deferential, more intensified means-to-end inquiry when it is applying the traditional rational basis test and we approve of this development. See Gunther, *Forward: In Search of Evolving Doctrine on a Changing Court: A Model for Newer Equal Protection*, 86 Harv.L.Rev. 1 (1972). See, e.g., *James v. Strange*, 407 U.S. 128, 92 S.Ct. 2027, 32 L.Ed.2d 600 (1972); *Jackson v. Indiana*, 406 U.S. 715, 92 S.Ct. 1845, 32 L.Ed.2d 435 (1972); *Humphrey v. Cady*, 405 U.S. 504, 92 S.Ct. 1048, 31 L.Ed.2d 394 (1972); *Eisenstadt v. Baird*, 405 U.S. 438, 92 S.Ct. 1029, 31 L.Ed.2d 349 (1972); *Reed v. Reed*, 404 U.S. 71, 92 S.Ct. 251, 30 L.Ed.2d 225 (1971).

[4] This court has previously applied a test different from the rigid two-tier formulation to state regulations. In *State v. Wylie*,⁷ we tested durational residency requirements for state employment by both

7. 516 P.2d 142 (Alaska 1973).

8. *Id.* at n. 16.

9. The right to privacy was recently made explicit in Alaska by an amendment to the

the compelling state interest test and a test which examined whether the means chosen suitably furthered an appropriate governmental interest.⁸ It is appropriate in this case to resolve Ravin's privacy claims by determining whether there is a proper governmental interest in imposing restrictions on marijuana use and whether the means chosen bear a substantial relationship to the legislative purpose. If governmental restrictions interfere with the individual's right to privacy, we will require that the relationship between means and ends be not merely reasonable but close and substantial.

Thus, our undertaking is two-fold: we must first determine the nature of Ravin's rights, if any, abridged by AS 17.12.010, and, if any rights have been infringed upon, then resolve the further question as to whether the statutory impingement is justified.

As we have mentioned, Ravin's argument that he has a fundamental right to possess marijuana for personal use rests on both federal and state law, and centers on what may broadly be called the right to privacy. This "right" is increasingly the subject of litigation and commentary and is still a developing legal concept.⁹

In Ravin's view, the right to privacy involved here is an autonomous right which gains special significance when its situs is found in a specially protected area, such as the home. Ravin begins his privacy argument by citation of and reliance upon *Griswold v. Connecticut*,¹⁰ in which the Supreme Court of the United States struck down as unconstitutional a state statute effectively barring the dispensation of birth control information to married persons. Writing for five members of the Court, Mr. Justice Douglas noted that rights protected by the Constitution are not limited to those specifically enumerated in the

state constitution. Alaska Const. Art. I, § 22.

10. 381 U.S. 479, 85 S.Ct. 1678, 14 L.Ed.2d 510 (1965).

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Constitution. In order to secure the enumerated rights, certain peripheral rights must be recognized. In other words, the specific guarantees in the Bill of Rights have penumbras, formed by emanations from those guarantees that help give them life and substance."¹¹ Certain of these penumbral rights create "zones of privacy", for example, First Amendment rights of association, Third and Fourth Amendment rights pertaining to the security of the home, and the Fifth Amendment right against self-incrimination. The Supreme Court of the United States then proceeded to find a right to privacy in marriage which antedates the Bill of Rights and yet lies within the zone of privacy created by several fundamental constitutional guarantees. It was left unclear whether this particular right to privacy exists independently, or comes into being only because of its connection with fundamental enumerated rights.

The next important Supreme Court opinion regarding privacy is *Stanley v. Georgia*,¹² in which a state conviction for possession of obscene matter was overturned as violative of the First and Fourteenth Amendments. The Supreme Court had previously held that obscenity is not protected by the First Amendment.¹³ But in *Stanley* the Court made a distinction between commercial distribution of obscene matter and the private enjoyment of it at home. The Constitution, it said, protects the fundamental right to receive information and ideas, regardless of their worth. Moreover, the Supreme Court said,

. . . in the context of this case - a prosecution for mere possession of printed or filmed matter in the privacy of a

person's own home—that right takes on an added dimension. For also fundamental is the right to be free, except in very limited circumstances, from unwanted governmental intrusions into one's privacy.¹⁴

The Supreme Court concluded that the First Amendment means a state has no business telling a man, sitting alone in his own home, what books he may read or what films he may watch. The Court took care to limit its holding to mere possession of obscene materials by the individual in his own home. It noted that it did not intend to restrict the power of the state or federal government to make illegal the possession of items such as narcotics, firearms, or stolen goods.

The *Stanley* holding was subsequently refined by a series of cases handed down in 1973. In *Paris Adult Theatre I v. Slaton*,¹⁵ the Supreme Court rejected the claim of a theater owner that his showing of allegedly obscene films was protected by *Stanley* because his films were shown only to consenting adults. The Court explicitly rejected the comparison of a theater to a home and found a legitimate state interest in regulating the use of obscene matter in local commerce and places of public accommodation. It apparently found no fundamental right involved in viewing obscene matter under these conditions, for it noted that the right to privacy guaranteed by the Fourteenth Amendment extends only to fundamental rights. The protection offered by *Stanley*, the Supreme Court stated, was restricted to the home, and it explicitly refused to say that all activities occurring between consenting adults were beyond the reach of the government.¹⁶

11. 381 U.S. at 484, 85 S.Ct. at 1681, 14 L. Ed.2d at 514.

12. 394 U.S. 557, 89 S.Ct. 1243, 22 L.Ed.2d 742 (1969).

13. See *Roth v. U. S.*, 354 U.S. 476, 77 S.Ct. 1304, 1 L.Ed.2d 1498 (1957).

14. 394 U.S. at 504, 89 S.Ct. at 1247, 22 L. Ed.2d at 549.

15. 413 U.S. 49, 93 S.Ct. 2629, 37 L.Ed.2d 446 (1973). See also *United States v. Orito*, 413 U.S. 139, 93 S.Ct. 2674, 37 L.Ed.2d 513 (1973); *United States v. 12 200-Ft. Reels*, 413 U.S. 129, 93 S.Ct. 2955, 37 L.Ed.2d 500 (1973).

16. In a companion case, *United States v. Orito*, 413 U.S. 139 93 S.Ct. 2674, 37 L.Ed. 2d 513 (1973), the Supreme Court observed

[5] These Supreme Court cases indicate to us that the federal right to privacy arises only in connection with other fundamental rights, such as the grouping of rights which involve the home. And even in connection with the penumbra of home-related rights, the right of privacy in the sense of immunity from prosecution is absolute only when the private activity will not endanger or harm the general public.

The view is confirmed by the Supreme Court's abortion decision, *Roe v. Wade*.¹⁷ There appellant claimed that her right to decide for herself concerning abortion fell within the ambit of a right to privacy flowing from the federal Bill of Rights. The Court's decision in her favor makes clear that only personal rights which can be deemed "fundamental" or "implicit in the concept of ordered liberty" are protected by the right to privacy. The Supreme Court found this right "broad enough to encompass a woman's decision whether or not to terminate her pregnancy," but it rejected the idea that a woman's right to decide is absolute. At some point, the state's interest in safeguarding health, maintaining medical standards, and protecting potential life becomes sufficiently compelling to sustain regulations. One does not, the Supreme Court said, have an unlimited right to do with one's body as one pleases.

The right to privacy which the Court found in *Roe* is closely akin to that in *Griswold*; in both cases the zone of privacy involves the area of the family and procreation,¹⁸ more particularly, a right

that the *Stanley* right to possess obscene matter in the home is limited to the home and does not create a right to transport, receive, or distribute the matter. The Supreme Court further said that it is not true that a zone of constitutionally protected privacy follows such materials when they are moved outside the home. See *United States v. 12 200-Ft. Reels*, 433 U.S. 123, 93 S.Ct. 2065, 37 L.Ed. 2d 591 (1977).

17. 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

18. *Cl. Eisenstadt v. Baird*, 405 U.S. 438, 453, 92 S.Ct. 1029, 1038, 31 L.Ed.2d 349 (1972) where the Supreme Court said in part:

of personal autonomy in relation to choices affecting an individual's personal life.

In Alaska this court has dealt with the concept of privacy on only a few occasions. One of the most significant decisions in this area is *Breece v. Smith*,¹⁹ where we considered the applicability of the guarantee of "life, liberty, the pursuit of happiness" found in the Alaska Constitution,²⁰ to a school hairlength regulation. Noting that hairstyles are a highly personal matter in which the individual is traditionally autonomous, we concluded that governmental control of personal appearance would be antithetical to the concept of personal liberty under Alaska's constitution. Since the student would be forced to choose between controlling his own personal appearance and asserting his right to an education if the regulations were upheld, we concluded that the constitutional language quoted above embodied an affirmative grant of liberty to public school students to choose their own hairstyles, for "at the core of [the concept of liberty] is the notion of total personal immunity from government control: the right 'to be let alone.'"²¹ That right is not absolute, however; we also noted that this "liberty" must yield where it "intrude[s] upon the freedom of others."²²

Subsequent to our decision in *Breece*, a right to privacy amendment was added to the Alaska Constitution. Article I, section 22 reads:

The right of the people to privacy is recognized and shall not be infringed. The

If the right of privacy means anything, it is the right of the *individual*, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.

19. 501 P.2d 159 (Alaska 1972).

20. Alaska Const. Art. I, § 1.

21. 501 P.2d at 168.

22. 501 P.2d at 170, quoting *Bishop v. Colaw*, 150 P.2d 1092, 1077 (8th Cir. 1971).

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legislature shall implement this section. The effect of this amendment is to place privacy among the specifically enumerated rights in Alaska's constitution. But this fact alone does not, in and of itself, yield answers concerning what scope should be accorded to this right of privacy.²³ We have suggested that the right to privacy may afford less than absolute protection to "the ingestion of food, beverages or other substances".²⁴ For any such protection must be limited by the legitimate needs of the State to protect the health and welfare of its citizens.²⁵

Although a number of other jurisdictions have considered the privacy issue as it applies to marijuana prosecutions, they provide little help in defining the scope of article I, section 22 of Alaska's constitution. In Hawaii, whose constitution also contains an express guarantee of the right to privacy,²⁶ the supreme court has faced a similar issue. In *State v. Kantner*,²⁷ the Supreme Court of Hawaii upheld a conviction for possession of marijuana by a 3-2 vote, with one member of the majority concurring only because he thought the constitutional issue had not been properly raised. A majority rejected the claim that application of the statute violated guarantees of equal protection and due process, and two members of the court rejected the

claim of violation of "fundamental liberty" based on *Griswold*. In dissent, Justice Levinson emphasized the guarantees of privacy and personal autonomy which he found in both the Hawaii Constitution and the due process clause of the Fourteenth Amendment to the United States Constitution. He found that the right to privacy "guarantees to the individual the full measure of control over his own personality consistent with the security of himself and others."²⁸ The experiences generated by use of marijuana are mental in nature, he wrote, and thus among the most personal and private experiences possible. So long as conduct does not produce detrimental results, the right of privacy protects the individual's conduct designed to affect these inner areas of the personality. The state failed to show, he found, any harm to the user or others from the private, personal use of marijuana, and so the statute infringing on the right to personal autonomy.

In a Michigan case the same year, a conviction for possession of marijuana was overturned by a unanimous court, though for a variety of reasons. One of the justices in *People v. Sinclair*,²⁹ Justice T. G. Kavanagh, rested his opinion squarely on the basic right of the individual to be free from government intrusions. He found the marijuana possession statute to be "an

23. For a discussion of the origins and scope of a similar constitutional guarantee of privacy, in the Hawaii Constitution, Art. I, § 5, see *State v. Kantner*, 53 Haw. 327, 493 P.2d 336 (1972), particularly n. 4 in the dissent of Justice Levinson at p. 314. This court has, in the area of searches and seizures, attempted to define the right of privacy. See, e.g., *Erickson v. State*, 507 P.2d 508 (Alaska 1973); *Matter v. State*, 500 P.2d 228 (Alaska 1972); *Davis v. State*, 499 P.2d 1025 (Alaska 1972); *Ellison v. State*, 383 P.2d 714 (Alaska 1963); *Raboy v. City of Fairbanks*, 476 P.2d 470 (Alaska 1970); *Slezinak v. State*, 451 P.2d 252 (Alaska 1969).

24. *Gray v. State*, 525 P.2d 524, 528 (Alaska 1974). In *Gray* we said:

There is no available recorded history of this amendment, but clearly it shields the ingestion of food, beverages or other substances. But the right of privacy is not

absolute. Where a compelling state interest is shown, the right may be held to be subordinate to express constitutional powers such as the authorization of the legislature to promote and protect public health and provide for the general welfare.

25. *Id.* If the State were required, for instance, to carry the extremely heavy burden of showing a compelling state interest before it could regulate the purity of foodstuffs and medicines, the result would be a practical inability to protect the public from health threats which consumers could neither know about nor protect themselves against.

26. Hawaii Const. Art. I, § 5.

27. 53 Haw. 327, 493 P.2d 336 (1972).

28. 493 P.2d at 315.

29. 387 Mich. 91, 191 N.W.2d 578 (1972).

impersonal intrusion on the fundamental rights of liberty and the pursuit of happiness, and is an unwarranted interference with the right to possess and use private property.²⁹ He noted the basic freedom of the individual to be free to do as he pleases, so long as his actions do not interfere with the rights of his neighbor or of society. . . . 'Big Brother' cannot, in the name of Public Health, dictate to anyone what he can eat or drink or smoke in the privacy of his own home."³¹

Generally, however, privacy as a constitutional defense in marijuana cases has not met with much favor. It was rejected, for instance, by the Massachusetts Supreme Judicial Court in *Commonwealth v. Leis*,³² where the court held that there was no constitutional right to smoke marijuana, that smoking marijuana was not fundamental to the American scheme of justice or necessary to a regime of ordered liberty, and that smoking marijuana was not locatable in any "zone of privacy". Furthermore, the court said, there is no constitutional right to become intoxicated.³³

[6] Assuming this court were to continue to utilize the fundamental right-compelling state interest test in resolving privacy issues under article I, section 22 of Alaska's constitution, we would conclude that there is not a fundamental constitutional right to possess or ingest marijuana in Alaska. For in our view, the right to privacy amendment to the Alaska Constitution cannot be read so as to make the possession or ingestion of marijuana itself a fundamental right. Nor can we conclude that such a fundamental right is shown by virtue of the analysis we employed in *Breece*. In that case, the student's tradi-

tional liberty pertaining to autonomy and personal appearance was threatened in such a way that his constitutionally guaranteed right to an education was jeopardized. Hairstyle, as emphasized in *Breece*, is a highly personal matter involving the individual and his body. In this sense this aspect of liberty-privacy is akin to the significantly personal areas at stake in *Griswold* and *Eisenstadt v. Baird*. Few would believe they have been deprived of something of critical importance if deprived of marijuana, though they would if stripped of control over their personal appearance. And, as mentioned previously, a discrete federal right of privacy separate from the penumbras of specifically enumerated constitutional rights has not as yet been articulated by the Supreme Court of the United States. Therefore, if we were employing our former test, we would hold that there is no fundamental right, either under the Alaska or federal constitutions, either to possess or ingest marijuana.

The foregoing does not complete our analysis of the right to privacy issues. For in *Gray* we stated that the right of privacy amendment of the Alaska Constitution "clearly it shields the ingestion of food, beverages or other substances", but that this right may be held to be subordinate to public health and welfare measures. Thus, Ravin's right to privacy contentions are not susceptible to disposition solely in terms of answering the question whether there is a general fundamental constitutional right to possess or smoke marijuana. This leads us to a more detailed examination of the right to privacy and the relevancy of where the right is exercised. At one end of the scale of the scope of the right to privacy is possession or ingestion

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reasonable (Fourth Amendment has "privacy home."³⁴ described all government of a man's life."³⁵ receive would with the market to this police created privacy. And in emphasis: protected to rec found dimensi prosecution

30. 394 N.W.2d at 896.

31. *Id.*

32. 238 N.E.2d 898 (Mass.1969).

33. The privacy argument has been rejected in several other cases. *Miller v. State*, 458 S.W.2d 659 (Tex.Crim.App.1970); *In re Kler*, 64 Cal.2d 816, 51 Cal.Rptr. 903, 415 P.2d 777 (1966); *People v. Aguilar*, 257 Cal.

App.2d 597, 65 Cal.Rptr. 171 (1968); *United States v. Drotar*, 416 F.2d 914 (5th Cir. 1969), *vacated on other grounds*, 402 U.S. 939, 91 S.Ct. 1628, 29 L.Ed.2d 107 (1971); *Borras v. State*, 229 So.2d 244 (Fla.1969); *Raines v. State*, 225 So.2d 330 (Fla.1969). See *Scott v. United States*, 129 U.S.App.D.C. 396, 395 F.2d 619 (1968).

34. *Mo. Int'l. aff'd.* 2d 78.
 35. *Id.* 524.
 36. 38 F.2d.
 37. 39 542.
 38. 39 F.2d.
 39. 19 49.
 40. 267.

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in the individual's home. If there is any area of human activity to which a right to privacy pertains more than any other, it is the home. The importance of the home has been amply demonstrated in constitutional law. Among the enumerated rights in the federal Bill of Rights are the guarantees against quartering of troops in a private house in peacetime (Third Amendment) and the right to be "secure in their . . . houses . . . against unreasonable searches and seizures . . ." (Fourth Amendment). The First Amendment has been held to protect the right to "privacy and freedom of association in the home."³⁴ The Fifth Amendment has been described as providing protection against all governmental invasions "of the sanctity of a man's home and the privacies of life."³⁵ The protection of the right to receive birth control information in *Griswold* was predicated on the sanctity of the marriage relationship and the harm to this fundamental area of privacy if police were allowed to "search the sacred precincts of marital bedrooms."³⁶ And in *Stanley v. Georgia*,³⁷ the Court emphasized the home as the situs of protected "private activities". The right to receive information and ideas was found in *Stanley* to take on an added dimension precisely because "it was a prosecution for possession in the home:

"For also fundamental is the right to be free, except in very limited circumstances, from unwanted governmental intrusions into one's privacy."³⁸ In a later case, the Supreme Court noted that *Stanley* was not based on the notion that the obscene matter was itself protected by a constitutional penumbra of privacy, but rather was a "reaffirmation that 'a man's home is his castle.'"³⁹ At the same time the Court noted, "the Constitution extends special safeguards to the privacy of the home, just as it protects other special privacy rights such as those of marriage, procreation, motherhood, child rearing, and education."⁴⁰ And as the Supreme Court pointed out, there exists a "myriad" of activities which may be lawfully conducted within the privacy and confines of the home, but may be prohibited in public.⁴¹

[7] In Alaska we have also recognized the distinctive nature of the home as a place where the individual's privacy receives special protection. This court has consistently recognized that the home is constitutionally protected from unreasonable searches and seizures, reasoning that the home itself retains a protected status under the Fourth Amendment and Alaska's constitution distinct from that of the occupant's person.⁴² The privacy amendment to the Alaska Constitution was intended to give recognition and protection to the

34. *Moreno v. United States Dep't of Agriculture*, 345 F.Supp. 310, 314 (D.D.C.1972), *aff'd*, 413 U.S. 529, 93 S.Ct. 2821, 37 L.Ed.2d 782 (1973).

35. *Boyd v. U. S.*, 116 U.S. 616, 620, 6 S.Ct. 524, 29 L.Ed. 746, 751 (1886).

36. 381 U.S. at 496, 55 S.Ct. at 1682, 14 L.Ed.2d at 516.

37. 394 U.S. 557, 59 S.Ct. 1243, 22 L.Ed.2d 542 (1969).

38. 394 U.S. at 564, 59 S.Ct. at 1247, 22 L.Ed.2d at 549.

39. *Paris Adult Theatre I v. Slaton*, 413 U.S. 49, 59, 93 S.Ct. 2628, 2640, 37 L.Ed.2d 446, 462 (1973).

40. *U. S. v. Orito*, 413 U.S. 139, 142, 93 S.Ct. 2674, 2677, 37 L.Ed.2d 513, 517 (1973). See

U. S. v. Orito, 12 200-Ft. Reels, 413 U.S. 123, 93 S.Ct. 2665, 37 L.Ed.2d 500 (1973).

41. *U. S. v. Orito*, 413 U.S. 139, 142-143, 93 S.Ct. 2674, 37 L.Ed.2d 513, 515 (1973).

42. *State v. Spietz*, 531 P.2d 521 (Alaska 1975); *Ferguson v. State*, 489 P.2d 1032 (Alaska 1971). See cases cited *supra* at n. 21. The home receives special attention in other areas of Alaska's laws, e. g., the homestead exemption in relation to execution sales, AS 60.35.090; the justifiable homicide defense pertaining to the prevention of a felony in the home, AS 11.15.100; and the distinction between burglary in a dwelling house and burglary in other structures, AS 11.20.080-100.

home. Such a reading is consonant with the character of life in Alaska. Our territory and now state has traditionally been the home of people who prize their individuality and who have chosen to settle or to continue living here in order to achieve a measure of control over their own lifestyles which is now virtually unattainable in many of our sister states.

[8-11] The home, then, carries with it associations and meanings which make it particularly important as the situs of privacy. Privacy in the home is a fundamental right, under both the federal and Alaska constitutions. We do not mean by this that a person may do anything at anytime as long as the activity takes place within a person's home. There are two important limitations on this facet of the right to privacy. First, we agree with the Supreme Court of the United States, which has strictly limited the *Stanley* guarantee to possession for purely private, noncommercial use in the home. And secondly, we think this right must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare. No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely. Indeed, one aspect of a private matter is that it is private, that is, that it does not adversely affect persons beyond the actor, and hence is none of

their business. When a matter does affect the public, directly or indirectly, it loses its wholly private character, and can be made to yield when an appropriate public need is demonstrated.

Thus, we conclude that citizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, non-commercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest.

This leads us to the second facet of our inquiry, namely, whether the State has demonstrated sufficient justification for the prohibition of possession of marijuana in general in the interest of public welfare; and further, whether the State has met the greater burden of showing a close and substantial relationship between the public welfare and control of ingestion or possession of marijuana in the home for personal use.

[12] The evidence which was presented at the hearing before the district court consisted primarily of several expert witnesses familiar with various medical and social aspects of marijuana use.⁴³ Numer-

43. Among the works we have examined in addition to the testimony below are the following: Marijuana: A Signal of Misunderstanding, the First Report of the National Commission on Marijuana and Drug Abuse (March 1972); Drug Use in America: Problem in Perspective, the Second Report of the National Commission on Marijuana and Drug Abuse (March 1973); Drug Use in Anchorage, Alaska, 223 *J. Am. Med. Ass'n* 657 (1971); G. Nahas, Marijuana: "Deceptive Weed" (1973); Nahas *et al.*, Inhibition of Cellular Mediator Immunity in Marijuana Smokers, 183 *Science* 419 (1974); L. Grinspoon, Marijuana Reconsidered (1971); Hearing before the U. S. Senate Subcommittee on Internal Security, May 1971; Nahas & Greenwood, The First Report of the National Commission on Marijuana (1972); Signal of

Misunderstanding or Exercise in Ambiguity, draft of article to be published in *Bulletin of N. Y. Academy of Medicine*; Marijuana and Health: Fourth Annual Report to the U. S. Congress from the Secretary of Health, Education, and Welfare (1974); Silverstein & Tassin, Normal Skin Test Responses in Chronic Marijuana Users, 186 *Science* 730 (1974); Marijuana: The Grass May No Longer Be Greener, 185 *Science* 683 (1974); Marijuana (II): Does it Damage the Brain?, 185 *Science* 775 (1974); Depression of Plasma Testosterone Levels After Chronic Intensive Marijuana Use, 290 *N. Engl. J. Med.* 872 (1974); Plasma Testosterone Levels Before, During and After Chronic Marijuana Smoking, 291 *N. Engl. J. Med.* 1051 (1974); Marijuana Survey-State of Oregon, Drug Abuse Council (1974).

ous written reports and books were also introduced into evidence.⁴⁴

Marijuana is the common term for dried leaves or stalk of the plant *Cannabis sativa* L. The primary psychoactive ingredient in the plant is delta-9-tetrahydrocannabinol (THC). Most marijuana available in the United States has a THC content of less than one percent. Other cannabis derivatives with a higher THC content, such as hashish, are available in the United States although much less common than is marijuana.

According to figures published by the National Commission on Marijuana and Drug Abuse⁴⁵ in 1973, an estimated 26 million Americans have used marijuana at least once. The incidence generally cuts across social and economic classes, though use is greatest among young persons (55%

of 18-21 year-olds have used it). Only about 2% of the adults who have used it were classified by the National Commission as "heavy users" (more than once daily). The experience in Alaska seems to be similar. A report published in the Journal of the American Medical Association in 1971 indicated that 24% of Anchorage school children in grades six through twelve had used marijuana, as had 46% in grades eleven and twelve.⁴⁶

Scientific testimony on the physiological and psychological effects of marijuana on humans generally stresses the variability of effects upon different individuals and on any one individual at different times. The setting and psychological state of the user can affect his responses. Responses also vary with the amount of marijuana one has used in the past. A new user, for instance, often feels no effects at all.

44. It is not the function of this court to reassess the scientific evidence in the manner of a legislature. See *U. S. v. Thorne*, 325 A.2d 764 (D.C.App.1974), where an attack on the constitutionality of the District of Columbia marijuana statutes was made. There the court said:

In our opinion the court below misconceived its function in its approach to the constitutionality of the statutory proscription of the possession and use of marijuana. In deciding that this drug has virtually no harmful effects upon the human system, the court had occasion to consider the testimony of four expert witnesses and a voluminous mass of documentary studies. The court weighed this evidence and resolved the conflict to its own satisfaction. If this were a hearing or a trial turning upon the determination of facts upon which there was conflicting testimony, such procedure was, of course, correct.

But a holding that a legislative enactment is invalid cannot rest upon a judicial determination of a debatable medical issue. Any party assailing the constitutionality of a statute has the heavy burden of demonstrating that it has no rational basis.

It is apparent from the record in this case that the question decided by the court below after the hearing on the pre-trial motions was "at least debatable." Hence, under the tests set forth in *Caroline Products*, the court should have deferred to congressional judgment.

Similarly the Supreme Judicial Court of Massachusetts in *Commonwealth v. Lois*, 243 N.E.2d 898, 901-02 (1969), said:

We know of nothing that compels the Legislature to thoroughly investigate the available scientific and medical evidence when enacting a law. The test of whether an act of the Legislature is rational and reasonable is not whether the records of the Legislature contain a sufficient basis of fact to sustain that act. The Legislature is presumed to have acted rationally and reasonably. See *Commonwealth v. Finnigan*, 326 Mass. 378, 379, 96 N.E.2d 715; *Coffee-Rich, Inc. v. Commissioner of Pub. Health*, 348 Mass. 414, 422, 204 N.E.2d 281. "Unless the act of the Legislature cannot be supported upon any rational basis of fact that reasonably can be conceived to sustain it, the court has no power to strike it down as violative of the Constitution." *Sperry & Hutchinson Co. v. Director of the Div. on the Necessaries of Life of Commonwealth*, 307 Mass. 408, 418, 30 N.E.2d 269, 274, 131 A.L.R. 1254. See *United States v. Carolene Prod. Co.*, 304 U.S. 144, 154, 58 S.Ct. 778, 82 L.Ed. 1234.

Justice Kirk, in his concurring opinion in *Lois*, also explains the question of legislative judgment and the range of judicial cognizance.

45. *Drug Use in America: Problem in Perspective*, the Second Report of the National Commission on Marijuana and Drug Abuse (March 1973) at 64.

46. *Drug Use in Anchorage, Alaska*, 223 J. Am.Med.Ass'n 657 (1971).

The short-term physiological effects are relatively undisputed. An immediate slight increase in the pulse, decrease in salivation, and a slight reddening of the eyes are usually noted. There is also impairment of psychomotor control. These effects generally end within two to three hours of the end of smoking.

Long-term physiological effects raise more controversy among the experts. The National Commission on Marihuana and Drug Abuse reported that among users "no significant physical, biochemical, or mental abnormalities could be attributed solely to their marijuana smoking."⁴⁷ Certain researchers have pointed to possible deleterious effects on the body's immune defenses,⁴⁸ on the chromosomal structures of users,⁴⁹ and on testosterone levels in the body.⁵⁰ The methodology of certain of these studies has been extensively criticized by other qualified medical scientists, however. These studies cannot be ignored. It should be noted that most of the damage suggested by these studies comes in the context of intensive use of concentrated forms of THC. It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem of any significant dimensions. It is, for instance, far more innocuous in terms of physiological and social damage than alcohol or tobacco. But the studies suggesting dangers in intensive

cannabis use do raise valid doubts which cannot be dismissed or discounted.

The immediate psychological effects of marijuana are typically a mild euphoria and a relaxed feeling of well-being. The user may feel a heightened sensitivity to taste and to visual and aural sensations, and his perception of time intervals may be distorted. A desire to become high can lead to a greater high; fear of becoming high or general nervousness can cause the user to fail to experience any high at all. In rare cases, excessive nervousness or fear of the drug can even precipitate a panic reaction. Occasionally a user will experience a negative reaction such as anxiety or depression, particularly when he takes in more of the substance than needed to achieve the desired high. However, in smoking marijuana, the usual method of taking it in this country, the user can self-titrate, or control the amount taken in, since the effect builds up gradually.

Additional short-term effects are an impairment of immediate-past-memory facility and impairment in performing psychomotor tasks. Experienced users seem less impaired in this regard than naive users.

In extremely rare instances, use of marijuana has been known to precipitate psychotic episodes; however, the consensus of the experts seems to be that the potential for precipitating psychotic episodes exists only for a limited number of prepsychotic

47. *Marihuana: A Signal of Misunderstanding*. First Report of the National Commission on Marihuana and Drug Abuse (March 1972), p. 61.

48. See Nahas, et al. *Inhibition of Cellular Mediated Immunity in Marihuana Smokers*, 153 *Science* 419 (1974). *But cf.* *Normal Skin Test Responses in Chronic Marijuana Users*, 156 *Science* 740 (1974).

49. See Stenechever, *Statement before the Senate Subcommittee on Internal Security*, May 16, 1974. The National Institute on Drug Abuse, in *Marihuana and Health*, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare, states in part:

The preclinical findings of greatest interest and potential significance during the past two years have been a series of studies

indicating that delta-9-THC (and possibly other marihuana constituents) have an effect upon certain basic cellular mechanisms which involve the uptake of amino acids and the nucleotides into primary nuclear components such as DNA. Since this may interfere with basic biological processes, the preliminary data raises the possibility that the effects of marihuana, under some circumstances, may be more widespread on the organism than has been previously thought.

Id. at 6.

50. *Depression of Plasma Testosterone Levels After Chronic Intensive Marihuana Use*, 290 *N.Engl.J.Med.* 872 (1974). *But cf.* *Plasma Testosterone Levels Before, During and After Chronic Marihuana Smoking*, 291 *N.Engl.J.Med.* 1051 (1974).

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persons who could be pushed into psychosis by any number of drug or nondrug-related influences.

There is considerable debate as to the long-term effects of marijuana on mental functioning. Certain researchers cite evidence of an "amotivational syndrome" among long-term heavy cannabis users. However, the main examples of this effect are users in societies where large segments of the population exhibit such traits as social withdrawal and passivity even without drug use. The National Commission concludes that long-time heavy users do not deviate significantly from their social peers in terms of mental functioning, at least to any extent attributable to marijuana use.⁵¹

The experts generally agree that the early widely-held belief that marijuana use directly causes criminal behavior, and particularly violent, aggressive behavior, has no validity. On the contrary, the National Commission found indications that marijuana inhibits "the expression of aggressive impulses by pacifying the user, interfering with muscle coordination, reducing psychomotor activities and generally producing states of drowsiness, lethargy, timidity and passivity."⁵² Moreover, the Commission and most other authorities agree that there is little validity to the the-

ory that marijuana use leads to use of more potent and dangerous drugs. Although it has been stated that the more heavily a user smokes marijuana, the greater the probability that he has used or will use other drugs, "it has been suggested that such use is related to 'drug use proneness' and involvement in drug subcultures rather than to the characteristics of cannabis, *per se*."⁵³

The most serious risk to the public health discerned by the National Commission is the possibility of an increase in the number of heavy users, who now constitute about 2% (500,000) of those who have used the drug. Within this group certain emotional changes have been observed among "predisposed individuals" as a result of prolonged heavy use. This group seems to carry the highest risk, particularly in view of the risk of retarding social adjustment among adolescents if heavy use should grow.

Most authorities have accepted the theory that marijuana users develop a "reverse tolerance", that is, that a moderate user needs less and less marijuana over time to achieve a high. Recent research indicates that this may be true only up to a point, and that beyond a certain intensity of use a true tolerance begins to develop.⁵⁴ If true, this may be relevant regarding only

51. Marijuana: A Signal of Misunderstanding, the First Report of the National Commission on Marijuana and Drug Abuse (March 1972), 63. See also Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education and Welfare (1974), which reads at 12:

While chronic users in the United States have used for appreciably shorter periods of time than users overseas, studies of American chronic users are potentially of great importance in assessing possible implications of marijuana use for the American population. In one large scale study of undergraduate student use comparisons were made between nonusers (including those who had done a limited amount of experimentation), occasional users and chronic users (those who had used three or more times a week for three years or more or for two years if use was almost daily). No

statistical differences in academic performance were found nor was there any evidence of reduced motivation. . . . Another study of moderately using medical students who has used regularly for three or more years and who were matched with non-using medical students for intelligence, found no difference on an extensive battery of neuropsychological tests.

52. *Id.* at 70-71.

53. Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare (1974) at 6.

54. "While tolerance to the effects of marijuana has not been generally observed among American users, there is increasingly convincing evidence that tolerance (i. e., larger dosages required to produce the same effects found with lower dosages) does develop under conditions of heavy, regular use. Given

heavy use of concentrated forms of cannabis, since marijuana use is self-limiting due to the forms in which it is taken.

The National Commission rejected the notion that marijuana is physically addicting. It also rejected the notion that marijuana as used in the United States today presents a significant risk of causing psychological dependency in the user. Rather, the experimental or intermittent user develops little or no psychological dependence. Lengthy use on a regular basis does present a risk of such dependence and of subsequent heavier use, and strong psychological dependence is characteristic of heavy users in other countries. This pattern of use is rare in the United States today, however.

While there is no confirmed report of a human ever having died from an overdose of cannabis, the toxic levels of THC have been determined from tests on animals. The lethal dose for marijuana is approximately 40,000 times the dose needed to achieve intoxication. The equivalent ratio of intoxicating to lethal doses for alcohol is 4/10 and for barbiturates is 3/50.

The number of persons arrested for marijuana possession has climbed steeply in recent years. In 1973, over 400,000 marijuana arrests occurred, a 43% rise over the previous year. It should also be noted that 81% of persons arrested for marijuana-related crimes have never been convicted of any crime in the past, and 91% have never been convicted of a drug-related crime.⁵⁵

The justifications offered by the State to uphold AS 17.12.010 are generally that marijuana is a psychoactive drug; that it is not a harmless substance; that heavy

the relatively low doses and infrequent use typical of present patterns of use in the United States it is not surprising that tolerance has not usually been observed.

While the amounts involved were usually large and quite atypical of current use patterns, the probability of a withdrawal syndrome in at least some American heavy users must be considered." Marijuana and Health, 4th Report to the United States Congress

use has concomitant risk; that it is capable of precipitating a psychotic reaction in at least individuals who are predisposed towards such reaction; and that its use adversely affects the user's ability to operate an automobile. The State relies upon a number of medical researchers who have raised questions as to the substance's effect on the body's immune system, on chromosomal structure, and on the functioning of the brain. On the other hand, in almost every instance of reports of potential danger arising from marijuana use, reports can be found reaching contradictory results. It appears that there is no firm evidence that marijuana, as presently used in this country, is generally a danger to the user or to others. But neither is there conclusive evidence to the effect that it is harmless.⁵⁶ The one significant risk in use of marijuana which we do find established to a reasonable degree of certainty is the effect of marijuana intoxication on driving. We shall return to this aspect of the problem later in this opinion.

Possibly implicit in the State's catalogue of possible dangers of marijuana use is the assumption that the State has the authority to protect the individual from his own folly, that is, that the State can control activities which present no harm to anyone except those enjoying them. Although some courts have found the "public interest" to be broad enough to justify protecting the individual against himself,⁵⁷ most have found inherent limitations on the police power of the state. An apposite example is the litigation regarding the constitutionality of laws requiring motorcycleists to wear helmets. Most of the courts addressing the issue, including this one, have resolved it by finding a connection between

from the Secretary of Health, Education, and Welfare (1974) at 10, 75-81.

55. Marijuana: A Signal of Misunderstanding, Appendix II, at 122.

56. Petitioner's witnesses, Doctors Farr and Ungersleider, both testified that marijuana was not harmless.

57. *E. v. Rainey v. State*, 225 So.2d 230 (Fla. 1969).

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the helmet requirement and the safety of other motorists,⁵⁸ but a significant number of courts have explicitly rejected such restrictive measures as beyond the police power of the state because they do not benefit the public.⁵⁹ Typical of the logic of these latter cases is the dissent of Justice Abe in *State v. Lee*,⁶⁰ in which the Hawaii Supreme Court upheld a motorcycle helmet requirement despite finding no clear link between lack of the equipment by the motorcyclist and injury to others. The court reasoned that where a person's conduct is so reckless, and the resulting injury and death are so widespread as to be of concern to the public, then the conduct affects the public interest and is within the scope of the police power. Justice Abe dissented, citing a general right to be left alone or liberty to do as you please. There has to be a genuine harm to others, he wrote, to justify such controls; a state cannot simply decide what is in a person's best interest and compel it.⁶¹

[13, 14] We glean from these cases the general proposition that the authority of the state to exert control over the individual extends only to activities of the individual which affect others or the public at large⁶² as it relates to matters of public health or safety, or to provide for the general welfare. We believe this tenet to be

basic to a free society. The state cannot impose its own notions of morality, propriety, or fashion on individuals when the public has no legitimate interest in the affairs of those individuals. The right of the individual to do as he pleases is not absolute, of course: it can be made to yield when it begins to infringe on the rights and welfare of others.⁶³

[15, 16] Further, the authority of the state to control the activities of its citizens is not limited to activities which have a present and immediate impact on the public health or welfare. It is conceivable, for example, that a drug could so seriously develop in its user a withdrawal or amotivational syndrome, that widespread use of the drug could significantly debilitate the fabric of our society. Faced with a substantial possibility of such a result, the state could take measures to combat the possibility. The state is under no obligation to allow otherwise "private" activity which will result in numbers of people becoming public charges or otherwise burdening the public welfare. But we do not find that such a situation exists today regarding marijuana. It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbitu-

58. *E. g.*, *Kinzery v. Chappel*, 504 P.2d 831 (Alaska 1972); *People v. Biehmeier*, 54 Misc.2d 495, 282 N.Y.S.2d 797 (1967); *State v. Mele*, 103 N.J.Super. 353, 247 A.2d 176 (1968).

59. *E. g.*, *American Motorcycle Ass'n v. Davids*, 11 Mich.App. 351, 158 N.W.2d 72 (1968); *People v. Fries*, 42 Ill.2d 446, 250 N.E.2d 149 (1969). See *Everhardt v. New Orleans*, 208 So.2d 423 (La.App.1968), *rev'd*, 217 So.2d 400 (1969); *People v. Carmichael*, 53 Misc.2d 554, 279 N.Y.S.2d 272 (1967), *rev'd*, 56 Misc.2d 888, 288 N.Y.S.2d 931 (1968).

60. 51 Haw. 514, 485 P.2d 573 (1970).

61. Similarly, in *State v. Kantner*, 53 Haw. 327, 493 P.2d 721 (1972), which involved the constitutionality of Hawaii's marijuana statute, Justice Abe noted his belief that the statute went beyond the police power of the state because of the lack of evidence that use of

marijuana harms anyone other than the user. There is, he wrote, under the Hawaii Constitution a fundamental right of liberty to make a fool of oneself so long as one's act does not endanger others.

62. *Cf. Liggett Co. v. Baldridge*, 278 U.S. 105, 111-12, 49 S.Ct. 57, 59, 73 L.Ed. 204, 208 (1928).

The police power may be exerted in the form of state legislation where otherwise the effect may be to invade rights guaranteed by the Fourteenth Amendment only when such legislation bears a real and substantial relation to the public health, safety, morals, or some other phase of the general welfare.

63. See *Roe v. Wade*, 410 U.S. 113, 154, 93 S.Ct. 705, 35 L.Ed.2d 147, 177 (1971); *Gray v. State*, 525 P.2d 524, 528 (Alaska 1974); *Broese v. Smith*, 501 P.2d 159, 179 (Alaska 1972).

rates and amphetamines. Moreover, the current patterns of use in the United States are not such as would warrant concern that in the future consumption patterns are likely to change.⁵⁴

[17-19] Research is continuing extensively. Scientific doubts persist, however, and that fact has significance for our application of the law. It is a long-standing rule of law that statutes designed to protect the public health will receive a liberal construction.⁵⁵ We have seen repeated examples in recent years where scientific doubts as to the safety of various products, drugs, or environmental conditions have been held to justify controls. There is a presumption in favor of public health measures; when there is substantial doubt as to the safety of a given substance or situation for the public health, controls intended to obviate the danger will usually be upheld.

54. We recognize that more potent forms of cannabis than marijuana are commonly used in other countries and are available on a limited scale here. However, studies of use patterns here do not indicate any great likelihood of a significant shift in use here to the more potent substances. If such a shift were to occur, then marijuana use could be characterized as a serious health problem.

55. Sutherland Statutory Construction § 71:2 (4th ed. 1974) and the cases cited in note 42 *supra*.

56. See Marijuana and Health, Fourth Report to the United States Congress from the Secretary of Health, Education, and Welfare 105 (1974). This report contains citations to the most recent studies.

57. Evidence that marijuana has a detrimental effect on driving performance, especially as the dose increases, continues to mount. It has been found to increase both braking and starting times, to adversely affect attention and concentration abilities, and to detract from performance on a divided attention task. All of which are presumably involved in driving. A recent Canadian study of driving ability while marijuana-intoxicated examined drivers' performance under both driving course and actual traffic conditions. A significant decline in performance as measured by several criteria was found in most drivers test-

ed. But one way in which use of marijuana most clearly does affect the general public is in regard to its effect on driving. All of which brings us to the opposite (from the home) end of the scale of the right to privacy in the context of ingestion or possession of marijuana, namely, when the individual is operating a motor vehicle. Recent research has produced increasing evidence of significant impairment of the driving ability of persons under the influence of cannabis.⁵⁶ Distortion of time perception, impairment of psychomotor function, and increased selectivity in attentiveness to surroundings apparently can combine to lower driver ability.⁵⁷ In this regard, Ravin points out that marijuana usually produces passivity and inactivity, in contrast to alcohol, which increases aggressiveness and is likely to result in overconfidence in one's driving ability. Although a person under the influence of marijuana may be less likely to attempt to drive than

ed. Based on the accumulated evidence, it seems clear that driving while under the influence of marijuana is ill-advised. Marijuana and Health, Fourth Report to the U. S. Congress from the Secretary of Health, Education, and Welfare 10-11 (1974).

Petitioner's own experts do not disagree with the Secretary's conclusions. Dr. Grinspoon testified that ". . . it stands to reason that anybody who is intoxicated or has a psychoactive drug in him should not drive, because there is no question . . . his wherewithall is not with him, and I think that would be the case with marijuana." Dr. Fineglass stated that ". . . moderate or heavy use of marijuana can definitely interfere with some of the local skills that would be necessary for the operation of a motor vehicle, and therefore, in their recommendations did take note of driving while intoxicated as a potential danger to the public safety." Dr. Ungerleider testified that although the immediate effects of marijuana intoxication on the organs and bodily functions are transient and have little or no permanent effect, "there is a definite loss of some psychomotor control, temporary impairment of time space perception, . . ." Later in the course of his testimony, Dr. Ungerleider concluded that recent studies had proven that driving under the influence of marijuana presents a serious risk resulting from impaired driving ability.

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a person under the influence of alcohol, there exists the potential for serious harm to the health and safety of the general public.⁶⁸

[20-24] In view of the foregoing, we believe that at present, the need for control of drivers under the influence of marijuana and the existing doubts as to the safety of marijuana, demonstrate a sufficient justification for the prohibition found in AS 17.12.010 as an exercise of the state's police power for the public welfare. Given the evidence of the effect of marijuana on driving an individual's right to possess or ingest marijuana while driving would be subject to the prohibition provided for in AS 17.12.010. However, given the relative insignificance of marijuana consumption as a health problem in our society at present, we do not believe that the potential harm generated by drivers under the influence of marijuana, standing alone, creates a close and substantial relationship between the public welfare and control of ingestion of marijuana or possession of it in the home for personal use. Thus we conclude that no adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice.

The state must demonstrate a need based on proof that the public health or welfare will in fact suffer if the controls are not applied.

The state has a legitimate concern with avoiding the spread of marijuana use to adolescents who may not be equipped with the maturity to handle the experience prudently, as well as a legitimate concern with the problem of driving under the influence of marijuana. Yet these interests are insufficient to justify intrusions into the rights of adults in the privacy of their own homes.⁶⁹ Further, neither the federal or Alaska constitution affords protection for the buying or selling of marijuana, nor absolute protection for its use or possession in public. Possession at home of amounts of marijuana indicative of intent to sell rather than possession for personal use is likewise unprotected.⁷⁰

In view of our holding that possession of marijuana by adults at home for personal use is constitutionally protected, we wish to make clear that we do not mean to condone the use of marijuana. The experts who testified below, including petitioner's witnesses, were unanimously opposed to the use of any psychoactive drugs. We agree completely. It is the responsibility of every individual to consider carefully the ramifications for himself and for those around him of using such substances. With the freedom which our society offers to each of us to order our lives as we see fit goes the duty to live responsibly, for

68. Current Alaska law enacted since the trial of this case prohibits driving under the influence of an hallucinogenic drug. AS 28-35.020. Alaska law also specifically prohibits operation of a boat while under the influence of marijuana. AS 05.25.020.

There does not now exist a means for detecting the presence of cannabis in the body which is available for practical use by law enforcement agencies. Such means are in use in laboratories, however, and research is progressing toward a device which could be used by police in the way that breathalyzer tests for alcohol are used now.

69. We do not intend to imply that the right of privacy in the home does not apply to

children. See *Breese v. Smith*, 501 P.2d 159, 167 (Alaska 1972). We note that distinct government interests with reference to children may justify legislation that could not properly be applied to adults.

70. Statistics indicate that few arrests for simple possession occur in the home except when other crimes are simultaneously being investigated. The trend in general in law enforcement seems to be toward minimal effort against simple users of marijuana, and concentration of efforts against dealers and users of more dangerous substances. Moreover, statistics indicate that most arrests for possession of marijuana in Alaska result in dismissals before trial.

our own sakes and for society's. This result can best be achieved, we believe, without the use of psychoactive substances.

[25-26] We briefly address Ravin's second assertion of error, namely that AS 17.12.010 denies him due process and equal protection of the law. The argument is two-fold. First, Ravin asserts, the proscription denies equal protection because the other commonly used "recreational" drugs, alcohol and tobacco, are not proscribed, though they inflict far more damage on the user than does marijuana. We reject, however, the assumption that the legislature must apply equal controls to equal threats to the public health. Assuming some degree of control of marijuana use is permissible, it does not follow that the political obstacles to placing controls on alcohol and tobacco should render the legislature unable to regulate other substances equally or less harmful.⁷¹ It is not irrational for the legislature to regulate those public health areas where it can do so, when there exists other areas where controls are less feasible.

[27] Ravin also attacks as irrational the classification of marijuana with the other drugs covered by AS 17.12.150(3) ("depressant, stimulant, or hallucinogenic"). He may be correct that marijuana is the least harmful of the drugs covered by AS 17.12.150(3), but that alone is not sufficient to make the classification irrational. In a number of cases the classification of marijuana either as or with narcotic drugs has been struck down as irrational in view

of the relative harmlessness of marijuana.⁷² In other cases, courts have deferred to the legislative finding of facts implicit in the classification.⁷³ However, in every case in which statutes have been struck down, the statutory scheme classified marijuana with, or subject to equal sanctions with, the most dangerous proscribed drugs. In Alaska, however, "hard" drugs are in a completely different category⁷⁴ from marijuana, with substantially greater penalties for misuse. The drugs with which marijuana is grouped in AS 17.12.150(3) are not so different from marijuana that yet another classification must be set up for marijuana alone. We find no merit to Ravin's contention on this point.

[28] One other facet of this petition remains for discussion. Ravin urges us to recognize that whatever harm results from marijuana use is far outweighed by the negative aspects of enforcement. Over 400,000 persons were arrested for marijuana-related crimes in 1973; 81% of them had no previous criminal records. Using these statistics, and asserting that marijuana use does not pose a substantial public health threat, Ravin questions the wisdom of AS 17.12.010. We note that the Alaska Bar Association, American Bar Association, National Conference of Commissioners on Uniform State Laws, National Advisory Commission on Criminal Justice Standards and Goals and the Governing Board of the American Medical Association have recommended decriminalization of possession of marijuana. The National Commission on Marijuana and Drug

71. See *U. S. v. Maiden*, 355 F.Supp. 743 (D. Conn.1973); *U. S. v. Kiffer*, 477 P.2d 319 (2d Cir. 1973). In attacking a complex problem, the state need not choose between attacking every aspect of that problem or not attacking that problem at all. *Dandridge v. Williams*, 397 U.S. 471, 90 S.Ct. 1153, 25 L.Ed.2d 491 (1970); *McDonald v. Board of Election Commissioners*, 394 U.S. 802, 89 S.Ct. 1404, 22 L.Ed.2d 773 (1969).

72. *B. g., People v. McCabe*, 49 Ill.2d 328, 275 N.E.2d 407 (1971); *Attwood v. State*, 500 S.W.2d 312 (Tex.Crim.App.1974); see *People v. Sinclair*, 387 Mo. 91, 294 N.W.2d

878 (1972); cf. *State v. Zornes*, 475 P.2d 109 (Wash.1970).

73. *B. g., Bettis v. United States*, 408 F.2d 563 (9th Cir. 1969); *Commonwealth v. Leis*, 243 N.E.2d 898 (Mass.1969); *Miller v. Texas*, 458 S.W.2d 680 (Tex.Crim.App.1970); *Raines v. State*, 225 So.2d 330 (Fla.1969); *People v. McKenzie*, 169 Colo. 521, 458 P.2d 232 (1969); *People v. Stark*, 157 Colo. 59, 400 P.2d 923 (1965). See *State v. Kantner*, 53 Haw. 327, 493 P.2d 306 (1972).

74. See AS 17.10.010 et seq. (The Uniform Narcotic Drug Act).

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Abuse has recommended that private possession for personal use no longer be an offense. A Canadian study has arrived at similar results. And at least one state, Oregon, has already decriminalized possession of small amounts of marijuana.⁷⁵

In opposition, the State argues that under Alaska's constitutional system of separate but equal branches of government the issue is a "political controversy over the State's fundamental policy toward the drug marijuana". Thus, the "issue should be properly determined by the people's elected representatives". We agree that determination of the wisdom of a particular legislative enactment is more properly the subject of investigation and resolution by the legislature rather than the judiciary.

The record does not disclose any facts as to the situs of Ravin's arrest and his alleged possession of marijuana. In view of these circumstances, we hold that the matter must be remanded to the district court for the purpose of developing the facts concerning Ravin's arrest and circumstances of his possession of marijuana. Once this is accomplished, the district court is to consider Ravin's motion to dismiss in conformity with this opinion.

Remanded for further proceedings consistent with this opinion.

BOOCHEVER, Justice (concurring, with whom CONNOR, Justice, joins).

Because of the importance of the issues discussed in this case and the possibility that portions of the opinion may be construed as substantially circumscribing the Alaska Constitutional right to privacy, I find it necessary to file this concurrence. By its reliance on certain United States Supreme Court cases¹ and the manner in

which some of the conclusions are set forth, the opinion may be read as limiting the right of privacy principally to protection of activities engaged in within the confines of the home.² The opinion relies chiefly on United States Supreme Court precedent, although there is no Federal Constitutional provision corresponding to art. I, § 22 of the Alaska Constitution which specifies that "the right of the people to privacy is recognized and shall not be infringed". While Federal cases defining the right of privacy derived from other provisions of the United States Constitution are of assistance in determining the perimeters of our constitutional right to privacy, we are certainly not bound by those cases in construing the separate Alaska provision. Even when Alaska Constitutional provisions are closely akin to those of the Federal Constitution, we have stated:

While we must enforce the minimum constitutional standards imposed upon us by the United States Supreme Court's interpretation of the Fourteenth Amendment, we are free, and we are under a duty, to develop additional constitutional rights and privileges under our Alaska Constitution if we find such fundamental rights and privileges to be within the intention and spirit of our local constitutional language and to be necessary for the kind of civilized life and ordered liberty which is at the core of our constitutional heritage. We need not stand by idly and passively, waiting for constitutional direction from the highest court of the land. Instead, we should be moving concurrently to develop and expound the principles embedded in our constitutional law.³

Although the majority opinion emphasizes the right of privacy in the home, it rec-

75. O.R.S. 167.297. The Alaska legislature have also recently passed a bill which would decriminalize possession of marijuana in certain contexts.

1. *Stanley v. Georgia*, 394 U.S. 557, 89 S.Ct. 1242, 22 L.Ed.2d 542 (1969); *Griswold v. Connecticut*, 391 U.S. 479, 85 S.Ct. 1678, 14 L.Ed.2d 510 (1965).

2. The court writes that art. I, § 22 of the Alaska Constitution " . . . was intended to give recognition and protection to the home".

3. *Baker v. City of Fairbanks*, 471 P.2d 280, 401-02 (Alaska 1970) (footnotes omitted).

cases that analysis of the Federal decisions does not indicate that the right of privacy is relegated to the home. It is true that *Griswold v. Connecticut*⁴ invalidated a Connecticut statute prohibiting the distribution of contraceptives and the dissemination of birth control information to married adults by finding a right of privacy, emanating from other constitutional provisions, within which the marital relationship, arguably home related, was protected. But the later case of *Eisenstadt v. Baird*⁵ held that a statute prohibiting the distribution of contraceptives to unmarried persons but allowing such distribution to married persons violated the equal protection clause of the fourteenth amendment. In so holding, the Court referred to *Griswold* and explained what the case stood for.

If under *Griswold* the distribution of contraceptives to married persons cannot be prohibited, a ban on distribution to unmarried persons would be equally impermissible. It is true that in *Griswold* the right of privacy in question inhered in the marital relationship. Yet the marital couple is not an independent entity with a mind and heart of its own, but an association of two individuals each with a separate intellectual and emotional makeup. If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.⁶

The Court held that the right of privacy involved being free to decide for oneself

whether to bear or beget a child, a right relating to the autonomy of the individual, not to a place.

Similarly, *Roe v. Wade*,⁷ in upholding the right of a woman to decide whether she should terminate her pregnancy, stated:

This right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or, as the District Court determined, in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy.⁸

Again, the right of privacy pertained to the freedom of the individual to decide as to her course of action and was unrelated to any situs.

On the other hand, there are the *Stanley—Paris Adult Theatre I* group of cases⁹ holding that the "broad power to regulate obscenity does not extend to mere possession by the individual in the privacy of his own home" although obscenity is not otherwise constitutionally immune from state regulation.

Thus it appears that the United States Supreme Court has found a right of privacy to exist as to activities within the home or with reference to values associated with the home, and, additionally, as a right of personal autonomy, to make decisions that shape an individual's personal life.¹⁰

Since the citizens of Alaska, with their strong emphasis on individual liberty, enacted an amendment to the Alaska Constitution expressly providing for a right to

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4. 391 U.S. 470, 85 S.Ct. 1678, 14 L.Ed.2d 510 (1967).

5. 405 U.S. 438, 92 S.Ct. 1029, 31 L.Ed.2d 319 (1972).

6. *Id.* 405 U.S. at 470, 92 S.Ct. at 1038, 31 L.Ed.2d at 362.

7. 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

8. *Id.* 410 U.S. at 153, 93 S.Ct. at 727, 35 L.Ed.2d at 177.

9. *Stanley v. Georgia*, 394 U.S. 557, 89 S.Ct. 1243, 22 L.Ed.2d 512 (1969); *Paris Adult Theatre I v. Slaton*, 413 U.S. 49, 93 S.Ct. 2028, 37 L.Ed.2d 436 (1973); *United States v. Orin*, 413 U.S. 129, 93 S.Ct. 2074, 37 L.Ed.2d 513 (1973); *United States v. 12 200-Ft. Road*, 413 U.S. 123, 93 S.Ct. 2065, 37 L.Ed.2d 500 (1973).

10. On Privacy: Constitutional Protection for Personal Liberty, 48 N.Y.U.L.Rev. 670, 703 (1973).

11. Gray

12. See *Id.* S.Ct. 41 Wade, 4 2d 147 (

13. *Lynd* 2d 739 P.2d 150

14. *Lynd* 709, 705

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privacy not found in the United States Constitution, it can only be concluded that this right is broader in scope than that of the Federal Constitution. As such, it includes not only activities within the home and values associated with the home, but also the right to be left alone and to do as one pleases as long as the activity does not infringe on the rights of others. Thus, the decision whether to ingest food, beverages or other substances comes within the purview of that right to privacy.¹¹

The right to privacy, however, is not monolithic. For example, the right to decide whether to eat strawberry ice cream cannot be placed on the same level as that of deciding whether to bear a child. Moreover, the importance of the right may properly be related to the place where it is exercised, for example, at the home or in the market place. Other considerations would be the nature of relationships involved (marital, doctor-patient, attorney-client, etc.), the particular activity in question and the individual's interest in it.

Having discussed generally the contours of what I perceive to be the right to privacy under the Alaska Constitution, I shall turn briefly to the test utilized by the court in determining infringements of that right. Particularly in equal protection cases, but also as to cases alleging infringement of other constitutional rights, the United States Supreme Court,¹² and this court¹³ in the past, have followed a two-tiered test. If the right involved was deemed to be "fundamental", a statute infringing upon it was required to be "necessary" to further a

"compelling state interest". Whereas if the right infringed upon was classified as non-fundamental, any rational basis that might be conceived to justify the legislation was held to be sufficient.¹⁴ As a practical matter, the test was result oriented, since once a right was declared to be fundamental, the challenged regulation or legislative act would be stricken,¹⁵ whereas otherwise some reason could usually be found to sustain it.

I agree with the majority's departure from that test in areas where we have discretion to depart from standards established by the United States Supreme Court. With reference to laws challenged as invading the Alaskan right of privacy,¹⁶ I would apply a single flexible test dependent first upon the importance of the right involved. Based on the nature of that right, a greater or lesser burden would be placed on the state to show the relationship of the intrusion to a legitimate governmental interest. I agree with the majority opinion that interference with rights of privacy within one's home requires a very high level of justification. Similar considerations would apply to certain relationships, without reference to situs, i. e. attorney-client, doctor-patient, priest-parishioner, marital relationship, parent-child. In all cases involving a right of privacy, I believe that the relationship of the intrusion to a legitimate governmental interest must be carefully examined. The court should not abandon protection of the right of an individual to decide how to conduct his life because a rational basis may be "con-

11. *Gray v. State*, 525 P.2d 524 (Alaska 1974).

12. See *Bates v. Little Rock*, 361 U.S. 516, 80 S.Ct. 412, 1 L.Ed.2d 480 (1960); *Roe v. Wade*, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973).

13. *Lynden Transport, Inc. v. State*, 532 P.2d 700 (Alaska 1975); *Breese v. Smith*, 501 P.2d 159 (Alaska 1972).

14. *Lynden Transport, Inc. v. State*, 532 P.2d 700, 706 (Alaska 1975).

15. Where a fundamental right has required use of the compelling state interest test, only one law has been found valid by the Supreme

Court, *Korematsu v. United States*, 323 U.S. 214, 65 S.Ct. 193, 89 L.Ed. 194 (1944), but no state law has passed muster. *Dunn v. Blumstein*, 405 U.S. 330, 397-404, 92 S.Ct. 595, 31 L.Ed.2d 274, 296-97 (1972) (Burger, C. J., dissenting). See 48 N.Y.U.L.Rev. 670 at 702. See also *Gilbert v. State*, 523 P.2d 1131 (Alaska 1974).

16. Of course, in any event where Federal Constitutional rights are involved, we must at least apply the minimum standards prescribed by the United States Supreme Court. *Baker v. City of Fairbanks*, 471 P.2d 289, 401-02 (Alaska 1970).

political gossip, the daily crises, the delicious high that is obtained only at the center of the action. Like any lobbyist, he was first of all selling himself, and he took pains to develop his public persona of Mr. NORML, the cool and collected pot politician, party-giver and ladies' man. In fact, he had to an extent modeled himself after NORML's first financial patron, Hugh Hefner. But there was another, darker side to Stroup's personality, an angry side. He was angry in part at the drug laws and at a political establishment that, as he saw it, loved to guzzle its whiskey but denied his generation the right to enjoy its drug of choice. At another level Stroup was angry at his past, angry at a small-town Baptist boyhood in Dix, Illinois, that for years he had only wanted to escape. There was a certain Jekyll-and-Hyde quality to Stroup. If he could be charming and considerate, he could also be abruptly cold, self-righteous, and intensely critical of others, including his close friends and allies, if they did not match him in their dedication to the cause. This duality seemed to flow from the influence of two quite dissimilar parents: a father with a small-town politician's live-and-let-live attitude and a mother who was a devout Southern Baptist and not at all tolerant of the sins of the world.

In the fall of 1975 I was asked to conduct a *Playboy* interview with Stroup. By then the reform movement had scored some major victories. In 1973 Oregon had ended criminal penalties for smoking, and in the summer of 1975 five more states had done the same: Alaska, California, Maine, Colorado, and Ohio. NORML had provided national leadership to this burst of reform, by gaining publicity for the issue, by advising state legislators on what strategies and expert witnesses might be most effective, and often by paying the expenses for those outside witnesses to go to testify. Moreover, NORML had begun a far-ranging legal program, which involved both aid to individual defendants and court challenges to the constitutionality of state and federal marijuana laws, and to the federal government's ban on the medical use of marijuana. For many years the government had treated marijuana smokers pretty much as it pleased, but now NORML was rallying some of the brightest young lawyers in America to the smokers' defense.

As I studied the marijuana debate in preparation for my interview with Stroup, I began to think of it in terms of a war, a terrible civil war. I was struck by the parallels between this issue and the other great nation-dividing issue of the time, the war in Vietnam. In both

cases the political establishment had been hell-bent to convince young Americans of something they refused to believe: that they should go die in Vietnam, in one case; that they should not smoke marijuana, in the other. In the minds of many Americans the two wars seemed to have blended: The slippery little Vietcong in Southeast Asia had become the dope-smoking hippie at home, and it was somehow imperative that the government's armed forces search out and destroy him. The same mentality that could say we had to destroy a village to save it in Vietnam could argue that we had to send a college student to prison to save him from marijuana.

The marijuana war was being waged on one front as a military conflict, in which tens of thousands of police and narcotics agents busied themselves arresting millions of young people for smoking and/or selling the weed. But as NORML, the Marijuana Commission, President Nixon, Sen. James Eastland, and others began a national debate on the issue, it became increasingly a propaganda war, fought through the media, as the pro-marijuana and anti-marijuana forces battled for the hearts and minds of millions of nonsmoking Americans who would ultimately determine the outcome of the conflict in the political arena.

In 1976 I spent six months as Jimmy Carter's speechwriter and had an opportunity to view the marijuana issue from the perspective of a presidential campaign. If there is anything to be learned in a national campaign, as it moves endlessly from city to city, rally to rally, enclave to enclave, it is that America is an incredibly large, diversified, and potentially explosive nation, less melting pot than tinderbox. The divisions are all there—black and white, Protestant and Catholic, North and South, immigrant and blueblood—waiting for politicians to exploit them. Now to that list has been added the division between those who enjoy drugs and those who fear them. The issue had been exploited in 1972, when McGovern supported decriminalization and Nixon opposed it. Nixon's followers denounced McGovern as the candidate of the three A's—acid, amnesty, and abortion, marijuana having been transformed by political hyperbole into "acid," or LSD.

Fortunately, the drug issue was not exploited in the 1976 campaign. Carter had endorsed decriminalization early in his campaign. I had assumed he was motivated by a combination of intellectual honesty and political necessity: the former because he knew his sons had smoked, the latter because the issue was important to a lot of young

other states. It was a frontier. People went there for privacy, for freedom; for Alaskans the right of privacy came near to being sacred. That, at least, is how Wagstaff hoped the courts would see things, and he was aware that the Alaska supreme court was the youngest and most liberal in the nation.

Lengthy hearings were held in district court on the constitutional question. Wagstaff was a member of the national board of the ACLU and he had legal and financial help from it. He also had help from NORML, who paid the expenses for Drs. Thomas Ungerleider, Joel Fort, and Lester Grinspoon to go to Alaska to testify. The district court denied Wagstaff's motion to dismiss, and he appealed the constitutional question to the Alaska supreme court. By the spring of 1975 the court was near a decision, and Wagstaff was increasingly optimistic that it would be a favorable one.

Meanwhile, things were happening in the state legislature. State Senator Terry Miller, a clean-cut Republican in his early thirties, had introduced a decriminalization bill similar to Oregon's. Stroup never went to Alaska, but he kept in touch with the situation there through Wagstaff, who had agreed to be NORML's state representative. As legislative hearings drew near, an unexpected conflict arose between Stroup and Wagstaff. Wagstaff was convinced there was a very good chance that the supreme court would make smoking legal in Alaska. For that reason he was very skeptical about the decriminalization bill. It provided for \$100 fines for private possession and \$1000 fines for public smoking or possessing while driving. As far as Stroup was concerned, it was a good bill, but Wagstaff feared that if the bill passed, it would take the pressure off the supreme court to rule in favor of Ravin. Thus, Alaska might settle for a system of fines when it could have had full legalization of private possession. He therefore announced to Stroup that he intended to go testify *against* the bill.

Stroup couldn't believe it. Wagstaff was the kind of smart, able lawyer he dreamed of finding to be a NORML state coordinator—and now he said he was going to testify against decriminalization. Stroup thought it made him and NORML look like idiots. A transcontinental shouting match ensued.

"Bob," Stroup insisted, "we can't have NORML opposing a decriminalization bill. It may not be a perfect bill, but we've only been able to pass one in America so far."

Wagstaff was not moved, and he did in fact testify against the bill. It

didn't matter. On May 16 the Alaska bill passed, and the state's new Republican governor, Jay Hammond, keeping the promise he had earlier made, did not veto it. The bill became law without his signature.

That made Alaska the second state, after Oregon, to adopt decriminalization. Then, eleven days after the legislature acted, the state supreme court, in a stunning decision, ruled five to none that possession of marijuana by adults at home for personal use was constitutionally protected by the right-of-privacy provision in the state constitution.

In its fifty-four page opinion the court said there was "no firm evidence" that marijuana was harmful to the user or to society, and that "mere scientific doubts" could not justify government intrusion into the privacy of the home. The court added, "It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem. . . . It appears that effects of marijuana on the individual are not serious enough to justify widespread concern, at least as compared with the far more dangerous effects of alcohol, barbiturates and amphetamines."

The ruling stuck down the legislature's new system of fines for marijuana use. Private cultivation of marijuana was not mentioned by the court, but later the state attorney general ruled that the right of privacy included cultivation. It was as legal to grow marijuana in Alaska as it was to grow tomatoes. Only sale remained illegal.

On June 16 Maine became the third state, after Oregon and Alaska, to decriminalize marijuana use. The main reason marijuana-law reform passed easily in Maine was that it was part of a new state criminal-code revision that had been recommended by a high-level commission after several years of study. The commission concluded that far too much time and money were being spent on victimless crimes, such as marijuana use and prostitution, and the legislature accepted the view.

In Maine, as in several other states, it was not until after decriminalization passed that its opponents, particularly law-enforcement officials, began to speak out strongly against it. Pressure from police officials, who claimed the new law was causing increased smuggling activity in the state, led to new hearings the next year. A

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BEGINNER'S GUIDE TO GROW ROOMS

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BY JAMES MARSHALL

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CAPTAIN WHIZZO

ON THE COVER: Sharon M. is the lead singer of *Black Light Chameleons*, a New York-based psychband (pictured left). Captain Whizzo's light show is visible to the naked eye at NYC's *Mind's Eye Events* (see feature).

NORML — IZER

THE BIG CHILL:

Alaska's Proposed Pot Law

By JON GETTMAN, NORML Director

(The following testimony was given to the Senate Judiciary Committee on May 1, 1987 during a public hearing on Senate Bill #32, which if passed would **recriminalize** marijuana use in the state of Alaska.)

Mr. Chairman, members of the committee, citizens of Alaska: My name is Jon Gettman and I am the National Director of NORML, the National Organization for the Reform of Marijuana Laws. Founded in 1970, NORML is an educational organization dedicated to the review and study of marijuana use, marijuana laws, and their effect on our society.

The Marijuana Tax Act of 1937 marked the beginning of federal attempts to deter marijuana use by making it illegal. And here we are, 50 years later, living proof of prohibition's ineffectiveness, still discussing whether criminal penalties are appropriate for marijuana use.

Alaska has the respect and admiration of people around the world for its integrity on the matter of marijuana use. They are impressed by your dedication to the principle of privacy, which Justice Brandeis once remarked is the cornerstone of all our freedoms. We are impressed by Alaska because we know that your dedication to privacy is founded on a deep conviction to the ethic of personal responsibility.

Others, though, respect your laws because they are practical. They envy you in that respect, wishing the political climate in which they work would allow them to devote their time to more serious matters than debating adult marijuana use at home.

There have been repeated challenges to the policy of arresting marijuana users over the last 25 years that have discredited many of the old excuses justifying prohibition. The

emotional voices calling for the imprisonment of marijuana users come up with some new excuse every few years. The latest is that because marijuana is, on average, more potent today than ten years ago, it is somehow more dangerous; more subtle is the implication that this increase in its potency renders previous research irrelevant.

The claim is that the more potent marijuana of the '80s is a new, different drug than the one many adults tried in the '60s and early 70s. First of all, as with alcohol, marijuana smokers compensate for a higher potency by simply using less. Secondly, high potency marijuana has been on the market, so to speak, for thousands of years under the name hashish. Though hashish is manufactured from the resins of oils of marijuana, pharmacuetically it has a high level of THC. This claim is part of a long historical trend of believing that despite the discrediting of previous scare stories about marijuana, new evidence emerging from research will finally prove that marijuana really is as bad as "they" said it was. It is this historical context that causes me to treat these claims with more than a bit of skepticism.

The National Academy of Sciences conducted a review of all the literature about marijuana. The study was chaired by Arnold S. Relman, editor of the *New England Journal of Medicine*. Their report, *Marijuana & Health*, was published in 1982. There have been no new developments since that time to contradict their findings. Just as in a court of law, there are rules of evidence by which to evaluate research claims. Without exception,

the "dangers" of marijuana fall to satisfy those rules of evidence to the satisfaction of the National Academy of Sciences.

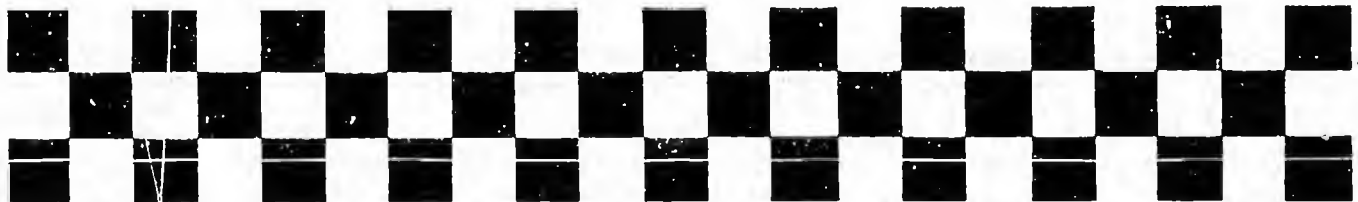
Let me address this bill pointedly. It is based on several "findings" that are without foundation. First of all, THC, the drug's active ingredient, does not, I repeat, does not lodge in the fatty tissues of the body for 30 days, as Finding Number One reports. Findings Number One and Number Two (which claims that this buildup cause "loss of sleep," "moodiness," and "restlessness") are simply wrong. THC is broken down by the body in a few hours, when the high associated with it wears off. It is the by-products of this chemical breakdown that lodge in the fatty tissues for several weeks. **These have no effect on the body whatsoever and there is not a single study that proves otherwise.** So there is no "buildup" of THC.

Finding Number Three, which claims "it is possible for a human being to overdose from marijuana," is also factually incorrect. Marijuana is one of the least toxic drugs known. You can not overdose from smoking marijuana. Furthermore, marijuana does not interact with alcohol, as other drugs do, and increase its potency. Any toxicologist familiar with marijuana will confirm this fact.

To the extent that marijuana and alcohol are both intoxicants, their use in conjunction, and to excess, would be irresponsible, and in some circumstances, dangerous.

Finding Number Four concerns the accusation that marijuana is more dangerous today because it is more potent. The "finding" also claims that marijuana averages a THC potency of 10 percent; actually, the average potency of marijuana these days is closer to 3.5

continued on page 28



percent. A slight digression will further underscore its irrelevance.

Experts are now realizing that the key to understanding drug related problems is to focus on addictive personalities rather than arguing about the relative addictiveness of different drugs. Present theory holds that, for a variety of reasons, some people are prone to abuse drugs, any drugs, legal or not. The potency of the drug is irrelevant for these people. An alcoholic is no less off the wagon for drinking beer than he or she would be for drinking vodka. The increased potency of marijuana makes it no less and no more dangerous than it was ten years ago, which is, relatively speaking, not dangerous at all.

Marijuana does not cause schizophrenia, illusions, or hallucinations (as Finding Number Five claims) and the only pain it can dull is that of headaches, muscle soreness, or cramps—which by the way is why urinalysis tests confuse the metabolites of marijuana with those of ibuprofen, the active ingredient in Advil. The possibility that marijuana makes the body unresponsive to severe pain, as the finding claims, is just not so.

There is no doubt that long-term marijuana smoking will increase someone's likelihood of lung disease or lung cancer, as in the case of smoking tobacco. Our lungs, it seems, are not made for smoke.

The claim that one marijuana cigarette a day for three years will cause cancer is preposterous. Millions of people have smoked far more marijuana than this for far longer, including, I admit, myself, and there are not millions of cases of lung cancer to prove this claim. As with the rest of the findings this bill is based on, this claim is contradicted by the Relman report.

Furthermore, examinations commissioned by the British government in 1894, by Mayor LaGuardia in New York in 1944, by President Nixon in 1972, by the LeDain Commission in Canada in 1974, by the Australian Royal Commission in 1977, by the National Academy of Sciences in 1982, and also by a British Advisory Council Report to the Home Secretary in 1982 have all concluded that these claims about the "dangers" of marijuana use are without foundation. Marijuana has been around for thousands of years, and it has not essentially changed during the last ten.

The simple fact is that marijuana users have found it to be relatively harmless. It is also clear that many other people just don't like this fact. Rather than leave this matter of choice to the individual as an issue of personal responsibility, some would rather have the state make that decision and intervene in the private lives of its citizens. This is what the invasion of privacy is all about, and if that is the intent of your law then you should be honest and change your findings to this simple statement: We find that many Alaskans don't like marijuana use by their fellow citizens because they are afraid of it.

And before I continue, let me share with you what my organization tells the public about marijuana use. It's bad for the lungs, and a waterpipe should be used to filter out some of the tars. It raises the blood pressure in some people, and should be avoided for that reason by people with cardiovascular problems. The use of marijuana during pregnancy may contribute to a slightly smaller birth weight for the fetus, similar to alcohol or tobacco use during pregnancy; NORML advises women to cease marijuana use during pregnancy, as well as alcohol and tobacco. Marijuana causes short-term impairment and should not be used in conjunction with work, driving, and/or the use of heavy machinery, or under any circumstances by adolescents. And yes, gentlemen, it is true that marijuana slightly suppresses sperm production. However, this has no effect on fertility or chromosomes, as the Relman report confirms, and as do the several married couples of my acquaintance.

Arresting pot smokers is ineffective—and it costs too much money.

Ladies and gentlemen, we don't need to examine the works of experts to decide if marijuana causes this massive complex of adverse effects cited by its opponents. Marijuana has been used by over 75 million people, yet there is no prevalence of case histories (epidemiological or longitudinal studies) that prove a single one of these findings. There are no deformed babies on account of marijuana use, no overdoses, no lung cancer patients, and no brain-damaged patients either. The burden of proof, then, is with the accuser. I, for one, would like to know about the individuals whose cases would prove these findings, for I don't believe they exist. If it really caused genetic defects, surely out of the millions and millions of people who have used marijuana in the last 25 years, there would be some clear proof of deformed babies? Yet there is not. And there is almost certainly no indication that millions of young men are walking around with protruding breasts. This, I neglected to mention earlier, was one of the scare stories circulated during the '70s, that marijuana, by way of affecting hormonal production, caused breast development in young males.

And how about Alaska's fellow pioneer, The Netherlands, which has long had a tolerant attitude toward marijuana? Officials there, reported an April 18th article in the *New York Times*, have concluded that their noncriminal approach to marijuana is working, that marijuana use did not lead to harder drugs, and that the number of marijuana users has remained steady (at 36 percent) during the last ten years. Several years ago Spain decriminalized marijuana. Last fall a committee of members of the European parliament recommended that marijuana smokers caught with cannabis for their own use should be cautioned, not prosecuted.

Of even greater interest are domestic developments. In the last few years Columbia, Missouri, almost passed a decriminalization bill by referendum, a bill cleared the Milwaukee City Council, and another cleared the New Hampshire House by consent. Though neither measure became law, the town of Hickory Hills, Illinois, has enacted a decriminalization bill. And, one recently passed the House in Iowa by a wide vote, and awaits action in their Senate.

The alternative to arresting marijuana smokers is to drop criminal penalties, or, as in Alaska, to respect personal use and cultivation of marijuana as a matter of individual privacy. This approach is being studied by others, not so much because of a noble respect for privacy, or, I'm sorry to say, justice and credibility, but for two other very understandable reasons.

1) Arresting marijuana smokers is ineffective. And 2) it costs too much money. Many experts share the opinion, voiced for example by Dr. William J. Kinnard Jr., Dean of the School of Pharmacy at the University of Maryland at Baltimore, that "legal control of marijuana is almost impossible and our limited resources should be directed to the control of the more toxic illicit substances," that is, cocaine and heroin.

Finally, if the legislature adopts these findings they will be challenged. Certainly the issue will end up in court, but that is not the arena that threatens the well-being of your communities the most. No, these findings will be challenged by the inquiring minds of your children. If these fears and distortions are adopted as fact, they will constitute a lie, and a lie easily contradicted by common sense, history, and scientific review. It is in the arena of credibility that this bill will damage the state of Alaska. If you want to send a message to your kids, tell them what we tell them: When you are old enough to accept responsibility for yourself you are old enough to make your own decisions. Alcohol, marijuana, and tobacco can all be harmful, though many people seem to enjoy using them in moderation. Some people have a tendency to abuse drugs, and unfortunately, we don't always know in advance who they are. Furthermore, young people lack the maturity to use and not abuse these drugs (as do many adults). These principles, a good, credible education, and a keen interest in development will keep your children from having drug problems.

IDENTIFYING THE MARIHUANA USER

by

Forest S. Tennant, Jr., M.D., Dr. P.H.



Veract, Inc.

*Dedicated To The
California Highway Patrol
Who Have Been The
Inspiration For This Handbook*

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NOTE FROM THE AUTHOR

This is one of a series of manuals on specific drugs which are abused and/or may cause dependence. Much of it is based on observations made on my patients who have drug problems and from personal research studies. Since research on drug abuse is a relatively new field of endeavor, one can expect future changes in some of the information presented here. I have attempted to give the reader the most current information. As new information becomes available these manuals will be updated.

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SECTION I BACKGROUND ON MARIHUANA USE

PURPOSE AND INTRODUCTION

- This manual is for law enforcement, medical, correctional, legal, and mental health professionals, as well as employers, teachers, and parents who must competently and accurately identify a drug user in his/her various stages of use.
- Much of the information given here comes from observations and studies conducted with drug users who have been treated in the author's facilities.
- This is the first edition of this manual. It will be updated when enough new information warrants it.
- The format of this manual is intended to help the reader to rapidly review the material, and to be used as a quick reference guide.
- Some material is presented in detailed tables to provide answers to specific questions.
- This manual was written in collaboration with many experienced drug abuse clinicians in order to provide as much scientific accuracy as possible.
- A list of scientific references is provided because there is considerable research that gives the scientific grounding for the identification procedures described here.

THREE CATEGORIES OF IDENTIFICATION

1. *Acute Marijuana Influence*

This category is of the most interest to law enforcement and medical personnel who must determine which drug someone has recently taken. For example, identification of the acute user is especially applicable when a person is publicly intoxicated, obviously sedated, driving poorly, or has had an accident or injury.

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2. Chronic and Covert Marijuana Use

This category is of great interest to employers, teachers and parents, who must recognize the covert or non-obvious user. For example, this situation is applicable to a person who is performing poorly in work or in school, behaving abnormally, or who has certain specific medical symptoms.

3. Marijuana Addiction or Dependence

This category is of most interest to medical, penal, and mental health personnel who must determine if addiction or dependence is present and must be medically treated. For example, this situation is applicable to a person who is admitted to a penal or medical institution, and a decision must be made whether medical withdrawal treatment is necessary.

WHAT IS MARIHUANA?

- Marijuana is the plant, *Cannabis sativa*.
- Hashish is the resin from *Cannabis sativa*. It is becoming more popular in the United States.
- The active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC).
- THC is used medicinally to help relieve nausea and vomiting produced by anti-cancer drugs. THC is taken as a capsule or tablet when used for medical purposes.

HOW IS MARIHUANA USED?

- It is usually smoked as a cigarette or joint
- Hashish is smoked in a pipe.

POTENCY AND HAZARDS OF TODAY'S MARIHUANA

- Beginning in about 1983, the potency of the marijuana sold in the United States dramatically increased from 1-2% THC to 5-15% THC content. Some areas report a 27% THC level in marijuana.
- The increase in potency has made today's marijuana much more hazardous relative to causing impairment, addiction, and medical complications.
- Many persons in the United States have had personal experiences or have observed other persons during the 1960's and 1970's who smoked marijuana joints containing 1-2% THC. These persons are still under the impression that marijuana is quite harmless due to these experiences, and are not aware of the differences in marijuana today.

- Although the potency difference between 1 and 10% marijuana is a mathematical difference of only 9%, the human brain recognizes this as a 900% difference.
- In the late 1960's and early 1970's, the author observed that U.S. Army soldiers in Europe and Vietnam who smoked potent marijuana and hashish developed many medical complications. The same medical problems are now being observed in the United States in persons using marijuana.
- The high potency marijuana now being smoked is responsible for many accidents, injuries, addiction, and health complications. This new development is the primary reason this handbook has been developed.

HOW DOES MARIHUANA WORK IN THE BODY?

- The THC that is smoked partially changes into two other compounds after it enters the human blood stream. These two compounds are chemically known as 11-hydroxy- Δ^9 -tetrahydrocannabinol (OH-THC) and 11-Nor- Δ^9 -tetrahydrocannabinol-9-carboxylic acid (C-THC).
- THC is detectable in the human blood stream (plasma) for only about two hours. It produces euphoria and may cause visual, mental, and muscle (motor) impairment during this time period. OH-THC stays in the plasma 4 to 6 hours and may cause a small amount of euphoria. Depending on the amount smoked, C-THC may remain in the plasma for as long as 3 to 6 days. It causes no euphoria but may produce visual, mental and motor impairment. Consequently, users have no perception that they may be impaired.
- C-THC stays in human plasma for so long because it is lipophilic or fat-soluble. It goes into fatty tissue and "sticks" until it is released back into the plasma. Because of the fat-solubility of C-THC, it can be found in the urine for many days after one has stopped smoking marijuana. C-THC has been found in urine for up to about 45 days in chronic or addicted marijuana users.

SUMMARY OF MARIHUANA METABOLITES

Metabolite	Approximate Length of Time in Plasma	Causes Euphoria	Causes Visual, Mental, and Motor Impairment
THC	2-3 hours	Yes	Yes
OH-THC	4-6 hours	Mild, if any	Yes
C-THC	3-6 days	No	Yes

EVIDENCE OF IMPAIRMENT

- A study at Stanford University in California was done with 10 licensed, commercial pilots who smoked a marihuana joint and then were tested on a flight simulator 24 hours later. Pilots made landing errors and one even missed the runway!
- The author has detected strabismus of the eye (non-convergence) and non-or slow-reacting pupils up to one week after chronic marihuana smoking was stopped. These findings were present as long as C-THC was detected in the plasma.
- Due to new research, it is clear that one may remain legally and medically under the influence of marihuana for up to a few days after smoking it.

EFFECT OF MARIHUANA ON NEUROTRANSMITTERS AND THE IMMUNE SYSTEM

- Many controlled research studies have shown that marihuana has both stimulant and sedative effects on the body. Until recently, the cause of this has not been understood. Marihuana has been shown to reduce levels of the body's internal stimulant, norepinephrine, and the body's internal opioid, endorphin.
- These findings help explain why marihuana smoking causes an increase in pulse rate and blood pressure while at the same time may produce muscle relaxation, slow speech and sedation. In simple terms, marihuana has many of the simultaneous, combined effects of cocaine and heroin.
- The sex hormones, follicle stimulating hormone and luteinizing hormone, may be suppressed by chronic marihuana use.
- It is marihuana's effects on neurotransmitters, neurohormones, and the immune system that provide many of the physical signs and behaviors that allow for the medical and legal identification of acute and chronic marihuana use.

WHO ABUSES MARIHUANA?

- Marihuana was once known as a drug for the college student. Its use is now widespread in all age groups and socioeconomic classes. Today most users start using marihuana in their early teenage years, but use below age 10 years is not uncommon.
- Recent surveys of high school seniors in the United States reveal that as many as 60-70% have reportedly tried marihuana at least one time and about 5 to 7% report daily use.

- Drug addicts of various types frequently use marihuana as a second drug. This is particularly common in cocaine, amphetamine, and phencyclidine (PCP) addicts.
- Persons with the underlying psychiatric disorders of depression and schizophrenia often find marihuana particularly desirable.
- Most marihuana users are also cigarette smokers.

GENERAL PATTERNS OF MARIHUANA USE

Classification	Usual Frequency of Use	Chief Characteristic
Intermittent or occasional	1 to 4 times per month	Sometimes called social, casual, or "recreational" users. Also used to control stress.
Binge	Every few hours for a short period.	A great amount used in a short time period (weekend or evening).
Addiction or dependence	Type 1—6 to 12 times per day	Probably dependent upon THC or OH-THC. Withdrawal symptoms begin the day of cessation (when THC or OH-THC leaves the blood stream).
	Type 2—Daily or every other day	Probably dependent upon C-THC. Withdrawal symptoms occur about three days after cessation (when C-THC leaves the blood stream).

SECTION II

IDENTIFICATION OF ACUTE MARIHUANA INFLUENCE

ACUTE EFFECTS OF MARIHUANA

- Marihuana has four basic effects, although all four may not exist in one person at the same time.

Stimulation

- Increase in Pulse Rate
- Increase in Temperature
- Increase in Blood Pressure
- Decreased Attention Span
- Sweating
- Craving for Sweets
- Mood Elevation
- Poor Concentration

Sedation / Muscle Relaxation

- Droopy Eyelid
- Strabismus (non-convergence)
- Slow or Non-reactive Pupil
- Inability to Maintain Pupil Constriction
- Giggly or Giddy
- Visual-Perception Disturbance
- Poor Muscle Coordination
- Mouth-Breather (dry lips/mouth)
- Slow Gait
- Poor Balance
- Sleepy Appearance
- Slow Speech

Anesthesia/Analgesia

- Pain Relief
- Increased Hearing Threshold
- Memory Loss
- Time Distortion

Hallucinogenic

(Usually only with high doses or combined with other drugs)

- Hallucinations
- Paranoia
- Delusion

- Marihuana is commonly used with alcohol (a sedative), cocaine (a stimulant), PCP, or other drug which may potentiate some of its effects and reactions.
- Most of these effects last about 2 to 5 hours after smoking marihuana. Some effects, particularly vision, motor and mental may last for more than 24 hours, depending on the dosage taken.

GENERAL PHYSICAL AND BEHAVIORAL SIGNS OF ACUTE DRUG INFLUENCE

- All psychoactive drugs, when consumed in a high enough dose, will produce abnormal physical and behavioral signs in an individual who is not tolerant to the drug. Many of these signs are generic in that they are similar regardless of which drug, including marihuana, is taken. For example, a common misconception is that stimulants and sedatives cause very different acute physical and behavioral signs. Although there are some specific differences in the acute drug effects of stimulants and sedatives, both classes of drugs produce many identical symptoms. More importantly, low and high dosages of the same drug may produce different signs and symptoms. The degree of tolerance that a user may have will also influence symptoms. Further, persons in withdrawal from a stimulant, e.g., cocaine, may exhibit symptoms associated with the acute use of a sedative, e.g. heroin and vice versa.
- A problem in the physical examination and evaluation of the drug user is that the evaluator may not know the terminology to apply to what he/she observes. Listed here are a number of terms which may be used to describe the various generic symptoms and behaviors that are commonly observed with most types of acute drug influence, including acute marihuana influence.
- It is not essential that the evaluator or examiner memorize or even be able to recognize all of the signs and symptoms listed here to make a proper medical and legal diagnosis. The presence of only some of the following, when combined with laboratory confirmation of body fluid, (i.e. blood or urine) is sufficient to make a medical and legal diagnosis of acute drug influence.

**TABLE OF GENERAL SIGNS AND SYMPTOMS
FOUND IN ACUTE DRUG INFLUENCE**

Accommodating	Expressionless	Paranoid
Agitated	Flat	Passive
Aggressive	Forgetful	Persnickety
Alert	Giddy	Pesky
Angry	Giggly	Rambling
Animated	Happy	Redundant
Anorexic	Hesitant	Relaxed
Anxious	Hostile	Remorseful
Antagonistic	Hyperactive	Repetitive
Antisocial	Hysterical	Resistive
Argumentative	Impatient	Restless
Befuddled	Inappropriate	Rigid
Belligerent	Inattentive	Ruffled
Bizarre	Incoherent	Sedated
Boisterous	Inconsistent	Silly
Bubbling	Indecisive	Sleepy
Cautious	Indifferent	Sluggish
Cocky	Irrational	Somnolent
Combative	Irritable	Stumbling
Confused	Insolent	Stupefied
Contentious	Intoxicated	Subdued
Contradictive	Jittery	Submissive
Dazed	Jovial	Talkative
Deliberate	Jumbled Speech	Tense
Denies	Laughing	Uncertain
Depressed	Lethargic	Uncooperative
Disheveled	Loud	Uneasy
Disjointed Speech	Mellow	Uncaring
Disoriented	Monotone	Unconcerned
Distracted	Moody	Unkempt
Drowsy	Mute	Unresponsive
Eager	Nervous	Unsteady
Erratic	Non-responsive	Violent
Euphoric	Non-communicative	Withdrawn
Evasive	Obstreperous	
Excited	Over-confident	

NOTE: Some of these terms mean the same thing and there may be other terms that are acceptable.

**PHYSICAL EVALUATION/EXAMINATION OF A PERSON
SUSPECTED OF ACUTE MARIHUANA INFLUENCE**

- Below is a list of physical evaluation procedures to be used when a person is suspected of acute marihuana influence. It is not necessary to do every procedure to make a correct medical and legal identification. Most of these procedures can be done by a non-medical person:
 1. Listen for speech rate.
 2. Observe gait and balance.
 3. Look for sleepy appearance, droopy eyelids, mouth breathing, dry lips, and green tongue.
 4. Smell for odor of alcohol and marihuana.
 5. Assess responses for attention span, concentration, and giddiness.
 6. Assess depth perception by asking person to estimate a distance.
 7. Examine eyes for droopy eyelid, pupil reaction, strabismus (non-convergence), and redness.
 8. Determine muscle coordination and balance by finger-to-finger, finger-to-nose, step-test, and/or one leg balance-count test (divided attention).
 9. Take pulse, blood pressure, and respiratory rate.
 10. Feel skin for sweating and tremor.
 11. Note if hallucinations, delusions, or paranoia is present.
 12. Instruct to give correct time, date, and place.
 13. Observe for general physical and behavioral signs of acute drug influence (see previous table).

LEGAL DIAGNOSIS OF DRUG INFLUENCE

- The elements required to make a *legal* diagnosis of acute drug influence are well established in case law. Furthermore, the elements are identical to the *medical* diagnosis of acute drug influence. Put simply, the elements required for a proper diagnosis of acute drug influence are the same in a medical clinic, emergency room, work place, police department, or on a highway. There are three basic elements required to make a medical and legal diagnosis:
 1. Reason to investigate further
 2. Physical evidence
 3. Laboratory confirmation

Professionals may differ in the terms that they use to describe the three elements. Some of the terms are listed here:

• **ELEMENT NO. 1 – Reason to Investigate Further**

Some Common Descriptive Terms	Some Common Reasons
Probable Cause (Law Enforcement) Just or "For" Cause (Industry) Reasonable Suspicion (Industry) Index of Suspicion (Medicine)	accident, injury, illegal activity, improper driving, abnormal behavior, psychosis, absenteeism, walk or talk

• **ELEMENT NO. 2 – Physical Evidence**

Some Common Descriptive Terms	Some Common Evidence
Supporting Evidence (Legal) Specific Objective Facts (Legal) Abnormal Physical Finding (Medicine)	abnormal walk, speech, balance, visual perception, blood pressure, pulse, mental state, eye signs, mental response.

• **ELEMENT NO. 3 – Laboratory Confirmation**

Sometimes called "essential evidence," this element requires that the drug be found in a body fluid which can be blood, urine, breath, saliva, eye fluid (vitreous), hair, or feces. Urine is the most common fluid that is analyzed with blood ranking second. Alcohol is usually measured in breath.

LABORATORY FINDINGS AND CORRELATIONS WITH DEGREE OF ACUTE INFLUENCE

Only in the case of alcohol does the body fluid concentration reflect any predictable degree of impairment of acute influence. Most states use a blood alcohol concentration of 100mg/100 ml, or .10 mg% as the legal criteria for acute alcohol influence because this level is known to cause significant physical impairment in persons who are not tolerant to alcohol. At this time, it is not scientifically possible to determine the degree of acute influence or impairment by the concentration of other drugs of abuse present in blood or urine. Therefore, qualitative, not

quantitative urine and blood tests are the most appropriate to confirm a diagnosis of acute influence of marihuana, cocaine, heroin, amphetamines, and phencyclidine. It is also emphasized that the presence of abnormal physical signs, symptoms, and behaviors are the primary determinants of acute influence — not the laboratory test, which is only capable of confirmation.

LEGAL DIAGNOSIS OF ACUTE MARIHUANA INFLUENCE

- Recommended criteria are listed here for the medical and legal diagnosis of acute marihuana influence. Note that all three elements as described above are included.

• **ELEMENT NO. 1 – Reason to Investigate Further**
One of the Following Must be Present

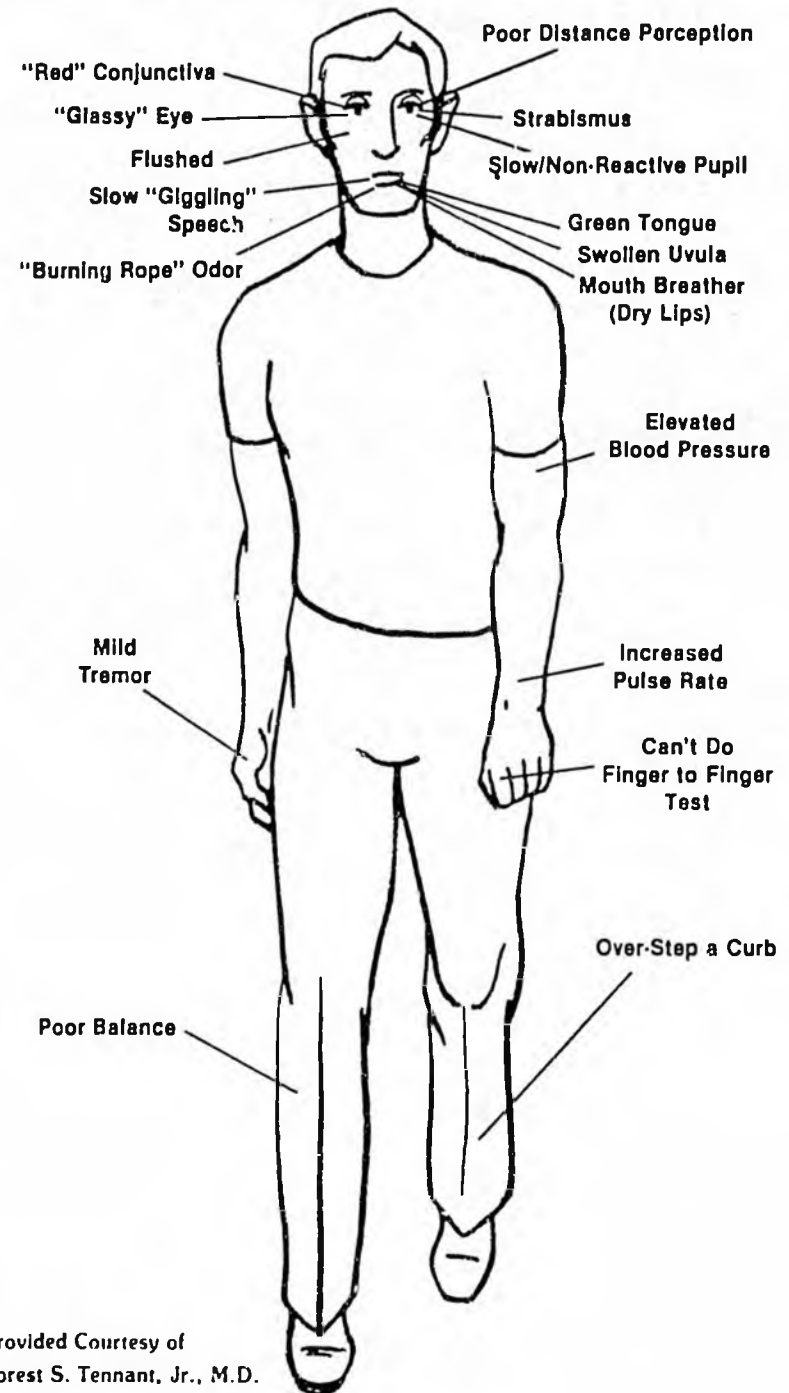
- Accident
- Injury
- Illegal Activity
- Recurrent Infections/Illness
- Progressive Change in Mood, Mental Ability, or Memory
- Deterioration of Work or School Performance
- Psychiatric Symptoms
- Abnormal Gait or Speech
- Improper Driving
- Sudden Disappearance from Work/Home
- Other Unusual Behavior
- Smell of Marihuana Smoke

ELEMENT NO. 2 – Physical Evidence – Supporting Evidence
Two or More of the Following Must Be Present

Slow or Non-Reacting Pupil
Pupil Cannot Hold Constriction in Direct Light
(Rebound Dilation)
Strabismus (Non-Convergence)
Abnormal Walk or Stumbling
Green Tongue
Elevated Pulse
Slow or Slurred Speech
Abnormal Finger-to-Finger Test
Unattentive or Unresponsive to Questions
Does Not Know Current Time, Date, or Place
Inappropriate Laughter or Giggling
Other Acute General Influence Signs (See Table on page 8)
Red Eye (Sclera)
Dilated Pupil
Droopy Eyelid
Mouth Breathing and Dry Lips
Abnormal Distance Perception
Elevated Blood Pressure
Abnormal Divided-Attention Test
(One Leg-Count Test)
Poor Balance/Coordination
Excess Sweating
Tremor
Abnormal Step Test

ELEMENT NO. 3 –
Laboratory Confirmation – Essential Evidence
Presence of marihuana metabolite in urine, blood, or saliva.

Physical Signs of a Non-Tolerant Person Under Marihuana Influence



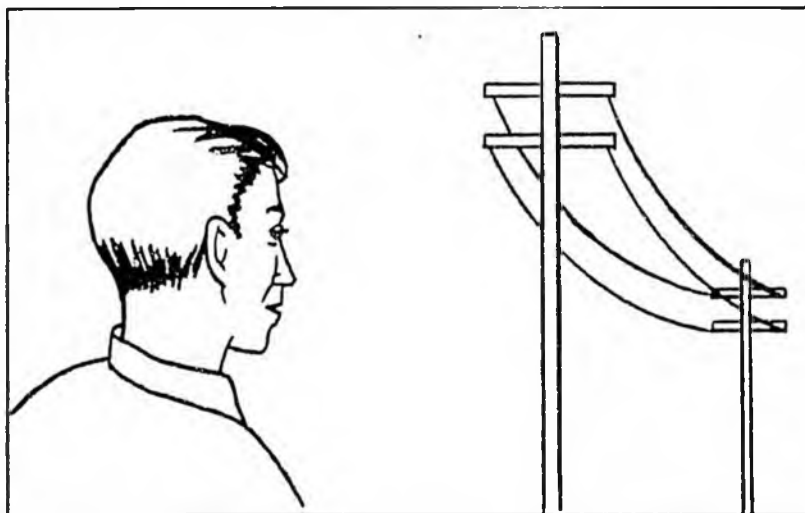
Provided Courtesy of
Forest S. Tennant, Jr., M.D.

SPECIFIC PHYSICAL TESTS FOR ACUTE MARIHUANA INFLUENCE

Physical tests can be conducted which demonstrate evidence of acute marihuana influence. These tests access one or more of the basic physical determinants of drug influence, i.e., perception, balance, coordination, and attention span. Not all of these tests need to be positive to establish the diagnosis of acute influence. Seldom are all the tests abnormal at the same time. Not all of these tests need to be done to establish a diagnosis of acute marihuana influence. In addition, there may be other tests or variants of these which can be utilized since the object of the physical tests is to document that marihuana is present in the body and that it is producing some physical effect.

Test #1 – Distance Perception Test

Procedure: Ask how far away an object is, such as a wall, telephone pole, etc.



Normal
Can estimate distance

Abnormal
Estimate is off 20% or more

Test #2 – Step Test

Procedure: Have subject attempt to step up a curb or stairs.

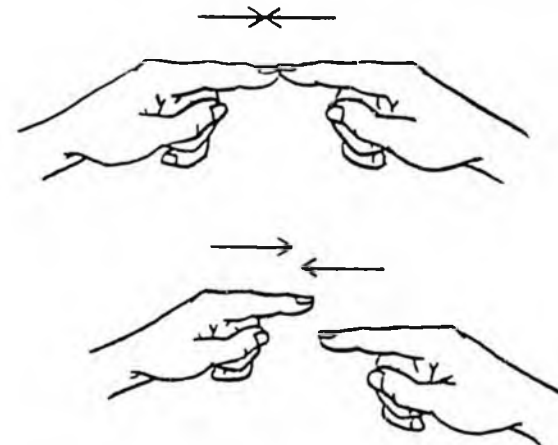


Normal
Can step up accurately

Abnormal
Over-steps or under-reaches

Test #3 – Finger-to-Finger Test

Procedure: With eyes open and arms extended, have the subject touch his index fingers. Then have subject shut his eyes and again try to touch his index fingers.



Normal
Less than 2" off and
usually in a vertical plane

Abnormal
More than 2" off and
usually in a horizontal plane

Test #4 – One Leg-Count-Balance Test (Divided Attention)

Procedure: Have subject stand on one leg, close eyes, and count to 10.

Normal	Abnormal
Can accomplish	Cannot stand on one leg and complete the count

Test #5 – Strabismus or Non-Convergence Test

Procedure: Ask subject to focus eyes on a finger or object at the end of the subject's nose.

Normal	Abnormal
Can "cross eyes" and gaze at object	One or both eyes will be unable to converge and will drift outward

Test #6 – Time Test

Procedure: Ask subject what time it is.

Normal	Abnormal
Will know correct time	Will be off at least 15 to 30 minutes

Test #7 – Pupillary Reaction

Procedure: Shine a light on the pupil and quickly remove it. Observe reaction. Then shine the light on the pupil to see if the pupil can maintain its constriction.

Normal	Abnormal
Pupil rapidly reacts. With constant light it will maintain constriction for at least 5 to 10 seconds.	Pupil reacts slowly or not at all. With constant light, the pupil will not hold its constriction and will dilate to its original size or slightly bigger (rebound dilation).

Procedure: Measure pupil size in room light and then put individual in darkness for five minutes.

Normal	Abnormal
Pupil will dilate	Pupil will not dilate

CHANGES IN VITAL SIGNS WITH ACUTE MARIHUANA INFLUENCE

Marihuana has stimulant properties due to its effects on norepinephrine. Consequently, vital signs may show stimulatory effects:

PUPIL SIZE —	Over 5.0 mm in diameter
PULSE —	Over 100 beats per minute (Normal - 72/minute)
BLOOD PRESSURE —	Systolic over 140 mm Hg (Normal - 120 mm Hg) Diastolic over 100 mm Hg (Normal - 90 mm Hg)
RESPIRATORY RATE —	Over 25 respirations per minute (Normal - 20/minute)
TEMPERATURE —	Over 100°F (Normal 98.6°F)
SPECIAL NOTE:	If two of the above are present and there is marihuana derivative in plasma, urine, or saliva, acute marihuana influence should be considered to be present.

VISION EFFECTS WITH MARIHUANA

There is growing evidence that some eye abnormalities and possibly other neuro-muscular effects are present as long as marihuana's long-acting metabolite, C-THC, remains in the blood stream (plasma). Basically this means that marihuana may produce impairment and meet the criteria for acute influence for possibly as long as three to six days after the last dose of marihuana. For example, a study was conducted at Stanford University in which ten licensed pilots were given a marihuana joint containing 19 mg of THC. Twenty-four hours later they were tested on a flight simulator, and all made landing errors, including one pilot who missed the runway. Other examples of vision effects of marihuana include numerous drivers driving erratically who are routinely arrested by the California Highway Patrol. Upon examination they show eye findings of strabismus and slow or non-reactive pupil but claim to have not smoked marihuana for three to four days. However, they show marihuana metabolite in their urine but no evidence of alcohol or other drug use.

The author has now studied some chronic marihuana users to correlate eye and other physical abnormalities with the presence of C-THC in plasma. Although strabismus (non-convergence) and slow, or non-reactive pupils were not present in every user, they were found in some marihuana users 3 to 6 days after they claimed to have ceased

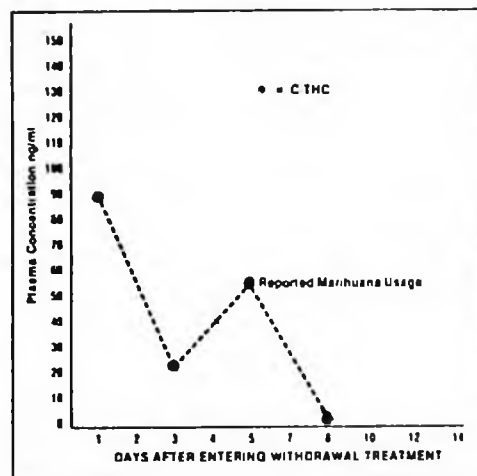
use. Figures in Example 1 show the plasma levels of C-THC in two chronic marihuana users who were treated by the author. In both cases one-sided strabismus and non-reactive pupil were present until C-THC was undetectable in plasma. The importance of this finding is that drug influence and impairment may remain for several days after marihuana was last used even though the user has no feeling of euphoria or perception of impairment. The presence of strabismus and a non-reactive pupil can impair visual tracking ability which may produce accidents and injuries.

CASE EXAMPLES OF PLASMA CONCENTRATIONS AND EYE ABNORMALITIES

To document whether eye abnormalities exist after cessation of marihuana use, the author has studied chronic users by determining the presence of C-THC in plasma while, at the same time, determining the presence of strabismus and non or slow-reactive pupils. Shown are two examples. In both cases C-THC remained in plasma for three days following the user's last reported use. In addition, strabismus and a non-reactive pupil were present during this time. Additionally, these persons experienced mild withdrawal symptoms when the plasma no longer showed C-THC.

EXAMPLE NO. 1

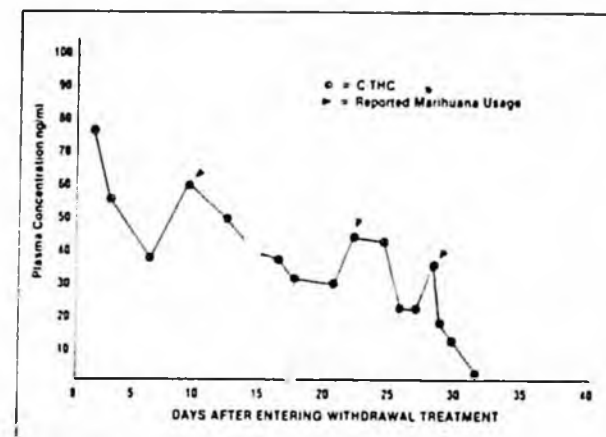
PLASMA CONCENTRATIONS OF C-THC DURING WITHDRAWAL IN A 3 TO 5 TIMES PER DAY MARIHUANA USER.



Strabismus and non-reactive pupil were present during the eight days that C-THC was detected in the plasma.

EXAMPLE NO. 2

PLASMA CONCENTRATIONS OF C-THC DURING WITHDRAWAL IN A ONE TIME PER DAY MARIHUANA USER



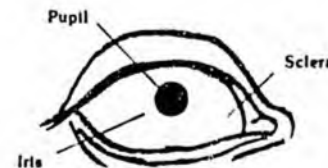
Strabismus and a non-reactive pupil were present during the 32 days that C-THC was detected in plasma

DETERMINATION OF PRESENCE OF PUPILLARY DILATION OR CONSTRICTION

In normal room light, the pupil of an adult is usually between 2.9 and 6.5 mm in diameter. About 1 to 3% of the adult population may have a congenital dilation or constriction.

A rapid way to determine if dilation or constriction is present is to measure the pupil diameter against one side of the iris.

Normal Size Pupil



Pupil diameter about same width as one side of iris

Constricted Pupil



Diameter much smaller than width of one side of iris

Dilated Pupil



Diameter much larger than width of one side of iris

MEASUREMENT OF PUPIL SIZE AND REACTION

Use a standard pupilometer for measuring of pupil size. Pictured here is an actual-size example which can be copied for use.

V **Vernier, Inc.**
 338 So. Glendora Avenue
 West Covina, CA 91790
 (818) 919-7476

MILLIMETERS

•	10	•
•	15	•
•	20	•
•	25	•
•	30	•
•	35	•
•	40	•

PUPILOMETER

•	45	•
•	50	•
•	55	•
•	60	•
•	65	•
•	70	•

Normal size of adult pupil 2.9 to 6.5 mm

VRT P-10 (11-85)



Dilated pupil of type observed with acute cocaine-amphetamine influence. Sometimes observed with acute marijuana influence.



Reddish sclera (dilated veins) of acute marijuana smoker.



Constricted pupil and reddish eye in person under acute influence of marijuana and heroin.



Droopy eye-lid, constricted pupil and reddish sclera of person under the acute influence of phencyclidine (PCP) and marijuana.

PUPIL MEASUREMENT GUIDELINES

1. During the day, test subject away from bright sun. At night, test the subject in light. Plain room lighting is best.
2. Measure pupil size by holding a flashlight at a 45° angle from the subject's lateral side. Never shine the light directly into the eye from the front, or the pupil will constrict and destroy the measurement.
3. Compare subject's pupil size to a pupilometer. Note sizes in millimeters.
4. Keep flashlight about one foot away.
5. Note the reaction or absence of reaction in subject's pupils by "flicking" the light beam on and off the pupil.
6. Repeat above procedures on at least one non-drug-using person in the same light and note results for comparison.
7. A few persons with a very dark iris surrounding the pupil cannot be adequately measured.

PHOTOGRAPHIC DOCUMENTATION OF PUPIL SIZE AND REACTION

There are some specific legal occasions when photographic evidence of pupil size and/or reaction may be advantageous. The following are key points when using this procedure.

1. A standard camera with a flash is sufficient since it reacts faster than the pupil can.
2. Take photograph with pupilometer next to the eye for comparison.
3. Room light is satisfactory. Avoid bright light or darkness.
4. To document non-reactivity by photograph, take a picture in room light. Then place the subject in a very dark room for 5 minutes and repeat the same photograph. A non-reactive pupil will not dilate in darkness. It is advisable to take photographs of a control subject at the same time and in the same light to demonstrate the difference.

SUMMARY OF EYE EFFECTS WITH MARIHUANA

Finding	How Often Present	Usual Approximate* Time May last After Smoking
Redness	Frequent	4 to 6 hours
Dilated Pupil	Sometimes	2 to 4 hours
Non- or Slow-Reacting Pupil	Usual	1 to 3 days
Failure to Hold Constriction (Rebound Dilatation)	Sometimes	4 to 6 hours
Strabismus (non-convergence)	Frequent	1 to 3 days
Droopy Eyelid	Frequent	2 to 4 hours
Failure to Estimate Distance	Frequent	4 to 6 hours

*Approximate means that the time may be shorter or longer

LEGAL CASE EXAMPLES OF ACUTE MARIHUANA INFLUENCE

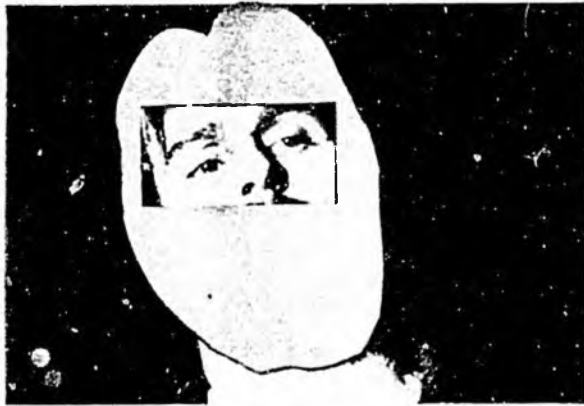
There are many legal challenges currently in process with employees who have been disciplined for marihuana use and/or detection in urine. In most of these cases, there was a claim of acute marihuana influence by the employer, but one of the three key elements was missing, i.e., cause for suspicion, physical evidence, or laboratory confirmation. Courts in California have now had considerable experience with drivers who are under the acute influence of marihuana and case law is now well established. The California Highway Patrol has developed the methodology to accurately identify the driver under marihuana influence and some of the information in this handbook is based on their experience. Following are two typical case examples:

CASE EXAMPLE #1 – California High Patrol

Element #1	Finding(s)
Cause to investigate	Weaving on road



Green coated tongue of marihuana-hashish smoker.



Glazed eye and droopy eye-lid of acute marihuana influence.



Reddish, glazed eye of acute marihuana influence. Normal size pupil and mild drooping of eye-lid.

Element #2
Physical Examination

Reddish eye
Strabismus (one-side)
Poor distance perception
Non-reactive pupil
Animated
Anxious
Evasive
Giddy
Indifferent

Element #3
Laboratory Confirmation

Negative Alcohol Breath Test
Marihuana metabolite in urine

CASE EXAMPLE #2 – Industrial Accident

Element #1
Cause to investigate

Findings
Accident involving machinery

Element #2
Physical Examination

Glassy Eye
Flushed
Sleepy
Non-responsive
Inconsistent
Unsteady
Inappropriate
Stumbling

Element #3
Laboratory Confirmation

Marihuana metabolite in urine

In the latter case, two lay persons made the physical observations and carefully recorded this in writing.

Section III

IDENTIFICATION OF CHRONIC OR COVERT MARIHUANA USE

HOW TO MAKE A DIAGNOSIS OF CHRONIC MARIHUANA USE

- There are two major criteria used in order to make a diagnosis of covert or chronic marihuana use when a person doesn't admit use.
 1. Presence of suggestive behaviors and signs.
 2. Marihuana derivative in blood or urine.
- The major problem of chronic marihuana use is to know when to suspect someone.
- When someone is suspected of chronic marihuana use, they can be confronted by telling them the signs and behaviors that make you suspicious. Once confronted, it may be appropriate for a physician, employer, parent, teacher, coach, etc., to ask for a urine test for definitive proof.

WHY MAKE A DIAGNOSIS OF CHRONIC OR COVERT MARIHUANA USE?

Chronic marihuana use has so many debilitating and negative consequences that it needs to be identified as early as possible in order to prevent its numerous medical complications and social problems.

In contrast to most other drug or alcohol abusers, marihuana users, in the author's experience, have a higher success rate in stopping and maintaining abstinence. Early identification and intervention usually produces good results. Consequently, the best way to help a chronic or covert marihuana user is to identify him/her as soon as possible.

WHEN TO SUSPECT CHRONIC OR COVERT MARIHUANA USE

Only a blood or urine test will definitely diagnose marihuana use. However, you should suspect chronic marihuana use if you observe a combination of some of marihuana's chronic effects. Some of marihuana's long-term effects can be scientifically attributed to its ability to adversely affect the brain's norepinephrine, or endorphin systems. In addition, chronic marihuana smoking causes irritation of the respiratory system, instability of glucose metabolism, and occasionally, abnormalities of sex hormones. These hormone and respiratory changes can provide clues to chronic/covert marihuana use if one knows the basic signs and behaviors associated with them.

BASIC SIGNS AND BEHAVIORS ASSOCIATED WITH CHRONIC AND COVERT MARIHUANA USE

- Frequent absences from school or work
- Time distortion, including tardiness, unusual meal times
- Frequent missed appointments
- Constant use of eye drops (usually Visine®)
- Wears marihuana-leaf jewelry, insignia, or have clips to hold cigarettes
- Wear sunglasses indoors
- Abnormal sleep pattern such as staying up after midnight or daytime sleeping
- Repetitive forgetfulness or broken promises
- Frequent accidents, injuries, and/or traffic violations
- Loss of interest or motivation in job/school/relationships
- Deterioration of work or school performance
- Careless in hygiene and grooming habits. Females stop polishing their nails or wearing lipstick and make-up. Males skip shaving. Fail to brush teeth
- Recurrent respiratory infections
- Poor pain and stress tolerance
- Acne worsens
- Sudden personality changes. Becomes dull, bland, humorless
- Binge eating of sweets and snacks between meals

TIME DISTORTION WITH MARIHUANA

Chronic use of marihuana and many other stimulant drugs alters the brain chemistry so that normal time patterns are not maintained. To illustrate, the normal person tends to know when three meals per day should be eaten, when to go to sleep at night, take a 15-minute coffee break, or when to leave for school or work to arrive on time. A person whose internal time clock has been disturbed by chronic drug use will have distorted behaviors, including inability to keep appointments and meet time deadlines. They will also tend to stay up late at night or sleep during the day.

MOTIVATION DISTURBANCES

Marihuana may disrupt the brain chemicals that allow one to be motivated to carry out normal day-to-day activities. Lack of motivation exhibits itself in a number of rather typical ways. Particularly affected are such common motivations, such as eating a proper diet, maintaining

normal hygiene, and treating one's fellow man in a civil and decent manner. A chronic or covert marihuana user may be unable to maintain a sufficient level of motivation to carry out these routine daily functions.

ABNORMAL SELF-PERCEPTION OF JOB OR SCHOOL PERFORMANCE

Cocaine, marihuana, and PCP may markedly impair a person's job or school performance. For unknown reasons, however, the drug user may have little or no accurate perception of this. They may insist that they are "doing fine" and that they do not deserve criticism in spite of failing grades or poor athletic or job performance. Unfortunately, the loss of accurate perception of self-performance may persist after drug use is stopped.

PERSONS MOST LIKELY TO SUSPECT

Cigarette smoking is the single, biggest indicator that a person may be using illegal drugs. Approximately one-third of the adult population over age 18 years smoke cigarettes, and of these, about 25% abuse drugs and/or alcohol. These figures may be higher for youth. The percentage of youth who are between 13 and 19 years of age, who smoke cigarettes and frequently use marihuana is probably over 50%. One reason youth who smoke cigarettes are likely candidates to use illegal drugs is because they are already knowledgeable about inhaling and are tolerant to the heat irritation produced by ordinary cigarettes. Physically and psychologically, it is a short step from cigarette smoking to marihuana or cocaine inhalation. Over 99% of heroin users smoke cigarettes. In the author's experience well over 90% of PCP and amphetamine users smoke cigarettes.

CRAVING FOR SWEETS

Constant ingestion of sweets is a behavior that many chronic marihuana users exhibit. Marihuana releases norepinephrine from neurons which can reduce blood sugar and cause craving for sweets. Extremely poor dental hygiene is often observed in chronic marihuana users and this may be related to the constant ingestion of sweets.

ANESTHETIC AND ANALGESIC EFFECTS OF MARIHUANA

Marihuana has some pain relieving effects. It was even used for this purpose in ancient medical practice. It is probably anesthesia of the auditory (hearing) mechanism that enables drug users to listen to



Swollen uvula and poor dentition in a chronic marihuana-hashish user.



Blackened gums of chronic marihuana-cocaine smoker.

excessively loud music that irritates most normal people. The author has observed that many industrial accidents occur because either the victim or propagator was a marihuana user and apparently did not hear machinery, a vehicle, or even a verbal warning.

WORK PROBLEMS OF THE HIGHLY-TRAINED WORKER

Numerous research studies document that marihuana, particularly the high potency forms now sold in the United States can impair tasks that require superior mental and physical skills. Also, impairments can be demonstrated many hours after the euphoria or "high" has subsided. Specifically, marihuana may impair immediate recall, glare recovery, peripheral vision, and time sense. Visual illusions and inappropriate or incorrect memory may intrude into consciousness, leading to an interruption of correct mental sequencing of events in time called, "temporal disorganization." While simple, repetitive and well-known tasks can usually be performed properly, work requiring a high level of cognitive integration may be adversely affected. An example is a chronic marihuana user who operates a machine competently until it malfunctions at which time the person may not be able to recall or remember the appropriate safety measures. Put another way, when a person is under the influence of drugs, routine tasks usually get accomplished, but dealing appropriately with the unexpected or the unusual is quite another matter. Other adverse effects of chronic marihuana influence on the job include diminution of visual tracking, complex reaction time, hand steadiness, complicated signal interpretation, and attention span. Deficiencies in perception, memory and cognition make learning difficult which handicaps all but workers doing the simplest tasks.

The author has observed many middle-management personnel, who began smoking marihuana many years ago when it was only a 1-2% grade of potency. They now find they cannot achieve the level of skill called for in their jobs due to the impairment produced by the more potent marihuana.

SOME SIGNS OF DETERIORATING WORK PERFORMANCE

Work Patterns

- Inconsistency in quality of work
- High/low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work missing deadlines
- Increased difficulty in handling complex situations

Absenteeism

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flu, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearance from the job with difficulty in locating employee
- Requesting to leave work early for various reasons
- Spends excessive amount of time on the telephone
- Argumentative
- Exaggerated sense of self-importance
- Violent
- Avoids talking with supervisor regarding work issues

Relationship to Others On the Job

- Overreaction to real or imagined criticism
- Avoiding and withdrawing from peers/supervisors
- Complaints from co-workers
- Borrowing money from fellow employees
- Complaints of problems at home such as separation, divorce and child discipline problems
- Persistent job transfer requests

Physical Signs or Condition

- Weariness, exhaustion
- Untidiness
- Yawning excessively
- Blank stare
- Slurred speech
- Sleepiness (nodding)
- Unsteady walk
- Sunglasses worn at inappropriate times
- Changes in appearance after lunch or break

Accidents

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on the job

Mood/Actions

- Appears to be depressed or anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness /mood changes
- Withdrawn or improperly talkative

MEDICAL PATIENTS WHO SHOULD ESPECIALLY BE SCREENED FOR COVERT MARIHUANA USE

- Psychiatric patients under age 25
- Teenagers Young Adults with Chronic Respiratory Infections and Allergies/Urticaria
- Pregnant Women under age 25
- Males with gynecomastia (enlarged breasts)
- Weight loss (indicating poor nutrition)

WORKERS WHO SHOULD ESPECIALLY BE SCREENED FOR COVERT MARIHUANA USE

- Chronically Absent
- Job Deterioration
- Frequently Tardy
- Accident or Injury Prone
- Memory Lapses
- Repeatedly Miss Deadlines
- Excessively Sick
- Poor Hearing
- Sleeping on Job

TEST TO DETERMINE IF SOMEONE YOU KNOW IS LIKELY TAKING MARIHUANA AND/OR OTHER DRUGS

Following is a self-test to determine if a person might be covertly taking marihuana and/or other drugs. If you complete this test and it suggests drug use, you may want to confirm or deny your suspicion with a urine test.

- | | | |
|--|-----|----|
| 1. Does the person eat three meals per day at the normal eating times? | YES | NO |
| 2. Does the person make it to school/work on time practically every day? | YES | NO |
| 3. Does the person voluntarily go to bed on weekdays by 11:00 p.m.? | YES | NO |
| 4. Can you easily awaken the person in the morning? | YES | NO |
| 5. Does the person meet curfews/or deadlines the vast majority of time? | YES | NO |
| 6. Is the person's weight holding steady or slightly increasing? | YES | NO |
| 7. Does the person comb his or her hair every morning? | YES | NO |
| 8. Does the person brush his or her teeth at least morning and evening? | YES | NO |
| 9. Does the person attend Church or Sunday School at least once a month? | YES | NO |
| 10. Does the person invite friends to the house whose behavior is open and normal? | YES | NO |
| 11. Does the person smoke cigarettes? | YES | NO |
| 12. Does the person have a good attention span? | YES | NO |
| 13. Does the person take responsibility for household chores? | YES | NO |
| 14. Does the person take care to appear neat and clean? | YES | NO |
| 15. Does the person frequently play loud rock music after midnight? | YES | NO |



Allergic rash due to marlhuana smoking.



Sinusitis in a marlhuana-hashish smoker.

- | | | |
|--|-----|----|
| 16. Does the person play "heavy metal" music or engage in other cult-like activities? | YES | NO |
| 17. Has the person's acne worsened in the past 90 days? | YES | NO |
| 18. Has the person lost interest in a school/work activity he/she used to enjoy? | YES | NO |
| 19. Is the person having trouble getting along with teachers, coaches, friends, fellow-workers, or spouse? | YES | NO |
| 20. Is the person having trouble getting along with you? | YES | NO |
| 21. Has the person lost interest in the clothes that he/she wears or changed the type of clothing worn (for example, "dressing down")? | YES | NO |
| 22. Has the person suddenly had a drop in grades or work performance? | YES | NO |
| 23. Has the person had over three colds, sinus infections, or other respiratory ailments in the past one year? | YES | NO |
| 24. Does the person sniff a great deal or have a chronic reddened appearance under the nose? | YES | NO |
| 25. Does the person smoke a brown type cigarette? | YES | NO |
| 26. Has the person failed to come home at night on more than one occasion during the past 90 days? | YES | NO |
| 27. Does the person complain that a lot of people don't see things his or her way? | YES | NO |
| 28. Does the person constantly complain that people including the family don't understand him/her? | YES | NO |
| 29. Has the person had more than two motor vehicle accidents or other traffic violations in the past one year? | YES | NO |

INTERPRETATION OF TEST TO SUSPECT COVERT DRUG USE

Questions 1 through 14:

- A. Answer "No" to three or less: Drug use doubtful
- B. Answer "No" to four to six: Drug abuse very likely
- C. Answer "No" to seven or more: Drug abuse almost certain

Questions 15 through 29:

- A. Answer "Yes" to three or less: Drug abuse doubtful
- B. Answer "Yes" to four to six: Drug abuse likely
- C. Answer "Yes" to seven or more: Drug abuse almost certain

THE WORST THING TO DO IF YOU SUSPECT MARIHUANA USE

The worst thing to do is to do nothing because a person may have little time left in which to continue drug use without risking permanent neurochemical changes. If you suspect drug use, it is important to take action that will either confirm or discount your suspicions.

INFORMING THE SUSPECTED USER

Step one is to find a quiet, uninterrupted time to inform the suspected user of your suspicion. There is one common downfall when most persons do this. That is to fail to tell the drug user the precise reasons drug use is suspected. In other words, don't simply say, "I think you are using drugs." Say, "Here is a list of specific reasons that make me think you are using drugs." Then read the list. Be specific and include all the behavior and physical symptoms that make you suspicious. Refer to the above table, to make your list.

WHAT IF MARIHUANA USE IS DENIED?

1. Tell the individual all the behaviors you want changed so that you will not longer be suspicious.
2. If the individual is an employee and your personnel policies allow for a medical evaluation and/or urine test for drugs, obtain these for confirmation.

LEGAL RIGHT TO TERMINATE AN EMPLOYEE FOR COVERT MARIHUANA USE

Many private companies and public organizations are now identifying marihuana users by a urine test. In some cases, the test is done for a cause such as previously listed or it is done as part of routine testing at an annual physical examination or other periodic testing time. At the present time, there are numerous law suits and arbitrations going on throughout the United States over the issue of whether an employer may legally terminate an employee for covert marihuana use. Most of the litigation has been brought about because the mere presence of marihuana metabolite in blood or urine, regardless of amount, does not prove there was any job impairment or hazard. In addition, the precise time of marihuana ingestion cannot be pinpointed by a urine test, and

marihuana can even enter urine in small amounts through passive (being near others smoking) inhalation. The author has now reviewed, been consulted, or appeared in arbitration hearings for several dozen cases of marihuana detection by employers. Although future court judgments and/or legislation could modify current trends, the author passes on the following observations to serve as legal guidelines for employers regarding marihuana use by employees.

- Companies should not urine test anyone unless there are written policies regarding procedures and penalties. Unionized organizations must have prior joint labor-management agreements.
- Pre-employment urine screening and disallowing employment for marihuana in the urine is now routinely done in many companies, and it is rarely challenged.
- Termination is rarely challenged if the three elements of acute marihuana influence, as described in this handbook are present and carefully recorded in writing, i.e., reasons to investigate further, physical evidence, and laboratory confirmation.
- Employees who may endanger others by virtue of their marihuana use, such as transportation personnel, machinery operators, or physicians, may often be successfully terminated or lose their license by virtue of marihuana detection, even though all of the criteria for acute influence is not present.
- Suspension or temporary termination for the purpose of treatment or documenting clearance of marihuana from blood and/or urine is essentially never challenged on legal grounds.
- Repeated positive urine tests, even without meeting criteria for acute influence is rarely challenged.

RECOMMENDED GUIDELINES FOR EMPLOYERS WHO DETECT MARIHUANA USE

Unless there are purely business or other non-drug related reasons, the author generally recommends that employers not terminate marihuana users. Why? My experience clearly shows that marihuana users can be withdrawn and remain abstinent much easier than the vast majority of alcoholics and other drug (cocaine, heroin, etc.) users, provided they are periodically urine tested. Since marihuana may be detected in urine for many days after a single usage, periodic urine testing can insure abstinence. In contrast, cocaine and alcohol cannot be detected in urine for more than about 24 to 36 hours post-use which makes relapse difficult to detect until it is full-blown.

For reasons not clearly understood by the author, he seldom sees marihuana users relapse if they remain abstinent for four consecutive months (120 days). In addition, the withdrawal symptoms of marihuana addiction are relatively mild and don't require hospitalization.

SPECIFIC STEPS TO RETAIN A MARIHUANA-DETECTED EMPLOYEE

1. Suspend or temporarily terminate the employee for purposes of clearing the urine of marihuana.
2. Don't hospitalize unless the employee requests it.
3. Have attending physician take a marihuana urine test weekly until clear.

If you need precise documentation that marihuana is leaving the body in a timely, sequential fashion, plasma testing or quantitative urine testing can be done.

4. Return employee to regular duty when the attending physician certifies that the employee is fit for duty based on the following:
 - a. No marihuana or other drug in urine
 - b. No presence of strabismus and the pupil is reactive
 - c. Has normal physical and mental abilities
5. Upon return to work, give employee in writing:
 - a. List of all prior job deficiencies which were likely drug related
 - b. Treatment and monitoring plan
 - c. Penalty if there is future drug use
6. Urine test weekly for 90 to 120 days
7. Optional:
 - a. Eye examination and alcohol breath test by trained person at time of each urine collection
 - b. Drug education classes
 - c. Counseling
 - d. Self-help group
 - e. Additional urine tests for one year

SECTION IV IDENTIFICATION OF MARIHUANA DEPENDENCE OR ADDICTION

WHAT IS ADDICTION OR DEPENDENCE

- A modern definition of an addict or dependent person is someone who desires to keep a minimal quantity of drug in the blood stream at all times.
- When the drug quantity in the blood stream drops below a critical level, the addict will automatically take another dose to raise the blood level. The most common example is the person addicted or dependent on nicotine who will almost be unconscious of reaching for another cigarette in order to raise his or her blood level of nicotine. The minimal level in a marihuana addict is about 5-10 ng/ml of C-THC.
- It is necessary for the blood stream to maintain a minimal level of drug in order to saturate target areas of the brain. If a saturated area suddenly becomes unsaturated, withdrawal sets in. In the case of opioids and benzodiazepines, the target areas are known as "receptor sites."
- The concepts of physical and psychological dependence are archaic in light of new research on blood concentrations, receptor sites, brain chemistry, and withdrawal syndromes. All mind altering drugs, including nicotine, marihuana, and cocaine, can produce addiction or dependence, develop tolerance, and induce a withdrawal syndrome after cessation of chronic use. The author recommends the term "biologic" addiction or dependence rather than the terms "physical" or "psychologic" since both of these factors are always present to at least a limited degree.
- Addiction or dependence can be essentially diagnosed by simply knowing how long a specific drug stays in the blood stream and finding out from the user how often he/she uses it.

BACKGROUND EVIDENCE FOR MARIHUANA ADDICTION

Marihuana addiction was described in the United States over 40 years ago. In 1944, 35 "confirmed marihuana addicts" were admitted to a military hospital and developed withdrawal symptoms. Since this time, marihuana addiction has been reported in other countries. In addition, animals have demonstrated addiction to marihuana and there has been

one carefully controlled trial where humans were given known quantities of THC, and they developed withdrawal symptoms when marihuana was abruptly discontinued. Animals that are addicted to marihuana have demonstrated withdrawal symptoms when given naloxone, and the author has recently demonstrated this in a human marihuana addict. When naloxone precipitates withdrawal symptoms, it means that the addicting drug has opioid (i.e., heroin, morphine, etc.) activity. To complement these findings, another recent study in animals has demonstrated that THC will deplete endorphins in the nervous system. Furthermore, marihuana may also adversely affect the neurotransmitters, norepinephrine and serotonin. Current evidence suggests that marihuana addiction exists, at least in part, as a result of depleted endorphin, norepinephrine, and possibly other neurotransmitters.

COMMONLY OBSERVED MARIHUANA WITHDRAWAL SYMPTOMS

*The following symptoms have been reported in
animal and human studies*

<i>Insomnia</i>	<i>Anorexia</i>
<i>Nausea</i>	<i>Photophobia</i>
<i>Myalgia</i>	<i>Cannabis craving</i>
<i>Anxiety</i>	<i>Depression</i>
<i>Restlessness</i>	<i>Mental confusion</i>
<i>Irritability</i>	<i>Yawning</i>
<i>Chills</i>	<i>Anergy</i>

TWO TYPES OF CLINICAL MARIHUANA DEPENDENCE

Two types of marihuana dependence are seen today. Type One is an individual who will self-administer marihuana several times per day, usually at an interval of about two to four hours unless asleep. This individual may voluntarily present to the clinician with the complaint that their daily dosage has escalated and that they are unable to cease use without medical assistance. The patient may or may not relate mental impairment primarily related to memory, motivation, time-keeping, abnormal thoughts, and work or school performance. In addition, they may relate a number of withdrawal symptoms that occur when they attempt abrupt cessation. The precise relapse rate following withdrawal is unknown, but it occurs.

CASE EXAMPLE: Voluntary Treatment

MV was a 25-year old male who presented with the complaint that he could not "stop marihuana by myself." He was a 12-year user having begun marihuana smoking at 13 years of age. He had used marihuana daily for about five years and was using two to three joints per day at the time of admission to outpatient treatment. The patient was married and held a regular job as a warehouse superintendent. He claimed he was having considerable conflicts with his wife and employer. In addition, he had noticed in the two months just prior to admission that he occasionally heard voices that were not real, did not always have total "control over his mind," and had some thoughts of suicide. He denied use of any other drug or excessive alcohol intake. His treatment admission breath alcohol was negative, and his urine contained marihuana metabolite, but no other abusable drug. The patient was administered desipramine, 25 mg. three times per day and was given weekly psychotherapy for approximately six months. During the first ten days of treatment, he reported insomnia, abdominal cramps, diaphoresis, tachycardia, and anxiety. These symptoms subsided, and he submitted a urine void of marihuana approximately 30 days after admission. Most of the thought disturbances noted above disappeared after about two to six weeks of treatment. He denied any marihuana use during the six months after entering treatment, and he submitted monthly urine tests that showed no marihuana.

Type Two form of marihuana dependence is primarily being identified as a result of mandatory urine screening and treatment referral in the workplace. Seldom does a Type Two voluntarily present for treatment, although it may occur. In this form, the patient is usually self-administering marihuana every 24 to 36 hours and may give a history of carrying on this habit for several years. As in Type One, reported impairment relative to memory, motivation, time-keeping, and job performance is variable. In contrast to Type One, however, the patient may report few if any symptoms of withdrawal upon abrupt cessation. Relapse, however, is common.

CASE EXAMPLE: Identification On Job and Mandatory Treatment

HS was a 37-year-old male salesperson. He was reported to the management of his company to be a marihuana user who also sold it to other employees while on company premises. A mandatory urine test revealed the presence of marihuana metabolite, and in order to retain employment he was required to undergo withdrawal and enter a periodic urine-testing program. Upon interview, he stated that he had

used marihuana every evening for approximately 22 years. He believed this habit had not been injurious to himself until approximately three months prior to treatment when he began to notice some defects in his short term memory. Physical examination was normal. Plasma analysis showed 80 ng/ml of C-THC. He was administered desipramine, 25 mg. three times per day and tyrosine. During the first three weeks following cessation of marihuana, he reported mild insomnia, depression, anergy, and craving. Urine analysis showed no marihuana metabolite after about 50 days. After six weeks of abstinence, he reported improvement of short term memory and improved job performance.

METABOLIC BASIS FOR TWO FORMS OF DEPENDENCE

New data on the metabolism and pharmacokinetics of marihuana provide a sound rationale as to why two basic clinical forms of dependence appear to exist. When a marihuana cigarette is smoked, THC is converted to two major metabolites, OH-THC and C-THC. THC and OH-THC both have psychoactive effects, and they remain in the plasma at concentrations above about 5 ng/ml to 10 ng/ml for only about two to six hours. During this period they appear to produce a short-term characteristic "high" or euphoria. This time period correlates well with the self-administration frequency of Type One marihuana dependence. The C-THC metabolite remains in plasma at concentrations above 5 ng/ml to 10 ng/ml for at least 48 to 72 hours or even longer. Although this metabolite may produce little or no euphoria, it is likely the compound that sustains Type Two dependence. A similar phenomenon also exists with some benzodiazepines, such as diazepam which also has long-lasting metabolites. For example, some withdrawal symptoms and even seizures may not appear for several days following cessation of diazepam dependence. The author has recently observed that withdrawal symptoms following abrupt cessation of marihuana dependence may not appear for several days.

SUMMARY TABLE: TWO FORMS OF MARIHUANA DEPENDENCE

	Frequency of Self-Administration	Likely Dependence metabolite(s)	Usual Referral Route	Patient's Perceived Dependence	Usual Severity of Withdrawal Symptoms	Relapse Rate
Type One	Multiple times each day	THC OH-THC	Voluntary self-referred	Significant	Moderate	High
Type Two	Every 24 to 48 hours	C-THC	Involuntary. Detected by mandatory screening	Minor to moderate	Mild	High

CLINICAL PRESENTATION OF THE MARIHUANA ADDICT

Until about 1982, the author seldom observed marihuana addiction/dependence in Los Angeles. Since that time, however, clinical demand for medical withdrawal treatment has steadily grown. Regardless of whether the patient sought treatment voluntarily or was identified by mandatory urine screening, all patients have essentially the same complaint, "Doctor, I've got a marihuana problem and I can't quit. I need your help."

As with other addictions, the marihuana addict doesn't normally seek medical withdrawal assistance from a physician until he/she has attempted to stop on his/her own, consulted a counselor, minister, friend, or family member, attended self-help groups, or even entered a hospital rehabilitation program and still continued to use marihuana. Unfortunately, there is no specific medical withdrawal treatment for marihuana addiction at this time. However, research is in progress to develop a specific withdrawal treatment.

HOW TO MAKE A PRESUMPTIVE DIAGNOSIS OF MARIHUANA ADDICTION OR DEPENDENCE

Addiction or dependence is assumed to be present if the following are evident:

- Person states that they have used marihuana one or more times per day for thirty or more consecutive days, just prior to evaluation.
- Person states that they cannot stop without medical assistance.
- Person states that they experience withdrawal symptoms, craving, or sickness when they stop use.
- Marihuana metabolite is present in urine or plasma.

SECTION V

LABORATORY IDENTIFICATION OF MARIHUANA USE

BACKGROUND FOR LABORATORY IDENTIFICATION

- Modern research has identified, at least to a great extent, how the human body accepts, deactivates, and eliminates drugs. This process is usually called "metabolism" or "pharmacokinetics."
- Laboratory identification for drugs of abuse primarily attempts to assay for the suspected drug in urine or plasma (clear part of blood).
- Urine testing is primarily qualitative and determines what someone used rather than how much was used. Urine tests have some capability of determining approximately when a drug was used.
- Plasma testing can tell the quantitative presence of a drug and give a reasonable estimate as to *when* a drug was used. Plasma testing can also give an estimate as to whether *enough* drug was taken to *produce acute effects* or toxic levels. If the person is tolerant to the drug, a plasma level may have little meaning.
- Quantitative urine testing for marihuana is used primarily to help rule out passive inhalation and determine if marihuana cessation is truly occurring in someone who claims to have ceased use.

BACKGROUND AND HISTORY OF MARIHUANA TESTING

Although urine testing capability for some illegal drugs of abuse occurred in the late 1960's and early 1970's, urine testing for marihuana was not technologically possible until about 1980. Blood (plasma) testing for marihuana is currently changing from research to general status. Due to the newness of the tests, there has been controversy over their interpretation. A large number of recent research studies, however, have clarified interpretation so that urine and plasma testing can now be used with great confidence.

URINE TESTING METHODS AVAILABLE

Five different technological methods are now available for marihuana urine testing. They are summarized below.

TEST	APPROXIMATE SENSITIVITY	GENERAL COST
Enzyme Multiplied Immuno Assay (EMIT)	20 ng/ml	Very Low
Thin Layer Chromatography (TLC)	10-20 ng/ml	Low
Radioimmunoassay (RIA)	10-20 ng/ml	Low
Gas Chromatography — Mass Spectrometry (GC/MS)	5-10 ng/ml	High
High Performance (HPLC)		
Gas Liquid Chromatography	5-10 ng/ml	High

TOXICOLOGY UNITS OF MEASUREMENT

The usual measurement for marihuana metabolites (THC, OH-THC and C-THC) are in nanograms per millimeter. This is usually abbreviated ng/ml.

1 g = gram (There are 28 grams in one ounce)	1 0
1 mg = milligram (One thousandth of a gram)	0.001
1 ug = microgram (One millionth of a gram)	0.000.001
1 ng = nanogram (One billionth of a gram)	0.000.000.001
1 pg = picogram (One trillionth of a gram)	0.000.000.000.001
1 L = liter (approximately one quart)	
ml = milliliter (One thousandth of a liter)	

PLASMA TESTING

At this time, plasma testing is very expensive and is done by GC/MS or HPLC. It is quantitative, requires great technological skill and, consequently, is costly. Some commercial laboratories are beginning to offer plasma testing. However, there is little practical advantage of plasma over urine testing for screening asymptomatic persons. The amount of OH-THC and C-THC may not tell either precisely when

someone has used marihuana or how impaired they may be. It should be especially noted that plasma levels over 10 ng/ml, that are not accompanied by acute signs or influence, likely indicate the presence of tolerance and possibly dependence. The best use of plasma testing is to determine if a chronic user is eliminating C-THC from the plasma during withdrawal.

ACCEPTED STANDARDS TO AVOID FALSE POSITIVE URINE TESTS

Unfortunately, some laboratories new to urine testing are not aware of the long-established (at least 15 years!) standard "rule of two." This standard calls for testing any positive urine specimen, i.e., urine containing a drug with a second technological method. Only when the drug is detected by a second technologic method, is the urine deemed a true positive.

The one notable exemption to the "rule of two" is when the tested individual admits to recent marihuana use. This situation is frequent in medical and clinical settings. When this is the case, a single method is satisfactory. Other than self-admission, the author recommends the rule of two be followed in the following situations.

1. Pre-employment testing
2. Post-employment testing
3. Screening for covert use
4. Potential litigation

INTENTIONAL FALSIFICATION METHODS

Drug users have numerous techniques to submit a false negative test. Many adulterants may cause urine screening to show falsely negative.

Common Falsification Methods	Adulterants which may cause False Negatives
• Submit toilet or tap water	Salt
• Switch urines	Bleach
• Bring concealed urine in bag, mouth, or in body cavity to testing location	Lemon juice Liquid soap Blood

URINE TESTING FOR COERCION PURPOSES

There are many instances when the presence of marihuana in urine

may result in a coercive action.

- Loss of job
- Suspension from job/school
- Incarceration

In the early 1980's, the general standard to use a marihuana positive urine test for coercive purposes was to have it confirmed by GC/MS or HPLC after initial detection by EMIT, TLC, or RIA. This standard was primarily established because the less expensive methods, EMIT, TLC and RIA methods were not yet refined. Currently EMIT, TLC and RIA methods are extremely sensitive and specific. This has, for most purposes, eliminated the need for use of GC/MS or HPLC for confirmations. Many experts now believe that when two of these three methods (EMIT, RIA, TLC) are positive, there is actually as much or more assurance that marihuana is in the urine than when detected by GC/MS or HPLC. The reasons for this are that GC/MS and HPLC take extraordinary technical skill that is subject to human error and that the sensitivity is too low (i.e. less than 10 ng/ml).

Despite varying opinions among qualified experts, a given legal or other situation may mandate use of GC/MS or HPLC confirmation. To possibly avoid cost and litigation the author usually recommends that marihuana first be found on two of these three methods (EMIT, TLC, RIA) and that the urine specimen found to be positive be frozen in the event that some legal or other situation demands confirmation by GC/MS or HPLC. Urine specimens can be frozen almost indefinitely without degradation of its marihuana content.

PASSIVE INHALATION

Studies have shown that someone who is extremely close to other persons who smoke marihuana may passively inhale it. Although someone may passively inhale enough to show 10 to 20 ng/ml in the urine for one or two days post-exposure, the author knows of no documented cases which show that passive inhalation can cause as much as 50 ng/ml of marihuana metabolite in urine, unless the subject is exposed to very dense marihuana smoke for many hours.

LENGTH OF TIME MARIHUANA STAYS IN PLASMA AND URINE

A great deal of publicity has been generated as to how long marihuana metabolites may remain in urine. It remains detectable in plasma and urine for many days due to the fact that it is fat-soluble. When smoked, marihuana metabolites enter the fat, lodge there, and then leak out over a period of time. It is important to point out that it is

only the regular, chronic user or addict that keeps marijuana in urine for more than a few days. The length of time that marijuana metabolites can be detected in plasma is much shorter than in urine because the kidney concentrates drug in the urine 100 to 1000 times that found in plasma. In other words, marijuana can be detected in urine much longer than plasma due to the kidney's ability to concentrate drugs.

APPROXIMATE URINE RETENTION

Approximate Frequency of Use	Approximate Length of Time in Urine*
Once per week	2 to 20 days
Twice per week	5 to 30 days
Daily	15 to 45 days

*Varies as to whether user is a chronic or occasional user and amount used.

APPROXIMATE PLASMA RETENTION AFTER SMOKING MARIHUANA

Metabolite	Approximate Time in Plasma*
THC	2 - 3 hours
OH-THC	4 - 6 hours
C-THC	3 - 6 days

*Varies as to whether user is a chronic or an occasional user and amount used.

HAIR AND SALIVA ANALYSIS

Saliva analysis is possible because the smoker leaves THC residues in the mouth while smoking. If found in saliva, it usually means that marijuana has been smoked within the previous one to three hours. However, this test cannot be relied upon for confirmatory diagnosis of marijuana use because the smoker can easily spit or wash the residue out of the oral cavity.

Hair analysis can be done if there is a medical or legal reason to know if someone used a drug approximately 30 days prior to hair sampling. Analysis of hair will not reliably reveal drug use occurring within the past one to two weeks prior to sampling. The major use of hair sampling is in forensic cases, and not appropriate for the usual drug use screening situations.

RELATIONSHIP OF URINE AND PLASMA CONCENTRATIONS WITH IMPAIRMENT OR INFLUENCE

There is no more misunderstood aspect of marijuana identification than the fact that there is no reliable way to correlate plasma or urine concentrations with impairment or influence. Undoubtedly, this confusion stems from the criteria used for determining impairment from alcohol. There is general agreement that a blood (reflected by breath or urine) alcohol concentration of 100 mg/deciliter or .10 mg% indicates some impairment or influence. No such correlation can be made with marijuana since it is fat soluble and released very slowly from the body compared to alcohol. For example, a very low urine concentration may be found in persons severely intoxicated and vice-versa.

The non-correlation of urine and plasma concentrations of abusable drugs with the degree of impairment and influence has recently prompted the National Institute on Drug Abuse to make this statement in the Journal of the American Medical Association: "Testing of drugs or drug metabolites in urine is only of qualitative value in indicating some prior exposure to specified drugs. Inferences regarding the presence or systemic concentration (quantity) of the drug at the time of driving or impairment from drug use are generally unwarranted. The presence of an illicit substance in urine that may indicate prior illegal action can, however, add a dimension to probable cause of observed driving performance."

Despite the lack of correlation between plasma and urine concentration and impairment, the finding of marijuana metabolites in urine or plasma means that marijuana is in body tissues including the brain, eye, nerves and muscles. Although a chronic user or addict may be tolerant and not have physical signs of acute influence, an employer, coach, teacher, or parent must assume that some subtle impairment exists. The author therefore, highly recommends that any individual with marijuana in urine, and particularly plasma, not be allowed to drive, work, play sports, or participate in any activity that could produce harm to the marijuana user or innocent bystanders. Risk-type activities should not be resumed until repetitive urine tests show no traces of marijuana.

GUIDELINES TO SELECTING A LABORATORY

1. Use only a laboratory that specializes in urine and/or plasma testing.
2. Follow the standard, "Rule of Two."
3. Has procedures to insure integrity and security of samples.
4. Reports results within 72 hours.
5. Can freeze specimens for future analysis.
6. Communicates well.

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OTHER BOOKS AND MONOGRAPHS AUTHORED BY

FOREST S. TENNANT, JR., M.D., DR. PH

Identifying the Heroin User

Identifying the Cocaine User

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(Phencyclidine)*

*Parent's Guide to Urine Testing
For Drugs of Abuse*

Post-Drug Impairment Syndrome (PDIS)

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Alaska State Legislature



House of Representatives House Judiciary Committee

P. O. Box V
State Capitol
Juneau, Alaska 99811
(907) 465-4990

March 22, 1988

Ms. Lynda Adams
P.O. Box 7171
Ketchikan, Alaska 99901

Dear Lynda:

This is in response to your letters to me, both dated March 13, 1988, dealing with the marijuana recriminalization legislation.

Waiver of bills is a prerogative of the chair or co-chairs of that committee. As you know, I already held a hearing in Ketchikan on HB 55 in the Judiciary Committee without actually having the bill in my committee. This was a substantial breach of the rules we operate under and I am not in a position to request a waiver of that bill.

Your criticism of the handling of documents you submitted to the Judiciary Committee at the October 24, 1987 hearing on the same topic is not warranted.

The committee "record" consists of the written minutes, the tape recording of the committee hearing, and the committee files for each bill in committee. After each two-year legislative session, the entire record is archived in the Legislative Library where it remains as the permanent record for the committee and is accessible to the public.

The material you submitted remains part of the official committee record. It was noted in the written minutes; your comments when handing out the documents are on the tape; the documents were sent to my Juneau office after the hearing and were filed in the appropriate committee files.

Lynda Adams
March 22, 1988
Page Two

As a general rule, information on legislation in committee remains in the members' files until the bill is up for a hearing, at which time the files are distributed to the members. The documents you sent are still in the file.

Since we do not officially have the bill in this committee, it is appropriate to distribute the information at such time as the bill is referred and we have a public hearing.

However, I will see that copies of all the material you sent will be forwarded to the House HESS Committee.

I hope this adequately addresses your concern.

Sincerely,



John Sund
Representative

cc: House HESS Committee Members
House Judiciary Committee Members



The
University of Mississippi

Research Institute of Pharmaceutical Sciences
Physical Sciences Research Division
School of Pharmacy
University, MS 38677
(601) 232-9324



LINDA
ADAMS
A

September 14, 1987

Det. John McIntosh
Ketchikan Police Dept.
361 Main St.
Ketchikan, Alaska 99901

Dear Det. McIntosh:

Attached is an analysis report of the marijuana sample #87-3673 you sent to our laboratory on June 19, 1987.

The material has a profile typical of drug-type Cannabis - high Δ^9 -THC (4.38) coupled with little or no CBD content. The average Δ^9 -THC for whole plant material is approximately 2.5%, well below the THC percentage of this plant.

If you have any questions or if we can be of service to you again, please let me know.

Sincerely

Carol T. Abel
Laboratory Supervisor
NIDA Marijuana Project

CTA/kk1

Enclosure



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
committee name

committee on recriminalizing pot, dated 10-24-87
bill/subject

Signed: Russell Luellen LLUELLEN
Testifier

Representing (Optional)
P.O. Box 8781 Ketchikan AK 99901

Address
225-1562

Phone No.

Name

Address

I am currently in the process of recovery from an active addiction

~~I am against recriminalization of pot for the following~~

to ~~me~~ pot. But I am still against the recriminalization of pot. When I started using pot it was against the law but that never stopped me from trying and subsequently becoming addicted to it. Just as the law against minors consuming alcohol or smoking cigarettes never stopped me from trying either of these drugs. Rather than ~~not~~ spending what little money available to use to recriminalize and try to enforce this law I would rather see the money spent to educate the kids in our schools on the affect of the drug on the brain and body.

I believe this would have a much greater affect in ~~stopping~~ stopping the young people use of this drug rather than giving them criminal records that could ruin their chances in the future at better job opportunities later in life. Also what if we do change the law and do catch minors or ~~adults~~ adults ~~in~~ in the position of pot we can't ~~in short it we had the money to do both then I~~

~~would support the recriminalization of pot~~ forget that it is addictive and besides fining them or giving them jail sentences, what would we be doing with the real problem addiction.

In short I believe education is the only answer to the Drug & Alcohol Problem in our community

Thank you

These are excerpts directly from the 1975 Ravin decision that are no longer valid and are in case it can be overturned.

Ravin v. State

Pg. 495

May 28, 1975

9. Constitutional Law

Right of privacy in the home must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare.

14. Constitutional Law

The right of an individual to do as he pleases is not absolute and it can be made to yield when it begins to infringe on the rights and welfare of others. (Stated again on 509)

19. Health and Environment

When there is substantial doubt as to safety of a given substance or situation of public health, controls intended to obviate the danger will usually be upheld. (Stated again on 510)

500-

At some point, the states interest in safeguarding health, maintaining medical standards, and protecting potential life becomes sufficiently compelling to sustain regulations. One does not, the Supreme Court said, have an unlimited right to do with one's body as one pleases.

505-

Most marijuana available in the United States has a THC content of less than one percent.

506-

It appears that the use of marijuana, as it is presently used in the United States today, does not constitute a public health problem of any significant dimensions.

507-

Certain researchers cite evidence of an "amotivational syndrome" among long-term heavy cannabis users.....The National Commission concludes that long-term heavy users do not deviate significantly from their social peers in terms of mental functioning, at least to any extent attributable to marijuana use.....

Moreover, the Commission and most other authorities agree that there is little validity to the theory that marijuana use leads to use of more potent and dangerous drugs.

508-

The National Commission rejected the notion that marijuana is physically addicting. It also rejected the notion that marijuana as used in the United States today presents a significant risk of causing psychological dependency on the user.

509-

....It is conceivable, for example, that a drug could so seriously develop in its user a withdrawal or amotivational syndrome, that widespread use of the drug could significantly debilitate the fabric of our society. Faced with a substantial possibility of such a result, the state could take measures to combat the possibility. The state is under no obligation to allow otherwise "private" activity which will result in numbers of people becoming public charges or otherwise burdening the public welfare. But we do not find that such a situation exists today regarding marijuana.

510-

*64. We recognize that more potent forms of cannabis than marijuana are commonly used in other countries and are available on a limited scale here. However, studies of use patterns here do not indicate any great likelihood of a significant shift in use here to the more potent substances. If such a shift were to occur, then marijuana use could be characterized as a serious health problem.

511-

*The State has a legitimate concern with avoiding the spread of marijuana use to adolescents who may not be equipped with the maturity to handle the experience prudently, as well as a legitimate concern with the problem of driving under the influence of marijuana. Yet these interests are insufficient to justify intrusions into the rights of adults in the privacy of their own homes.

*We wish to make clear that we do not mean to condone the use of marijuana.

513-

And at least one state, Oregon, has already decriminalized possession of small amounts of marijuana.

FEB 11 1987

P.O. Box 7171
Ketchikan, Ak. 99901

Answer

February 9, 1987

Dear Rep. John,

I'm sending you a copy of an article in Time Magazine showing alternatives to jail sentences.

This reinforces some of the ideas I gave you at the community meeting.

I'm also enclosing some pamphlets on marijuana, pointing out the health hazards and how marijuana has changed in its potency dramatically since even 1975 when the Leavin Court decision became law.

Please let me know if I can furnish you with any other information.

Please share these items with the Judiciary Committee.

Sincerely,
Lynda Adams

APR 5 1988

A

659 Main St
Ketchikan ak
99901

Dear John -

I know that SB 32 is not in your Committee yet but since we will be out of state in April I am taking the liberty of sending you a copy of my letter to the Anchorage Daily News. It contains some information that puts marijuana use in perspective in history.

Please enter it in your records as a part of my testimony. Penalties for the sell must be * commensurate with the amount of pot possessed.

I also would like to urge the Judiciary Committee to pass HB 361 suspension of Minor's drivers license. This is a very valuable tool towards helping teenagers understand how important being drug free is.

HB 174 - Serving alcohol to minors in private homes is important. It gives a much needed message to parents of their responsibility.

Sincerely

Betsy J. Wilson

* More than \$100 - first offense - 103.

1000

403

March 29, 1988

Editor,
Anchorage Daily News
Anchorage, Alaska

Robert Wagstaff in his recent point of view on marijuana made some very inaccurate statements. Everyone who has kept up with the scientific work on the drug over the last ten years knows that marijuana has proven to have so many harmful properties that it does constitute a real danger to the mental and physical health of Alaska's citizens.

To rebutt his statement that history teaches marijuana is innocuous, I submit some information from Dr. Gabriel Nahas, M.D. Ph.D, who has done extensive research into the properties of cannabis, commonly called marijuana.

In the 13th century, hashish, the resin of the marijuana plant containing a THC content of 5-10%, was introduced into Egypt from India where it was used for religious ceremonies. The use of hashish became so prevalent and the results so devastating that the sultans and emirs made attempts to prohibit its' use.

In the 14th century it became such a problem that one emir ordered all cannabis plants uprooted and destroyed. Users of the substance were condemned to have all of their teeth extracted without benefit of anesthesia.

When Napoleon conquered Egypt in 1800 one of his officers noted "the mass of male population is in a perpetual stupor." Napoleon decreed that the use of chemicals be forbidden, managing at least to restrain his troops from using.

In 1925 Egypt asked the International Opium conference to place cannabis products in the same category as opiates. This meant rigid control of the hashish that had plagued the middle east for centuries. Egypt's delegate to the conference declared that "there is another product, which is at least as harmful as opium, if not more so, and that is hashish."

The World Health Organization reviewed the cannabis situation after its' founding in 1948 and concluded that the drug was dangerous from every point of view, whether physical or mental or social. In 1960 it recommended that cannabis, in all its' forms, did constitute a danger to health and a hazard to society.

In Morocco, where the drug has been used for centuries with similar problems to Egypt, about 40% of hospital admissions for acute psychoses are related to cannabis smoking.

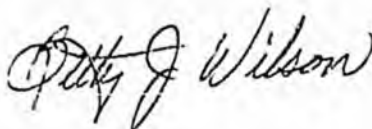
In other countries where this drug has been used for centuries, laws against use and dealing are the harshest in the world. Law makers saw what it did to their population. In Taiwan, Iran, Algeria and Turkey, smuggling or selling pot or hashish can bring long term prison sentences up to thirty years. In Burma, Bolivia, India, Iraq, and Kenya you can be slapped into jail 2-10 years for smoking it or having it in your house.

Today, with upgraded modern methods of growing cannabis indoors using grow lights and hydroponex methods, people are able to produce a product comparable to hashish, one name for this item is cannabis indica. It has a thick sticky resin with a high THC content.

Let us not let history repeat itself. Let us learn from these ancient countries and make marijuana completely illegal before it is too late. The privacy of one's own home is a convenient place to smoke your life into a stupor but can society afford to let people do this?

Please ask your represenatives to confirm what researchers, doctors and scientists know. The health of our children and adults is much more important than the opinions of lawyers or the political haggings of politicians.

Betty Wilson
659 Main Street
Ketchikan, Alaska 99901



FEB 29 1988

FEB. 24, 1988

DEAR CONGRESSMAN,

I UNDERSTAND THAT HOUSE BILL 55 WILL BE COMING TO THE FLOOR SHORTLY FOR A VOTE. THERE ARE SOME CONCERNS I HAVE ABOUT THIS PIECE OF LEGISLATION AND HAVE SENT A P.O.M. STATING IN BRIEF MY OPINION. SINCE THEN I REQUESTED THE LEGISLATIVE AFFAIRS OFFICE TO GET ME COPIES OF THE RESEARCH THAT WAS USED TO JUSTIFY THIS ACTION BY THE CONGRESS. IT IS THIS RESEARCH I NOW CARE TO ADDRESS.

I HAVE HAD EXPERIENCE ON THIS SUBJECT MATTER IN YEARS PAST AND THOUGH I REVELLED AT THE ABSURDITY OF THE FINDINGS IN THE SENATE AND HOUSE BILLS, I HOPED THE RESEARCH PRESENTED TO YOUR BODY WOULD BE COMPLETE. I IMMEDIATELY FOUND IT WAS NOT. IN THE RESEARCH AGENCY MEMORANDUM DATED FEBRUARY 27, 1987, TO REPRESENTATIVE TERRY MARTIN REGARDING "FINDINGS ON MARIJUANA", THE FIRST PARAGRAPH SHOWED ME HOW THE SUBJECT WOULD AGAIN BE APPROACHED...INACCURATE AND BIASED. IT READS, "YOU ASKED US TO SUBSTANTIATE THE FINDINGS ON MARIJUANA INCLUDED IN HOUSE BILL 32. I HAVE ADDRESSED EACH OF THE FINDINGS INCLUDED IN THE BILL WITH THE MOST APPLICABLE RESEARCH AVAILABLE TO ME. WHENEVER POSSIBLE, I HAVE PRESENTED THE RESEARCH WITHOUT PARAPHRASING IT. AS YOU REQUESTED, I HAVE NOT INCLUDED ANY RESEARCH WHICH DISPUTES THE FINDINGS SET OUT IN THE BILL." HENCE THE BEGINNINGS OF MY OBJECTIONS! I DON'T UNDERSTAND HOW A LEGISLATIVE BODY CAN MAKE AN INFORMED DECISION ON A BILL WITHOUT COMPLETE INFORMATION.

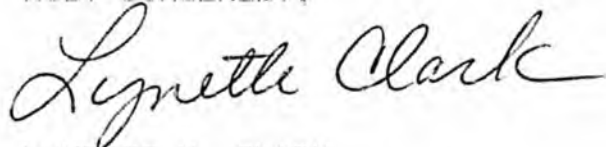
THEN, I READ THE RESEARCH AGENCY MEMORANDUM DATED MARCH 3, 1987, REGARDING "THE PHYSIOLOGICAL EFFECTS OF MARIJUANA, ALCOHOL, TOBACCO, ASPIRIN, AND SALT" AND LISTED UNDER CHRONIC EFFECTS, I QUOTE, "THERE IS NO SUBSTANTIAL EVIDENCE WHICH EXPOSES THE POSSIBLE LONG-TERM EFFECTS OF MARIJUANA. THE NATIONAL RESEARCH COUNCIL STATED...WE AGREE WITH THE CONCLUSION THAT LONG-TERM HEAVY MARIJUANA USE WILL BE SHOWN TO RESULT IN MEASURABLE DAMAGE TO HEALTH, JUST AS LONG-TERM CHRONIC TOBACCO AND ALCOHOL USE HAVE PROVEN TO CAUSE SUCH DAMAGE. AT THIS TIME, HOWEVER, OUR JUDGEMENT AS TO BEHAVIORAL AND HEALTH-RELATED HAZARDS IS THAT THE RESEARCH HAS NOT ESTABLISHED A DANGER BOTH LARGE AND GRAVE ENOUGH TO OVERRIDE ALL OTHER FACTORS AFFECTING A POLICY DECISION." THE INFORMATION HERE LEADS ME TO BELIEVE THIS BILL IS NOT NECESSARY BECAUSE THERE IS LAW ALREADY IN PLACE.

TOGETHER ON PAGE SIX AND SEVEN OF THE RESEARCH AGENCY MEMORANDUM DATED DECEMBER 3, 1986 AND ON THE LAST PAGE OF THAT SAME DOCUMENT, I REALIZED WHAT THE STATE WAS SETTING IN MOTION...TO BE ABLE TO OVERTURN THE SUPREME COURT RAVIN

RULING! I AM ENCLOSED A COPY OF PAGE SIX AND SEVEN OF THAT MEMO AND SENATE JOINT RESOLUTION # 16, THE LAST PAGE OF THE SAME MEMO.

CONGRESSMAN, THE CONSTITUTION OF ALASKA IN ARTICLE I, SECTION 22 STATES " THE RIGHT OF THE PEOPLE TO PRIVACY IS RECOGNIZED AND SHALL NOT BE INFRINGED. THE LEGISLATURE SHALL IMPLEMENT THIS SECTION." I BELIEVE THIS BILL IS UNNECESSARY AND IF PASSED THE HOUSE MEMBERS WOULD BE VIOLATING THEIR OATH OF OFFICE. I AM NOT ADVOCATING THE USE OF MARIJUANA, I BELIEVE THAT IT SHOULD NOT BE SOLD, GIVEN, OR IN THE HANDS OF MINORS, BUT I DO BELIEVE WHAT AN ADULT DOES IN THEIR OWN HOME IS THEIR BUSINESS AND THEIR RIGHT TO PRIVACY " SHALL NOT BE INFRINGED." I URGE YOU TO VOTE NO ON THIS ISSUE AND TO VOTE NO ON ANY LEGISLATION OR RESOLUTION THAT PROPOSES TO" LIST" WHAT WE CAN DO IN OUR HOMES.

MOST SINCERELY,



LYNETTE M. CLARK
2521 OLD SYESEE HWY. N.
FAIRBANKS, ALASKA 99712

December 3, 1983

Page 6

Alaska Law

In *Ravin v. State*, the Supreme Court of Alaska held that the possession for personal use in the home by adults is protected by the right to privacy clause in the Alaska Constitution. Decriminalization of marijuana, however, applies only to the possession of marijuana in the home, as the *Ravin* case states. Possession outside the home in any amount is a criminal violation.

Under Alaska law, penalties for the possession of marijuana increase as the quantity involved increases. It is a criminal violation to possess up to one ounce of marijuana in a public area (AS 11.71.070). It is a class B misdemeanor to possess one ounce or more in a public area or to possess more than four ounces of marijuana anywhere (AS 11.71.060). According to Gayle Horetzki, Assistant Attorney General with the Criminal Division of the Alaska Attorney General's office, AS 11.71.060 could apply to the possession of more than four ounces in a private home. Alaska statutes prohibiting the possession and distribution of marijuana are Attachment B of this memorandum.

Recriminalizing Marijuana

Recriminalizing of marijuana in Alaska could occur by amending the Alaska Constitution or by repealing existing legislation and enacting new legislation. If the Alaska Constitution were amended to exempt the possession of marijuana from the right to privacy clause, State statutes would still have to be amended in order to criminalize possession of small amounts of marijuana. If State statutes were amended to criminalize marijuana and the constitution were not amended, the amended statutes would probably be challenged under the *Ravin* decision.

Amending the Alaska Constitution requires a two-thirds vote of the legislature and a majority vote by the people (Article 13, Section 1 of the Constitution (Attachment C)). Ms. Horetzki suggests that language to exempt the possession of marijuana from the constitutional right to privacy might be: "Rights embodied in this section do not extend to the possession of controlled substances (or marijuana)." In 1985, a Senate resolution was proposed to exempt the possession of controlled substances from the constitutional right to privacy (Attachment D).

December 3, 1986

Page 7

Amending State statutes would involve redesigning the structure of the current drug statutes. This would include the repeal of AS 11.71.070, amending statutes which specify penalties for possession of marijuana, and cross referencing statutes to amend all statutes that relate to marijuana. According to Ms. Horetzki, if the constitution were not amended to exclude marijuana from the right to privacy clause, statutes criminalizing marijuana could be struck down at the trial court level and the case would probably be appealed to the Supreme Court. According to a fiscal note prepared by the Attorney General's office, convincing the trial court to reverse the Ravin ruling would require that the prosecutor present scientific evidence that the effects of marijuana use are so injurious to a person's mental and physical health as to justify the legislative decision to prohibit the use of marijuana by anyone at any time.

On appeal, the Supreme Court would decide whether the State has proved that there is a "compelling State interest" in prohibiting the use of marijuana which outweighs an individual's right to privacy under the State Constitution. The fiscal note also stated that to prove a compelling State interest, the State must show that the legislature's consideration of the recriminalization of marijuana included extensive public hearings, debate on the merits of the recriminalization and discussions of the most recent studies regarding the physical, emotional, and social effects of marijuana usage.

* * * *

I hope this information is helpful to you. Please contact us if you have any questions or if we can be of further assistance.

PW

Attachments

ANCHORAGE POLICE DEPARTMENT
EMPLOYEES ASSOCIATION
3111 "C" Street
Anchorage, Alaska 99503

February 16, 1988

Dear Legislator:

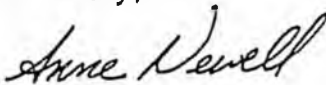
The Anchorage Police Department Employees Association supports the concept of the following legislation:

SB185 HB461	POLICE OFFICERS BILL OF RIGHTS Increased Penalties for Repeat Convictions of Theft and Concealment of Merchandise.
HB55/SB32 SB79	Marijuana Runaways
CSSB37 SB80	Fingerprinting of Minors Fingerprinting and Photographing Minors
CSSB27 SB28	Conspiracy to Commit Felony Forfeiture of Property
SB120	Minors on Probation Information in APSIN

We have targeted these bills because we deal with the issues they raise on a daily basis. As a police employees union we are concerned with the protection and safety of the public as well as safety of our police officers. This legislation provides us with excellent tools to carry out our jobs in a more effective manner.

If we were unable to talk with you here about these bills or other law enforcement or public safety issues, please phone us in Anchorage; Greg Hansen 786-8787, Joe Young 786-8663, Ann Newell 786-8887 or 337-7268. A.P.D.E.A. Offices at 3111 C Street, Suite 325, 561-1158

Sincerely,

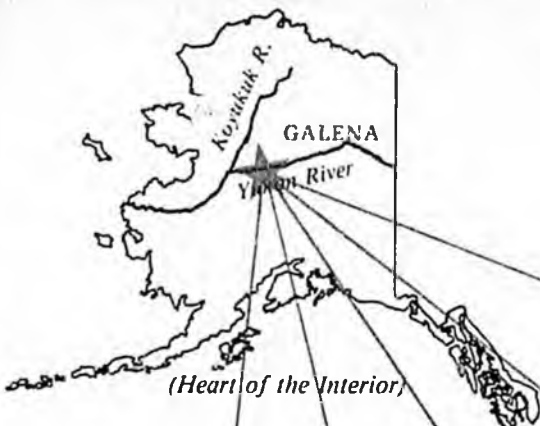


Anne Newell
A.P.D.E.A. LEGISLATIVE COMMITTEE

AN/dt

Anne Newell
Says Thanks
for your work
to try to make
SB 32 a violation
Nancy

JAN 12 1987



GALENA CITY SCHOOL DISTRICT

GALENA, ALASKA 99741
PHONE (907) 656-1205

SUPERINTENDENT'S
OFFICE

January 7, 1987

Representative John Sund
P.O. Box V
Mail Stop 3100
Juneau, Alaska 99811

Dear Representative Sund:

The Board of Education for the Galena City School District is appalled at the free uncontrolled flowing use of controlled drugs including marijuana.

We are aware of the detrimental effect that drugs have on the education of students who use drugs and that schools are held accountable for the learning that should take place. Therefore, it is very important that those negative effects on learning be eliminated.

One of the big reasons that larger and larger numbers of students are failing in school is the use of drugs and marijuana.

Our School Board strongly encourages you to support stricter laws on possession, sale and use. Further, we would ask for your support laws that will facilitate the arrest and conviction of dealers.

We appreciate your positive attitude and support.

Sincerely,

Carole C. Huntington, President
Board of Education

CCH/elb
069/87

cc: School Board Members
Galena City School District

Considering the Alternatives

Crowded prisons spark less confining punishments

Jim Guerra sells cars today in Dallas. He used to sell cocaine in Miami. In 1984, after being robbed and even kidnaped by competitors, he decided it was time for a career change. He gave up drugs—and the drug trade—and headed out to Texas for a new law-abiding life. The old life caught up with him anyway. In December 1985 federal agents arrested him on charges connected to his Florida

Even as crime rates generally declined during the first half of the 1980s, inmate numbers tracked wild ballistics of their own, increasing by nearly 60%. The nation's prison population now stands at a record 529,000, a total that grows by 1,000 each week; new cells are not being built in matching numbers. While virtually everyone convicted is a candidate for prison, many experts believe perhaps half the in-



Instead of prison, Guerra was fined and sentenced to help a group that entertains the critically ill. The work may be admirable, but is a stint of public service the just deserts of crime?

mate population need not be incarcerated at all.

mate population need not be incarcerated at all. The dismal result is evident almost everywhere. Throughout the country, convicts have been crammed into existing facilities until their numbers have pressed against the outer limits of constitutional tolerance. Currently in 38 states the courts have stepped in to insist on, at the least, more acceptable levels of overcrowding. In Guerra's new home state of Texas, a federal judge earlier this month gave officials until March 31 to improve inmates' living conditions or risk fines of up to \$800,000 a

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Auto-blography: drunk-driver bumper sticker

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day. The despairing Texas solution has been to close its prison doors briefly whenever it reaches the court-mandated limit. At least Guerra did not go scot-free. So "alternatives" to incarceration, which once inspired social workers and prison reformers, have become the new best hope of many beleaguered judges—and jailers too. In courts across the nation, people convicted of nonviolent crimes, from drunken driving and mail fraud to car theft and burglary, are being told in effect to go to their rooms. Judges are sentencing them to confinement at home or in dormitory halfway houses, with permission to go to and from work but often no more—not even a stop on the way home for milk. The sentences may also include stiff fines, community service and a brief, bracing taste of prison.

Some supporters of alternative schemes look to the day when prison cells will be reserved exclusively for career criminals and the violent, with extramural penalties held out for the wayward of every other variety. "We're all against crime," says Herbert Hoelter, director of the National Center on Institutions and Alternatives, a nonprofit group that designed Guerra's package of penalties and persuaded the judge in his case to accept them. "But we need to convince people that there are other ways to get justice."

Anyway, who can afford to keep all offenders behind bars? Depending on the prison, it can cost from \$7,000 to more than \$30,000 to keep a criminal in a cell for a year. Most alternative programs, their backers argue, allow lawbreakers to live at home, saving tax dollars while keeping families intact and off welfare. Since the detainees can get or keep jobs, part of their salaries can be paid out as fines or as compensation to victims. And alternatives give judges a sentencing option halfway between locking up offenders and turning them loose.

It remains to be seen, however, whether the new programs will have much appeal for a crime-wary public and law-enforcement establishment. That prison time can be harrowing is to some minds its first merit. The living-room sofa is by comparison a painless instrument of remorse. "Until the alternatives are seen by the public as tough, there won't be support for them," says Thomas Reppetto of the Citizens Crime Commission in New York City. The problem is even plainer when the offenders are well heeled. Will justice be served if crooked stock traders are confined to their penthouses?

Most such misgivings will remain unsettled while officials try out the range of possibilities before them. In September, suburban Nassau County, near New York City, began testing one of the most talked about new approaches, electronic house arrest. Probationers selected for the program are required to be housebound when not at

work. To make sure they comply, each wears a kind of futuristic ball and chain: a 4-oz. radio transmitter that is attached to the ankle with tamperproof plastic straps. The device broadcasts a signal to a receiver hooked up to the wearer's home phone, which in turn relays it to a computer at the probation department. If the wearer strays more than 100 ft., the computer spits out a note for the probation officer.

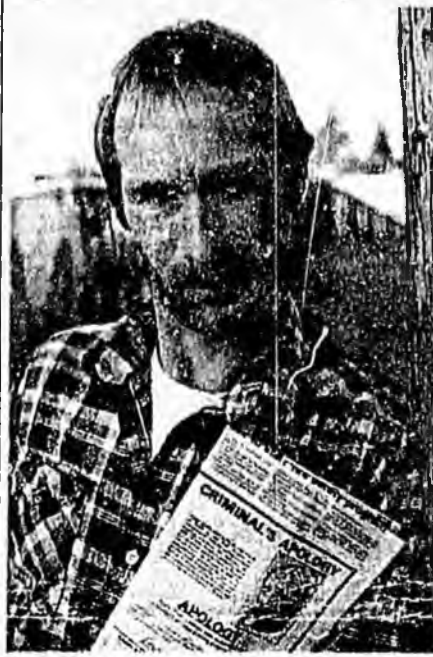
"They can't leave home without us," quips Donald Richberg, coordinator of the program. Following an initial outlay of \$100,000, the project has cost the county only about \$10 a day per probationer. The anklets have been tried in at least eight states since New Mexico introduced electronic monitoring in 1983. The cost accounting looks favorable, but technical gremlins have been showing up too, resulting in reports of false disappearances or failures to report real ones.

Until the high-tech methods are perfected, more conventional alternatives remain the most popular. About 30 states have funded "intensive probation supervision," in which participants are typically required to work, keep a curfew, pay victims restitution and, if necessary, receive alcohol or drug counseling. Instead of the usual caseload—the nationwide average is 150—a probation officer in such experiments oversees just 25 people. Even with the added staff expense, the programs still cost less than incarceration.

The experience of Robert Rusich, 29, a house painter in Mobile was typical. In 1984 he received a 15-year sentence for burglary. But an intensive probation scheme used in his state since 1982 eventually sent him back outside, and back to work, under strict supervision. A 10 p.m.-to-6 a.m. curfew was enforced during the first three months after release by at least one surprise visit each week from the corrections officer. There were three other weekly meetings, with restrictions eased as his time in the program increased. Living at home, as he was required to do for 2½ years, Rusich cost the state \$8.72 a day, less than a third the expense of keeping him in prison. The experience was a "lifesaver," says Rusich, who is now on parole.

Alabama and a number of other states also have a similar but more restrictive option: the work-release center, a sort of halfway house where offenders must live out their sentences. The system allows them to work, often at jobs found by the local government, but maintains more of the trappings of confinement, such as dormitory life and security checks. In Indiana, where there are ten such centers, offenders do prison time first, with the hope of work release as a carrot for good behavior. That method lets the state consider, through observation and psychological testing, which inmates are likely to succeed in the program. "We want to see how they'll perform," says Vaughn Overstreet of the department of corrections.

A few localities have resorted to the most low-tech deterrent of all: shame. Sarasota County, Fla., is trying the "scarlet let-



Lawbreaker Smith advertised his regret

ter" approach, by requiring motorists convicted of drunk driving to paste bumper stickers on their cars announcing the fact. In Lincoln County, Ore., a few felons have even been given a choice between prison and publishing written apologies, accompanied by their photographs, in local newspapers. Roger Smith, 29, paid \$294.12 to announce his contrition in two papers after a guilty plea growing out of a theft charge. A published apology "takes the anonymity out of crime," insists Ulys Stapleton, Lincoln County district attorney. "People can't blend back into the woodwork."

Do alternatives work? That depends on what they are asked to accomplish. If the goal is cost efficiency, the answer is a qualified yes. They often seem cheap enough, but there are concerns that they may actually add to the bill for corrections because judges will use them as a halfway measure to keep a rein on people who would otherwise go free in plea bargains. James K. Stewart, director of a Jus-



A high-tech manacle for house arrest
They hope he can't leave home without it.

tice Department research institute, contends that the cost to society of crimes committed by those not imprisoned must be factored in as well. For certain offenders, Stewart concludes, "prison can be a real, real cheap alternative."

If the goal is a society with fewer criminals, then firm judgments are even harder to draw. Criminology is a dispiriting science. Its practitioners commonly caution that no criminal sanction, no matter how strict, no matter how lenient, seems to have much impact on the crime rate. But prison does at least keep criminals off the street. Home confinement cannot guarantee that security. Some data, tentative and incomplete, do suggest, however, that felons placed on intensive probation are less likely to commit crimes again than those placed on traditional probation or sent to prison. Joan Petersilia, a Rand Corp. researcher, says the recidivism rate of such offenders is impressively low, "usually less than 20%." And many keep their jobs, she adds. "That's the real glimmer of hope—that in the long run these people will become functioning members of the community."

The benefits of alternatives will remain mostly theoretical unless more judges can be persuaded to use them. That may require changes in some mechanisms of government. For instance, fines are a crucial part of many alternative sentencing packages. But they frequently go unpaid. Courts and prosecutors are not good at collecting them, says Michael T. Barry of the nonprofit Castine Research Corp., which specializes in law-enforcement issues. He proposes that banks and credit companies be deputized to fetch delinquent fines, with a percentage of the take as their payment. "To make fines work as a sentencing alternative," he says, "they must be both equitable, based on a person's ability to pay, and collectible."

One essential for getting courts to consider alternative sentencing, says University of Chicago Law Professor Norval Morris, is to develop a publicly understood "exchange rate" between prison time and other forms of punishment, a table of penalties that judges can use for guidance on how to sentence offenders. "We should be able to say that for this crime by this criminal, either x months in prison, or a \$50,000 fine plus home detention for a year plus x number of hours of community service," Morris contends.

A similar table is already in use in Minnesota, where alternative sentencing has become well established since the 1978 passage of a law that limits new sentences to ensure that prison capacity is not exceeded by the total number of inmates. The crime rate has not increased, supporters boast. Other states remain far more hesitant. Still, the present pressures may yet bring a day when the correctional possibilities will be so varied and so widely used that prison will seem the "alternative" form of punishment. —By Richard Lacayo.
Reported by Anne Constable/Washington and Don Winbush/Mobile

John, 10-30-87
FYI from
Johnny
Sebek



Alaska State Legislature

House of Representatives

4007 B. RENTWOOD CIRCLE
ANCHORAGE, ALASKA 99502
(907) 243-7574

REPRESENTATIVE
ALYCE HANLEY
DISTRICT 9, SEAT B

WHILE IN JUNEAU
BOX V
JUNEAU, ALASKA 99811
(907) 465-4939

MEMBER
HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE
REGULATION REVIEW COMMITTEE

MEMORANDUM

TO: Representative Johnny Ellis, Co-Chair
Representative Niilo Koponen, Co Chair
House HESS Committee

FROM: Representative Alyce Hanley *A. Hanley*
Member, House HESS Committee

SUBJECT: Request for Hearing

DATE: October 29, 1987

I would like to formally request that our House HESS Committee schedule a hearing on House Bill 55 before we return to Juneau in January. Could this possibly be added to the agenda for the meetings scheduled on November 20th and November 21st? If not, will there be a HESS meeting scheduled in December?

Apparently the House Judiciary Committee had hearings on House Bill 55 last week in Ketchikan. That community appreciated the opportunity to be heard. In view of the fact that we have now received 28 resolutions, from all parts of the state, in support of House Bill 55, I believe a hearing in Anchorage is not only justified but an obligation of the House HESS Committee.

I would appreciate serious consideration of this request.

JOHN SUND, REPRESENTATIVE

2504 2nd Avenue

Ketchikan, Alaska 99901

(907) 225-5552

February 10, 1987

Ms. Candi Austin
P.O. Box 1206
Ward Cove, Alaska 99928

While in Juneau
P. O. Box V
Juneau, Alaska 99811
(907) 465-4919

Dear Ms. Austin:

Thank you for taking the time to express your support for SB32.

I appreciate your concern for the health of our Alaskan youth and definitely share that concern with you. However, I am not sure that the recriminalization of marijuana is the answer to drug-free youth.

Our Supreme Court has stated that criminalizing marijuana in the home is a breach of our constitutional right to privacy. I hesitate to support a bill that could take us into a lengthy and costly court battle.


Moreover, I am a staunch believer in the right to privacy. Please don't misunderstand me. I agree with your intentions behind your support of SB32. I'm just not convinced that criminalizing marijuana in the home is going to give us the results we want -- meaning an answer to our youth drug problem.

I must also explain that our marijuana laws are far from liberal. It is already illegal for anyone under the age of 21 to have marijuana in the home. Possession of marijuana is now illegal in cars, anywhere in public and in the home in quantities over four ounces.

Dealing in marijuana is also illegal and is, I believe, the crime that we need to enforce. I find it difficult justifying our law enforcement officers spending time and energy tracking down marijuana in homes when the true crime is the dealers on the streets selling drugs to our children.

Again, I do agree with your intent. Please don't hesitate to contact me in the future regarding this or any other issue.

Sincerely,


John Sund
Representative

MAR 10 1987

TOGIAK CITY COUNCIL

P.O. Box 99
Togiak, Alaska 99678
(907) 493-5820

February 25, 1987

Representative John Sund
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Sund:

So recrimnalization of marijuana is out for Alaska. It seems the private rights of some are more important than the future generation of Alaskans.

Well, okay. Then how about if we look at the dope situation from a different approach. In Alaska, to sell alcoholic beverages, you must have a liquor license and in Canada you go to a state liquor store to buy liquor. Since marijuana is a drug, why not at least have it licensed so we can get it out of the hands of dope dealers and criminals.

Here in the village of Togiak, the kids pay \$10.00 for about \$.50 worth of marijuana in one tiny cigarette.

If the city here was selling the drug out of the clinic at the price of \$3.00 (\$1.00 cost, \$1.00 city tax, \$1.00 state tax) then the dope business could be taken out of the hands of the criminals and dope dealers who are ripping off all of us.

Representative John Sund, Page 2

Yes, all of us. They pay no taxes because they show no income. This also allows them to sit back on welfare, energy assistance, and food stamps so the state is already financing the dope business. Also, by charging such high prices for an addictive substance, our local economy is going up in smoke.

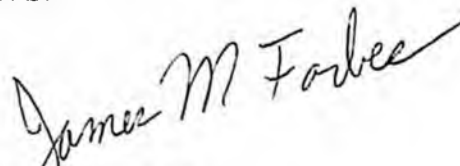
Another point which should be brought up is if the legislature is really concerned about peoples' rights is the quality of the marijuana. I think it should be tested for pesticides and other harmful pollutants. It should also be tested for impurities or more harmful drugs which may be mixed into the marijuana.

It seems to me if you legislatures can't make marijuana illegal, the least you can do is make it a controlled substance which is controlled by the state just like alcohol.

Sincerely,



Moses Kritz
Mayor



James Forbes
Local Resident

RESOLUTION # 6

RECRIMINALIZATION OF MARIJUANA

- Whereas, The Alaska PTA has a duty to protect the health, welfare, and public safety of children and youth; and
- Whereas, The educational leaders of Alaska recognize that there is a severe drug and alcohol problem in Alaskan elementary, junior and senior high schools; and
- Whereas, Alaska is the only state in the union with a permissive statute for personal possession of marijuana; and
- Whereas, The Supreme Courts of other states and the U.S. Supreme Court have upheld state statutes prohibiting the use and possession of marijuana; and
- Whereas, Current Alaska state statutes are not in conformity with federal drug enforcement laws controlling drug abuse; and
- Whereas, Representatives of 60 Alaskan high schools at the Alaska Association of School Governments' Annual Fall Conference, on October 18, 1986, unanimously passed a resolution to repeal the current marijuana law and make the drug in all its forms illegal in Alaska; therefore be it
- Resolved, That the Alaska PTA urge the legislature to repeal those sections of the Alaska Statutes which allow personal possession and use of marijuana and to support the recriminalization of marijuana.

Jan - FYI
Passed at
State PTA
in 1987
Burris

CITY OF VALDEZ, ALAKSA

RESOLUTION NO. 8711

A RESOLUTION OF THE CITY OF VALDEZ URGING THE ALASKA LEGISLATURE TO REPEAL LAWS ALLOWING FOR THE PERSONAL USE OF MARIJUANA.

WHEREAS, the State of Alaska is eligible for certain Federal grants for control of narcotics; and

WHEREAS, the dangerous and grievous use of unlawful narcotics threatens the lives and well-being of many citizens of Alaska, especially, our young people; and

WHEREAS, the Alaska State Statutes allow for personal possession and use of amounts of contraband and dangerous substances that would otherwise be illegal under Federal and State laws; and

WHEREAS, these peculiar provisions of State law threaten the State of Alaska's eligibility for Federal funds for control of narcotics; and

WHEREAS, these provisions serve no useful purpose in a society that is outraged at the suffering and expense caused by drug abuse; and

WHEREAS, the right to privacy in the home in Alaska is a constitutional protection and that right can be protected by allowing the exception to be a lawfully obtained search warrant,

NOW, THEREFORE, BE IT RESOLVED that the Valdez City Council urges the Legislature of the State of Alaska to repeal those sections of the Alaska Statutes which allow personal possession and use of marijuana and support the recriminalization of marijuana.

PASSED AND APPROVED BY THE COUNCIL OF THE CITY OF VALDEZ, ALASKA this 17th day of February, 1987.

CITY OF VALDEZ, ALASKA

BY: John Devens

John Devens, Mayor

ATTEST:

BY: John Thorp

John Thorp
Acting City Manager

ALCOHOL VERSUS MARIJUANA
A COMPARISON OF THEIR EFFECTS ON THE HUMAN BODY

FROM: THE REAL MARIJUANA DANGER. Malcolm E. Smith. Suffolk House, Smithtown, N.Y., 242 pp.

ALCOHOL	V S	MARIJUANA
-----		Damages chromosomes
-----		Damages immune response
-----		Damages the brain 20 times as rapidly as alcohol
It takes 30 years before irreversible brain damage occurs.		It takes 3 years before irreversible brain damage occurs.
One out of 6 people will become addicted to alcohol.		Three out of 6 people will become addicted to marijuana.
One ounce of alcohol completely metabolizes to carbon dioxide and water within 12 hours.		One joint takes 30 days to be eliminated from the human body.
-----		Marijuana damages a person's ability to think 20 times more than alcohol.
Chronic and disabling health problems take 10 to 20 years to manifest.		Chronic and disabling health problems take 2 to 3 years to manifest.
Hallucinations occur in alcoholics in a far advanced idesease stage.		Hallucinations require only a small dose of marijuana and can occur, in some cases, every-time the drug is used.
It can be predicted with certainty what one ounce of alcohol will do to someone.		It is impossible to predict what one joint of marijuana will do to the user.
The alcoholic is sufficiently in tune with society to be defensive about his habit.		The marijuana user has so lost his sense of perspective that he feels there is something wrong with people who do not smoke.
-----		Young people develop psychogenic dependency on marijuana more quickly than with alcohol.

Dear *Representative Lund,*

A LINE ON POT

Dr. Ethel Sassenrath is the only scientist in the world to have done studies on the reproductive effects of long-term marijuana use on female rhesus monkeys and their offspring.

Rhesus monkeys break down the marijuana molecule in a way similar to humans, and their reproductive systems are similar to humans. The endocrine system, which controls the menstrual cycle, is virtually indistinguishable between the human and the female rhesus monkey.

Dr. Sassenrath gave her monkeys only one of the 61 known cannabinoids in marijuana--the famous THC. She fed the THC to the monkeys in a cookie every day for three to five years. Each received a dose sufficient to produce the same concentration of THC in its blood that a human would have who smoked one joint a day.

Remember, the pregnant monkeys were fed only one cannabinoid--THC. A pregnant human would be exposed to all 61 cannabinoids in a marijuana joint, making toxicity presumably greater.

Results can be summed up in one startling statistic. The reproductive loss was 44 percent for the THC-fed mothers and 12 percent for the undrugged mothers. Ten to 12 percent is a normal birth loss in a monkey colony, resulting from injury, infection, and other ordinary causes. In the case of the THC mothers, birth loss occurred from early spontaneous abortion, fetal deaths, still-births, and infant death just after birth.

There was not one THC baby who did not have some subtle developmental abnormality in one or more systems (nervous, cardiovascular or urinary) and/or placental abnormality. **In human studies, radioactively-tagged THC has been shown to accumulate in the placenta.** It also crosses through the placenta; consequently, when the pot-smoking mother gets high, so, presumably, does her developing baby. None of the following abnormalities were found in the control baby monkeys or in any of the 80 rhesus babies from non-drugged mothers in the primate colony who had died during the same period:

1. **Water on the brain.**
2. **Degenerative changes in cardiovascular structures, including the heart muscle and the umbilical vessels.**
3. **Acute kidney disorder in the recycling of the necessary parts of the nutrients of the blood, leaving only the waste.**
4. **Blockage of the canal through which the testes descend.**
5. **Dead tissue in the placenta.**
6. **Depletion of blood production of white blood cells in the lymph nodes to combat infections; depletion of the formation of red and white blood cells in the bone marrow--the center of cell formation.**

MORE

7. Change in the appearance of the liver cells, indicating a change in the metabolism of nutrients, in the making and recycling of proteins, and other vital functions.

8. Destructive inflammation of the brain. The veins are "leaky," letting more toxic wastes back into the brain; eventually this leakage compromises the basic function of the neurons in the brain.

9. Unusual pancreatic tissue in the the small intestine. The pancreas makes and releases insulin to control blood sugar and digests proteins and carbohydrates.

10. A kidney condition.

The THC baby monkeys that lived were exposed to THC not only through the placenta route prior to birth, but through the milk route while they were nursing. The behavioral differences were so noticeable that University students invariably picked out the THC baby among the control babies. The THC babies had similarities to the hyperactive child. They would race around the cage wildly. Their persistence and aggression turned play to harrassment to aggression.

They would also scream longer and louder than the control babies. They'd embrace harder and longer. They had higher levels of irritability, and all of them had some types of exaggerated behavioral qualities. The THC babies were not very popular with the others who tended to run away and hide when a THC baby started to rough-play.

There was another interesting factor. At the age of three months (two or three years old in human terms), the babies were given a visual attention test by Dr. Mari Golub, who specializes in detection of pre-natal drug effects on behavior of offspring. They were placed individually into a three-foot test box with peep holes. Then a "slide show" of indoor and outdoor scenes was put on for each monkey. The average control baby looked at each slide for two seconds before turning away. But the THC babies stared at the slide for an average of 30 seconds. Dr. Sassenrath has said that this type of delayed reaction to visual stimuli can be suggestive of central nervous system impairment and minimal brain damage.

In Dr. Sassenrath's study, the pregnant monkeys were exposed to only one of the 61 known cannabinoids in marijuana. Since researchers have shown that other cannabinoids are even more impairing to some organ systems than THC, the question must be asked, "**What might THC--and the other 60 cannabinoids--be doing to the developing fetus of the human pregnant woman who has used marijuana for several years and who smokes a joint a day during her pregnancy?**"

Sandy Spargo

Sandy Spargo/Safe Homes of Juneau/965 Goldbelt, Juneau, Alaska, 99801

Source: POT SAFARI by Peggy Mann, 1985.

Dear

Representative Smith,

One of the most exciting areas of brain research deals with the discovery of the right and the left hemispheres of the brain. Experts agree the right and left sides of the brain represent the most dramatic breakthrough in neuroscience research.

Each hemisphere has a distinctive mood and a mode of thought located in the cortex on both sides of the brain. There are therefore two separate consciousnesses in the brain.

They are kept regulated and working together by a subconscious control center located deep in the brainstem, that keeps the two hemispheres working together in harmony.

Zipped up, both hemispheres are in balance, consciousness of the right and the left sides of the brain work cooperatively. Mood is under control. The emotions are well regulated.

A recognized authority on the chemistry of the brain, Dr. Arnold Mandel, has offered a cogent explanation of how the THC in marijuana disrupts this balance. The THC strikes the mass of nervous tissue buried deep in the brainstem that keeps both hemispheres of the brain working together. THC causes the neural regulator to lose its grasp, and the right cerebral hemisphere breaks free.

The marijuana "high" makes one aware of this right hemisphere. It feels good and giddy. Consciousness is vague and diffuse, pleasantly happy and giggly.

As long as the blood THC levels are elevated, the person feels happy and alert. This persists for a few hours until the blood levels of THC fall. What happens then is a swing in mood to the consciousness of the left hemisphere that is not so manic or happy as the right.

The left hemisphere has a different kind of consciousness. People who have had their brain hemispheres anesthetized at different times, say that the left side is more serious than the right side. Its mental state, according to the person's personality, can be sad and melancholic, cold, anxious and paranoid. This is called the "low" state. Because most people want to feel better, they think of getting some more pot to get out of the left hemisphere and to get pleasantly intoxicated or "high" again.

Frequent pot use established a definite pattern of oscillation in prevailing temperamental traits; surging back and forth in a swing of mood; first to good feelings, mild mania, grandiloquence of the ego. Then, depending on the person, to sadness, dysphoria, melancholia, or to peevish irritation, anxiety feelings and a feeling of hostility towards others.

After even two or three years of mood oscillation, the hemispheres regularly swing uncontrollably back and forth so distressingly that the user becomes overly preoccupied with mood. This is the time he or she may turn to stronger marijuana, to hashish, or to stimulants like amphetamines to feel better. Alternatively, the user may turn to cocaine and even heroin to ward off feelings of discomfort and psychological incapacitation.

Eventually the brain, permanently "unzipped" suffers a loss of all spontaneous affect and a flattening of mood. Dr. Mandel believes that in the later stages of marijuana use, a structure deep in the brainstem called the raphe, is so chemically altered that it leads to permanent damage.

From his studies of heavy users, he observes how the habit leads to microchemical disorders, than to permanent scarring or "gliosis". This occurs in the system formerly regulating mood which is now functionally inert.

POT IS RESPONSIBLE FOR "UNZIPPING" THE CEREBRAL CORTEX OF THE BRAIN.

Sincerely,



Bobi Irani - Member National Federation of Parents for Drug Free Youth
7760 Glacier Hwy. Juneau, Ak 99801 789-2586

October 2, 1987

A LINE ON POT

Dear *Representative Sund,*

The September 1987 issue of the Drug Abuse Update published by Families in Action and the Scott Newman Foundation carried the following article on marijuana and adolescents that I would like to share with you.

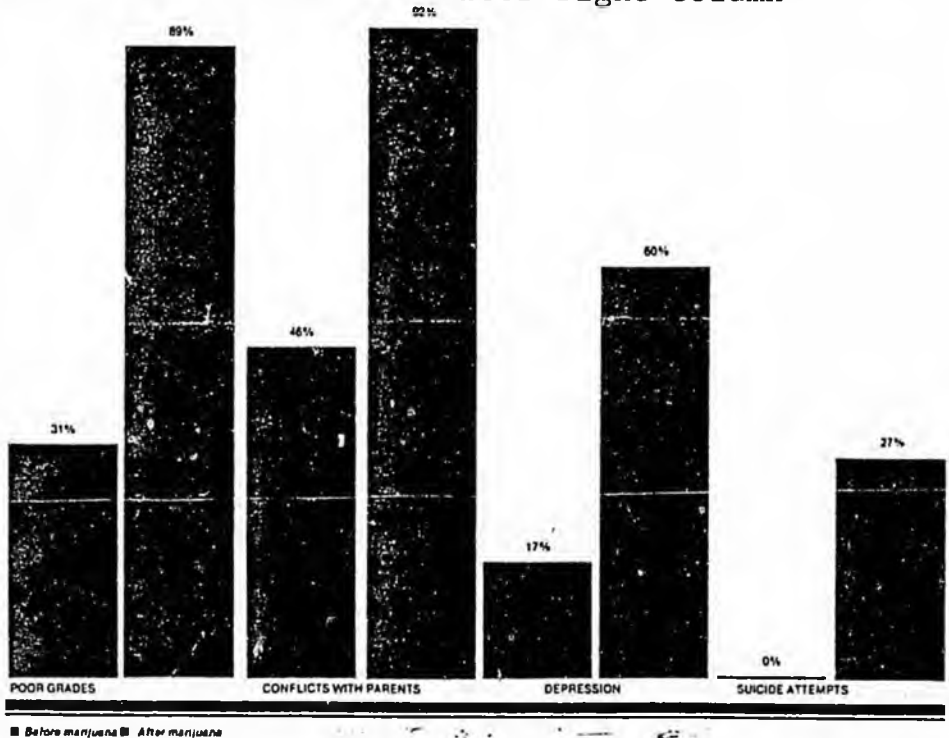
Adolescent marijuana use causes many problems. Richard H. Schwartz, M.D. and colleagues recently studied the psychosocial and behavioral effects of frequent marijuana use on adolescents. They evaluated 35 patients, ages 14 to 17, who were admitted to a drug treatment facility. All adolescents had smoked marijuana for at least four days each week for four consecutive months.

Family relationships and school attendance and performance began to deteriorate when use reached these levels. Behavioral effects included automobile accidents while intoxicated, average school grades of D or F, suicide attempts, running away from home and convincing a younger sibling to try marijuana. (See chart below)

On average it took parents up to a year to discover their child's drug involvement. Moreover, 17 percent of the adolescents studied say they were high during visits to health professionals and were proud of concealing it. (Clinical Pediatrics, Vol. 26, No 5 May 1987, pp 264-270)

TEEN PROBLEMS BEFORE AND AFTER MARIJUANA USE

before left column after right column



Sincerely,

Bob

Bobi Trani
Safe Homes/Parents Against Drugs

Alaska State Legislature



REPRESENTATIVE BILL HUDSON

P.O. BOX V
Juneau, Alaska
99811
(907)465-3744 or 4991

COMMITTEES:
Transportation
HESS
Telecommunications
Fisheries
International Trade

October 2, 1987

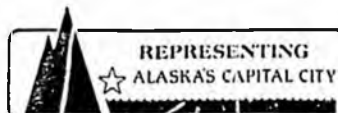
Dear Colleague,

Attached you will find information regarding much of the new-found data on marijuana. I believe it important enough to share with you and I'll deeply appreciate your taking the time to review it.

Respectfully,


Bill Hudson

BH/skp



September 21, 1987

Dear *Representative Sund,* A LINE ON POT

"The Alaska Peace Officers' Association (APOA) supports recriminalizing marijuana." This position is taken from the Position Statements of the Alaska Peace Officers' Association Concerning Legislative Proposals before the Fifteenth Alaska Legislature, March, 1987.

"Alaska is the only state to have, in effect, legalized small amounts of marijuana--up to four ounces--for personal use. No other state has adopted a similar law. Using small amounts of marijuana legally stimulates trafficking of the drug, which is illegal. The existing statute, in effect, promotes illegal activity.

Possession of any quantity of marijuana is against federal law, while state law permits possession of small amounts. This creates confusion in the minds of the public. This dichotomy of federal law v.s. state law tends to breed disrespect for the law. As the Baltimore Sun editorialized in early 1984, 'Only in Alaska can you sit at home and smoke marijuana, secure in the knowledge that you are breaking federal law with the blessing of the State Supreme Court.'

Alaska's tolerance of marijuana has also inhibited the efforts of the U.S. to obtain agreements by foreign countries to crack down upon illicit drugs in their country. According to the Undersecretary for International Narcotics Affairs, Department of State, in a recent address in Anchorage, several foreign countries have questioned the sincerity of the U.S. regarding suppression of illicit drugs by calling attention to Alaska's legalization of small amounts of marijuana. This is significant, since the U.S. is a signatory nation to two international conventions concerning control of narcotics--the Single Convention on Narcotic Drugs of 1953 and the Psychotropic Substances Act of 1971, which include outlawing marijuana.

APOA considers the contradiction of federal and state law regarding marijuana, the increasingly effective health campaigns against smoking, and the public's proclaimed respect for the law, with state law permitting use, to be sending mixed signals to our youth. Either society condones drug use and smoking or it does not. Our collective position should be clear to our young people.

The Ravin decision leading to legalizing marijuana was based, in part, upon the finding that the state could show no clear and convincing public need to ban marijuana. Since then, more and more information from around the country shows increasing concern about the health aspects of smoking in general and marijuana in particular. The APOA believes that a clear and convincing health issue can now be made to support a ban upon marijuana use.

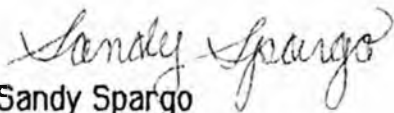
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The APOA knows of no police department that would undertake an intensive enforcement effort against persons possessing small amounts of marijuana, if possession would be recriminalized. Frankly, there are more urgent needs to be addressed. Therefore, we would support a citation, mail-in-bail approach, as is now used for most traffic infractions.

The APOA is more interested in consistency of our laws, clear and concise positions about marijuana for our youth, and other advantages of recriminalization than in a tough and unyielding enforcement program."

The Alaska State Legislature will be looking at House Bill 55 and Senate Bill 32 to recriminalize marijuana next January. The intent of the bills is to make possession of less than 1/2 pound of marijuana a misconduct in the sixth degree. This is a Class B Misdemeanor and is punishable from 0 to 90 days in jail and a maximum fine of \$1,000.

Sincerely,



Sandy Spargo
Safe Homes/Juneau
965 Goldbelt
Juneau, Alaska 99801

September 24, 1987

The Honorable Donald E. Young
House of Representatives
Congressional Delegation
P.O. Box 021247
Juneau, Alaska 99802

Despite Alaska State Law, marijuana remains an illegal drug in the United States according to Federal Law and International Law.

The United States Code Annotated, Title 21, Food and Drugs, 844. Penalties, (a) Simple Possession, states, "It shall be unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice, . . ." Marijuana is a controlled drug. It is not allowed to be bought nor sold, and yet Alaskan citizens are allowed to have four ounces per adult in the home. Four ounces equals approximately 120 joints.

The United States is a signatory nation to international conventions concerning the control of narcotics.

The Single Convention on Narcotic Drugs of 1953

The Psychotropic Substances Act of 1971

Both of these treaties outlaw marijuana. The Alaska Peace Officers' Association Position Statement supports marijuana recriminalization in Alaska. "According to the Undersecretary for International Narcotics Affairs, Department of State, in a recent address in Anchorage, several foreign countries have questioned the sincerity of the United States regarding suppression of illicit drugs by calling attention to Alaska's legalization of small amounts of marijuana."

At a 1925 International Opium Conference, Egypt and Turkey refused to sign any international agreement about opium and heroin, unless delegates at the Conference agreed to put cannabis (the hemp plant from which marijuana is derived) in the same "dangerous drug" category. All the delegates from all the cannabis-using countries went along with this demand.

An international treaty is the highest law of the land, and local and state governments cannot independently choose to disregard it, despite local political concerns. Local and national governments can vary the severity of penalties for drug possession. This has occurred in some states with the decriminalization of marijuana, substituting fines for incarceration.

OVER

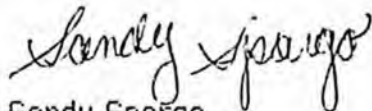
The Ravin decision leading to the legalization of marijuana within the home was based, in part, upon the finding that the State could show no clear and convincing public need to ban marijuana. This decision is 12 years old and is out-of-date. We need to modernize our law to reflect the research that has been done in the past 12 years. Dr. Carlton Turner, Director of the White House Drug Policy Office, states, "*There is no other drug used or abused by man which stays on in the body as long as cannabis. And there is no other drug--legal or illegal--which affects every major organ of the body. And every single cell in the body.*"

In the 1988 Legislative Session, the bills to make marijuana illegal in Alaska will again be considered. House Bill 55 remains in the House HESS Committee from the last Session, and Senate Bill 32 is in the Senate Rules Committee.

I am told by legislative sources that there are certain powerful legislators who are determined that these bills will not be passed.

Why is the power of a few individuals in the Alaska State Legislature more powerful than Federal Law and International Law?

Representative Young, communities of Alaska are asking our Legislature to make marijuana illegal in our State. Would you please help Alaska to come in line with Federal and International Law?



Sandy Spargo
Safe Homes of Juneau
965 Goldbelt
Juneau, Alaska 99801

Enclosures:

House Bill 55
Senate Bill 32
International Treaties
Resolutions Supporting Marijuana Recriminalization

cc: Governor Steve Cowper
House HESS Committee
✓ House Judiciary Committee
Senate Rules Committee
Arthur English, Commissioner of Public Safety
Myra Munson, Commissioner of Health & Social Services
Lynda Adams, Alaskans for Drug-Free Youth/Ketchikan

How to drug-proof your children

PEER GROUP PRESSURE: How can your children say *no* to their friends if you do not teach them to use independent judgment? Practice encouraging your children to be aware of their own preferences and interests, even if you disagree with some of their choices. Do everything possible to build your children's self esteem and confidence.

DEALING WITH EMOTIONS: As children reach adolescence they are experiencing for the first time strong emotions and they often are not sure how to control these feelings. Guide your children's fluctuating behavior by letting them know that feelings in and of themselves are not bad, nor are they permanent. What is important is how they act upon those feelings.

DEVELOPING AN IDENTITY: Many children turn to drugs when they feel overwhelmed by the demands of adjustment to young adult life. Gradually let them exercise more independence and assume responsibility while you provide emotional support and security. Let them begin to assume the consequences of their decisions; avoid casual or unwarranted criticism.

CURIOSITY: Plan to discuss a wide variety of topics with your children, including drugs. They are far more vulnerable if they are ill-informed on this subject. They should know your feelings and where you stand on important issues.

FUN: Young people seek adventure and drugs offer a very seductive "high" with little or no effort. Choose activities for your children outside the home that give them good feelings about themselves. Try to avoid turning their leisure time into duties and drudgery.

Your pediatrician understands the importance of communication between parents and their children as one of the better ways to prevent drug use. If communication becomes a problem, the pediatrician may provide the key to establishing lines of communication between children and their parents. Or, if you suspect your child is using marijuana or any other drugs, rely on your pediatrician for advice.

The American Academy of Pediatrics is an organization of 29,000 pediatricians dedicated to the health, safety, and well-being of infants, children and adolescents in North, Central and South America.

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Marijuana: Your Child and Drugs

American Academy
of Pediatrics



Who uses marijuana

Young people today must make decisions about drugs that no previous generation has had to make. And this means that parents, too, must learn to cope with the reality of a world in which drugs are readily available to their children.

Marijuana is the most widespread illegal drug used in this country. Society's acceptance of its use stems from inconclusive research conducted during the 1960's. Marijuana's reputation as a "safe" drug, combined with abundant supplies and societal messages to "do drugs", have contributed to its popularity among young people.

Marijuana use by teenagers apparently has peaked and slightly decreased in recent years. However, the age at which children begin experimenting with the drug has been steadily decreasing:

- more than 1/3 of all students will have tried marijuana before leaving ninth grade.
- Nearly 1/2 of all students will have tried marijuana before finishing high school.
- One of six high school seniors will have been a daily user at some time in their lives.
- At least one of twenty seniors will continue to smoke marijuana on a daily basis.

These statistics will vary from community to community and with socioeconomic status.

Medical experts are alarmed about these statistics and about the increasing potency of marijuana that is currently available. THC (delta-9-tetrahydrocannabinol) is the main mood-altering ingredient found in marijuana. When the drug became popular during the 1960's, the THC levels averaged .2%. Today, stronger strains of marijuana contain THC levels of at least 5%, making it 25 times more potent. Marijuana is no longer the "harmless little giggle" referred to by John Lennon in the 1960's.

Why children are at risk

Recent studies on the health effects of marijuana indicate that, far from the innocuous substance it was thought to be, it is a dangerous drug. Marijuana distorts the senses and causes motor-coordination difficulties. The effects can linger for more than 14 days. In this condition it is dangerous to operate a vehicle or to engage in sports activities. Pediatricians also are concerned about the developmental and social difficulties encountered by pre-teen and young adolescent users.

Young people are at especially high risk of psychological dependency because of their immaturity and vulnerability to peer group pressure. Pre-teens and adolescents are experiencing a complex and crucial growth period that easily can be damaged or retarded in the following ways:

- They are starting to form their own identity by disengaging from childhood attachments and parental controls to form new relationships and values. Marijuana can interfere with this process causing, among other effects, social withdrawal and a general lack of motivation.
- As mental development expands into the adult range of thought and comprehension, marijuana can impair the learning process causing short-term memory loss and a shorter attention span.
- They are experiencing heightened sexual awareness and developing a gender identity. Marijuana can disrupt this process causing severe sexual anxiety.

Pediatricians believe it is dangerous and detrimental for this high-risk group to experiment with any mood-altering drugs. While marijuana can offer a convenient escape from "growing pains", it also can prevent young people from learning how to become mature, independent and responsible adults. For these reasons pediatricians are opposed to the legalization of marijuana.

Stages of marijuana use

There are many reasons why children experiment with drugs. Some of the most common reasons are: peer group pressure, dealing with strong emotions, curiosity, rebellious behavior as part of developing a separate identity and simply to have fun. Many see marijuana as a rite of passage into adulthood and seem to condone its use as "just another part of growing up."

The basic attraction of marijuana is that it distorts the senses and produces a false sense of freedom and pleasure. It is this easy pleasure that gets children into trouble with drugs, leading the user to increasing levels and frequency of use.

Because adolescents are susceptible to drug abuse, medical experts view chemical dependency as a progressive and contagious disease among members of this group. They have identified three stages of drug use:

- Experimenting with mood-altering drugs. This stage is one of investigation and recreation. There is strong peer pressure to enter this stage. Users limit consumption primarily to weekends. There frequently is no behavioral change, except for covering up illicit activities.
- Actively seeking drugs. A threshold is crossed towards psychological dependence in which the drug is now used to produce good feelings during times of stress. Usage increases to midweek. Behavior begins to change and schoolwork may slip. Mounting problems at home and school may contribute to an increase in drug use.
- Preoccupation with drugs. There is a marked loss of control over the use of drugs and abstinence can cause stress. Because increased use is expensive, family possessions may be stolen and there may be trouble with the law. The user becomes more isolated and irritable.

Fortunately, most children never advance beyond the experimentation stage. Whether or not they do depends on their reasons for experimenting in the first place. The intervention by families and professionals can halt this process.

development. Heavy use may lead to lowered sperm count and motility, to increased abnormalities of sperm, and to impotence. The "amotivational syndrome" (characterized by lethargy, apathy, and goallessness) may be caused by depression of the central nervous system and deficiencies of sex and energy hormones.

FEMALES: Regular use affects the menstrual cycle, sometimes leading to lack of ovulation and decreased fertility (Smith, 1983). In adolescent girls, chronic exposure may delay onset of menstruation and vaginal cornification (Field, 1985). Atrophy of tissue in the ovaries and uterus and vaginal dryness have been reported in some users. Hormonal and menstrual disruptions may linger for some months after cessation of usage. Young girls are particularly vulnerable to these reproductive effects, for the complex process of sexual maturation takes several years for completion. Marijuana in combination with tobacco smoking and/or birth control pills may complicate the hormonal abnormalities.

FETUS: Marijuana chemicals can be toxic to the developing fetus, causing increases in miscarriages, stillbirths, and early postnatal deaths. A "fetal marijuana syndrome," characterized by lower birthweight and developmental anomalies, occurs 5 times more frequently than the "fetal alcohol syndrome" (Hingson, 1982). Exposed babies show problems in eye development and focusing that last for several years (Fried, 1986). Human and animal studies show changes in the sperm's transmission of the genetic code (Issidorides, 1979; Daltorio, 1986). In animals, birth defects occur in succeeding generations. There is growing concern that marijuana use may effect the genetic health of future human generations.

IMMUNE SYSTEM: Marijuana's depressant effect on cell-mediated immunity can lead to increased susceptibility to bacterial and viral infections, including sexually transmitted diseases such as *Herpes simplex* and *AIDS* (Juel-Jensen, 1972; Morahan, 1979; Cabral, 1985; Lopez-Cepero, 1986). The many contaminants in the dried plant material, such as aspergillus fungus and salmonella bacteria, may lead to complications of colds, pneumonias, and mononucleosis, as well as respiratory and intestinal disorders.

LUNGS: The high level of carcinogens in marijuana smoke and the method of deep inhalation cause researchers to predict an outbreak of respiratory cancers by the late 1980's. Combined smoking of tobacco and marijuana and use of bongs and powerhitters increase the respiratory dangers.

BEYOND THE GATEWAY DRUGS: COCAINE

Cocaine is rarely the first drug used; rather, it is added to a drug use pattern of marijuana smoking and

excessive drinking (Gold, 1986; Adams, 1986). The high cost and low potency of cocaine kept usage low and damage rare in the Seventies. Faced with a declining drug consumer market in the Eighties, the drug cartels developed a highly addictive, inexpensive form of cocaine, targeted at the smoking market.

Cocaine is an alkaloid extracted from the leaf of the coca bush. A powerful stimulant to the central nervous system, cocaine has mind-altering and energy-producing qualities similar to amphetamines. When snorted in powder form, cocaine changes brain chemistry and produces a surge of energy, euphoria, and alertness that lasts about 20 minutes. The drug then withdraws rapidly from the brain, making the user feel depressed, irritable, and fatigued. Though still infrequent, snorting cocaine can be deadly to susceptible people (through cardiac arrest, irregular heart rhythms, respiratory suppression, or seizures).

The coke "crash" reinforces the brain's craving for a repeated dose, to alleviate the distressing withdrawal symptoms. Higher potency and more frequent use change the mechanisms of biological drives in the brain. Cocaine use becomes a more powerful drive than the survival instincts of hunger, thirst, sex, and fight-flight. Hoping to produce a growing addict market, the drug cartels are flooding the U.S. with cheaper cocaine in smokeable forms (free-base, *basuco*, and "crack"). The "new" cocaine is tailor-made for marijuana smokers who move easily into a more powerful drug that fits into familiar social patterns and paraphernalia ("socially acceptable" pipes and cigarettes versus injection needles). Many cocaine smokers then progress to heroin smoking ("chasing the dragon"), in order to medicate their "wired-out" central nervous system.

CONCLUSION: Ninety-eight percent of cocaine and heroin users started with marijuana.

BY SHUTTING THE GATE ON GATEWAY DRUGS, THE U.S. WILL BLOCK THE ROAD TO COCAINE AND HEROIN ADDICTION.

DOCUMENTATION: Nahas and Patton, *Marijuana: Biological Effects* (1979); *Marijuana and Health*: National Academy of Sciences (1982); Report of Addiction Research Foundation and World Health Organization on . . . Cannabis Use (1981), plus special articles by named researchers which can be ordered by PRIDE.



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PRIDE
**Drug
Scene
Update**

PRIDE: DRUG SCENE UPDATE

OVERVIEW: After ten years of steadily increasing drug use among teenagers, a counter-trend began in 1980, as more young people turned away from drugs and sought a healthier lifestyle. The major factor in this encouraging trend was growing public awareness of the health hazards of marijuana and its role as the gateway into illegal drug use. In 1985, however, the decline in marijuana use stalled, as media coverage of the drug's negative effects faded. Public attention became focused on the dramatic emergence of smoked cocaine, or "crack." PRIDE believes that the most effective deterrent to "crack" use is sound and consistent *primary prevention of "gateway" drug use*. Youngsters who avoid the illegal use of alcohol, tobacco, and marijuana—the entry drugs—do not progress to cocaine, heroin, or any other drug use. For the sake of our children's health and safety, "LET'S SHUT THE GATE ON GATEWAY DRUGS!"

EPIDEMIC SPREAD: In 1960, less than 1% of American teenagers had ever tried marijuana or any other illicit drug. By 1980, over 60% had experimented with drugs. This 6,000% increase within 20 years was unprecedented in world history. Initially, marijuana use was confined to sub-cultural groups of young adults who were protesting perceived injustices in mainstream society. Gradually, in the face of ignorance about the health effects of marijuana and controversies about law enforcement, usage expanded to mainstream America. The average age of first use dropped from 19 to 12. By 1980, pot-smoking had become a "normalized" rite of passage into teenage social life. "Partying" meant getting high on drugs and alcohol, and over 40% of teens became "social" or regular users. Ten percent of high school seniors were stoned every day. Among high school dropouts, truants, and uncooperative students, daily use was estimated at 25 to 50%. These young drug users carried their habits into the work force and the military, causing a decline in economic productivity and national security.

The commercialized drug culture depends upon an expanding economic market of young consumers. Thus, it broadcasts a "drugs are fun" message in youth-oriented movies, music, TV programs, magazines, and T-shirts. The most effective counter-message to the illegal drug merchandisers is sound health information. INFORMED parents and citizens can reverse the drug epidemic.

CURRENT USAGE: In 1985, some 61% of high school seniors admitted trying an illicit drug. Fifty-four percent used marijuana (down from 60% in 1979), and 40% used other drugs (vs. 37% in 1979). Current marijuana use declined from 37% to 26%, while daily use dropped from 11% to 5%. Despite the significant 7-year decline, the U.S. figures are still the highest in the developed world. More

youngsters are indeed saying NO to drugs, but those who say YES to experimentation are increasingly at risk, because of increased supplies of high-potency marijuana, cocaine, and "designer" drugs. Stimulant use remains high (30%), a trend associated with increased advertising and availability of diet pills, study aids, and "look-alike" drugs. Media glamorization contributed to the doubling of cocaine use (to 17%), a figure that will increase as supplies grow and prices drop.

STEPPING STONES OF ABUSE: Tobacco smoking is a major pre-disposer to marijuana smoking. Eighty-one percent of teenage smokers also try marijuana, versus only 21% of non-smokers. After underage consumption of beer and wine, the movement to hard liquor is associated with marijuana use. Marijuana continues to be the gateway to illicit drug use. Sixty-seven percent of marijuana users progress to other drugs, while youngsters who do not smoke pot rarely try other drugs (98% abstinence rate). Stimulants, especially in the form of diet pills, are beginning to play a gateway role among young girls.

HEALTH EFFECT OF GATEWAY DRUGS

TOBACCO: Cigarette smoking is the largest preventable cause of death in the U.S. It is linked with cancers of the lungs, throat, and bladders, and with emphysema, bronchitis, and heart disease. The younger the age of initiation to smoking, the greater the chances of serious health impairment. Nicotine is one of the most addictive chemicals known, and cigarette dependency one of the most difficult drug habits to break. Of youngsters who experiment with only 5 to 10 cigarettes, nearly 85% will become habituated smokers.

ALCOHOL: Of adults who drink, some 7 to 10% will become chronic alcoholics, generally within 15 to 20 years. Adult alcoholism is increasingly recognized as an inherited or metabolic disease, rather than a character disorder. Of juveniles who drink, the odds for alcoholism are 2 or 3 times as high. The increased vulnerability is caused by metabolic and neurological immaturity. Until full physical maturity is reached, usually between 19 and 23 for girls and boys respectively, the young body does not metabolize alcohol effectively. Lack of completely organized brain systems and fully developed body mass make the still-growing adolescent more vulnerable to alcohol toxicity and dependence. Imbalances in hormonal and hypothalamic function—which are associated with typical adolescent traits of impulsivity, volatile mood swings, and risk-taking—are exaggerated by alcohol.

Alcohol abuse by inexperienced teenage drivers is the number one cause of death. Sexual problems of premature and unprotected intercourse, as well as venereal disease, are associated with teenage intoxication. Regular drinking contributes to the developmental disruption called "chemical immaturity," in which

chronological adults remain emotional adolescents.

MARIJUANA: The increasing potency in commercially cultivated marijuana is associated with more rapid and serious deterioration of mental and physical health. Delta-9-THC content has risen from an average 1% to 4%, with California-style *sinsentilla* escalating to 14%. Marijuana intoxication has lingering effects on psychomotor function, long after the "high" has worn off. The complex actions of the 421 known chemicals in the plant and the long-lasting effects of the 70 lipid-soluble *cannabinoids* are responsible for the system-wide biological impairment observed in marijuana abusers. Periodic release by cell membranes and recirculation of cannabinoids contribute to the cumulative effects and delayed toxicity of longterm usage. Urine testing reveals cannabinoids still present after six weeks of abstinence by heavy users.

BRAIN: High potency marijuana is linked with increasing incidents and panic reactions, paranoia, flashbacks, and toxic psychoses. Clinicians in several countries report significant increases in marijuana-related mental illness (Rydberg, 1986). Heavy use can reduce blood flow in the brain and cause severe memory impairment. In some cases equivalent to senile dementia (Tunvig, 1986; Stuart, 1981). Biopsies of drug-exposed monkey brains reveal enlarged ventricles and tissue atrophy, similar to the widened synapses and chemical clumping reported earlier in humans and monkeys (Sassenrath, 1983; Heath, 1980; Campbell, 1971). The first autopsy studies of human brains from longterm users reveal micro-lesions and depleted proteins in neurons, which are strikingly similar to those in clinically depressed suicide victims (Issidorides, 1986). Chemical over-stimulation of brain pleasure centers and cumulative sedation of the central nervous system may explain the emotional flatness (anhedonism) observed in heavy users. Teenage slang descriptions of abusers as "burnouts" and "air heads" are unfortunately accurate.

ENDOCRINE FUNCTION: Many chemicals in marijuana effect hormonal function, some through action on the hypothalamus and pituitary and others through absorption into reproductive tissues. The fetus and adolescent are most vulnerable to these complex and unpredictable effects because of the rapid cellular changes they are undergoing.

MALES: Heavy marijuana use decreases testosterone production, sometimes leading to deficient pubertal development (Copeland, 1980; Diamond, 1986). A stereotypical "wasted" physique is observed in some teenagers who are heavy users: narrow shoulders; lack of muscle development in arms, chest, and buttocks; reddened, heavy-lidded eyes; facial pallor; some feminization of facial or genital development. The estrogenic action of *cannabis pirans*, chemicals found in much Colombian marijuana, may aggravate problems of sexual

Recognizing the Marijuana Abuser

1. Decrease in school performance
2. Fatigue, lethargy and recurrence of non-specific illnesses
3. Amotivational Syndrome
4. Low tolerance for frustration and authority
5. Hostile
6. Mood swings
7. Personal hygiene deterioration
8. Truancy
9. Depression, self-centeredness, manipulative behavior and lying
10. Denial syndrome
 - a.- refusal to believe adverse impact of one's use
 - b.-refuse to take responsibility for one's actions
11. Family strife
12. Withdrawal from family
13. Change in friends
14. Secretive
15. Loss of interest in sports, church and extracurricular activities
16. Embraces and defends drug culture philosophy
17. Change in music preference to heavy metal and punk rock

Marijuana Paraphernalia

Pipes

Bong - water pipe for cooling smoke in order to be able to inhale more

Cigarette rolling papers

Eye drops

"Roach" clip - any device that will hold a marijuana joint until smoked to very end

Plastic baggies - to hold marijuana supply

Stash Cans - Beverage cans disguised to hold marijuana supply
Weight scale - various sizes

Why do Young People use Drugs?

1. Because "everyone is doing it." Adolescence is a period when peer pressure is particularly effective.
2. To follow the example of a role model such as, an older brother or sister, a parent, a teacher. Anyone using marijuana or other drugs is setting a bad example.
3. To escape from family problems or from some of the especially troubling aspects of adolescence.
4. In response to cultural and media pressures. Popular songs, magazines, books, T-shirts, and posters can give "do-drugs" messages.
5. Because they think it's fun and can make them feel good.
6. Because they are not aware of the harmful effects of drug use.

Sources

1. Drugs, Drinking and Alcohol - Dr. Donald Ian McDonald
2. Laboratory Detection of Marijuana Use - Dr. Richard Schwarz and Richard H. Wikes, PhD.
3. American Lung Association
4. American Council for Drug Education
5. Department of Health and Human Services

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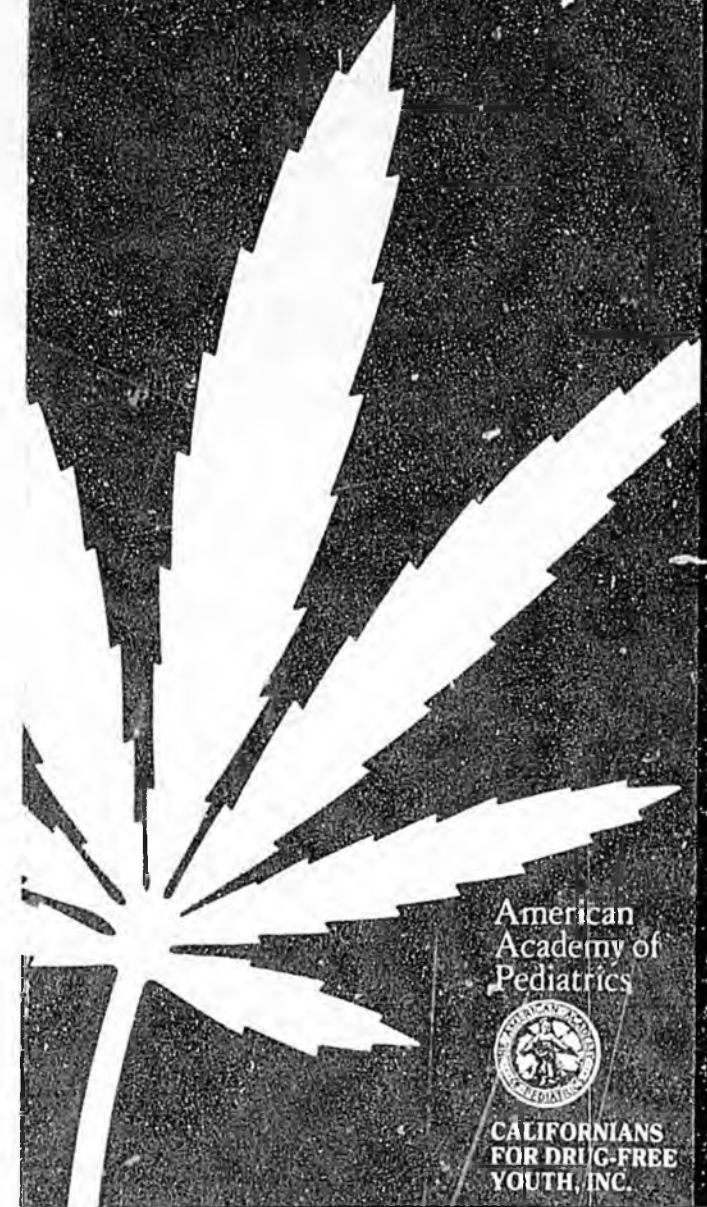


How Much Do

You Really

Know About

Marijuana?



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What is Marijuana?

A crude product from the plant *cannabis sativa*. It contains at least 421 known chemicals. Sixty-one (61) of these are cannabinoids which are psychoactive (affecting mind or behavior) and only found in marijuana.

When smoked or burned, these 421 known chemicals convert to over 2,000 chemicals — which can enter the body.

Hashish, or hash, is resin from the leaves and flowers of the marijuana plant.

How is It Used?

Marijuana is most commonly inhaled from "smoking" it in the form of a cigarette or from a pipe.

What is THC?

(Delta-9-Tetrahydrocannabinol)?

The main mind altering ingredient in marijuana. It is the cannabinoid which is most responsible for the "high," and the one about which we have the most information. However, all the cannabinoids which have been studied to date have been shown to be harmful to the body.

What makes THC Unique?

1. *Long Biological Half Life of 3—6 Days* - It takes about 1 month or more for all of the THC to be cleared from the body after smoking one joint. If one uses marijuana once or twice a week or more, the THC accumulates in the tissues and will take even longer to cleanout once use is stopped. It takes 3 months of total abstinence to detoxify from marijuana.

2. *Fat Soluble* - It has a very strong affinity for fat cells and will accumulate in organs with a high proportion of fat, namely the brain and reproductive organs.

In which Organ System does THC cause Significant Effects?

Central nervous system (Brain)

Respiratory system (Lung)

Immune system

Cardiovascular system (Heart)

Reproductive and endocrine system (Testes and Ovaries)

Immediate Effects

When marijuana is smoked, a feeling of euphoria or "high" is experienced within 10—30 minutes, and usually lasts for 1—2 hours.

Adverse Effects on Driving Skills

Judgement

Coordination

Perception

Research shows that these skills are impaired for at least 4—6 hours after smoking a single marijuana cigarette, long after the "high" is gone.

Effects of Recurrent Marijuana Use on the Brain

1. Decreased short-term memory
2. Decreased attention span
3. Decreased motivation
4. Decreased ability to reason
5. Decreased reaction time
6. Decreased talking ability
7. Decreased visual perceptual task performance
8. Arrested development

Effects of Recurrent Marijuana Use on the Lungs & Bronchi

Increased Irritation

Inflammation

Narrowing or partial obstruction of airways

Interference with normal tissue growth and the division of cells in the lungs

Increased respiratory infections

Scientists believe that marijuana can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible. Therefore, the smoke is in contact with lung tissues for long periods of time, which irritates the lungs and damages the way they work.

Marijuana is approximately 15 times more irritating (harsh) than tobacco (One joint is equal to approximately ¾ of a pack of cigarettes). One joint has 50% more cancer causing agents.

Effects of Recurrent Marijuana Use on the Immunity System

Mild suppression of immunity function - reversible when usage is stopped.

Increased susceptibility to infections - especially respiratory.

Effects of Recurrent Use on the Cardiovascular System

Marijuana use leads to as much as a 50% short-term increase in heart rate and can decrease the blood supply to the heart. It can cause chest pains and may contribute to heart disease. Individuals with heart conditions should never use marijuana.

Effects of Recurrent Use on Reproductive and Endocrine Systems

Male

1. Decreased testosterone (male hormone)
2. Decreased size and weight of prostate and testes
3. Decreased sperm production and production of abnormal sperm

Female

1. Decreased female hormones
2. Irregular menstrual periods
3. Alters ovarian function
4. Crosses placenta into the fetus (fetal marijuana syndrome)
5. Accumulates in breast milk

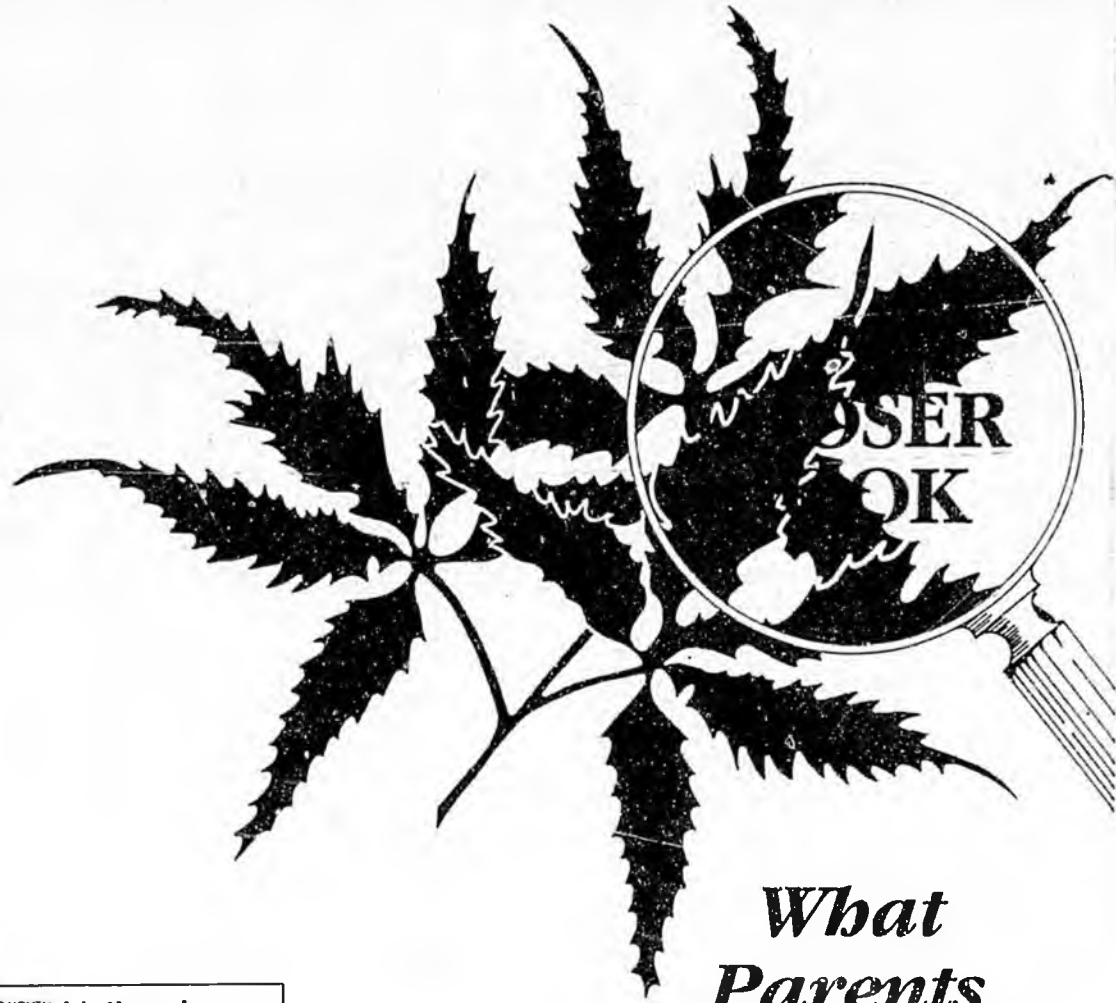
Is Marijuana Addictive?

YES! Using the modern definition of an addict as one who keeps a minimal quantity of drug in his/her bloodstream at all times, and one who needs the drug to function (whether or not one realizes it), marijuana is addicting. Because of the long ½ life of THC, using only once or twice a week is enough to keep the drug in one's bloodstream at all times.

Laboratory Test for Marijuana Use

Marijuana can be detected in the blood and urine. Screening is done by EMIT URINE TEST for marijuana, which must be specifically requested. The urine remains positive for 5 days or longer after last usage. It can also be used to monitor compliance during treatment. When someone is being monitored during rehabilitation, a urine test can detect marijuana use, but there is no substitute for observing the individual on a day-to-day basis for behaviors that may suggest marijuana use.

MARIJUANA



*What
Parents
Must
Learn*

What Parents Must Learn About Marijuana

Many teenagers often refer to marijuana as a natural, harmless weed. Yes, marijuana is natural and it is a weed, but research shows that it is far from being harmless. In fact, it is the most chemically complex of all the illicit drugs.

■ What is Marijuana?

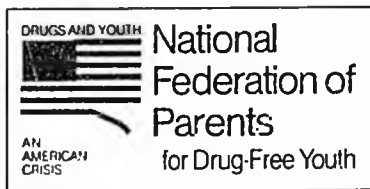
Marijuana (also called pot, grass, reefer, herb, or weed) comes from the *Cannabis sativa* plant. This plant is divided into three types: the fiber type, which is used to make rope and paper; intermediate, which produces neither good fiber nor, in its unrefined state, potent marijuana; and the drug type, which is most often used by teenagers today.

Typically, the marijuana used in cigarettes (joints) is made from the drug type—a mixture of leaves, small stems, and the flowering tops of the Cannabis plant. Other parts of the plant are also intoxicating. Hashish (hash) is a green, dark brown, or black sticky juice that is extracted from the plant and pressed into cakes or slabs. It is also smoked to produce a high. Hash oil, a tarlike substance usually smoked in small amounts on tobacco or marijuana cigarettes or in small glass pipes, is another extract of the plant. It may be even more potent than marijuana.

■ How Does Marijuana Affect the Body?

In the 1970s, marijuana was thought to be harmless. This prompted pro-marijuana groups to call for decriminalization and even legalization of marijuana. Its "harmlessness" was based on inconclusive studies, plus the fact that the number of smokers was far less than today's and the strength of marijuana was much lower. Today, there are many researchers, psychiatrists, psychologists, doctors, drug counselors, educators, and former users who testify to its dangers.

Evidence now shows that marijuana contains 421 chemicals, including delta-9-tetrahydrocannabinol (THC), the one which produces most of the "high." When marijuana is smoked, the burning causes its 421 chemicals to turn into 2,000. When



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the body tries to metabolize them, hundreds more are produced. Recent studies have shown that after one use of the drug, 10 to 30 percent of the THC consumed still remains in the body up to 30 days. Continued use results in further accumulation in the body's fatty tissue. This accumulation, especially in high concentrations, can destroy body cells.

Marijuana smokers usually experience:

- reddening of the eyes
- dryness in the mouth and throat
- decreased body temperature
- increased heart rate
- a sudden appetite

In addition, the THC in marijuana affects the hormones that control sexual development, fertility, and sexual functioning in both sexes. In males, marijuana lowers testosterone, the principal male sex hormone; decreases sperm count; causes abnormalities in the sperm; and, in a few cases, enlarges the breasts. In females, marijuana disrupts the menstrual cycle, in some cases causing failure to ovulate. A large number of women smoking marijuana have offspring that show altered visual responses, marked tremors, and a high-pitched cry like that of newborns of heroin and methadone addicts.

Recent studies by the National Institute on Drug Abuse (NIDA) show that the drug impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination. High doses may cause image distortions and hallucinations.

While marijuana may not directly cause mental problems like many other drugs, it appears to bring to the surface emotional problems and can trigger even more severe disorders. People suffering from depression and other emotional disturbances who use marijuana often experience a worsening of the problem. Over 5,000 people seek professional help every month for problems related to marijuana use.

Perhaps the most disturbing effect of marijuana use is its possible interference with growing up. As research shows, the effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and arithmetic skills. Researchers also believe that the drug may interfere with the development of adequate social skills and may encourage a kind of psychological escapism. Teenagers need to learn how to make decisions, to handle success, to cope with failure, and to form their own values and beliefs. By providing an escape from "growing pains," marijuana prevents teens from maturing and developing independence and responsibility.

■ What Can You Do?

Drug use by one family member affects every other family member to some degree. As a result, many parents adopt their own methods of coping with the problem. However, many of these coping behaviors are insufficient and do not restore family cohesiveness. To achieve the best results, parents must acknowledge that a drug problem exists, provide examples of the pain and suffering it has caused within the family, and unite in an unwavering effort to help the drug user overcome the problem.

Although some teenagers can extricate themselves from drug dependence, it is unlikely that such a resolution will occur without some professional help. Therefore, if you suspect that your teenager is using marijuana, seek guidance from a counselor experienced in drug rehabilitation or a minister, psychologist, or physician knowledgeable about drug dependency.

In addition, call the parents of your teenager's friends and discuss how each of you can help raise drug-free children. This parent group phenomenon is being called the most successful

drug prevention method available. Discussion should evolve around setting limits for appropriate behavior for your teenagers and defining consequences for violations of those limits.

Remember, the drug problem can only be solved by taking away the customers. This begins in the home. Drug prevention in the 1980s is not easy work, but it can be done.

■ Did you know . . .

- of the teenagers who smoke marijuana, one in three becomes a daily smoker
- sometime between the ages of 12 and 14, nearly every American teen is faced with the choice of whether or not to smoke marijuana
- nearly 60 percent of all high school seniors surveyed have smoked marijuana at least once; one in 18 smokes marijuana daily
- the younger the marijuana smoker, the heavier and more persistent the use will be
- more than one in every five students has admitted having problems as a result of smoking marijuana
- of the 421 chemicals in marijuana, 103 of them are terpenes which are very irritating to the lungs
- newborn babies exposed to THC, through their mother's use of marijuana, had some subtle developmental abnormality
- today's marijuana can be about 14 to 20 percent stronger than marijuana used in the 1960s
- surveys conducted by NIDA show that 60 to 80 percent of marijuana smokers questioned indicated that they sometimes drive while high

MEMBERSHIP APPLICATION



I, too, believe America's children should be drug-free. I also believe the best way to achieve drug-free youth is by educating parents, children, teachers, legislators, and others in a nonblaming way. I want to join this effort.

- Please enroll me as:
- Individual Member—\$15 per year (\$20 outside USA)*
 - Two-year Individual Member—\$25 (\$35 outside USA)*
 - Group Member—\$35 per year (\$40 outside USA)*
 - Grandparent Patron—\$12 (\$18 outside USA)*
 - Contribution—\$_____
- *all checks must be drawn on American banks.

Amount Enclosed \$ _____

Individual/Group Name _____

Title _____

Address _____

City _____

State _____ Zip _____

Group Contact Person _____

Home Telephone _____

Office Telephone _____

VISA MasterCard

Card No. _____

Expiration Date _____

Signature _____

Note: Your donation to NFP is tax deductible.

NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH

8730 Georgia Avenue • Suite 200 • Silver Spring, MD 20910 • (401) 585-5157

*Newsletters included with membership

How does marijuana affect the lungs?

Scientists believe that marijuana can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible. Therefore, the smoke is in contact with lung tissues for long periods of time, which irritates the lungs and damages the way they work. Marijuana smoke contains some of the same ingredients in tobacco smoke that can cause emphysema and cancer. In addition, many marijuana users also smoke cigarettes; the combined effects of smoking these two substances creates an increased health risk.

Can marijuana cause cancer?

Marijuana smoke has been found to contain more cancer-causing agents than is found in tobacco smoke. Examination of human lung tissue that had been exposed to marijuana smoke over a long period of time in a laboratory showed cellular changes called metaplasia that are considered precancerous. In laboratory tests, the tars from marijuana smoke have produced tumors when applied to animal skin. These studies suggest that it is likely that marijuana may cause cancer if used for a number of years.

How are people usually introduced to marijuana?

Many young people are introduced to marijuana by their peers—usually acquaintances, friends, sisters, and brothers. People often try drugs such as marijuana because they feel pressured by peers to be part of the group. Children must be taught how to say no to peer pressure to try

drugs. Parents can get involved by becoming informed about marijuana and by talking to their children about drug use.

What is marijuana "burnout"?

"Burnout" is a term first used by marijuana smokers themselves to describe the effect of prolonged use. Young people who smoke marijuana heavily over long periods of time can become dull, slow moving, and inattentive. These "burned-out" users are sometimes so unaware of their surroundings that they do not respond when friends speak to them, and they do not realize they have a problem.

How long do chemicals from marijuana stay in the body after the drug is smoked?

When marijuana is smoked, THC, its active ingredient, is absorbed by most tissues and organs in the body; however, it is primarily found in fat tissues. The body, in its attempt to rid itself of the foreign chemical, chemically transforms the THC into metabolites. Urine tests can detect THC metabolites for up to a week after people have smoked marijuana. Tests involving radioactively labeled THC have traced these metabolites in animals for up to a month.

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Marijuana



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

What is marijuana?

Marijuana (grass, pot, weed) is the common name for a crude drug made from the plant *Cannabis sativa*. The main mind-altering (psychoactive) ingredient in marijuana is THC (delta-9-tetrahydrocannabinol), but more than 400 other chemicals also are in the plant. A marijuana "joint" (cigarette) is made from the dried particles of the plant. The amount of THC in the marijuana determines how strong its effects will be.

The type of plant, the weather, the soil, the time of harvest, and other factors determine the strength of marijuana. The strength of today's marijuana is as much as ten times greater than the marijuana used in the early 1970s. This more potent marijuana increases physical and mental effects and the possibility of health problems for the user.

Hashish, or hash, is made by taking the resin from the leaves and flowers of the marijuana plant and pressing it into cakes or slabs. Hash is usually stronger than crude marijuana and may contain five to ten times as much THC. Hash oil may contain up to 50 percent THC. Pure THC is almost never available, except for research. Substances sold as THC on the street often turn out to be something else, such as PCP.

What are some of the immediate effects of smoking marijuana?

Some immediate physical effects of marijuana include a faster heartbeat and pulse rate, bloodshot eyes, and a dry mouth and throat. No scientific evidence indicates that marijuana improves hearing, eyesight, and skin sensitivity.

Studies of marijuana's mental effects show that the drug can impair or

reduce short-term memory, alter sense of time, and reduce ability to do things which require concentration, swift reactions, and coordination, such as driving a car or operating machinery.

Are there any other adverse reactions to marijuana?

A common bad reaction to marijuana is the "acute panic anxiety reaction." People describe this reaction as an extreme fear of "losing control," which causes panic. The symptoms usually disappear in a few hours.

What about psychological dependence on marijuana?

Long-term regular users of marijuana may become psychologically dependent. They may have a hard time limiting their use, they may need more of the drug to get the same effect, and they may develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

What are the dangers for young people?

One major concern about marijuana is its possible effects on young people as they grow up. Research shows that the earlier people start using drugs, the more likely they are to go on to experiment with other drugs. In addition, when young people start using marijuana regularly, they often lose interest and are not motivated to do their schoolwork. The effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and mathematical skills. Research shows that students do not remember what they have learned when they are "high."

How does marijuana affect driving ability?

Driving experiments show that marijuana affects a wide range of skills needed for safe driving—thinking and reflexes are slowed, making it hard for drivers to respond to sudden, unexpected events. Also, a driver's ability to "track" (stay in lane) through curves, to brake quickly, and to maintain speed and the proper distance between cars is affected. Research shows that these skills are impaired for at least 4-6 hours after smoking a single marijuana cigarette, long after the "high" is gone. If a person drinks alcohol, along with using marijuana, the risk of an accident greatly increases. Marijuana presents a definite danger on the road.

Does marijuana affect the human reproductive system?

Some research studies suggest that the use of marijuana during pregnancy may result in premature babies and in low birth weights. Studies of men and women who use marijuana have shown that marijuana may influence levels of some hormones relating to sexuality. Women may have irregular menstrual cycles, and both men and women may have a temporary loss of fertility. These findings suggest that marijuana may be especially harmful during adolescence, a period of rapid physical and sexual development.

How does marijuana affect the heart?

Marijuana use increases the heart rate as much as 50 percent, depending on the amount of THC in the cigarette. It can cause chest pain in people who have a poor blood supply to the heart—and it produces these effects more rapidly than tobacco smoke does.

“WE’RE TEACHING OUR KIDS TO USE DRUGS”



The drug-education courses offered in our nation's schools too often carry this incredible message: If you do drugs “responsibly,” it's okay. It's *not* okay. And it's time we told our kids the truth

BY PEGGY MANN

SOPHOMORES in the health class of a Lancaster, Pa., high school were totally absorbed as a smooth-voiced narrator for the filmstrip *Marijuana Update: Its Use and Abuse* extolled the medicinal qualities of the plant, tracing its use back to the Late Stone Age. “Throughout history,” he stressed, “man has been a drug user. For at least 5000 years cannabis has supplied one of his favorite intoxicants.” Then he described pot's pleasurable effects: “the euphoric


feeling of relaxation, contentment, inner satisfaction; the sensations of floating beyond reality.”

The 55-minute cassette contained only 105 seconds on pot's possible ill effects, and it claimed that “the role of cannabis in causing them has not yet been confirmed.” The final 19 minutes of the film were devoted to promoting legalization of marijuana, echoing the platform of the “pro-pot” National Organization for the Reform of Marijuana Laws (NORML).

“Obviously,” said one indignant

15-year-old, "everything I've been told about pot is wrong. Now I am going to try it."

This filmstrip currently is sold for \$179 by Guidance Associates, Inc., a large and respected producer of audio-visual materials for schools. *Marijuana Update*, released in 1975, has never been updated to reflect current knowledge about the dangers of pot.



During a recent presentation to a group of sixth graders, a nationally known health educator declared, "Any drug can be used in a positive manner." Typical of many mis-educators, he lumped medications and illegal drugs together; for example, he listed aspirin on the blackboard as "might be a narcotic or a barbiturate," followed by "angel dust (PCP) is an analgesic" (a pain reliever). Not surprisingly, when he asked "How many of you are drug users?" all the sixth graders raised their hands.

His further instruction included these phrases: "Heroin can be used in a bad way or a good way. It is the person who is misusing the drug—the drug itself is not bad."

National Tragedy. These are not isolated cases. Far more isolated are reports of schools that are doing an effective job in the drug-education area. Says Congressman Charles Rangel (D., N.Y.), chairman of the House Select Committee on Narcotics Abuse and Control, "We have a national tragedy on our hands in drug education."

In August 1986, Sen. Paula Hawkins (R., Fla.), then chairman of the Senate Subcommittee on Children, Family, Drugs and Alcoholism, held hearings on the impact of drug education. Hawkins cited the book *Chocolate to Morphine*, published by Houghton Mifflin in 1983 and co-written by Andrew Weil, longtime advisory-board member of NORML. The book's first sentence indicates it is written for teen-agers. But, Hawkins noted, "The publisher says it is also quite popular with school counselors and professionals." She then read from several paragraphs:

"Question your parents about the drugs they use. If you can convince them that your drug use is responsible, you may be able to allay their anxiety. Drugs are fascinating because they can change our awareness. Occasional snorting of cocaine in social situations is probably not harmful."

"With drug use running rampant," Hawkins asked, "why are our children being exposed to such garbage?"

Why, indeed, since the kids themselves are demanding facts. In 1977 and every two years since, the National Gallup Youth Survey has asked youngsters ages 13 through 17 to name "the biggest problem facing people your age." Each year drug abuse has been No. 1. Another eye-opening survey, this one of 500,000 children in grades 4 through 12, was published by *Weekly Reader* last spring. When

asked to circle "the *one* thing you think is most important for schools to do to fight drugs," the top answer was: "Teach us the facts."

Instead, what *are* we teaching kids? Most programs focus on three main messages:

1. "Responsible use." Children are taught they should use drugs "responsibly," the implication being that experimental or occasional use is not harmful. Yet the annual National High School Senior Survey has shown since 1975 that one-third of occasional pot smokers become daily users at some point in their lives, and, of seniors who currently smoke pot at all, about half use one or more additional illegal drugs. (Virtually no non-pot smokers are regular users of any other illegal drug.)

2. "It's your decision." Two decades of societal permissiveness toward drug use are reflected in the conclusion that you must decide for yourself whether or not to use drugs. In what other area do we tell kids that it's *their* decision whether or not to break the law?

3. "Do drugs." Some books and other materials used in schools contain virtual commercials for illegal drugs. For example, the three books on drug abuse most commonly found in school libraries today are *Chocolate to Morphine* and *The Natural Mind*, both by Andrew Weil, and *Licit & Illicit Drugs* by Edward M. Brecher and the editors of Consumer Reports, published by Little, Brown in 1972.

What adventurous youngster

would *not* want to try mescaline or LSD, for example, after reading in *Licit & Illicit Drugs* (page 337) that mescaline users have found its "most spectacular phase comprises the kaleidoscopic play of visual hallucinations in indescribably rich colors . . . the 'seeing' of music in colors or the 'hearing' of a painting in music." Page 364 describes a 1960s study finding LSD valuable as "a therapeutic tool, a road to love and better relationships . . . a door to religious experience . . . a release from anxiety or troubles."

"Little Change." Otto Moulton is considered by most leaders of the national parent movement for drug-free youth to be the nation's foremost expert on information generated by the drug culture. He has visited hundreds of schools in over 40 states. In each town or city, he checks school and public libraries, as well as bookstores. "In 1979," he says, "the drug information was almost invariably incorrect, outdated and/or actually promoting drug use. Today little has changed. Some of the bad material has been updated. But most schools are not about to throw out materials they have already paid for, especially when they don't know where reliable material can be found, or, in many cases, *even what it is.*"

In 1987 Beverly Kinard, founder and president of HOPE (Helping Other People Educate), surveyed 100 chain bookstores in cities and towns from San Francisco to Boston. She found only one store with one

good curricula. We expect to have this guide ready by September 1988."

Why must we wait until September 1988 for new guidelines, which may or may not then be acted upon? Especially since, while we wait, an already appalling situation is growing worse. With millions of dollars available to schools through Department of Education grants, "curricula" entrepreneurs have been flooding the marketplace with bad advice. Notes Carla Lowe, co-founder of Californians For Drug-Free Youth, and a consultant on drug abuse to the State Department: "Many school districts are buying new materials without knowing whether they're good or bad. Accurate information about the harm drugs do is the best weapon we have. But we're shooting ourselves in the foot."

What to Do? Along with the \$200 million allocated this year to the Department of Education, the 1986 Omnibus Anti-Drug Abuse Act established the Office of Substance Abuse Prevention (OSAP), with a \$41.5-million budget. Part of OSAP is the National Clearinghouse for Alcohol and Drug Information, with its own hefty budget and a mandate to disseminate to schools information on drug-abuse education provided by the Department of Education. Says Section 4144 of the act: "Any materials produced or distributed with funds made available under this subtitle shall reflect the mes-

sage that illicit drug use is wrong and harmful."

Over a year has passed since the law was enacted. Yet, as Congressman Rangel points out, "the act has received no priority. A list of recommended resources could be compiled in a few weeks by the National Clearinghouse and distributed free of charge to all schools, school departments and boards of education. This would be the simplest, most useful and cost-effective step we could take at once to better the drastic situation of drug education in our schools."

Secretary of Education William J. Bennett has announced a public-service campaign to help "slam the door" on drug use in our schools. To learn more about the campaign, and to ask about the availability of effective anti-drug materials, call the Department of Education's toll-free number, 1-800-541-8787.

Meanwhile, it is urgent that the National Clearinghouse take immediate steps to distribute a comprehensive list of accurate, up-to-date books, films and other materials with a *no-use* message. Such resources exist, and many schools are eager to learn about them. A law mandating that the government disseminate information about these materials has been in place for over a year. Let's not waste any more time in getting this list to schools, teachers and educators all across the nation.

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Some Recommended Anti-Drug Materials

- A booklet listing drug-prevention resources is available from Committees of Correspondence, Dept. RD, 57 Conant St., Danvers, Mass. 01923. (617) 774-2641. Cost, including postage and handling, is \$5.
- Boy Scouts of America offers a four-color, 24-by-36-inch body chart showing how illegal drugs affect body organs. Drug Abuse Task Force, S200, Dept. RD, 1325 Walnut Hill Lane, Irving, Texas 75038-3096. Cost: \$5.
- *What Works: Schools Without Drugs* is a 77-page booklet produced by the Department of Education and available free from Schools Without Drugs, Dept. RD, Pueblo, Colo. 81009.
- Just Say No Foundation provides free information on setting up a program in your area: Just Say No Foundation, Dept. RD, 1777 N. California Blvd., Walnut Creek, Calif. 94596. 1-800-258-2766; in Calif., 415-939-6666.
- Medical Education Research Foundation publishes *Marijuana: The Myth of Harmlessness Goes Up in Smoke*, an 8½-by-11-inch illustrated booklet plus teacher's guide. Address: 1100 Waterway Blvd., Dept. RD, Indianapolis, Ind. 46202. Cost: \$2.50.
- PRIDE (Parents' Resource Institute on Drug Education) offers an anonymous student survey (already taken by over 850,000 students) on drug-use prevalence. PRIDE's computer compiles the data for school administrators. An excellent tool to galvanize schools and communities. Cost: 56¢ per student. Write for free information: PRIDE, 100 Edgewood Ave., Suite 1002, Dept. RD, Atlanta, Ga. 30303. 1-800-241-7946.

book containing up-to-date information on drugs. She found *Chocolate to Morphine* in all the bookstores. Several teachers told her that they used the "suggestions" at the end of the marijuana section for class instruction. These include: "Define what benefits you want from pot" and "set limits on usage."

Why Wait? In America today the "Just Say No" message is being heard loud and clear from the White House on down. Even rock groups, those former promoters of the do-drug message, are beginning to clean up their act, as are movies, television and radio.

In October 1986 the President

signed into law the Omnibus Anti-Drug Abuse Act, which among other things provided \$200 million for fiscal 1987 and \$250 million each for fiscal 1988 and '89—all so the Department of Education could help the states rid their schools of drugs. Most of the fiscal year '87 money has been distributed, and much of it is already available at the school-district level.

But what is actually being done? Says William Lennox, director of the Department of Education's Drug Abuse Policy Oversight Staff: "In November 1987 we will set up a committee to make on-site visits to schools in order to develop criteria for

P.O.M. DISPATCH

TO:

T. Seand
House Judiciary

FROM:

Roberta J. Rodgers
P.O. Box 154
Douglas, Ok. 99824

MESSAGE:

I do believe marijuana should not be
allowed as a legal street use drug, only as a
pain reliever for terminally ill patients under
doctors care.

(50 WORDS OR LESS)

I SUPPORT HB ⁵⁵229 ~~HOMICIDE BY ABUSE~~ MARIJUANA BILL

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO:

John Seward.
House Judiciary

FROM:

Maria Rogers

5921 Serial

Juneau, 99801

MESSAGE:

I would like to see more women
made illegal in Alaska.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PREPARED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: JOHN SUND
House Ind. Comm.

FROM: SIGRON E. McDOWELL
3345 Tongass - 6
TUNEAU, AK 99801

MESSAGE:

YES - RECRIMINALIZE MARIJUANA
SUPPORT JFC

(50 WORDS OR LESS)



I SUPPORT HB 229 HOMICIDE BY ABUSE



I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: John Sund
House Judiciary

FROM: James. Rogers
5921 Sunset St
Juneau AK 99801

MESSAGE: I support making marijuana possession
and use illegal.

(50 words or less)

I SUPPORT HB 229 - HOWEVER RE ABUSE

I SUPPORT LEGISLATION AS A BILL TO GOVERNOR COMPTON BY JFC

P.O.M. DISPATCH

TO: John Sand

FROM: Dave Jackson

P.O. Bx 32274

Business Ad 9/25/87

MESSAGE: Something must be done, we cannot
allow this action to continue. Our
children can not be allowed to grow up
in an environment that teaches them physical
harm is ok. Remember they are our future legislators

 I support House Bill 55 and Senate Bill 32, making marijuana illegal

 X I SUPPORT HB 229 HOMICIDE BY ABUSE

 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: John Sund

FROM: MRS. SHARROW

8236 ASPEN AVE.

JUNEAU, AK 99801

MESSAGE: IT WOULD BE TO THE BEST INTEREST
OF OUR CHILDREN FOR OUR STATE AND
COUNTRY TO TAKE A FIRM, BOLD STAND
TO PREVENT, PROTECT, PREVENT HARM
TO OUR CHILDREN. VIOLATORS SHOULD NOT
(50 WORDS OR LESS) BE GIVEN GENTLE
SENTENCES BY FAR.

 I SUPPORT HB 229 HOMICIDE BY ABUSE

 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO:

John Sand

FROM:

MRS. Ann Mattson

1125 Slim Williams Wy

Juneau, Ak. 99801

MESSAGE:

Please pass HB 229. Our children

need protection and when there are

no punitive incentives not to abuse

children the abuse will continue. We

must show that we value their lives as much
as ours. (50 WORDS OR LESS)



I SUPPORT HB 229 HOMICIDE BY ABUSE



I SUPPORT LEGISLATION PAGE 4 PREPARED TO GOVERNOR COMPER BY JTC

P.O.M. DISPATCH

TO: House Judiciary
John Sund

FROM: Barbara Pecanich
P.O. Box 868
Douglas, AK 99820

MESSAGE: Children cannot defend themselves;
it is up to the state to protect our
children

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: John Sund

FROM: Lisa Laurin

P.O. Box 210475

Anke Bay, AK 99821

MESSAGE:

murder is murder, regardless of age
Especially when it involves a defenseless
child, that is heinous. Stronger
measures should be taken!

(50 words or less)



I SUPPORT HB 229 - HOMICIDE BY MAFK



I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: John Sund

FROM: Chris Bechtel

2519 Scott Dr.

MESSAGE:

IF a child is Beaten to the point of Death
it is murder, & should be treated as a
Murder. Children are important to this
Society, & they are the next Generation &
Abused Children are ashamed they have no control/
(50 WORDS OR LESS) over the Situation. over

X

I SUPPORT HR 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

God Says it would Be Better that a millstone
Be tied around your neck & thrown in the sea, than to
hurt one little one. Children are important anyone
who willfully hurts a child ending in death, should
lose theirs

P.O.M. DETATCH

TO: John Sund
House Judiciary Comm

FROM: David Mc
9811 Torrey
Jensen, Oh.

MESSAGE:

It is time to start thinking
about the rights and protection of the
innocent victims of violence. Our judicial
system tends to protect the violent in society.

(50 WORDS OR LESS)

(P.S. I know this doesn't
do any good!!)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: JOHN SUND

FROM: Virginia Waleczek

MESSAGE:

Please get these bills passed
A.S.A.P.

(50 words or less)



I SUPPORT HB 229 HOMICIDE BY ABUSE



I SUPPORT LEGISLATION PENDING REMITTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO:

John Sund
House Judiciary -
Capital Bldg - 400

FROM:

John Wilcox
1991 Lemon Cir Rd
Juneau AK 99801

MESSAGE:

Get these Bills Passed
out of this Committee & into
The Floor for Action.

(50 WORDS OR LESS)

~~X~~

I SUPPORT HB 229 HOMICIDE BY ABUSE

~~X~~

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO:

J Sund
House Judiciary

FROM:

Arlene Fial
PO Box 32396
Juneau, AK 99803

MESSAGE:

(50 WORDS OR LESS)

V I SUPPORT HB 229 HOMEOWNERS BY ARREST

V I SUPPORT LEGISLATION PACKAGE PREPARED TO GOVERNOR COWPER BY JFC

PUBLIC OPINION MESSAGES TO REP. HUDSON, JOHN SUND, HOUSE JUDICIARY MEMBERS, AND ALL LEGISLATORS AND THE HONORABLE STEVE COWPER, GOVERNOR taken at Nugget Mall Juneau, Alaska February 13 and 14, 1988

- I. POM'S in Support of HB 229, Homocide by Abuse.....Total 150
- 2. POM'S in Support of legislation package presented to Governor by Justice for Children*.....Total III
- Total POM'S HB 229.....261
- 3. POM'S in Support of HB 55 and/or SB 32 to recriminalize marijuana.....Total 135

Dear Legislators and Governor Cowper:

Approximately 400 people took the time to stop and talk to us in regards to child abuse and drugs in Alaska. They also took the time to fill out a POM addressing these two issues. Shock and disbelief was the first reaction of most when told of the over whelming number of child abuse cases in this state. Why has a bill addressing the murder of innocent children killed by abuse set in a committee all year? Why doesn't Alaska have a Juvenile Finger Print Law to help law enforcement do it's job? And why, for the sake of everyone in this state is Alaska the only state in the Union not to have a Conspiracy Law?

These three bills are now in House Judiciary. We urge your support in behalf of these bills. The people of Alaska are tired of the Child Abuse and Drug Abuse that runs rampant in our State.

THANK YOU

Misc. HJOD
File

P.O.M. DISPATCH

TO: All legislators

FROM: Arden Adams

4329 Tulsa Blvd

Jenew, AL 36801

MESSAGE:

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: all legislators

FROM: Tawnya Ungerman

9236 Emily Wy.

Juneau, Alaska

MESSAGE: I support H.B. 229

Homicide By Abuse

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Terry Starnes
P.O. Box 210528
Orlando Bay, Ala

MESSAGE: _____

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Allegator

FROM: Jamiea Bajanski

Box 37756

Seward, AK 99803

MESSAGE: I support H.B. 229

Homicide By Abuse

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL
Legislators

FROM: Donald T. Kennedy
Box 34666
Juneau 99803

MESSAGE: I Support HB 229
Homicide By Abuse

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Julie Norton
555 Hemlock
Juneau 99801

MESSAGE: Fight all laws concerning child
abuse in all forms - physical, emotional.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: all Legislators
& Cowper

FROM: Truman Scroggins

MESSAGE:

I feel like you people aren't
been passing the right bills but
you sure have passed ones that
have put a line on making a
living for your cut backs.
(50 WORDS OR LESS)

I | SUPPORT HB 229 HOMICIDE BY ABUSE should be a ^{min. of} ~~10~~ 10 yrs

 | SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All legislature
Governor and
Whom ever else

FROM: Thelma Scroggins
2555 Mendenhall Ln Rd #41/2
Juneau AK 99801

MESSAGE: I feel you, as the people who make the
laws need to protect our children. My child Estepah
still can ~~see~~ tell any judge what ~~is~~ happen
She may be only five but she knows
what happen to her. Abuser get away scott free.
Why is that. (50 WORDS OR LESS) An Abuser my take a life. That's

I SUPPORT HB 229 HOMICIDE BY ABUSE not fair.

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: Legislators

FROM: Bob Pelloni

Box 34478

Jensen AK 99503

MESSAGE: Our children are more valuable
than the wild game in the state.
we need more protection for the kids

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY ABUSE

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: All Legislatures

FROM: Lolanda Cavanaugh
Box 34325
Juneau, AK 99803

MESSAGE: _____

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: All Legislators

FROM: Willis Cavanaugh
Box 34325
Juneau, AK 99803

MESSAGE:

(50 WORDS OR LESS)

- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Carol Pollock

Box 34478

Juneau, AK 99803

MESSAGE: I think it is unforgivable that Fish & Game
is more protective of the Wildlife than our
Legislature is for our children. Our laws to
protect children need to be made stronger.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: ALL LEGISLATORS

FROM: TERESA M. SCHWARTZKOPF

PO BOX 34478

JUNEAU AK 99903

MESSAGE: I FIND IT HUMILIATING THAT JUNEAU
IS MORE RESPONSIVE TO ANIMAL
ABUSE THAN CHILD ABUSE. IT SHOULD
MAKE THE RESIDENTS ASHAMED TO BE
CALLED HUMANS!

(50 WORDS OR LESS)

I SUPPORT HR 229 HOMICIDE BY ABUSE.

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Governor
all legislators

FROM: Jay West
4005 Spruce Ln
Sumner, WA 99301

MESSAGE: Please, go against drugs don't let
a kid kill themselves. I'm in 7th grade
at grade Howard Hayden Middle School
and a lot of kids at school do take

drugs please help them. I call
parents don't let them to die please help

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Governors
and all
legislators

FROM: Julie West / 11th grade
4005 Spruce Lane
Juneau Alaska 99801

MESSAGE: Please go against anything to do with drugs.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legshaves

FROM: Jenny
Thompson,

MESSAGE:

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DETAIL

TO: OHIO SUND - ALL FROM: CLIF Bready
LEGISLATIVE
HOUSE JUDICIARY

MESSAGE:

RE-CRIMINALIZE MARIJUANA 1cc!

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: J. H. SAND - ALL LEGISLATORS

FROM: Amy Lou BARNEY

P.O. Box 20886

JUNEAU, AK 99802

MESSAGE: I SUPPORT HB 229. OUR FUTURE

DEPENDS ON SUCH ACTION.

I ALSO SUPPORT HB 55.

(50 words or less)

I SUPPORT HB 229. HOMICIDE BY VEINS.

I SUPPORT LEGISLATION PACTA 1991 FILED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: House of
Representatives

FROM: Mark Z. Ritter
6590 Glacier Hwy #16
Juneau, AK 99801

MESSAGE: I am very strongly supporting
stiffer sentences for child abuse
offenses.

(50 WORDS OR LESS)

I SUPPORT HR 229 (HOUSE OF REPRESENTATIVES)

I SUPPORT LEGISLATION PAKA 1 (AK LEGISLATION TO COMMEMORATE COMPTON)



P.O.M. DISPATCH

TO:

Governor
All legislators

FROM:

Marlene Mung
3090 Broadway Hwy
Townsend, AK 99801

MESSAGE:

We need better laws
on child abuse

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: all Legislators

FROM: FLO KENNEY
P.O. Box 34666
JUNEAU, AK. 99803

MESSAGE:

I support HB. 55 re:
Making marijuana illegal in
Alaska

(50 WORDS OR LESS)

I SUPPORT HB. ⁵⁵~~229~~ HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL
LEGISLATORS

FROM: Donald T. Keane
Box 34666
Janea 99803

MESSAGE:

Make it illegal for
Marriage

(50 WORDS OR LESS)

I SUPPORT HB ~~289~~ HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: all Legislators

FROM: Gyenne Martini
4117 Tahoe Blvd.
Jensen, ak 99801

MESSAGE: I support HB 55 - An act relating
to marijuana. Please let's get
something done for our children.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE.

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DETACH

TO: All Legislators

FROM: Jana Perry

Attn: Peter Gull

P.O. Box 88

Winnos (OK 9782)

MESSAGE: I support HR 55

(50 words or less)

I SUPPORT HR 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION REGARDING THE JURY TO GOVERNOR COMPTON BY JFC

P.O.M. DISPATCH

TO: All Legislators
in ALASKA

FROM: Mike Foster
Box 20716
Juneau, AK. 99802

MESSAGE: I support House Bill 55.

(50 WORDS OR LESS)

_____ I SUPPORT ⁵⁵ ~~HR 229~~ HOMICIDE BY ABUSE

_____ I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DETACH

TO: Legislators

FROM: Molly Windred
8928 Hoffner Court
Juneau, AK 99801

MESSAGE: _____

(90 words or less)

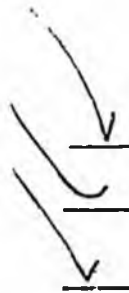
K HBSS 4 SB32
I SUPPORT ~~HB 229~~ ~~HB 229~~

I SUPPORT LEGISLATION PARENTS BELIEVED TO GROWER CARRIER ETC

TO: All Legislatures

FROM: Ken McNaughton

MESSAGE: This Bill is Long - Past Overdue



 I support House Bill 55 and Senate Bill 32, making marijuana illegal

 I SUPPORT HB 229 HOMICIDE BY ABUSE

 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC



P.O.M. DISPATCH

TO: Fran Ulmer
All legislators

FROM: R. L. Hurley
Box 2381
JUNEAU AK 99803

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: All Legislature

FROM: John Watts

9301 Northland St

Tucson

MESSAGE: Please support any legislation that will protect
Alaskan children. Also legislation against drugs.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: John Sund +
ALL Legislators

FROM: Eva M Suss
4220 Mendenhall Blvd
Tuneau Ak 99801

MESSAGE: HB 55 I think marijuana
should be re-criminalized as should
all drug abuse.

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY MURDER

X I SUPPORT LEGISLATION PACE AND FUND TO COVER COVER BY TC

P.O.M. DISPATCH

TO: All Legislators
+ Governor
:

FROM: C. H. Holst Jr
250 BIRMGHAM Ave
JANUARY 11 1981

MESSAGE: MARIJUANA should be illegal in all instances.

Helpless children have had to be protected

X I support House Bill 55 and Senate Bill 32, making marijuana illegal

9 I SUPPORT HB 229 HOMICIDE BY ABUSE

9 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: ALL Legislators

FROM: CHRIS Fumelle
354 CTONGASS BLVD

MESSAGE: WE NEED STRONGER
Marijuana LAWS
& DRUNK DRIVING LAWS

I support House Bill 57 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: Gov. Cowper +
Legislators

FROM: Jamie Holst

MESSAGE: We have a responsibility!

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislatures

FROM: C. Walker

Box 423

Heenah, AK 99629

MESSAGE: As a resident of Heenah for the last 7 years
I have seen what drugs are doing to the young
people, who will make up the future of Alaska.
If adults such as parents can have marijuana in
their home we are not protecting the young. A parent
who uses marijuana will not care if his or her children
use it. The law must be changed.

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO:

All legislators

FROM:

DAVID R SULLIVAN
PO Box 34931
JURNEAU, AK 99803

MESSAGE:

I support much stronger legislation
for Child Abuse. Individuals involved
with minors should be prosecuted as if crime
was committed against an adult.

X
X
X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: All Legislators
Governor

FROM: Margaret Stull
Box 32036
Juniata, 99803

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL Legislators
Governor

FROM: Mary Smalley
P.O. Box 34253
Juneau, Alaska
99803

MESSAGE:

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229. HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: ALL
Legislators

FROM: Michael A. Phil
PO Box 33313
Jamaica AK 92503

MESSAGE: I Support HB: 229
Homicide by Abuse
HB 55

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL LEGISLATOR
+
GOVERNOR

FROM: Mary Lu Kalline
8605 Marilyn Ave
Juneau, AK 99801

MESSAGE:

Support all legislation

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: ALL LEGISLATORS

GOVERNOR

FROM: Debbie Bofford
P.O. Box 3553

Juneau
Alaska 99803

MESSAGE:

I support this
100%

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Governor
Legislature (all)

FROM: Madelene Quinley
9215 Emily Way
Juneau AK 99801

MESSAGE: Do whatever it takes to safeguard
all children.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC



P.O.M. DISPATCH

TO: GOV COWPER

All legislators

FROM: MICHAEL HOSKINS

Po Box 34146

JUNEAU AK 99803

MESSAGE: I URGE YOUR SUPPORT OF JUSTICE FOR
CHILDREN IN ALASKA BY SUPPORTING
THE BILLS LISTED BELOW.

✓ I support House Bill 55 and Senate Bill 32, making marijuana illegal

✓ I SUPPORT HB 229 HOMICIDE BY ABUSE

✓ I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: Gov. & Legislature

FROM: LAURA SANBEI

5875 Glacier Hwy #14

Juneau AK 99801

MESSAGE:

SOMEONE NEEDS TO BE DONE

RIGHT NOW BEFORE ANY MORE

~~THINGS~~ THINGS HAPPEN.

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Legislators

FROM: Joe Thomas
16875 Glacier Hwy
Tuneau Ak

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL THE LEGISLATORS
NOW IN JUNEAU
GOV. COOPER.

FROM: MICHAEL R MILLER
8433 STEEP PK
JUNEAU AK.

MESSAGE: HELP MAKE ALASKA A BETTER PLACE
TO LIVE FOR OUR CHILDREN
STAND BEHIND THEIR RIGHTS TO A SAFE
WORLD.

-
- X I support House Bill 55 and Senate Bill 32, making marijuana illegal
- X I SUPPORT HB 229 HOMICIDE BY ABUSE
- X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: all Legislators
Governor Cooper

FROM: Linda Stevens
Box 1234
Geneau, Alt. 97802

MESSAGE:

The laws should be changed -
taking one's life is murder, and
should be treated as a criminal. Also
child's law should be changed.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



P.O.M. DISPATCH

TO: All Legislature
especially:
John Sund

FROM: Holly Oster
Box 33192
Sioux Falls, AK 57103

MESSAGE: I support Homocide By Abuse and the
Legislation package presented to Governor
Comper By JFC, because I think if
you murder a child, it should be
worth more than a maximum of 5 yrs. in

X
X
X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

Wait!!
7"

P.O.M. DISPATCH

TO: All Alaska
Legislators

FROM: Barb Branson
2190 B Lawson
Douglas AK
99824

MESSAGE: _____

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Leslie C. Phillips

400 Willoughby Ave #211
JUNEAU ALASKA 99801

MESSAGE: PUNISHMENT FOR ABUSE ESPECIALLY CHILD ABUSE
DOES NOT FIT THE CRIME. A MUCH
STRONGER ^{STANCE} MUST BE TAKEN, LONGER JAIL SENTENCES
& ~~PH~~ COUNSELING.

Also I support HB 55

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY ABUSE

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators
Gov. Cowper

FROM:

J. O. Hendrickson
18601 - Hayes Way
Jurupa, CA

MESSAGE:

5 years is ridiculous for child
murder through abuse. The
penalty should be life imprison-
ment.

I support H.B. 55 - The ~~Crime~~ Crime
malination of marijuana.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Bill Konsistor

FROM: Madame Wil Stine

PO Box 32773

San Jose CA 95133

MESSAGE: I support HB 229

W.K. Stine

W.K. Stine

(50 WORDS OR LESS)

I SUPPORT ^{HB 229} ~~HB 229~~ HOMICIDE BY ABUSE.

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC



P.O.M. DISPATCH

TO: All
Legistra

FROM: Reo Benson
Box 2074
Juneau AK 99802

MESSAGE: I feel that if someone abuse
someone else, they should be sentence.
To many people who watch or physically
attack children should get put in jail
for a long time
support HB 55
(50 WORDS OR LESS)

Y
X

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: Legislative

FROM: Jonathan Boyle

MESSAGE: I support house bill 55

I THINK kids should not drive

B because it could kill them if

it dont bill them it would

make them retarded

(50 WORDS OR LESS)

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

X

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

TO: All Legislators

FROM: Ray Manning

MESSAGE: I support house Bill 55

I think kids shouldn't take drugs because
it will kill the brain cells.

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY ABUSE

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All legislators

FROM: Shelby Jones
2399 Aurora Ct

MESSAGE: I support HB 55 - reauthorization
of Marijuana.

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: ALL LEGISLATORS

FROM: Miriam McHardy
8273 Garnet St
Juneau, AK 99801

MESSAGE: Also I support HB 55

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY FC

P.O.M. DISPATCH

TO: all Legislators
and governor

FROM: Luis M. Rivera
1050 Schuman Creek Lane
APT D 202
Wunnew 44801

MESSAGE:

I ~~feel~~ feel That child abusers and
sex offenders should be punished
and not let off so easily. Toughen-up
on the laws don't let them get away with
(over)

X I support House Bill 55 and Senate Bill 32, making marijuana illegal

X I SUPPORT HB 229 HOMICIDE BY ABUSE

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

with the awful things & crimes against
our children, our future.

Please start to help our children.

P.O.M. DISPATCH

TO: all Juneau
Legislators

FROM: Jan Dennis

MESSAGE: I request you as my state legislator
to actively work to make marijuana
illegal in Alaska.

Al. has a real problem w drug
use!

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Governors

FROM: Mrs Bobbie Hubbard
8576 Forest Ln
Juneau AK 99801

MESSAGE:

Lets get it together
and take care of our people
isnt that what it all about?
and what we pay you for!
Kids on drugs, is this our future?

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Thomas E. Ture
6590 GLACIER Hwy #191
Juneau Ak 99801

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Norma J. Jenkins

1960 Lemon Ck Rd Apt #1

Juneau, Ak 99801

MESSAGE:

X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Legislature

FROM: Lonna Stevens
P.O. Box 1234
Juneau, AK

MESSAGE: Are your children using
marijuana?
Don't let em start.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Marcine Tune
6590 Glacier Hwy #191
Tuneau AK 99801

MESSAGE:

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



TO: All Legislators

FROM: Catherine McLaughlin

MESSAGE:

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



TO: ALL Legislators

FROM: A. J. Speed

MESSAGE:

X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC



TO: FRAN WILSON

FROM: D.L. CLEGG

Gov. S. Cooper

Post 210344

House H-H-S

Duke Ray (No. 7880)

MESSAGE:

It's time to make a law

change. Make all drugs illegal

KIDS MURDER FOLLOWED BY

10-11: PM 11:11

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: Governor
& all
Legislators

FROM: Latina D. West
4005 Spruce Lane
Cuneau, AK 99801

MESSAGE: ① I request you to stand against
drugs!!

② Abuse of children should fall under
homicide not manslaughter.

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: All Alaskan
Legislators

FROM: Jan Bauer
PO Box 210065
Anchorage AK 99521

MESSAGE: I support the legislation against
drugs. Please make it a
top priority.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



P.O.M. DISPATCH

TO: All Legislators

FROM: Dick Marshall

PO Box 34006

Sumner AK

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: all legislators

FROM: Beverly Metzger
Box 20846
Tucson AZ, 99802

MESSAGE: we need stronger laws: give back
the innocent their rights. Take
a closer look at who chose to
break the laws & penalize accordingly.
Stranger child abuse laws.

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legisl

FROM: L. Clements

Box 32538

June

MESSAGE: _____

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Re All
Legislature
Business

FROM: Nathaniel D. Moore
Box 021046
Juneau Alaska 99803

MESSAGE: _____

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: All legislators
and Gov. Cowper

FROM: Mary O Huff
434 3rd Street Juneau
AK 99801

MESSAGE: Alaska has the worst laws
in all 50 states

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators
& Governor

FROM: Amanda B. Rivera
1050 SALMON CR. LN. D-202 Apt.
Juneau, Alaska 99801

MESSAGE: I feel that someone who abuses and/or
sexually molest a child should be punished
for it. Not by a few years in jail or months
and then paroled, I feel they should really have to
pay how can a few years make-up for a lifetime

X I support House Bill 55 and Senate Bill 32, making marijuana illegal (over)

X I SUPPORT HB 229 HOMICIDE BY ABUSE

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators
& Gov. Cooper

FROM: Jackie Martens
3800 McGinnis
Juneau, Ak

MESSAGE:

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

TO: To All legislators:

FROM: Karen Karlson
9002 Firndale
SunEAU, AK, 99801

MESSAGE:

I feel this bill should be passed
because I have 7 children I love
very much

(50 words or less)

X

I SUPPORT HB 229 - REMOVAL OF...

I SUPPORT LEGISLATION THAT... TO... TO... TO...

TO: All
Legislators

FROM: Lina Cotton
3936 Deep St.
Denver, CO 80201

MESSAGE: I feel the bill should be
passed: killing a child is
murder and you should get
more than 5 years

I support HB 55
(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: all
LEGISLATORS

FROM: SHERY PARSONS
3727 PORTAGE BLVD
UNEAU AK 99801

MESSAGE: THIS BILL SHOULD BE PASSED

KILLING A CHILD IS MURDER!

I SUPPORT HB 55

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Arthur C. Walker
100.25 Chatham Dr
Juneau, AK 99801

MESSAGE:

Help the little people!
They can't help themselves
Give them a life, to look
forward to.

(50 words or less)

I SUPPORT HR 229 HOMICIDE BY SUICIDE

I SUPPORT LEGISLATION THAT IS HELD TO GUILTY COMPY BY JC

P.O.M. DISPATCH

TO:

All Legislators

FROM:

Paula Rubio

MESSAGE:

I would like to see
stronger laws on all child
abuse and drugs.

X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

X

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Wicki Marshall

P.O. Box 34006

Juneau 99803

MESSAGE:

X

I support House Bill 55 and Senate Bill 32, making marijuana illegal

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

X

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislatures

FROM: Daray m Stetson
8266 Garnet
Juneau, Ak 99801

MESSAGE:

789-5409

- I support House Bill 55 and Senate Bill 32, making marijuana illegal
- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: All Legislators

FROM: Ben P. Cornell
P.O. Box 021195
Suncoast, AK 99802

MESSAGE:

Recriminalize Marijuana!

(50 WORDS OR LESS)

SUPPORT HB 229 HOMICIDE BY ABUSE

SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: all legislation

FROM: Kari L. Dineen
8922 Back Ln Rd #16

MESSAGE: The Children now will be the leaders
of tomorrow. We have to have some
control over them and the people who
raise them. if they are beat they might
beat. if they start drugs most likely they
(50 WORDS OR LESS) will die on drugs.

- X I SUPPORT HB 229 HOMICIDE BY ABUSE ✓ HB 55
- X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Beverly A. Miller

P.O. Box 020028

Tulsa Ok. 74102

MESSAGE: Please do all you can to pass HB # 229 Making
it an act of homicide by abuse when a child is
killed by abuse in Alaska. Also
please pass HB # 55 making "marijuana smoking
a crime in Alaska, and possession of marijuana
also a crime. Please give me hope that
my grandchildren won't have to live
thru the nightmare of drug abuse.

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY ABUSE & HB55 & SB32

X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Jeffrey D Smith
P.O. Box 1375

Juneau AK 99802

MESSAGE: Support
~~Support~~ Marijuana Bill H.B 55

(50 words or less)

I SUPPORT ^{HB55} ~~HB 229~~ ~~HEALTH CARE~~

I SUPPORT LEGISLATION PACKAGE PREPARED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

John Sund - all
legislators

FROM:

Lynda Batchelor

5110 View Drive

Juneau, AK 99801

MESSAGE:

This would be a very important
addition to our laws which are meant
for our protection. Children can't
speak for themselves - please take
care of them.

(50 WORDS OR LESS)

HASSY 4 SB32

I SUPPORT ~~HR 229~~ ~~HOMICIDE BY ABUSE~~

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DETACH

TO: all legislators

FROM: David McFarland
& Paul Myers

MESSAGE: I think drugs should be forbidden
to have or grow. Drugs should be
outlawed for good.

(50 WORDS OR LESS)

11355 4 SB32

I SUPPORT ~~HB 229~~ ~~HOME DEF FRY~~ ~~ARLST~~

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DETACH

TO: All Legislators

FROM: Wife Mrs. C.K. STINDE

PO Box 32973

Juneau AK 99803

MESSAGE: We Support HB 55

C.K. Stinde

C. K. Stinde

(50 words or less)

I SUPPORT ⁵⁵ ~~HB 55~~ LEGISLATION

I SUPPORT LEGISLATION PAKAGE PREPARED TO GOVERNOR COMPER BY TC

P.O.M. DISPATCH

TO: All Legislators
and Gov. Cowper

FROM: Deborah Craig-Bird
P.O. Box 20578
Juneau, AK 99802

MESSAGE: I strongly support legisla-
tion that will provide for
more realistic and harsh pen-
alties for perpetrators of any-
abuse of children.

(50 WORDS OR LESS)

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Jana Berry

PO Box 88

Arkansas AR 95827

MESSAGE: I also support Senate Bills 27 & 37

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: Legislators

FROM: Molly Windred
8928 Haffner Court
Juneau, AK 99801

MESSAGE: _____

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY .FC

TO: ALL Legislatures

FROM: ARLENE FRONTIERO

2354 Mendonhall Loop Rd #9

JUNEAU AK 99801

MESSAGE: A child is unprotected and should
be there should be someone who
can enforce the bill that will be
able to protect them if their own
parents aren't capable

(50 WORDS OR LESS)

/ I SUPPORT HB 229 HOMICIDE BY ABUSE

✓ I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: FIO KENNEY

P.O. Box 34666

JUNEAU, AK, 99803

MESSAGE: I support H.B. 229. Homicide by abuse.

(50 WORDS OR LESS)

I SUPPORT HR 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: GOV COWPER

FROM: CHERYL HOSKINS

PO BOX 34146

UNWEAN AK 99803

MESSAGE:

I urge your support of justice
for children in Alaska by
supporting the bills i've
checked below.

 I support House Bill 55 and Senate Bill 32, making marijuana illegal

X

I SUPPORT HB 229 HOMICIDE BY ABUSE

X

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

P.O.M. DISPATCH

TO: All members
of House &
Senate.

FROM: John Scott
PO Box 210587
Anchorage AK 99821

MESSAGE: Anyone who has children would
be doing their own children a
great disservice by not supporting
this bill. Lets care about our children
and pass these bills!!

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: all Alaska
Legislators

FROM: Lori A. Lewis
9209 Sharon St.
Juneau, Alaska 99801

MESSAGE: _____

- _____ I support House, Bill 55 and Senate Bill 32, making marijuana illegal
- X I SUPPORT HB 229 HOMICIDE BY ABUSE
- X I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC



P.O.M. DISPATCH

TO: ALL LEGISLATORS

FROM: Robert Kollins

GOVERNOR COMPER

Box 1067
Juneau AK 99802

MESSAGE: I endorse the concern
expressed about the alcohol
abuse penalties - they need
the time and effort of
legislators immediately

(50 WORDS OR LESS)

 I SUPPORT HB 229 HOMICIDE BY ABUSE

 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: all legislators

FROM: Laura Adams
9230-B Lee Smith
JM AK99801

MESSAGE: Please support HB 229.

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMICIDE BY ABUSE

 I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

TO: All Legislators

FROM: Sheri Lafavour

MESSAGE: _____

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



P.O.M. DISPATCH

TO: All Legislatures

FROM: Shirley Ginger

POB 3403

Summit Ave 99803

MESSAGE:

I support House Bill 55 and Senate Bill 32, making marijuana illegal

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISTRICT

TO:

All Legislators

FROM:

W. W. Wood
1120 N. 1st St.
Phoenix, Ariz. 85001

MESSAGE:

I support the passage of
the bill

(50 WORDS OR LESS)

I SUPPORT HR 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COWPER BY JFC

TO: All Legislators
And the Governor

FROM: John Krassa

MESSAGE: _____

(50 WORDS OR LESS)

- I SUPPORT HB 229 HOMICIDE BY ABUSE
- I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

TO: All Legislators

FROM: BARB Duncan
P.O. 33884
Juneau AK

MESSAGE: _____

(50 WORDS OR LESS)

~~X~~
~~X~~

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC

P.O.M. DETACH

TO: ALL
LEGISLATORS

FROM: FORMER ABUSED

MESSAGE: five that 5 years is completely
unacceptable should life

(50 words or less)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PARENT UNWILLING TO OBEY OR COMPLY BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Ann Marie Lee

3611 - 6A Amalga St.

Juneau, Alaska
99501

MESSAGE: I support H B 229.

(50 WORDS OR LESS)

X I SUPPORT HB 229 HOMOCIDY BY ABUSE

_____ I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPTON BY JTC

TO: All Legislators

FROM: Alice Bagayo

MESSAGE:

A Child Cannot defend themselves
Against Abuse. Adult's Can but
still an adult can get away
w/murdering a child. Save our
Children! Make this Bill Law then
they no longer have
to suffer!

I SUPPORT HB 229 HOMICIDE BY ADULT
I SUPPORT LEGISLATION PRESENTED TO GOVERNOR COMPER BY J.C.

TO: All Legislators
+ GOVERNOR

FROM: Josie Diorec
9212 GEE ST.
Juneau, AK. 99801

MESSAGE: _____

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC

P.O.M. DISPATCH

TO: All Legislators

FROM: Ken Dean
PO-Box 210528
Aurora Bay, AK

MESSAGE:

(50 WORDS OR LESS)

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COOPER BY JFC



P.O.M. DISPATCH

TO: All Legislature

FROM: Julie Helms
4329 TAKU Blvd
JUNEAU, AK 99801

MESSAGE: _____

(50 WORDS OR LESS)

7
7

I SUPPORT HB 229 HOMICIDE BY ABUSE

I SUPPORT LEGISLATION PACKAGE PRESENTED TO GOVERNOR COMPER BY JFC