

SB

32

(FILE 2)

Q. 'Should marijuana be recriminalized?'

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 to be



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

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.

We need to listen to the voices of young Alaskans.

— Frank H. Murkowski
United States Senator

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 and correct the mistake that was made by legalizing marijuana. Do it for our children. Do it for society. Recriminalize now!

— Richard D. Rhyner

A. No amount in the home should be illegal

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

— 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 all-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 Roney

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.

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

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?"



Alaska State Legislature

Senator Mike Szymanski

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APR 21 1987

MEMORANDUM

TO: Senator Jay Kerttula, Chairman, Senate Judiciary
FROM: *Mike Szymanski*
DATE: April 16, 1987
SUBJ: Literature on SB 32 "The Marijuana Bill"

Beth

Attached is a copy of some studies and other literature sent to me by my constituent, Chris Hamre, which I thought would be of interest to you and your committee members.

Senate District E

Mar-Su • So. Anchorage • Bird/Indian • Girdwood • Whittier • Nikiski • Cooper Landing • Hope • Seward • Cordova • Valdez

Chris H. Hamre
15851 Clarks Rd.
Anchorage, Alaska 99516

APR 15 1987

April 11, 1987

Senator Jalmar Kerttula
Senate Judiciary Committee
Pouch "V"
Juneau, Alaska 99811

Hamre
Kerttula
APR 14 1987

Dear Senator Kerttula:

I would like to take this opportunity to introduce myself as a resident of district "E" and to register my opposition to SB 32 "The Marijuana Legislation." I am also enclosing some studies and literature for your information that relates to this issue. As my representative to the State Senate it is important for me to know that you have been provided with reasonably balanced information drawn from credible sources.

The information is provided in as much text as feasible. I am not trying to skew materials out of context, as I have seen done by proponents of this legislation. (enclosure #2)

Enclosure #1 is a point by point rebuttal to the bill that many of us feel much more accurately represents the issues raised in SB 32. It also sites the sources that we have drawn from to come to our conclusions.

Enclosure #3 is "AN ANALYSIS OF MARIJUANA POLICY" performed by the National Research Council and published in 1982 (under the Regan administration.) It reviews many studies of marijuana consumption rates before and after decriminalization. It found that increase in use was "equal to or less" than in non decriminalized states. The studies showed this to be true with High School Students as well as the population as a whole. The NRC extensively studied a "Regulated" Marijuana Market (what we have now) and the "Prohibited" Marijuana Market (what SB 32 proposes) Their recommendation completely in favor of the "Regulated" system we now employ due to the high social and economic costs of the "Prohibited" system.

The economic impact of a prohibited market was demonstrated with a study conducted by the State of California. This study showed a 74% savings in what the state had been spending for the enforcement of marijuana laws before decriminalization in the range of \$35 to \$100 million. The areas cited were criminal custody, booking and pretrial incarceration. No mention was made of the cost of investigation, prosecution and court costs. These are costs that the Alaska Legislature will be accountable for.

Enclosure #4 is a copy of the Statutes that the Alaska Legislature passed to define Marijuana as a Controlled Substance. I was concerned that some Senators may be under the impression

that the courts had legislated the terms of Marijuana as a controlled substance. Present laws restrictively regulate this substance as follows:

No one may possess any amount of Marijuana:

- Under 19 years of age
- In a propelled vehicle (car, boat or snow machine)
- In any public place or establishment
- No one may manufacture for sale or sell
- No one may possess any amount in excess of four ounce

The Alaska State Supreme Court, did find that under Section 22 of the "Declaration of Rights of the Constitution of the State of Alaska" that right of personal consumption of marijuana by individuals in the privacy of their own home is protected. Enclosure #5 shows some of the text of the "Raven Decision" and in all the times I have requested information from Sen. Fischer and Rep. Martin, they have not shown any studies that even closely meet the tests proscribed by the courts for this type of invasion of privacy in the home.

It disturbs me to hear people say "Alaskans want Marijuana recriminalized." Alaskans do not want Marijuana recriminalized. Alaskans do not want additional, unnecessary and costly restrictions on their rights. More specifically though, the Senate HESS committee hearings on this bill showed a pretty even split in the comments. In two sets of hearings were 16 people speaking for the bill 12 against. At the next hearing there were 27 for 22 against. This does not show a clear mandate particularly when noting Sen. Fisher solicited testimony and gave preferential treatment to proponents of his bill. Further, the Anchorage Daily News requested letters about people views on this legislation. Overwhelmingly the responses was against this bill.

I am a board member of the Home and Land Owners Association (HALO) of Area "G" in South Anchorage. I am a member of the Bear Valley Community Council that works hard for road improvements, water quality and parks in our neighborhood. I am a businessman that contracts with government agencies and I employ 20 people annually. It is distressing to be side tracked from these issues and have to rejustify my right to privacy at home. It is discouraging to see that the net value of my contributions in the community could warrant incarceration if this bill is passed.

Jay, please take a few minutes to review these studies and this issue carefully. This bill carries great impacts to our community both in dollars and in the resources. Alienation from the rule of law in a democratic society may be the most serious cost of this proposed legislation.

Sincerely:



Chris H. Hamre

FINDINGS ON SENATE BILL #32 & HOUSE BILL #55

I have examined the findings reported in House Bill #55 and Senate Bill #32 of the Alaskan Legislature and have found them flawed and inaccurate. Here is a point by point rebuttal of the findings. Beginning sentences in apostrophies are direct quotes from the bills. References to the National Academy of Sciences refer to their publication Marijuana and Health which reports their 1982 study of marijuana related research. I have also enclosed other materials which are pertinent to the topic of recriminalization.

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. Not everybody who tries marijuana likes it, nor does everyone who uses it do 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 bulk of the rebuttal information presented here deals with health issues because of the logic of the bills.

Other valid arguments against the bill include the fact that Alaskans generally don't like the government interfering in their personal lives. This is the reason for the right to privacy clause in the state constitution. Also, the Alaskan police have better things to do with their time and your tax money than arrest marijuana offenders. Also, if this bill passes, it will likely be challenged in court as a violation of Ravin vs. State.

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 indicates that the Attorney General, i.e. the federal government, is in the forefront to change Alaska's laws.

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.



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ALASKA STATE LEGISLATURE
 HOUSE OF REPRESENTATIVES
 RESEARCH AGENCY

February 27, 1987

MEMORANDUM

TO: Representative Terry Martin

ATTN: John Manley

FROM: Penelope Weyhrauch
 Legislative Analyst

RE: Findings on Marijuana (House Bill 55)
 Research Request 87.158

You asked us to substantiate the findings on marijuana included in House Bill 55. I have addressed each of the findings included in the bill with the most applicable research available to me. Wherever possible, I have presented the research without paraphrasing it. For this reason, the memorandum may not read smoothly. As you requested, I have not included any research which disputes the findings set out in the bill.

1. Delta-9-tetrahydrocannabinol (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.

According to Dr. W.D.M. Paton, Professor of Pharmacology at Oxford University, "the various cannabinoid substances are highly soluble in fat, but have a low solubility in water".¹ Other research shows that "THC--the principal psychoactive ingredient of marijuana...tends to accumulate in the brain and gonads and other fatty tissues.."²

¹George K. Russell, "Marihuana Today--A Compilation of Medical Findings for the Layman," p. 45.

²Senator Eastland, Chairman of the Internal Security Subcommittee of the United States Senate, May 1974, summarizing testimony given before the Subcommittee. Quoted in "Marihuana Today", p. 14.

An Analysis of Marijuana Policy

Committee on Substance Abuse and Habitual Behavior
Commission on Behavioral and Social Sciences and Education
National Research Council



National Academy Press

The National Academy Press was created by the National Academy of Sciences to publish the reports issued by the Academy and by the National Academy of Engineering, the Institute of Medicine, and the National Research Council, all operating under the charter granted to the National Academy of Sciences by the Congress of the United States.

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ENCLOSURE # 5

NOTICE: The project that is the subject of this report was approved by the Governing Board of the National Research Council, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the committee responsible for the report were chosen for their special competences and with regard for appropriate balance.

This report has been reviewed by a group other than the authors according to procedures approved by a Report Review Committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

The National Research Council was established by the National Academy of Sciences in 1916 to associate the broad community of science and technology with the Academy's purposes of furthering knowledge and of advising the federal government. The Council operates in accordance with general policies determined by the Academy under the authority of its congressional charter of 1863, which establishes the Academy as a private, non-profit, self-governing membership corporation. The Council has become the principal operating agency of both the National Academy of Sciences and the National Academy of Engineering in the conduct of their services to the government, the public, and the scientific and engineering communities. It is administered jointly by both Academies and the Institute of Medicine. The National Academy of Engineering and the Institute of Medicine were established in 1964 and 1970, respectively, under the charter of the National Academy of Sciences.

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OFFICE OF THE CHAIRMAN

June 21, 1982

Dr. William Pollin, Director
National Institute on Drug Abuse
Parklawn Building
Room 10-05
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Pollin:

I transmit, herewith, a report of the National Research Council's Committee on Substance Abuse and Habitual Behavior: "An Analysis of Marijuana Policy" prepared at the request of the National Institute on Drug Abuse.

The Committee on Substance Abuse and Habitual Behavior, composed of 18 experts in the several relevant disciplines, has weighed carefully the available data regarding the costs, risks, and benefits of the major policy alternatives regarding the control of marijuana use and supply. The Committee is clear in pointing to the deficiencies of this body of evidence and cautions about the hazards of formulating policy recommendations based solely or in part thereon. In this regard, I call your attention to the following statement by Louis Lasagna and Gardner Lindzey contained in the Preface to the report:

The Committee wishes to make clear what it regards as the limits of this report for the selection of policy alternatives. Scientific judgment can estimate the prevalence of different kinds of use, risks to health, economic costs, and the like under current policies and try to project such estimates for new policies. It can come to some conclusions based on those estimates. But selection of an alternative is always a value-governed choice, which can ultimately be made only by the political process.

This caveat notwithstanding, the Committee has derived from its examination of the scientific data a conclusion about the major policy choices facing the nation with respect to

marijuana: complete prohibition, prohibition of supply only, and regulatory approaches. Specifically, the Committee concurs with the judgment of the National Commission on Marijuana and Drug Abuse, rendered in 1971, that a policy of prohibition of supply only is preferable to a policy of complete prohibition of supply and use.

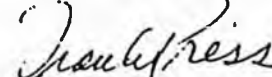
What must be understood by the public, the media, and all who read the Committee's report is that its decision to endorse a policy change was not fashioned from scientific information--old or new--alone. Rather it was the analysis of a combination of factors which affect policy decisions, including the cost and efficacy of enforcement practices. Values were necessarily involved in balancing these factors and there are those within the membership and governing bodies of the Academies and the National Research Council who might not have come to the same policy conclusions, after reviewing the same data.

My own view is that the data available to the Committee were insufficient to justify on scientific or analytical grounds changes in current policies dealing with the use of marijuana. In this respect I am concerned that the Committee may have gone beyond its charge in stating a judgment so value-laden, that it should have been left to the political process.

I have one further concern that cannot go unaddressed. I fear that this report, coming as it does from a well-known and well-respected scientific organization, will be misunderstood by the media and the public to imply that new scientific data are suddenly available that justify changes in public attitudes on the use of marijuana. This would be unfortunate at a time when daily use trends by high school students are down significantly. As the Committee's discussion of marijuana's behavioral and health-related effects clearly demonstrates, there is no new scientific information exonerating marijuana. In fact, the review by our Institute of Medicine, published a few months ago, reevaluated existing scientific evidence and concluded, as have others, that marijuana is a harmful drug whose use justifies serious national concern.

I wish to remind you that this is a committee report; the only position that can be inferred with respect to the National Research Council on the issue of marijuana policy is that the National Research Council is satisfied that the Committee was competent to examine the issue and diligent in carrying out its task. Despite my personal disagreement, I believe that the Committee has performed a useful service by illuminating many of the complex issues surrounding this highly controversial subject.

Yours sincerely,



Frank Press
Chairman

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PREFACE

In 1978 the Committee on Substance Abuse and Habitual Behavior began a study of marijuana policy at the request and with the support of the National Institute on Drug Abuse. Sharp increases in marijuana use along with suggestions for reform of existing marijuana laws from scientists and policy makers prompted a renewed look at those laws. In addition, the National Commission on Marijuana and Drug Abuse, in its 1973 final report, Drug Use in America: Problem in Perspective, had recommended that a follow-up commission be appointed to review possible changes in the situation four years later. That recommendation was not implemented, so the Committee took as a framework for its task the assessment that the Commission recommended, especially the assessment of new evidence regarding the effects of recent changes in state marijuana policies.

The Committee conducted its study with awareness of the intensity of past controversies about marijuana use in U.S. society. In the four years since the Committee began its work, there has been an increase in visible concern among many parents about marijuana use among youth. Its potential risks to the health of children, and the possibility that heavy use by some young people may seriously threaten their education. Parents who have experienced problems with their own children, or observed those of others, have organized to make marijuana policies a major item on current political agendas. In comparison with the situation at the inception of this study, there is today greater rancor in public discussion, press reports, legislative hearings, and policy-oriented technical meetings related to marijuana use.

This is the context in which the Committee completed its review of the evidence and arguments of earlier studies and weighed the significance of subsequent evidence for the major policy alternatives. Every policy has potentially good and potentially bad effects, and policy choices involve difficult comparisons of such effects. It is important to recognize that to allow the inertia developed by existing policies to prevent change is itself a choice.

The Committee is aware that analyzing a topic that is the subject of heated social debate has its hazards. Many of those participating in the marijuana debate have already selected what they take to be the admissible terms of the discussion and look with disfavor on anyone's insistence on a wider set of considerations. For example, some would settle the issue on physiological grounds alone: whether cannabis products, in the dose ranges customarily used by most people, cause tissue damage. Defenders of marijuana use may seize on the ambiguity or absence of evidence for such damage and ignore any other effects on education or safety; those opposed to marijuana use may emphasize the possibility of chronic disease that is suggested by some laboratory findings and ignore the social, political, and economic costs of fighting a well-established custom.

This report does not review and analyze every conceivable policy nuance or option. It addresses the major choices--both because these families of alternative policies subsume many variants and because the choice among these major options must be discussed before specific, perhaps new, policy instruments can be designed.

The Committee wishes to make clear what it regards as the limits of this report for the selection of policy alternatives. Scientific judgment can estimate the prevalence of different kinds of use, risks to health, economic costs, and the like under current policies and can try to project such estimates for new policies. It can come to some conclusions based on those estimates. But selection of an alternative is always a value-governed choice, which can ultimately be made only by the political process. The role of scientific evidence in this process is not inconsiderable, even though, at times, the strongest evidence may be pushed aside and the wildest speculation prevail. But the weight of the evidence is only one factor in the process of policy formation; ultimately, that process involves value choices.

In completing its report, the Committee has benefited from many people in formulating, revising, and updating the analyses and data. A very early version of this report was discussed at the Committee's annual conference in 1979, and subsequent versions benefited from comments by staff of the National Institute on Drug Abuse and of the National Research Council. The final draft received close and constructive attention by members of the National Research Council's Commission on Behavioral and Social Sciences and Education, the Institute of Medicine, and the Report Review Committee of the National Academy of Sciences.

We have also maintained a close liaison with the staff and members of the Institute of Medicine's Committee to Study the Health-Related Effects of Cannabis and Its Derivatives, on which three members of our Committee also served, and whose recently published report, Marijuana and Health, significantly contributed to our work.

Two former Committee members, Troy Duster and Michael Agar, assisted in the early preparation of the report. At later stages we were very ably assisted by the staff of the Commission on Behavioral and Social Sciences and Education, in particular David Goslin, executive director, and Eugenia Grohman, associate director for reports. Without their help, it is doubtful that we could have completed this task. Finally, we are indebted to the staff and members of the Committee, for their diligence, patience, and commitment to a difficult assignment.

Louis Lasagna, Chair
Gardner Lindzey, Chair, 1977-1980
Committee on Substance Abuse and
Habitual Behavior

An Analysis of Marijuana Policy

INTRODUCTION

Since the early 1960s the use of marijuana as an intoxicant by a growing proportion of the American population has been an issue of major national concern. Despite repeated warnings of possible adverse health consequences and persistent efforts by law enforcement agencies to restrict the supply and use of marijuana, available data indicate that experimentation with or regular use of the drug is no longer restricted to a small minority of Americans. In 1979, for example, 68 percent of young adults between the ages of 18 and 25 reported having tried marijuana; 35.4 percent reported having used marijuana in the last month. Among adults over age 26, the proportion having ever used marijuana has more than doubled since 1971, from 9.2 percent to 19.6 percent (Fishburne et al., 1980; see Table 1, below).

Although "the marijuana problem" may be viewed as of recent origin, marijuana is not a new drug. The cannabis plant has been cultivated and used both for its intoxicating properties and for its fiber (hemp) throughout the world for more than 10,000 years (Abel, 1980). At various times and places attempts have been made to restrict its use as an intoxicant; at other times and places its virtues have been extolled for medical purposes, and it has played a significant role in religious ritual. Because cannabis is easily grown--indeed, it is one of the hardiest of all plant species--its resin has been used for centuries along with tobacco, fermented distillates of grains and fruits (alcohol), and opium derivatives as one means of relieving stresses associated with daily life.

Despite its long history, the use of cannabis as an intoxicant was relatively unknown in the United States until the latter part of the nineteenth century, and even then its use as a drug was restricted to a tiny fraction of the population, primarily immigrants from Mexico. The first efforts to restrict its use in this country did not occur until 1911, when Congress, which at that time was considering proposals for federal antinarcotics legislation, listened to arguments that cannabis should be included in the list of illegal drugs. That effort failed, but during the next two decades a number of state legislatures moved to prohibit the possession of marijuana unless prescribed by a physician. It was not until 1937, when the Marijuana Tax Law was enacted, that the federal government became involved in the attempt to control its use. Even this law recognized the industrial uses of hemp and also exempted the seeds of the plant, which were then being sold as bird feed. In 1956, Congress included marijuana in the Narcotics Act of that year and, in 1961, the United Nations adopted the Single Convention on Narcotic Drugs, the terms of which state that each participating country could "adopt such measures as may be necessary to prevent misuse of, and illicit traffic in, the leaves of the cannabis plant." Congress approved participation in the convention in 1967 and three years later passed the Comprehensive Drug Abuse Prevention and Control Act, which provides the basis for current federal prohibitions regarding marijuana use.

Despite this history it was not until the 1960s that most Americans became aware of marijuana. The political and cultural protests of that period focused public attention on young people, their life-styles, and their use of drugs, including marijuana. That period created the context in which public policies regarding marijuana use have been debated since the early 1970s. As Abel (1980) points out, for the first time marijuana use was not restricted to minority groups and fringe elements of society: many of the new users were native-born, middle-class, white college students. Without doubt, the political and cultural context in which marijuana emerged as an issue of national concern has strongly influenced the subsequent policy debate about its use.

The policy debate about marijuana use has also brought into sharp focus two conflicting but deeply held beliefs of large and overlapping segments of the American population. To many, the use of drugs of any kind solely for

the purpose of producing states of intoxication is abhorrent, entirely apart from any presumed health effects. At the same time, many people strongly defend the right of individuals to privately indulge their desires, so long as others are not adversely affected. Adding to the complexity of the issues are continuing uncertainties about the health and developmental consequences of marijuana use, concern over the growing number of adolescent users, the social consequences of prosecuting otherwise law-abiding citizens for possession and use of marijuana, the relationship between the distribution of marijuana and that of other illegal drugs, the costs of enforcement of current laws, and the economic implications of the persistence of very large illegal markets.

The next section of this report presents a brief summary of existing evidence regarding the health consequences of marijuana use, drawing heavily on the recently completed study by the Institute of Medicine. The third section summarizes existing federal and state laws relating to the supply and use of marijuana. The fourth section of the report reviews the conclusions of the report of the National Commission on Marijuana and Drug Abuse (1972). The next two sections deal, respectively, with policies regarding the use and the supply of marijuana. The two final sections present a summary of the committee's conclusions regarding major policy options and recommendations for research needed to more adequately assess those options.

THE DANGERS OF MARIJUANA

Marijuana is not a harmless drug. Although available evidence suggests that marijuana may be less likely than opiates, barbiturates, or alcohol to induce psychological and physical dependence in its users, it has the capacity to reduce the effective functioning of individuals under its influence, and prolonged or excessive use may cause serious harmful biological and social effects in many users.

The recent report, Marijuana and Health, of the Institute of Medicine (1982:5 [reproduced in the appendix]) concludes:

The scientific evidence published to date indicates that marijuana has a broad range of psychological and biological effects, some of

which, at least under certain conditions, are harmful to human health. Unfortunately, the available information does not tell us how serious this risk may be.

Overall, the report concludes (p. 5):

[W]hat little we know for certain about the effects of marijuana on human health--and all that we have reason to suspect--justifies serious national concern.

The complete summary of the Institute of Medicine report appears as the appendix to this report.

Over the past 40 years, marijuana has been accused of causing an array of antisocial effects, including: in the 1930s, provoking crime and violence; in the early 1950s, leading to heroin addiction; and in the late 1960s, making people passive, lowering motivation and productivity, and destroying the American work ethic in young people. Although beliefs in these effects persist among many people, they have not been substantiated by scientific evidence.

Concerns about how marijuana affects citizenship, motivation, and job performance have become less salient in recent years as marijuana has moved more into the mainstream of society and has become less exclusively associated with radicals, hippies, or disadvantaged minorities. Though there is still widespread belief that heavy marijuana use may be incompatible with a responsible, productive life, evidence that marijuana has not adversely affected either the productivity or the sense of social responsibility of some groups of users (see, e.g., Hochman and Brill, 1973) has tempered earlier fears of a widespread "amotivational syndrome." Research that correlates marijuana use with undesirable behavior, such as alienation or inattention to school studies, has not established the direction of causality or ruled out spurious associations (see, e.g., Beachy et al., 1979). This issue, however, continues to be the subject of lively controversy and the Institute of Medicine report (1982:125) concludes that "it appears likely that both self-selection and authentic drug effects contribute to the 'motivational' problems seen in some chronic marijuana users."

Recently, a body of literature has accumulated that reports on links between marijuana use and such health

impairments as lung disease, chromosome damage, reduced reproductive function, and brain dysfunction (summarized in Institute of Medicine, 1982, and National Institute on Drug Abuse, 1980). In some areas--for example, effects on the nervous system and behavior and on the cardiovascular and respiratory systems--there is clear evidence that marijuana produces acute short-term effects (Institute of Medicine, 1982:2,3):

With a severity directly related to dose, marijuana impairs motor coordination and affects tracking ability and sensory and perceptual functions important for safe driving and the operation of other machines. . . . [It also] increases the work of the heart, usually by raising the heart rate and, in some persons, by raising blood pressure.

There is as yet no such clear evidence on the possible long-term effects in these areas, or of other potential health consequences of marijuana use; further research is needed. In addition, most studies on human populations have been laboratory studies of young, healthy adult males. Differential effects of marijuana use on the elderly, on pregnant women, on groups that are psychiatrically vulnerable or at risk for disease or dysfunction, and particularly on adolescents have not been studied systematically.

In our view, the most troublesome aspects of marijuana use are its potential effects on the development of adolescents. Parents as well as a number of clinicians and researchers are concerned that the social and intellectual development of teenagers may be harmed by chronic marijuana use. There is good evidence that intoxication may seriously impair such important skills as comprehension and retention of newly presented educational materials (Institute of Medicine, 1982). Rapidly growing tissues have been shown to be particularly vulnerable to some, although by no means all, toxic agents, and there is at least a possibility that toxic effects may be subtle and not clearly manifest until adulthood. Scientifically, these are difficult relationships to identify, and the research to date is still insufficient to strongly support any relationship.

Perhaps more significant than any lasting biological effect is the effect of the drug in different patterns of use on emotional development, on the formation of habits, and on the acquisition of coping skills for

stress situations. Indeed, although the many issues raised by the use of intoxicants to escape stressful challenge have not been systematically studied, the evident attractiveness of marijuana to many adolescents, and its possible dose-related interference with the study and hard work needed for intellectual development in the crucial high school years, make this a special matter for concern. This is particularly so in light of the fact that, unlike alcohol, marijuana is used by many adolescents during school hours. Finally, reports of the effects of marijuana use on automobile driving skills are worrisome.

This Committee has reviewed the scientific literature surveys of marijuana effects on health and behavior, including the major recent study conducted by the Institute of Medicine (1982) and those by the National Institute on Drug Abuse (1979; 1980), Tashkin et al. (1978), Nahas (1977), and Fried (1977). We agree with the conclusion of the Institute of Medicine report that it is likely 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. It is evident that the full impact of marijuana use on human health will not be clear without careful epidemiological studies involving substantial populations of users--a matter of some decades--even though it is predictable that this drug--like all others--will cause harm in some of its users, particularly in its heaviest users, and among these, in its heaviest adolescent users. At this time, however, our judgment 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.

OVERVIEW OF CURRENT MARIJUANA POLICIES

Current federal and state marijuana laws are in part governed by international treaty. The major federal law relevant to marijuana is the Comprehensive Drug Abuse Prevention and Control Act of 1970, which repealed all prior federal legislation and reduced federal penalties for possession and sale. Although marijuana possession and sale are still prohibited, possession has been reduced from a felony to a misdemeanor offense; the maximum penalty for a first offense is \$5,000 and one year's

imprisonment. The Act also provides for conditional discharge, by which first offenders found guilty of simple possession or casual transfer (which is treated as simple possession) may be placed on probation for up to one year (Congressional Digest, 1979).

The Uniform Controlled Substance Act of 1970, drafted by the National Conference of Commissioners on Uniform State Laws, was designed to make state laws more compatible with the new federal law. Like the federal act, the Uniform Act reclassified marijuana as a hallucinogen rather than a narcotic and reduced the penalty for possession from the felony to the misdemeanor level; a majority of the states have adopted the Uniform Act. Eleven states have withdrawn the criminal sanction from possession for personal use. In these states, arrest has been replaced with a traffic-ticket type of citation, and a small fine is the sole allowable penalty. About 30 states include some provision for conditional discharge of first offenders, and about a dozen of them provide for all records of the offense to be expunged. The Alaska Supreme Court ruled in 1975 that possession for personal use by adults at home was protected by the constitutional right to privacy and hence was not subject to any penalty (Rosenthal, 1979).

State penalties for second-offense possession and for selling marijuana are extremely variable. (See National Organization for the Reform of Marijuana Laws and Center for Study of Non-Medical Drug Use, 1979, for summary tables of state marijuana laws.) Sale is almost always a felony, with maximum sentences ranging from two years to life, although casual transfer, or "accommodation," is sometimes exempt from felony treatment. All but 15 jurisdictions punish cultivation as heavily as they do sale; the Uniform Act includes the two in the same classification (manufacture), with the same penalty provisions.

Federal prohibition of small-scale possession is virtually unenforced. At the March 1977 House of Representatives hearings on decriminalization, the chief of the criminal division of the Department of Justice testified that the federal government no longer effectively prosecutes the use of marijuana, "nor do we, under any conceivable way, in the Federal Government have the resources to do so" (Select Committee on Narcotics Abuse and Control, 1977:13). In terms of its effects from a law enforcement point of view, the present official federal policy of complete prohibition does not differ in

fact from a policy of prohibition of supply only. Complete prohibition is the federal law, but partial prohibition is the practice. However, the law, even though partly unenforced, has probably had a restraining influence on the willingness of states to adopt policies of less than complete prohibition. The states traditionally have followed the federal lead in drug abuse legislation, although they are not legally required to do so (see the testimony of Jay Miller, American Civil Liberties Union, to the Select Committee on Narcotics Abuse and Control, 1977). In summary, in most states and according to federal law, U.S. marijuana policy is one of complete prohibition--that is, prohibition of both supply and use.

Major alternatives to complete prohibition include prohibition of supply only--called partial prohibition--and regulation.^{*} Prohibition of supply only means having no penalty (or only civil penalties) for use, possession, or, sometimes, "casual transfer" of small quantities of marijuana, while having criminal penalties for manufacture, importation, or commercial sale of marijuana. Regulation means not only eliminating penalties for use but also allowing controlled production and distribution.

Within each of the three broad policy options--complete prohibition, prohibition of supply only, and regulation--numerous subsidiary policy choices exist. For example, a policy of complete prohibition necessitates decisions about the resources to be devoted to enforcement, the appropriate penalties to be imposed for violations, and whether marijuana should be made available for any medical uses. Under a policy of prohibition of supply only, decisions must still be made about penalties and permitted medical uses. In addition, one must also determine how to distinguish between users

^{*}In this discussion, we use the terms "complete prohibition," and "prohibition of supply and use" interchangeably. We also use the terms "partial prohibition," "prohibition of supply only," and "decriminalization" as equivalent. We generally prefer the terms "partial prohibition," or "prohibition of supply only" since many people seem to regard decriminalization as the equivalent of legalization or regulation--which it most certainly is not. (The policy of partial prohibition has also been called the vice model.) Finally, we use "regulation" and "legalization" as equivalent terms.

and suppliers; whether cultivation should be permitted; how stronger preparations of the cannabis plant, such as hashish, should be treated; whether to criminalize small-scale casual transfers, made with or without payment; and what should be done about certain specific behaviors, such as the public use of marijuana and the operation of motor vehicles under the influence of the drug. Under a policy of regulation, some of the issues to be decided are the type of control system (e.g., state monopoly or licensed sale), the rules as to potency and quality, and appropriate penalties for violation of the system's rules.

The variety of choices within each of the broad policy options suggests that none can be characterized in a monolithic way. Some regulatory systems could be so stringent as to have results similar to prohibitory laws: e.g., a regulatory system that raised the price drastically above what the illegal market charges. Similarly, lack of enforcement could strongly reduce the impact of a prohibitory option. As we have already noted, this latter effect has already occurred in some jurisdictions in which the law provides for complete prohibition but users are not in fact prosecuted.

A REVIEW OF THE REPORT OF THE NATIONAL COMMISSION ON MARIJUANA AND DRUG ABUSE

An attempt to describe a full array of policy options together with associated benefits and detriments of each of them was made by the National Commission on Marijuana and Drug Abuse in its 1972 report, Marijuana: A Signal of Misunderstanding. With respect to the major policy choices, the Commission did a thorough job. The members and staff recognized the limited knowledge base for their deliberations and subsequently recommended that a second commission be appointed to review the situation four years later. Such a follow-up commission was never appointed. It seems appropriate, then, that this Committee reappraise the Commission's work in light of subsequent research findings, especially those relating to recent changes in marijuana policies.

The Commission examined the spectrum of social policies available to control marijuana use and the benefits and detriments of implementing each policy. The legal alternatives presented included those identified above: complete prohibition; prohibition of supply only; and

regulatory approaches. The Commission emphasized that choosing among the three approaches requires consideration of the social milieu, cultural values, and practicalities of implementation. The Commission considered such social conditions particularly important in examining marijuana controls because both use of the drug and the laws prohibiting supply and use had symbolic importance, representing a clash of values between a dominant culture that opposed marijuana use and a large minority that either used marijuana or condoned its use. The probable effects of the various policies considered by the Commission include changes in use patterns, enforcement costs, and influence on related social concerns such as the marketing of other illicit drugs and general respect for law.

The Commission commented on all three broad policy options. It suggested first that total prohibition has resulted in costly enforcement, alienation of the young, discrimination through selective enforcement, some deterrence of supply (especially to middle-aged and middle-class potential users), but minimal deterrence of use by those with access to the drug. Second, the Commission stated its belief that prohibition of supply only would support the official policy of discouraging use, but at the same time would recognize the practical difficulties of attempting to eliminate use. The report listed a number of choices that might be made under a system of partial prohibition and described some of the practical problems they might entail (e.g., the need to distinguish between casual and commercial distributors). Finally, the Commission described regulation as a policy that only mildly disapproved of occasional use and that concentrated on controlling excessive use, but was mostly designed to lower the costs of prohibiting the drug. The Commission argued that marijuana consumption would increase considerably if complete prohibition were replaced by regulation. In addition, the Commission considered a major drawback of any regulatory system to be that its elimination of the main symbol of society's disapproval--criminal sanctions--would cause resentment among the nonuser majority of the population. Marijuana was described as being symbolic of countercultural lifestyles: "the drug's symbolism creates a risk of strong political reaction to any liberalization of the present laws by older members of the society" (National Commission on Marijuana and Drug Abuse, 1972, Appendix Volume II:1149).

On balance, the Commission concluded that, since the threat of punishment had not apparently deterred the millions of people who had already used marijuana, the replacement of complete by partial prohibition would not produce a significant increase in marijuana use. Consequently, the Commission recommended that individual marijuana users should not be subject to criminal prosecution for their private use or possession of small amounts of the drug, and that, on balance, the best policy was one of prohibition of supply only. In accordance with this view, the Commission recommended that federal and state laws should be amended to achieve partial prohibition. In the decade since the Commission report, a number of states have changed their laws in varying ways. These legal changes can be viewed as natural experiments, and one can use the data from them to reassess the Commission's conclusions regarding these policies.

THE USE OF MARIJUANA: COMPARING COMPLETE AND PARTIAL PROHIBITION

To compare the two types of marijuana control policies presently used in the United States--prohibition of supply and use and prohibition of supply only--we need to consider only the one particular in which they differ: the application of criminal sanctions against marijuana users. To compare the effects of the two policies, we can examine the effects of the prohibition of use and determine whether prohibition results in more costs than benefits or vice versa.

In recent years the prohibition of marijuana use has come under increasing criticism. Many students of the U.S. marijuana situation, including the National Commission on Marijuana and Drug Abuse, members of Congress, political analysts, and legal experts, have suggested that existing laws prohibiting marijuana use be repealed. These suggestions have been prompted by the failure of current policies to deter large numbers of users, the consequent criminalization of large numbers of young Americans, and the high social costs of such law enforcement. A number of professional associations and agencies have also gone on record in support of the removal of all criminal penalties for the private possession and use of marijuana as a means of reducing the economic costs of law enforcement and the social costs of arrest or imprisonment (criminalization) of young

people who are otherwise not criminally involved or labeled. The organizations and agencies that have expressed this view include the American Medical Association, the American Bar Association, the American Public Health Association, the Canadian Commission of Inquiry into the Non-Medical Use of Drugs, the National Council of Churches, the National Advisory Commission on Criminal Justice Standards and Goals, the National Commission on Marijuana and Drug Abuse, among others. Eleven states, with one-third of the nation's population, have adopted some version of partial prohibition or "decriminalization." (In Oregon, Alaska, Maine, Colorado, California, Ohio, Minnesota, Mississippi, New York, North Carolina, and Nebraska, citations and small fines have replaced arrests and incarceration for use-only marijuana-related offenses.)

At first glance, criminalizing the selling of marijuana might appear inconsistent with failing to punish its purchase. But in the drafting of laws, a line is often drawn between legal and illegal conduct so that the maximum reduction in the proscribed behavior can be gained at minimum social cost. Frequently it turns out that laws aimed solely at suppressing sales are more cost-effective in reducing both the possession and use of a substance than are laws that attempt to suppress possession directly. There are several reasons for this. First, there are fewer sellers than buyers; this permits a concentration of law enforcement efforts where they do the most good. Second, juries are likely to be more sympathetic to a "mere" user, who may be ill-advised, than to a dealer making a profit from the weaknesses of others. Offenses treated under the vice model (partial prohibition) range from gambling--the person who takes illegal bets is guilty of a crime while the person who places them is not--to the offense of selling new automobiles not equipped with seat belts--the seller, not the buyer, is guilty of an offense. Even Prohibition in 1919 never criminalized the possession or use of alcohol, only its manufacture and sale.

Effects of Partial Prohibition

Probably the most important fact about a policy of prohibition of supply only is that where it has been adopted it has apparently not led to appreciably higher levels of marijuana use than would have existed if use

were also prohibited. The National Commission on Marijuana and Drug Abuse's speculations about the lack of change in use patterns resulting from repeal of prohibitions on use have been confirmed by data since 1972. Reports from California, Oregon, and Maine indicate no appreciable increase in use following decriminalization of use, at least in the short term.

Oregon, the first state to repeal prohibition of use (in October 1973) has been studied in a series of Drug Abuse Council surveys (National Governors' Conference, 1977). Surveys in 1974 and 1975 showed no major increase following decriminalization. While the percentage of adults who were current users had increased by January 1977 (from 20 to 24 percent), use had increased similarly nationwide in the same period, suggesting that the causes for the adult increase in Oregon were the same as those for increases in the rest of the country rather than the result of changes in the law. Indeed, the percentage of adult ever-users in Oregon in 1976 (24 percent) was lower than the average percentage of adult ever-users in the western United States (28 percent) in 1975-1976, although higher than the national average (21.3 percent). (It should be noted that aggregate use rates in the western United States are heavily weighted by use rates in California, the largest western state, which had relatively high rates even prior to the state repeal of prohibition of use.) That the increase in use in Oregon from 1973 to 1976 was probably not due to the new law is suggested by other survey data. Only a small proportion of non-users said fear of legal prosecution was a reason for nonuse in 1974, 1975, and 1976 (National Governors' Conference, 1977). On the question of the fear of health dangers, Drug Abuse Council survey data show that such fear decreased significantly over those years but has increased since 1976.

The state of Maine, which repealed criminal penalties for marijuana use in May 1976, surveyed the effects of legislation in July and August 1978 (State of Maine Department of Human Services, 1979). Its study concluded that the change from criminal to civil penalties has not caused a large increase in marijuana use: less than 1 percent of all adults and 3.1 percent of all high school students reported any increase in their use as a result of the new law; 3.5 percent of adult regular users and 7 percent of high school regular users reported any increase in their use directly attributable to the change in the law. There is also preliminary evidence, based on

a nationwide study of high school students between 1975 and 1979, that "any increase in marijuana use in the decriminalized states, taken as a group, was equal to or less than the increases being observed in the rest of the country where decriminalization was not taking place" (Johnston, 1980:5). It could be argued that because de facto repeal of prohibition of use has been taking place throughout the country, one should not expect to see larger increases in use in states that legally decriminalize than in others. Even if this is true, however, the important point is that the legal change to decriminalization does not, in itself, appear to lead to increases in use.

This lack of change is not particularly surprising. The statistical chance that any person would be apprehended for his or her use is, in fact, extremely low throughout the United States (though, as we note below, the large number of users is sufficient to generate a substantial volume of arrests in states that do prohibit use). As a result, it is hard to imagine that the deterrent effect of prohibition laws on any given user would be very great.

It has been suggested that repeal of government prohibitions might change attitudes related to health or morals, perhaps symbolizing that health officials certify marijuana use to be safe. The absence of large increases in marijuana use in repeal states, however, indicates that either the change in policy has not had such a symbolic effect, or that, if it has, its causal significance is not appreciable--though it must be acknowledged that changes of this type might take generations to occur.

Costs of Prohibition of Use

The costs of policies directed at the user are not negligible, although actual savings in law enforcement costs attributable to repeal of prohibition of use per se are difficult to estimate. The difficulty arises in part because marijuana arrests have decreased nationally in recent years, reflecting the overall tendency to relax enforcement of marijuana laws, and that change could lead to inaccurate estimates of the impact of repeal. Nevertheless, reduced law enforcement activities seem to have led to substantial savings in states that have repealed laws that prohibit use.

California made a careful study of the economic impact of its law repealing prohibition of use, which went into effect in January 1976 (State Office of Narcotics and Drug Abuse, 1977). The law reduced the penalty for personal possession of one ounce or less of marijuana from a possible felony to a citable misdemeanor, punishable as an infraction with a maximum fine of \$100 without regard to prior possession offenses. Criminal custody, booking, and pretrial incarceration procedures were eliminated. Possession of more than one ounce was also made a misdemeanor, with a maximum fine of \$500, six months in jail, or both. According to the study, these changes resulted in a 74 percent reduction in what the state had been spending yearly to enforce its marijuana laws. (Estimates of what the state had been spending ranged from \$35 million to more than \$100 million yearly; see National Governors' Conference, 1977.)

In addition to its economic benefits, repealing prohibition of use saves the social costs of criminalizing the marijuana user. In recent years, close to 400,000 people have been arrested each year for marijuana-related offenses despite the general nonenforcement of criminal sanctions for use (Federal Bureau of Investigation, 1980). Only a small fraction of the arrests are made under federal law, largely for importation of marijuana. About 85 percent of all marijuana-related arrests are for possession, usually of one ounce or less (see, e.g., State Office of Narcotics and Drug Abuse, 1977).

A study by the National Commission on Marijuana and Drug Abuse of a sample consisting of some 3,000 of the people arrested for marijuana-related offenses in 1970 indicated that the marijuana arrest was usually the arrestee's first experience with the criminal justice system, particularly among juveniles (National Commission on Marijuana and Drug Abuse, 1972). Yet, "it is standard practice for law enforcement agencies to report such offenses to prospective employers, licensing agencies, and other authorities as 'narcotic drug arrests'" (testimony of Jay Miller, American Civil Liberties Union, to the Select Committee on Narcotics Abuse and Control, 1977). Thus young users, who are often otherwise law-abiding people, are subject to an arrest record, or even a prison term, with implications extending into many aspects of their lives.

Alienation from the rule of law in democratic society may be the most serious cost of current marijuana laws. The National Commission on Marijuana and Drug Abuse was

concerned that young people who see no rational basis for the legal distinction between alcohol and marijuana may become cynical about America's political institutions and democratic process. The American Bar Association report (printed in Select Committee on Narcotics and Drug Abuse, 1977) concurs in the view that marijuana laws that criminalize the millions of Americans who have used marijuana engender disrespect for the law.

Public Attitudes Toward Partial Prohibition

Although the National Commission on Marijuana and Drug Abuse concluded that prohibition of supply only would be a better policy than prohibition of supply and use, it felt that a serious disadvantage of such a course would be the upset and moral outrage such a policy would engender. hindsight now shows that the Commission was mistaken in predicting a strong uniform public reaction to the adoption of partial prohibition policies. Experience since 1973 has shown that repeal of criminal penalties for use of marijuana has not been accompanied by massive public protest in the states in which it occurred and, in fact, has had the approval of the majority of citizens in those states (National Governors' Conference, 1977).

Nationally, attitude trends are consistent with the experience of the repeal states. Roffman (1978) reports that public opinion surveys indicate a slowly increasing preference for a reduction in penalties for marijuana offenses; a 1975 national survey (National Institute on Drug Abuse, 1975-1976) found that 52 percent of American adults favored only a fine or probation for small marijuana offenses; and a 1977 Gallup poll showed that 28 percent of the public favored legalization, compared with 12 percent in 1969.

THE SUPPLY OF MARIJUANA: COMPARING PROHIBITED AND REGULATED MARKETS

Policy implementation does not occur in an ideal world. Prohibition of supply has not, in practice, meant that no one has had access to marijuana--though this may have been the intent of those who framed that law. Similarly, regulation of supply does not mean that everyone who uses marijuana will use it moderately, minimizing its harm. Prohibition of supply does make marijuana less

accessible than it might otherwise be to a large number of Americans, and thus it almost certainly reduces the total amount of the drug used and the number of users. Such reduction is the purpose of a partial prohibition policy and to some extent it is accomplished. Arguments for a regulated, legal supply of marijuana are largely based on the social costs and incomplete effectiveness of prohibition of supply and on the belief that regulating rather than prohibiting the supply would not lead to an unacceptably large increase in use.

Under a regulatory policy, the cultivation, importation, manufacture, distribution, retailing, and, of course, use of marijuana would no longer be illegal per se. Within this broad category, specific policy options range from a virtual withdrawal of the government from marijuana control (allowing the drug to be freely produced, advertised, and sold, very much as coffee is today--but protecting the consumer against harmful adulterants), to a carefully controlled system of licensing, to a government monopoly on retail sales, wholesale distribution, or manufacture of marijuana. Thus, controls might be placed on such factors as quality, potency, amount purchased, time and place of sales, age of buyers, etc. If marijuana were regulated as is alcohol, restrictions would derive from federal, state, or local statutes, with the majority of them not at the federal level. Regulations might also include legally fixed prices--as in state-controlled alcohol beverage retailing or as a consequence of the levying of excise taxes.

The specific form and content of any proposed regulatory system are very important for those faced with the decision as to whether and under what conditions to remove penalties for the distribution of marijuana, but such details are beyond the scope of this report.

The advantages of a policy of regulation include the disappearance of most illegal market activity, the savings in economic and social costs of law enforcement directed against illegal supply systems, better controls over the quality and safety of the product, and, possibly, increased credibility for warnings about risks. The major disadvantages are a consequence of increased marijuana use--increases in harm to physical health and to individual development and behavior.

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Costs of Prohibition of Supply

The number of arrests for violations related to supply is much lower than for those related to use. But enforcement of prohibition of supply is far more costly per arrest. Long undercover investigations, the purchase of expensive hardware, and the major consumption of trial and correctional resources are largely attributable to the prohibition of supply.

The National Institute on Drug Abuse (1975) estimated that in 1974 costs for enforcement of marijuana laws totaled \$600 million for state and local agencies. If we extrapolate from the California data (State Office of Narcotics and Drug Abuse, 1977), about three-fourths of the total is spent enforcing the law against marijuana supply. The total federal drug abuse law enforcement budget was more than \$400 million in 1979, about half of which was the budget for the Drug Enforcement Administration. At the federal level, authorities do not break down their expenditures on enforcement between marijuana and other drugs; virtually all of the federal resources that are allocated to marijuana are spent in attempting to enforce the laws against supply.

The task of attempting to make the prohibition of supply effective is, of course, formidable. In 1969 Operation Intercept demonstrated the practical difficulty of sealing off the Mexican border. In the weeks the operation lasted, hundreds of thousands of vehicles and passengers were searched every day; ensuing traffic jams caused expenditures by U.S. tourists and commuters to Mexico to drop 50-70 percent below normal (Kaplan, 1971). The situation was intolerable and the program was halted. However, the federal government has continued efforts to improve border surveillance and to penetrate trafficking networks. The White House Strategy Council on Drug Abuse (1979) notes that more than 5.6 million pounds of marijuana was seized at the Mexican border over a 12-month period in 1977-1978; a large increase over the 1.5 million pounds seized during the previous 12 months, "but a fraction of marijuana entering the country." Recently, the Council has suggested strengthening border surveillance by cooperative efforts of the Drug Enforcement Administration, the Customs Service, the Coast Guard, and the Department of State and by the use of the detection capabilities of the armed forces as well.

In our view, the prospects for major success in these ventures are not great. Nor is there much likelihood

that some recently suggested measures against marijuana production outside the U.S. would make future prohibition of supply more effective. For example, the White House Strategy Council on Drug Abuse has supported crop eradication programs, provided that the proposed method of eradication is evaluated for possible health and environmental consequences and that a readily distinguishable marker is added to any chemical herbicides that are used, but the political obstacles to this course would be significant. Entirely apart from the views of producer nations, which are likely to be quite negative, the public is unlikely to support the use of chemicals of unknown toxicity on an import product, legal or not, that may be used by large numbers of Americans. And irrespective of the degree of success of controlling imports, the problem of domestic production under a policy of partial prohibition remains. Although the illegal domestic industry is thought to account for only about 15 percent of American marijuana consumption, marijuana grows easily in many parts of the United States. The National Commission on Marijuana and Drug Abuse cited a Department of Agriculture estimate that in 1972 there were 5 million acres containing wild marijuana in the United States and an undetermined but obviously growing number of acres under cultivation.

Law enforcement costs are by no means the only costs of prohibition of supply. There are large amounts of money being made in marijuana--which, like any illegal business, carries with it the likelihood of corruption of public officials and the loss of tax dollars. Violence is also a cost of attempting to prohibit marijuana supply; this problem is not confined to illegal marijuana production abroad. There has been violence in marijuana-growing regions in the United States. The extent of such violence is not known with any precision, but there have been popular press reports of kidnappings, assaults, burglaries, and homicides known to be connected with the marijuana business in northern California and elsewhere.

Another major cost of attempts to prohibit the supply of marijuana is related to the fact that many illegal sellers of marijuana also sell other illegal drugs, e.g., PCP, amphetamine, and barbiturates (Blum, 1971). It is likely, therefore, that prohibition of the supply of marijuana increases access to and use of other illegal drugs through the creation of an illegal marketing system for all drugs. Little is known about the structures and activities of illicit drug markets. It is clear,

TABLE 1 Lifetime Prevalence and Use in Past Month of Marijuana, 1971-1979,
by Category of User (percentage)

Category of User	1971	1972	1974	1976	1977	1979
Youth: Ages 12-17						
Ever used	14.0	14.0	23.0	22.4	28.0	30.9
Used in past month	6.0	7.0	12.0	12.3	16.6	16.7
Young Adults: Ages 18-25						
Ever used	39.3	47.9	52.7	52.9	59.9	68.2
Used in past month	17.3	27.8	25.2	25.0	27.4	35.4
Older Adults: Ages 26+						
Ever used	9.2	7.4	9.9	12.9	15.3	19.6
Used in past month	1.3	2.5	2.0	3.5	3.3	6.0
(Number)	(3,186)	(3,265)	(4,022)	(3,576)	(4,594)	(7,224)

SOURCE: Fishburne et al. (1980).

however, that there are many small-scale marijuana dealers, that many sellers service only their friends and acquaintances, and that those who sell marijuana are thereby more likely to come into contact with users and sellers of more dangerous drugs, to use such drugs, and to make them available to their clientele (Blum, 1971). Moreover, there is reason to believe that marijuana sellers may become socialized into other illegal activities.

Costs of Regulating Supply

The wide availability and use of marijuana are not only major factors in the cost of attempts to prohibit the supply of the drug, they also have implications for the likely magnitude of increases in use that could be expected under a regulatory policy. Greater use of marijuana under a regulatory policy is regarded as the most significant cost of such a policy. In an analysis of this potential cost, however, it is important to note that under the present policy of prohibition, prevalence and frequency of marijuana use are substantial and have increased in recent years.*

A National Institute on Drug Abuse general household survey (Fishburne et al., 1980) shows that 35.4 percent of the 18-25-year-olds in the United States report having used marijuana in the month preceding the survey. Yearly surveys show a steady increase from 1971 to 1979 in the percentage of people who report having ever used marijuana as well as in the percentage of people who report being current users (see Table 1). These survey results (Fishburne et al., 1980) also indicate that between 1976 and 1977, the percentage of current users among 12-17-year-olds increased from 12.3 to 16.6 percent; this trend

*The data indicating rates of use are based on self-reports; as such, their reliability and validity may be questioned. Nevertheless, as Radosevich et al. (1979) indicate, studies of questions on drug use have consistently demonstrated reliable responses within the same instrument and over time. Furthermore, there are indications that most drug surveys do not have serious validity problems (see Whitehead and Smart and Abelson and Atkinson, both cited in Radosevich et al., 1979; Johnston et al., 1982).

TABLE 2 Trends in Prevalence of Marijuana Use by High School Seniors (percentage)

Prevalence	Class						
	1975	1976	1977	1978	1979	1980	1981
Ever used	47.3	52.8	56.4	59.2	60.4	60.3	59.5
Used in last 12 months	40.0	44.5	47.6	50.2	50.8	48.8	46.1
Used in last 30 days	27.1	32.2	35.4	37.1	36.5	33.7	31.6
Used daily in last 30 days ^a	6.0	8.2	9.1	10.7	10.3	9.1	7.0

^aDaily use defined as using marijuana on 20 or more occasions in the last 30 days.

SOURCE: Johnston et al. (1982).

had leveled off by 1979 and has since shown a decline. In an annual survey of national samples of some 17,000 high school seniors, Johnston et al. (1982) found that 7.0 percent of the class of 1981 reported daily marijuana use, compared with 6.0 percent in 1975 and 10.7 percent in 1978, the peak year (see Table 2). There has been a similar trend in initial use at younger ages.

Although the present policy of prohibition of supply is not preventing the current levels of marijuana use, including use among the very young, it is probable that most strategies under a regulatory policy would result in an overall increase in use. Even more important than overall use rates, however, are likely changes in consumption patterns; such patterns are the most difficult changes to predict. The smallest increases in numbers of users can be expected to occur among those to whom marijuana is now most readily available--the young. Johnston et al. (1982) found that close to 90 percent of the high school seniors in their national sample survey report that marijuana is "fairly easy" or "very easy" for them to get. This percentage remained relatively stable over the seven years, 1975-1981. At the same time, the reported availability of most other illegal drugs (except cocaine) declined considerably. For example, while 46.2 percent of the 1975 high school seniors said that LSD would be "fairly easy" or "very easy" to get, only 32.2 percent of the class of 1978 gave those responses. It would appear, therefore, that the reports of easy availability are not due to a tendency of adolescents to report any illegal drug as easy to get, but reflect their actual access to the drug. It might also be noted that only 13.9 percent of the class of 1978 reported having no friends who smoke marijuana; thus it is reasonable to expect that at least 86 percent have a factual basis for estimating the availability of the drug.

Other survey data corroborate these findings.

Radosevich et al. (1979) report that a 1975 national survey by the Drug Abuse Council found that at least 70 percent of the high school students in their sample reported marijuana "easy to get," and O'Donnell et al. (1976) found similar results. There are no contrary reports for recent years. In sum, one can be reasonably confident that, at least with respect to older adolescents, the prohibition against supply does not succeed in suppressing access to marijuana. (The effect on price is discussed below.)

Regulation could be expected to provide the greatest increase in availability to those to whom the drug is now least available, i.e., older adults who are not in contact with marijuana sellers or a drug-using subculture and who are most likely to avoid illegal "connections."

It has been argued that a serious cost of the adoption of a regulatory policy for marijuana is the likelihood that such a change might delude many people into believing that the drug is safe. As noted above, there is no indication that the elimination of penalties for marijuana use has caused the drug to be regarded as any less dangerous. Moreover, alcohol and tobacco are almost universally regarded as involving risks to health, and these drugs are already made available under regulatory systems.

To the extent that marijuana use causes harm, one is necessarily concerned about policy changes that will lead to increases in use. As we have noted, however, it is a fact that marijuana is already widely available despite the legal prohibition of supply and that, despite the best efforts of government under any foreseeable set of conditions, it will continue to be. Though a regulatory policy would increase the availability of the drug, estimates of the size of these increases, and associated increases in harm, must be weighed against estimates of the costs and weaknesses of continuing prohibitions of supply. In pragmatic terms, the issue is whether more harm would be done, overall, by retaining the partly effective, costly prohibition of supply or by moving to a system of legalized regulated sales--wherein presumably more people would use more marijuana, but some of the costs imposed by prohibition of supply would be removed.

Regulatory Systems: Some Concrete Aspects

To this point, a policy of regulation has been discussed rather abstractly in contrast with the more concrete discussion of prohibition policies. Experimentation with varying systems of regulation followed by adjustment and readjustment based on experience would be necessary before those most appropriate for particular circumstances could be developed. This can be a complex matter. For instance, U.S. alcohol policy, developed with the repeal of Prohibition, consists of an umbrella of national policy and a wide variety of supporting state and local regulation. The national policy umbrella includes

controls on importation, taxation, potency, packaging, labeling, advertising, use in federal jurisdictions (e.g., parks, military installations), and use in systems regulated by the federal government (e.g., air transportation); it also provides funds and guidelines for the treatment of casualties of excessive use. Under the umbrella policy, states and local jurisdictions regulate taxes, retail sales, hours of availability, age limits, and the like, where supply is legal, or prohibit sales entirely. Some states have monopoly systems for package sales, others use licensed private stores. Historically, under this system, the strictness of controls has reflected local sentiment about the consumption of alcohol. Although few "dry" jurisdictions exist today, various degrees of local "dryness" were quite widespread until very recently (National Research Council, 1981).

Controlling Use

A regulated system of marijuana sale might attempt to moderate use by inhibiting the frequency of use and the amounts used as well as by prescribing conditions of purchase and use. However, it is likely that under a regulatory system consumption would in great part be controlled by informal social norms--as it is today.

Manipulating the price of the drug is an obvious means of inhibiting use. It has been argued that most adults would be willing to pay a higher price for legal marijuana than they currently pay for illegal supplies in return for not having to seek out "connections" and being relieved of the feeling that they may be supporting organized crime. A high price would be comparatively more restrictive for young people--precisely those whom one would most want to discourage from use--since, though they seem affluent compared with young people in previous times, their budgets are in fact more constrained than those of adults. The possibility of illegal markets selling to young people remains, but today's kind of illegal market for marijuana would probably shrink greatly under a regulatory system in the same way that illegal alcohol distribution systems have become so scarce. Young users would be much more likely to gain access to marijuana by diversion from the legal market--as they do today for alcohol--or from homegrown plants than from a wholly illegal chain of distributors. Such a development would make marijuana selling a less profitable and status-producing occupation among the young.

It has been suggested that if legal limits were imposed on the potency of legally available marijuana, a substantial illegal market for high-potency forms of the drug, including hashish, would still exist. Since it is likely that there would continue to be some users who prefer high-potency forms of cannabis, this is a reasonable concern. But there is no compelling a priori reason to believe that a legal structure for retail marijuana sales, which includes limits on potency, would result in any increase in the availability and use of high-potency products.

Home Cultivation

Cultivation of marijuana by users is another issue that would have to be confronted in devising a regulatory system. Growing marijuana without payment of a tax might be treated as a revenue offense. Without criminal penalties or vigorous enforcement, however, deterrent effects would be minimal since marijuana can be grown indoors anywhere in the United States using artificial light--and at comparatively little expense. A recent British study of options for marijuana control (Logan, 1979) suggests that, from a law enforcement perspective, it is not feasible to attempt to control home cultivation. Whether users would take the trouble to grow their own marijuana would depend in part on the legal price. The relatively high prices that might be charged in order to discourage use and to increase revenues would also tend to encourage home cultivation. Whatever its disadvantages, however, the use of homegrown marijuana at least would not bring users into contact with those who illegally sell the drug. With respect to young people, moreover, marijuana under cultivation is much harder for children to hide from parents than is the purchased prepared drug, and cultivation by juveniles could remain illegal if age limits on use were imposed. Nonetheless, the treatment of home cultivation represents a major issue for the design of a regulatory system.

Public Education

Excessive use may be discouraged by policies aimed at public education and at the use of the media, including a ban on commercial advertising. Although information

on how to use drugs, on drug hazards, and on the attributes of drugs is passed along most effectively through informal channels (see, e.g., Hanneman, 1972), media and education programs can make such information far more readily available.

Research on the communication of messages to the public has identified source credibility as a major factor contributing to the persuasive power of a message (McGuire, 1969). It appears that the public is now extremely wary of some government information programs that attempt to influence health behaviors. The credibility of the federal government may be especially suspect when it issues health warnings about an illegal substance that it is clearly trying to prohibit. Rosenthal (1979) asserts that distrust of the government and the medical establishment has grown because of past exaggerations and distortions of the effects of some mind-altering drugs.

Informal Social Controls

In an assessment of possibilities for governmental controls under a regulatory system, the operation of informal norms for controlling substance use practices must be taken into account (Maloff et al., 1980). National experience with alcohol use, for example, provides evidence that there are informal rituals and sanctions that generally encourage moderation in the use of recreational drugs. Moreover, moderation is encouraged when a drug is introduced gradually, that is, to a growing population of users, like marijuana in the 1960s and early 1970s. One might expect that when a new drug is introduced into a society, governmental control would be particularly important since no informal controls for teaching people appropriate rules for use would have developed. If a potent drug is made widely available precipitously and very cheaply to a novice population, severe societal disruptions may occur: for example, the gin epidemics of early eighteenth-century England (see Clark, 1976). Because in the past two decades informal norms for controlling marijuana use have spread in the United States under conditions of greatly increased availability of marijuana, there is reason to believe that widespread uncontrolled use would not occur under regulation. Indeed, regulation might facilitate patterns of controlled use by diminishing the "forbidden fruit" aspect of the

drug and perhaps increasing the likelihood that an adolescent would be introduced to the drug through families and friends who practice moderate use, rather than through their heaviest-using, most drug-involved peers.

Relations Among States

As has historically been the case with respect to alcohol, state governments differ in their approaches to marijuana. So long as present federal law continues to prohibit cultivation and distribution of marijuana, states cannot adopt a regulatory system, although they are legally free to reduce or eliminate their own penalties for sale and are not compelled to enforce federal laws. If federal law were changed, however, the institution of a regulatory system in one state would have reverberations in other states. Residents of states that continued to prohibit marijuana could be expected to cross state lines to purchase the drug in a state with a regulated system, thus further compromising the ability of states to enforce prohibition of supply among its residents. Furthermore, states that attempted to curtail consumption by raising prices might find their populations turning to lower-cost marijuana from neighboring states with lower prices. This is a familiar situation. Large numbers of both cigarettes and guns are smuggled illegally into New York from other states. Moreover, New Yorkers may travel to New Jersey to gamble in a casino, or Virginians to the District of Columbia to buy cheaper liquor. It is difficult to see how state prohibitions could remain effective if the number of states with regulatory systems grew very large unless the changes occurred in only one region of the country. However, there may be advantages in permitting a state-by-state approach. Conditions governing the costs and benefits both of partial prohibition and of regulation vary among the states. In this area of uncertainty, we may learn from experiment. If one regulatory system proved successful, other states would be more likely to adopt similar systems; similarly, if it worked poorly in one state, other states would be less inclined to adopt a regulatory policy.

Effects on Foreign Relations

The 1961 Single Convention on Narcotic Drugs, which now obligates the U.S. government to prevent the importation of marijuana and to prohibit the adoption of a licensing system by any state, is a serious (although not an insurmountable) obstacle to the adoption of a federal regulatory policy and the development of state licensing. The treaty allows a signatory to terminate its adherence to the agreement at any time after two years from the date of the convention. Of course the general impact of any move to withdraw from the convention includes a broad foreign policy context, which is beyond the expertise of this Committee to judge.

CONCLUSIONS

For the last decade, concern with health hazards attributable to marijuana has been rising. The hearts, lungs, reproductive functions, and mental abilities of children have been reported to be threatened by marijuana, and such threats are not to be taken lightly. Heavy use by anyone or any use by growing children should be discouraged. Although conclusive evidence is lacking of major, long-term public health problems caused by marijuana, they are worrisome possibilities, and both the reports and the a priori likelihood of developmental damage to some young users makes marijuana use a cause for extreme concern.

At the same time, the effectiveness of the present federal policy of complete prohibition falls far short of its goal--preventing use. An estimated 55 million Americans have tried marijuana, federal enforcement of prohibition of use is virtually nonexistent, and 11 states have repealed criminal penalties for private possession of small amounts and for private use. It can no longer be argued that use would be much more widespread and the problematic effects greater today if the policy of complete prohibition did not exist: The existing evidence on policies of partial prohibition indicates that partial prohibition has been as effective in controlling consumption as complete prohibition and has entailed considerably smaller social, legal, and economic costs. On balance, therefore, we believe that a policy of partial prohibition is clearly preferable to a policy of complete prohibition of supply and use.

We believe, further, that current policies directed at controlling the supply of marijuana should be seriously reconsidered. The demonstrated ineffectiveness of control of use through prohibition of supply and the high costs of implementing such a policy make it very unlikely that any kind of partial prohibition policy will be effective in reducing marijuana use significantly below present levels. Moreover, it seems likely to us that removal of criminal sanctions will be given serious consideration by the federal government and by the states in the foreseeable future. Hence, a variety of alternative policies should be considered.

At this time, the form of specific alternatives to current policies and their probable effect on patterns of use cannot be determined with confidence. It is possible that, after careful study, all alternatives will turn out to have so many disadvantages that none could command public consensus. To maximize the likelihood of sound policy for the long run, however, further research should be conducted on the biological, behavioral, developmental, and social consequences of marijuana use, on the structure and operation of drug markets, and on the relations of various conditions of availability to patterns of use.

RECOMMENDATIONS FOR RESEARCH

Health and Behavior

The persistent concern about the health-related effects of marijuana requires both an immediate and a continuing response. First, as the report of the Institute of Medicine (1982:5) recommends, there should be "a greatly intensified and more comprehensive program of research into the effects of marijuana on the health of the American people." An important goal of this research program should be the identification of subgroups at high risk for physiological and psychological damage in relation to patterns of use and doses of marijuana. The report presents a detailed agenda of needed research. Second, to the extent that potential health hazards are identified, policy research should address possible safeguards and precautions to protect the user.

If marijuana use can be scientifically shown to entail grave risks--to the brain, the cardiovascular and respiratory systems, or to reproductive functions, for

example--that are currently not known, it can be argued that, as was the case with cigarette smoking, knowledge of those effects will be more effective than criminal enforcement as a deterrent to use.

Drug Markets

Research on the price elasticity of demand in legal and illegal markets is a clear priority. The result of such research will be important in determining the likelihood of controlling heavy use through price mechanisms and in computing the amount of money--if any--that could be realized in taxation of marijuana.

Present knowledge of the structure and activities of drug markets and networks is insufficient to allow prediction of the effects of policy changes on them. Research in this area is difficult but the questions are important. If many dealers who sell cocaine, PCP, amphetamines, and barbiturates as well as marijuana would be put out of business if marijuana were available through legal channels, it might result in a curtailed market for a variety of other drugs. On the other hand, it is also possible that the market structure is so loosely organized, and dealers so transiently involved, that removing marijuana from the illegal markets would have little effect. To be sure, much research on some of these questions could not be conducted unless a regulatory system were in place in some state. Nonetheless, some research, particularly ethnographic and economic studies, should be undertaken now to discover the importance of marijuana profits to drug-dealing networks; the transiency, size, and nature of such networks; etc. It is essential for research in this area to be supported by appropriate government agencies.

Effects on Use

Although many questions remain to be answered before the most informed choices can be made between prohibiting and regulating supply, there are many things that cannot be known unless some jurisdiction tries a regulatory policy. Although adoption of a regulatory policy is likely to result in increased use, little is known about changes in patterns of use that are likely to result. If federal laws prohibiting supply are changed to allow

states to license marijuana sales, epidemiological research programs must be ready to monitor any changes in use and their consequences. To do so, research should be organized and operating well in advance of any such policy changes in order to determine rates of use before the change. Although the shift in the law from complete to partial prohibition in 11 states has apparently had little effect on consumption patterns there, we do not know the degree to which legally available marijuana would attract a larger market. The impact on use of educational campaigns, health warnings, and informal social controls under a regulatory system should be investigated.

In the absence of the opportunity for states to adopt regulatory policies, there can only be educated guesses about which age groups are likely to increase use or whether individuals who now use marijuana will use more, etc. Meanwhile, every bit of analysis to predict the answers to these questions, by surveying public attitudes, assessing past experiences with the spread of drug use in society (e.g., alcohol use following the repeal of Prohibition), and critically reviewing the experience of other societies in which marijuana is more readily available, will be valuable.

Marijuana regulation would permit systematic provision of comprehensive, clearly communicated health warnings on package inserts or covers, in public health education, by medical practitioners, and by public health interest groups as well as by the government. The extent to which such warnings would have more credibility for users than current health warnings, generated in an atmosphere of prohibition, is an important subject for research. Despite widespread pessimism about the failures of drug education campaigns, there are encouraging results in educational approaches based on the Stanford Heart Disease Prevention Program experience. With appropriate, research-based models and techniques, public health education may be an attractive means for limiting excessive use (see, e.g., Maccoby, 1979).

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APPENDIX: SUMMARY OF MARIJUANA AND HEALTH

The Institute of Medicine (IOM) of the National Academy of Sciences has conducted a 15-month study of the health-related effects of marijuana, at the request of the Secretary of Health and Human Services and the Director of the National Institutes of Health. The IOM appointed a 22-member committee to:

- analyze existing scientific evidence bearing on the possible hazards to the health and safety of users of marijuana;
- analyze data concerning the possible therapeutic value and health benefits of marijuana;
- assess federal research programs in marijuana;
- identify promising new research directions, and make suggestions to improve the quality and usefulness of future research; and
- draw conclusions from this review that would accurately assess the limits of present knowledge and thereby provide a factual, scientific basis for the development of future government policy.

This assessment of knowledge of the health-related effects of marijuana is important and timely because marijuana is now the most widely used of all the illicit drugs available in the United States. In 1979, more than 50 million persons had tried it at least once. There has been a steep rise in its use during the past decade, particularly among adolescents and young adults, although there has been a leveling-off in its overall use among high school seniors in the past 2 or 3 years and a small decline in the percentage of seniors who use it frequently. Although substantially more high school students have used alcohol than have ever used marijuana, more high school seniors use marijuana on a daily or near-daily basis (9 percent) than alcohol (6 percent). Much of the heavy use of marijuana, unlike alcohol, takes place in school, where effects on behavior, cognition, and psychomotor performance can be particularly disturbing. Unlike alcohol, which is rapidly metabolized and eliminated from the body, the psychoactive components of marijuana persist in the body for a long time. Similar to alcohol, continued use of marijuana may cause tolerance and dependence. For all these reasons, it is imperative that we have reliable and detailed information about the effects of marijuana use on health, both in the long and short term.

What, then, did we learn from our review of the published scientific literature? Numerous acute effects have been described in animals, in isolated cells and tissues, and in studies of human volunteers; clinical and epidemiological observations also have been reported. This information is briefly summarized in the following paragraphs.

EFFECTS ON THE NERVOUS SYSTEM AND ON BEHAVIOR

We can say with confidence that marijuana produces acute effects on the brain, including chemical and electrophysiological changes. Its most clearly established acute effects are on mental functions and behavior. With a severity directly related to dose, marijuana impairs motor coordination and affects tracking ability and sensory and perceptual functions important for safe driving and the operation of other machines; it also impairs short-term memory and slow learning. Other acute effects include feelings of euphoria and other mood changes, but there also are disturbing mental phenomena, such as brief periods of anxiety, confusion, or psychosis.

There is not yet any conclusive evidence as to whether prolonged use of marijuana causes permanent changes in the nervous system or sustained impairment of brain function and behavior in human beings. In a few unconfirmed studies in experimental animals, impairment of learning and changes in electrical brain-wave recordings have been observed several months after the cessation of chronic administration of marijuana. In the judgment of the committee, widely cited studies purporting to demonstrate that marijuana affects the gross and microscopic structure of the human or monkey brain are not convincing; much more work is needed to settle this important point.

Chronic relatively heavy use of marijuana is associated with behavioral dysfunction and mental disorders in human beings, but available evidence does not establish if marijuana use under these circumstances is a cause or a result of the mental condition. There are similar problems in interpreting the evidence linking the use of marijuana to subsequent use of other illicit drugs, such as heroin or cocaine. Association does not prove a causal relation, and the use of marijuana may merely be symptomatic of an underlying

disposition to use psychoactive drugs rather than a "stepping stone" to involvement with more dangerous substances. It is also difficult to sort out the relationship between use of marijuana and the complex symptoms known as the amotivational syndrome. Self-selection and effects of the drug are probably both contributing to the motivational problems seen in some chronic users of marijuana.

Thus, the long-term effects of marijuana on the human brain and on human behavior remain to be defined. Although we have no convincing evidence thus far of any effects persisting in human beings after cessation of drug use, there may well be subtle but important physical and psychological consequences that have not been recognized.

EFFECTS ON THE CARDIOVASCULAR AND RESPIRATORY SYSTEMS

There is good evidence that the smoking of marijuana usually causes acute changes in the heart and circulation that are characteristic of stress, but there is no evidence to indicate that a permanently deleterious effect on the normal cardiovascular system occurs. There is good evidence to show that marijuana increases the work of the heart, usually by raising heart rate and, in some persons, by raising blood pressure. This rise in workload poses a threat to patients with hypertension, cerebrovascular disease, and coronary atherosclerosis.

Acute exposure to marijuana smoke generally elicits broncho-dilation; chronic heavy smoking of marijuana causes inflammation and pre-neoplastic changes in the airways, similar to those produced by smoking of tobacco. Marijuana smoke is a complex mixture that not only has many chemical components (including carbon monoxide and "tar") and biological effects similar to those of tobacco smoke, but also some unique ingredients. This suggests the strong possibility that prolonged heavy smoking of marijuana, like tobacco, will lead to cancer of the respiratory tract and to serious impairment of lung function. Although there is evidence of impaired lung function in chronic smokers, no direct confirmation of the likelihood of cancer has yet been provided, possibly because marijuana has been widely smoked in this country for only about 20 years, and data have not been collected systematically in other countries with a much longer history of heavy marijuana use.

EFFECTS ON THE REPRODUCTIVE SYSTEM AND ON CHROMOSOMES

Although studies in animals have shown that delta-9-THC (the major psychoactive constituent of marijuana) lowers the concentration in blood serum of pituitary hormones (gonadotropins) that control reproductive functions, it is not known if there is a direct effect on reproductive tissues. Delta-9-THC appears to have a modest reversible suppressive effect on sperm production in men, but there is no proof that it has a deleterious effect on male fertility. Effects on human female hormonal function have been reported, but the evidence is not convincing. However, there is convincing evidence that marijuana interferes with ovulation in female monkeys. No satisfactory studies of the relation between use of marijuana and female fertility and child-bearing have been carried out. Although delta-9-THC is known to cross the placenta readily and to cause birth defects when administered in large doses to experimental animals, no adequate clinical studies have been carried out to determine if marijuana use can harm the human fetus. There is no conclusive evidence of teratogenicity in human offspring, but a slowly developing or low-level effect might be undetected by the studies done so far. The effects of marijuana on reproductive function and on the fetus are unclear; they may prove to be negligible, but further research to establish or rule out such effects would be of great importance.

Extracts from marijuana smoke particulates ("tar") have been found to produce dose-related mutations in bacteria; however, delta-9-THC, by itself, is not mutagenic. Marijuana and delta-9-THC do not appear to break chromosomes, but marijuana may affect chromosome segregation during cell division, resulting in an abnormal number of chromosomes in daughter cells. Although these results are of concern, their clinical significance is unknown.

THE IMMUNE SYSTEM

Similar limitations exist in our understanding of the effects of marijuana on other body systems. For example, some studies of the immune system demonstrate a mild, immunosuppressant effect on human beings, but other studies show no effect.

THERAPEUTIC POTENTIAL

The committee also has examined the evidence on the therapeutic effects of marijuana in a variety of medical disorders. Preliminary studies suggest that marijuana and its derivatives or analogues might be useful in the treatment of the raised intraocular pressure of glaucoma, in the control of the severe nausea and vomiting caused by cancer chemotherapy, and in the treatment of asthma. There also is some preliminary evidence that a marijuana constituent (cannabidiol) might be helpful in the treatment of certain types of epileptic seizures, as well as for spastic disorders and other nervous system diseases. But, in these and all other conditions, much more work is needed. Because marijuana and delta-9-THC often produce troublesome psychotropic or cardiovascular side-effects that limit their therapeutic usefulness, particularly in older patients, the greatest therapeutic potential probably lies in the use of synthetic analogues of marijuana derivatives with higher ratios of therapeutic to undesirable effects.

THE NEED FOR MORE RESEARCH ON MARIJUANA

The explanation for all of these unanswered questions is insufficient research. We need to know much more about the metabolism of the various marijuana chemical compounds and their biologic effects. This will require many more studies in animals, with particular emphasis on subhuman primates. Basic pharmacologic information obtained in animal experiments will ultimately have to be tested in clinical studies on human beings.

Until 10 or 15 years ago, there was virtually no systematic, rigorously controlled research on the human health-related effects of marijuana and its major constituents. Even now, when standardized marijuana and pure synthetic cannabinoids are available for experimental studies, and good qualitative methods exist for the measurement of delta-9-THC and its metabolites in body fluids, well-designed studies on human beings are relatively few. There are difficulties in studying the clinical effects of marijuana in human beings, particularly the effects of long-term use. And yet, without such studies the debate about the safety or hazard of marijuana will remain unresolved. Prospective

cohort studies, as well as retrospective case-control studies, would be useful in identifying long-term behavioral and biological consequences of marijuana use.

The federal investment in research on the health-related effects of marijuana has been small, both in relation to the expenditure on other illicit drugs and in absolute terms. The committee considers the research particularly inadequate when viewed in light of the extent of marijuana use in this country, especially by young people. We believe there should be a greater investment in research on marijuana, and that investigator-initiated research grants should be the primary vehicle of support.

The committee considers all of the areas of research on marijuana that are supported by the National Institute on Drug Abuse to be important, but we did not judge the appropriateness of the allocation of resources among those areas, other than to conclude that there should be increased emphasis on studies in human beings and other primates. Recommendations for future research are presented at the end of Chapters 1-7 of this report.

CONCLUSIONS

The scientific evidence published to date indicates that marijuana has a broad range of psychological and biological effects, some of which, at least under certain conditions, are harmful to human health. Unfortunately, the available information does not tell us how serious this risk may be.

The major conclusion is that what little we know for certain about the effects of marijuana on human health--and all that we have reason to suspect--justifies serious national concern. Of no less concern is the extent of our ignorance about many of the most basic and important questions about the drug. Our major recommendation is that there be a greatly intensified and more comprehensive program of research into the effects of marijuana on the health of the American people.

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. Cyner, 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 \S 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, rule 24(c); AS 17.12.010, 17.12.150.

2. Constitutional Law \S 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 \S 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 \S 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 \S 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, \S 22; U.S.C.A. Const. Amendments. 1, 3-5, 14.

6. Constitutional Law \S 82
Drugs and Narcotics \S 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, \S 22.

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, barter, 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 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 *Breece 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 24(e). Cf. *Moran v. Holman*, 501 P.2d 769, 770 n. 1 (Alaska 1972).

3. 501 P.2d at 171. See *State v. Wylie*, 516 P.2d 142 (Alaska 1973); *State v. Van Dort*, 502 P.2d 453 (Alaska 1972); *Gray v. State*, 525 P.2d 524, 527 (Alaska 1974); *Gilbert v. State*, 520 P.2d 1131, 1133 (Alaska 1974); *State v. Adams*, 523 P.2d 1125 (Alaska 1974).

537 P.2d—32

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. *Bates 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, 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*, 381 U.S. 479, 497, 85 S.Ct. 3678, 14 L.Ed.2d 510, 523 (1965).

6. See *Concerned Citizens v. Kennel Peninsula Borough*, 527 P.2d 417, 452 (Alaska 1974); *Mobil Oil Corp. v. Loc-1 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).

1977-1978

FAIRBANKS, ALASKA, THE CITY OF FAIRBANKS, ALASKA, MAY 14, 1978

MYERS SAID SHE WILL NOT SUPPORT THE PROPOSAL TO CHANGE

WALKER DOES NOT FEEL THAT COMMERCIAL AND PASSENGER PROBLEMS ARE TWO SEPARATE ISSUES. THE CITY DOES NOT ENFORCE THE STATE LAW TO NOT LEAVE UNATTENDED VEHICLES BUNKED.

BARBARA KALIN SAID TRUCKS PARKED BY HER HOUSE TO WALK TO BROADWAY TO GET THE ALCOHOL. MANY BUSES PARK THERE TOO.

HELEN CLAPPE SAID THAT IT IS JUST AS HAZARDOUS TO DRIVE ON BROADWAY AS IT IS ON STATE STREET.

MCBRIDE ASKED HOW MANY OFF STREET PARKING SPACES MARY'S BED & BREAKFAST AND JIMMY GENTILE SAID 6 TO 8 SPACES.

ROLL CALL VOTE TO ADOPT ORDINANCE 87- LEVINE AYE, MYERS NAY, WALKER AYE, MCBRIDE AYE, FAIRBANKS AYE. 4 AYES, 1 NAY. MOTION PASSED.

MEETING RECESSED 8:40 PM

RETURNED TO REGULAR ORDER OF BUSINESS 8:50 PM

MAYOR READ RESOLUTION 87-3P URGING STATE LEGISLATURE TO SUPPORT AND MAINTAIN POLICE ACADEMY AT SITKA. MCBRIDE MADE MOTION TO ADOPT RESOLUTION 87-3P. SECONDED BY FAIRBANKS. ROLL CALL VOTE PASSED UNANIMOUSLY.

MAYOR READ A RESOLUTION SUPPORTING THE PEEL TO MAKE MARIJUANA ILLEGAL. MCBRIDE MADE MOTION TO ADOPT RESOLUTION. SECONDED BY MYERS. AFTER A COUNCIL DISCUSSION ROLL VOTE WENT: WALKER NAY, MCBRIDE NAY, FAIRBANKS AYE, LEVINE NAY, MYERS NAY. 4 NAYS, 1 AYE. MOTION FAILED.

UNFINISHED BUSINESS: NONE

NEW BUSINESS:

MCBRIDE MADE MOTION THAT IPHENE'S INN ALLOW MINORS ON THEIR PREMISES WHERE LIQUOR IS SOLD. SECONDED BY LEVINE. VOICE VOTE. MOTION PASSED UNANIMOUSLY.

CITY MANAGER REPORT:

BOYLE SAID THAT COMMUNITY & REGIONAL AFFAIRS MAY BE ABLE TO SEND ONE OR MORE OF THEIR PEOPLE TO SKAGWAY TO WORK ON THE REZONING PLAN AND ZONING ORDINANCE CHANGES.

CITY MANAGER REPORTED THAT THE CITY GENERATED PAYOFF AND TRADING PROFIT OF \$2,900.

BOYLE SAID THAT SKAGWAY AIR HAS EXPRESSED AN INTEREST IN BUYING THE OLD GYM.

CMS COUNCIL WOULD LIKE THE BALANCE OF THEIR FUNDING TURNED OVER TO THEM.

ASSESSORS HAVE COMPLETED THEIR WORK WITH THE RESULT OF A NET DECREASE IN TAX BASE.

THE HOUSING DEPARTMENT HAS RECEIVED REQUESTS FROM THE CITY'S LEADERS REGARDING THE FULL TIME

THIS WAS SENT TO ME BY REP. JIM
ZAWACKI INDICATING AN ENDORSEMENT BY
THE ANCHORAGE SCHOOL DISTRICT. I QUESTIONED
TWO - BOARD MEMBERS ABOUT THEIR
SUPPORT OF MARIJUANA CRIMINALIZATION.
THEY STATED THEY HAD BEEN APPROACHED
TO PASS A RESOLUTION IN SUPPORT
OF RECRIMINALIZATION AND THE BOARD
SPECIFICALLY DECIDED NOT TO PASS
SUCH A RESOLUTION.

C. J. Hamme



ANCHORAGE
SCHOOL DISTRICT

4600 DeBarr Avenue - Anchorage, Alaska
99504

AREA CODE 907-333-9561

2508 Blueberry Phone #276-1992

October 23, 1986

Ms. Alyce Hanley
Representative
1024 E. 6th Ave., Suite 200 A
Anchorage, Ak 99501

Dear Rep. Hanley:

I have enclosed for your information the names of the schools that were in attendance at the Alaska Association of School Governments fall conference held at Dimond High school. The list also contains the name of the student that was designated by their school to serve as the spokesperson on business items.

The students did finish the just say no flag and have made arrangements for the flag to be sent to Juneau and presented to the governor. The students also passed a resolution during their business meeting to support the establishment of Just say No clubs in schools, support for additional Drug Education Programs and unanimous support for repealing the current marijuana statute for the state of Alaska. I have taken the liberty of enclosing a copy of the resolution for you. I think it would be wonderful if you would present this resolution to the house for the students. Likewise, if you could recommend a senator, perhaps Jan Faiks, that would like to do the same in the senate, I would be interested in your recommendation.

Please let me know if it is possible for you to present the resolution on behalf of the students. If I can be of any further assistance to you, please let me know.

Also for your information, the Alaska Association of Secondary School Principals passed a resolution for repeal of the marijuana statute. Larry Graham would be the contact person for information about that resolution.

Thank you for your continued support of students & education.

Sincerely,

Teresa Johnson, Program Administrator

TJ:svr

cc: Dennis Johnson
St. Dir. AASG

ANCHORAGE SCHOOL DISTRICT



ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box Y, State Capitol
Juneau, Alaska 99811-3100
Mail Stop 3100
(907) 465-3991

December 3, 1986

MEMORANDUM

TO: Representative Alyce Hanley

ATTN: Cassie Russell

FROM: Penelope Weyhrauch
Legislative Analyst

RE: Recriminalization of Marijuana
Research Request 87.047

You requested a discussion of federal and State law criminalizing marijuana, and were interested in which states had amended their constitutions to conform with federal drug law. You also asked for information on recriminalizing marijuana in Alaska by constitutional amendment and/or legislation.

Federal Law

The Comprehensive Drug Abuse Prevention and Treatment (CDAPT) Act of 1970 (also known as the Controlled Substances Act) criminalizes the possession and distribution of marijuana. Under the act, possession of any amount of marijuana is a criminal offense. Both a fine and incarceration can be imposed on a person possessing marijuana, subject to a court's discretion. Any offense other than simple possession (first offense) is a felony. Attachment A contains a copy of applicable sections of the CDAPT Act.

The Anti Drug Abuse Act of 1986 set mandatory sentences for simple possession of marijuana and for possession with intent to distribute. Penalties are specified in Table 1. The act also specified penalties for distributing drugs to juveniles and pregnant women, distributing drugs near schools and appropriated funds for states to improve narcotics control.

Federal drug laws may be enforced in any state by federal agents. State law enforcement officers may also enforce federal drug laws. According to Gretchen Derr, Special Assistant to the Alaska Commissioner of Public Safety, Alaska State Police usually will not pursue a federal offense until the U.S. Attorney's office authorizes such action.

TABLE 1
FEDERAL PENALTIES FOR THE POSSESSION OF MARIJUANA

	First Offense		Second Offense	
	Fine (000)	Incarceration (Years)	Fine (000)	Incarceration (Years)
<u>Simple Possession</u>	\$5	1 or probation	\$1 to \$5*	1*
<u>Possession with Intent to Distribute</u>				
Quantity (kilograms):				
0 to 50				
individual	250	5	500	10
corporation	1,000		2,000	
50 to 99				
individual	1,000	20	2,000	30
corporation	5,000		10,000	
100 to 999				
individual	2,000	5 to 40*	4,000	10 to life*
corporation	5,000		10,000	
1000 and up				
individual	5,000	10 to life*	8,000	20 to life*
corporation	10,000		20,000	
<u>Cultivation:</u>				
< 100 plants & 0-50 kg	250	5	500	10
> 100 plants & 0-99 kilograms	1,000	20	2,000	30

NOTES:

*--Mandatory Sentencing.

Simple possession by quantity is not defined in federal law. A first offender of simple possession will often be put on probation, with the record expunged after the completion of probation. If the offense is repeated, courts then apply either the first or second offense penalties.

Possession with intent to distribute can be inferred by the quantity of marijuana in possession, even if a sale has not occurred. Distribution of a small amount of marijuana for no remuneration is often treated as simple possession.

Cultivation of more than 100 plants with a weight greater than 99 kilograms, carries the same penalties, according to the quantity, as possession with intent to distribute.

"Corporation" includes any organization, association, or group of drug traffickers.

Prepared by the House Research Agency, December 1986.

Representative Hanley
December 3, 1986
Page 3

According to Jim Walsh, Assistant Attorney with the U.S. Department of Justice Controlled Substance Unit, the federal government has no interest in prosecuting for possession of small amounts of marijuana. Federal enforcement agencies are interested in the smuggling and trafficking of large amounts and rarely pursue or prosecute small-scale possessors.

State Law

Although most states have traditionally followed the federal lead regarding drug legislation, a state is not in violation of federal law because its prohibitions on the possession and distribution of marijuana differ from federal law. Adoption of federal provisions in this area is not mandatory, and states may develop their own policies regarding marijuana within their state boundaries. No state has amended its constitution in order to conform with federal drug legislation. The Uniform Controlled Substance Act of 1970--model legislation drafted by the National Conference of Commissioners on Uniform State Laws--was designed to make state laws more compatible with federal law. Between 35 and 40 states have adopted the Uniform Act.

State marijuana laws are listed on Table 2. As shown on this table, eleven states--Alaska, California, Colorado, Maine, Minnesota, Mississippi, Nebraska, New York, North Carolina, Ohio, and Oregon--have decriminalized marijuana. Decriminalization means that the possession of marijuana is considered a civil offense or a criminal infraction and is not punishable by incarceration. In states which have decriminalized marijuana, a citation and a small fine are the usual penalties for violations. None of the states that have decriminalized marijuana have recriminalized it.

Twenty-eight states allow for a conditional discharge for first-time, simple possession violators; defendants are released, generally without an adjudication of guilt, on condition that they satisfy certain requirements, such as participation in a drug education program. In Massachusetts, a first offense possessor of any amount of marijuana is subject only to probation.

State laws relating to subsequent violation of simple possession provisions and for cultivation and selling marijuana vary greatly. In a majority of states, cultivation is punished as heavily as the sale of marijuana.

TABLE 2
STATE MARIJUANA LAWS

PREPARED BY THE NATIONAL ORGANIZATION FOR THE REFORM OF MARIJUANA LAWS (NORML)
SPRING 1985

State	Amount ¹	Possession	Cultivation	Sale	State	Amount ¹	Possession	Cultivation	Sale
Federal Law	any amount	0-1 yr. & \$5,000*	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000	Missouri	up to 35 gms.	0-1 yr. & \$1,000	0-5 yrs. & \$1,000	5 yrs. life
Alabama†	up to 2.2 lbs. for personal use	0-1 yr. & \$1,000	2-15 yrs. & \$25,000	2-15 yrs. & \$25,000	Montana†	over 35 gms.	0-5 yrs. & \$1,000	0-5 yrs. & \$1,000	5 yrs. life
	up to 2.2 lbs. not for personal use	2-15 yrs. & \$25,000	2-15 yrs. & \$25,000	2-15 yrs. & \$25,000	Nebraska	up to 60 gms.	0-6 mos. & \$500	1 yr. life & \$50,000	1 yr. life & \$50,000
	2.2-2,000 lbs.	3-15 yrs. & \$25,000	3-15 yrs. & \$25,000	3-15 yrs. & \$25,000		over 60 gms.	0-5 yrs. & \$70,000	1 yr. life & \$30,000	1 yr. life & \$30,000
	2,000-10,000 lbs.	5-15 yrs. & \$50,000	5-15 yrs. & \$50,000	5-15 yrs. & \$50,000		up to 1 oz. over 60 gms.	\$100 & drug ed.	0-5 yrs. & \$10,000	0-5 yrs. & \$10,000
	over 10,000 lbs.	15 yrs. & \$200,000	15 yrs. & \$200,000	15 yrs. & \$200,000		1 oz.-1 lb.	0-7 days & \$500	0-5 yrs. & \$10,000	0-5 yrs. & \$10,000
Alaska	any amount for personal home use	Legal	Legal	N.A.	Nevada†	up to 1 lb.	0-5 yrs. & \$10,000	0-5 yrs. & \$10,000	0-5 yrs. & \$10,000
	any amount not in a public place for personal use	\$0-\$100	\$0-\$100	N.A.		up to 1 oz. by person under 21	0-6 yrs.* & \$2,000	1-15 yrs. & \$5,000	1-15 yrs. & \$5,000
	up to 2.2 lbs.	\$0-\$100	\$0-\$100	0-1 yr. & \$1,000		up to 100 lbs. (any age)	probation-6 yrs. & \$5,000	1-15 yrs. & \$5,000	1-15 yrs. & \$5,000
	public use or display over 1 oz. or poss. over 4 oz.	0-90 days & \$1,000	N.A.	0-5 yrs. & \$10,000		100-2,000 lbs.	3-20 yrs. & \$25,000	3-20 yrs. & \$25,000	3-20 yrs. & \$25,000
Arizona†	any amount not for sale	1.5 yrs. & \$0-\$150,000	1.5 yrs. & \$0-\$150,000	N.A.		2,000-10,000 lbs.	5-20 yrs. & \$50,000	5-20 yrs. & \$50,000	5-20 yrs. & \$50,000
	any amount for sale	4 yrs. & \$0-\$150,000	4 yrs. & \$0-\$150,000	7 yrs. & \$0-\$150,000		over 10,000 lbs.	15 yrs. life & \$200,000	15 yrs. life & \$200,000	15 yrs. life & \$200,000
Arkansas†	up to 1 oz. for personal use	0-1 yr.* & \$1,000	2-10 yrs. & \$10,000	2-10 yrs. & \$10,000	New Hampshire†	up to 1 lb.	0-1 yr. & \$1,000	0-15 yrs. & \$2,000	0-15 yrs. & \$2,000
	1 oz.-10 lbs.	4-10 yrs. & \$25,000	4-10 yrs. & \$25,000	4-10 yrs. & \$25,000		over 1 lb.	0-7 yrs. & \$2,000	0-15 yrs. & \$2,000	0-15 yrs. & \$2,000
	10 lbs.-100 lbs.	5-20 yrs. & \$50,000	5-20 yrs. & \$50,000	5-20 yrs. & \$50,000	New Jersey†	up to 25 gms.	0-6 mos.* & \$500	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000
	over 100 lbs.	6-30 yrs. & \$100,000	6-30 yrs. & \$100,000	6-30 yrs. & \$100,000		over 25 gms.	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000
California†	up to 1 oz.	\$0-\$100	16 mo., 2 or 3 yrs.	2,3, or 4 yrs.	New Mexico†	up to 1 oz.	0-15 days & \$100	9 yrs. & \$10,000	18 mos. & \$5,000
	over 1 oz.	0-6 mos. \$500	16 mo., 2 or 3 yrs.	2,3, or 4 yrs.		1 oz.-8 oz.	0-1 yr. & \$1,000	9 yrs. & \$10,000	18 mos. & \$5,000
Colorado†	0-1 oz. not in public	\$0-\$100	2-4 yrs.	2-4 yrs.		8 oz.-100 lbs.	0-18 mos. & \$5,000	9 yrs. & \$10,000	18 mos. & \$5,000
	0-1 oz. in public	0-15 days \$0-\$100	2-4 yrs.	2-4 yrs.		over 100 lbs.	3 yrs. & \$5,000	9 yrs. & \$10,000	3 yrs. & \$5,000
	1 oz.-8 oz.	0-2 yrs. \$0-\$500	2-4 yrs.	2-4 yrs.	New York†	up to 25 gms. in private	\$0-\$100	0-1 yr. & \$1,000	0-1 yr. & \$1,000
	over 8 oz.	1-2 yrs.	2-4 yrs.	2-4 yrs.		25 gms.-2 oz.	0-3 mos. & \$500	0-1 yr. & \$1,000	0-4 yrs.
Connecticut†	up to 4 oz.	0-1 yr. & \$1,000	0-7 yrs. & \$1,000	0-7 yrs. & \$1,000		2-1 oz.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-4 yrs.
	4 oz.-2.2 lbs.	0-5 yrs. & \$2,000	0-7 yrs. & \$1,000	0-7 yrs. & \$1,000		4-8 oz.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-7 yrs.
	over 2.2 lbs.	0-5 yrs. & \$2,000	5-20 yrs.	5-20 yrs.		8 oz.-1 lb.	0-4 yrs.	0-4 yrs.	0-7 yrs.
Delaware	up to 50 lbs.	0-2 yrs.* & \$500	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000		1-10 lbs.	0-7 yrs.	0-7 yrs.	0-15 yrs.
	50-100 lbs.	3 yrs. & \$50,000	3-10 yrs. & \$50,000	3-10 yrs. & \$50,000		over 10 lbs.	0-15 yrs.	0-15 yrs.	0-15 yrs.
	1,000-5,000 lbs.	5 yrs. & \$100,000	5 yrs. & \$100,000	5 yrs. & \$100,000	North Carolina†	up to 1 oz.	\$0-\$100	0-2 yrs. & \$2,500	0-2 yrs. & \$2,500
	over 5,000 lbs.	15 yrs. & \$400,000	15 yrs. & \$400,000	15 yrs. & \$400,000		over 1 oz.	0-2 yrs. & \$2,000	0-2 yrs. & \$2,000	0-2 yrs. & \$2,000
Florida†	up to 20 gms.	0-1 yr.* & \$1,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000		up to .5 oz. not in vehicle	0-30 days* & \$100	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000
	20 gms.-100 lbs.	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000		.5-1 oz. or up to .5 oz. in vehicle	0-1 yr. & \$1,000	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000
	100-2,000 lbs.	3-10 yrs. & \$25,000	3-10 yrs. & \$25,000	3-10 yrs. & \$25,000		over 1 oz.	0-5 yrs. & \$5,000	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000
	2,000-10,000 lbs.	5-30 yrs. & \$50,000	5-30 yrs. & \$50,000	5-30 yrs. & \$50,000	Ohio†	up to 100 gms.	\$0-\$100*	6 mos.-5 yrs. & \$2,500	6 mos.-5 yrs. & \$2,500
	over 10,000 lbs.	15-30 yrs. & \$200,000	15-30 yrs. & \$200,000	15-30 yrs. & \$200,000		100-200 gms.	0-30 days & \$250	6 mos.-5 yrs. & \$2,500	6 mos.-5 yrs. & \$2,500
Georgia†	up to 1 oz.	0-1 yr.* & \$1,000	1-10 yrs.	1-10 yrs.		200-900 gms.	6 mos.-5 yrs. & \$2,500	1-10 yrs. & \$5,000	1-10 yrs. & \$5,000
	1 oz.-100 lbs.	1-10 yrs.	1-10 yrs.	1-10 yrs.	Oklahoma†	any amount	0-1 yr.*	2-10 yrs. & \$5,000	2-10 yrs. & \$5,000
	100-2,000 lbs.	5-10 yrs. & \$25,000	5-10 yrs. & \$25,000	5-10 yrs. & \$25,000	Oregon†	up to 1 oz.	\$0-\$100	0-10 yrs. & \$2,500	0-10 yrs. & \$2,500
	2,000-10,000 lbs.	7-10 yrs. & \$50,000	7-10 yrs. & \$50,000	7-10 yrs. & \$50,000		over 1 oz.	probation-10 yrs. & \$2,500	0-10 yrs. & \$2,500	0-10 yrs. & \$2,500
	over 10,000 lbs.	15 yrs. & \$200,000	15 yrs. & \$200,000	15 yrs. & \$200,000	Pennsylvania	up to 30 gms.	0-30 days* & \$500	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000
Hawaii	up to 1 oz.	0-30 days* & \$500	0-30 days & \$500	0-1 yr. & \$1,000		over 30 gms.	0-1 yr. & \$5,000	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000
	1-2 oz.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-1 yr. & \$1,000	Rhode Island†	any amount	0-1 yr. & \$500	0-30 yrs. & \$50,000	0-30 yrs. & \$50,000
	2 oz.-2.2 lbs.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-5 yrs. & \$5,000	South Carolina†	up to 1 oz.	0-30 days* & \$200	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
	over 2.2 lbs.	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000		over 1 oz.	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
Idaho	up to 3 oz.	0-1 yr.* & \$1,000	0-5 yrs. & \$1,000	0-5 yrs. & \$1,000	South Dakota	up to 1 oz.	0-30 days & \$100	0-30 days & \$100	0-1 yr. & \$1,000
	over 3 oz.	0-5 yrs. & \$10,000	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000		1 oz.-1 lb.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-2 yrs. & \$2,000
Illinois†	under 2.5 gms.	0-30 days* & \$500	0-6 mos. & \$500	0-8 mos. & \$500		1-10 lbs.	0-2 yrs. & \$2,000	0-2 yrs. & \$2,000	0-10 yrs. & \$10,000
	2.5-10 gms.	0-6 mos. & \$500	0-1 yr. & \$1,000	0-1 yr. & \$1,000		over 10 lbs.	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000	0-10 yrs. & \$10,000
	10-30 gms.	0-1 yr. & \$1,000	1-3 yrs. & \$10,000	1-3 yrs. & \$10,000	Tennessee†	up to .5 oz.	0-1 yr. & \$1,000	1-5 yrs. & \$1,000	0-1 yr. & \$1,000
	30-500 gms.	1-3 yrs. & \$10,000	2-5 yrs. & \$50,000	2-5 yrs. & \$50,000		.5 oz.-10 lbs.	0-1 yr. & \$1,000	1-5 yrs. & \$1,000	1-5 yrs. & \$1,000
	over 500 gms.	2-5 yrs. & \$10,000	3-7 yrs. & \$100,000	3-7 yrs. & \$100,000		over 10 lbs.	4-10 yrs. & \$10,000	4-10 yrs. & \$10,000	4-10 yrs. & \$10,000

TABLE 2
STATE MARIJUANA LAWS

State	Quantity	Penalty 1	Penalty 2	Penalty 3	State	Quantity	Penalty 1	Penalty 2	Penalty 3
Indiana	up to 30 gms	0-1 yr.* & \$5,000	0-1 yr. & \$5,000	0-1 yr. & \$5,000	Texas†	up to 2 oz	0-6 mos.* & \$1,000	0-6 mos. & \$1,000	2-10 yrs. & \$5,000
	over 30 gms	0-2 yrs. & \$10,000	0-2 yrs. & \$10,000	0-2 yrs. & \$10,000		2-10 oz	0-1 yr. & \$2,000	0-1 yr. & \$2,000	2-10 yrs. & \$5,000
Iowa†	any amount	0-6 mos.* & \$2,500	0-5 yrs. & \$2,500	0-5 yrs. & \$10,000	Utah	over 1 oz	2-10 yrs.* & \$5,000	2-10 yrs. & \$5,000	2-20 yrs. & \$10,000
Kansas	any amount	0-1 yr.* & \$2,500	0-1 yr. & \$2,500	1-10 yrs. & \$10,000		any amount	0-6 mos.* & \$200	0-5 yrs. & \$1,000	0-5 yrs. & \$5,000
Kentucky	up to 8 oz.	0-90 days* & \$250	0-90 days & \$250	0-1 yr. & \$500	Vermont†	up to 1 oz	0-6 mos. & \$500	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
	8 oz.-5 lbs.	0-1 yr. & \$500	see footnote * below	1-5 yrs. & \$5,000		1-2 oz.	0-3 yrs. & \$1,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
	over 5 lbs.	0-1 yr. & \$500	1-5 yrs. & \$5,000*	5-10 yrs. & \$10,000		over 2 oz.	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
Louisiana†	up to 100 lbs.	0-6 mos.* & \$500	0-10 yrs. & \$15,000	0-10 yrs. & \$15,000	Virginia†	up to .5 oz.	0-30 days & \$500	0-30 days & \$500	0-1 yr. & \$1,000
	100-2,000 lbs.	5-15 yrs. & \$50,000	5-15 yrs. & \$50,000	5-15 yrs. & \$50,000		.5 oz.-5 lbs.	0-30 days & \$500	0-30 days & \$500	0-10 yrs. & \$10,000
	2,000-10,000 lbs.	15-25 yrs. & \$200,000	15-25 yrs. & \$200,000	15-25 yrs. & \$200,000		over 5 lbs.	0-30 days & \$500	5-30 yrs.	5-30 yrs.
	over 10,000 lbs.	25-35 yrs. & \$500,000	25-35 yrs. & \$500,000	25-35 yrs. & \$500,000	Washington†	up to 10 gms.	0-90 days & \$250	0-5 yrs. & \$10,000	0-5 yrs. & \$10,000
Maine†	any amount for personal use	\$0-\$200	\$0-\$200	0-1 yr. & \$1,000	West Virginia†	up to 15 gms	discharge*	1-5 yrs. & \$15,000	1-5 yrs. & \$15,000
	up to 1.5 oz.	\$0-\$200	\$0-\$200	0-1 yr. & \$1,000		over 15 gms	90 days-6 mos. & \$1,000	1-5 yrs. & \$15,000	1-5 yrs. & \$15,000
	1.5 oz.-2 lbs.	0-1 yr. & \$1,000	0-1 yr. & \$1,000	0-1 yr. & \$1,000	Wisconsin†	any amount	0-30 days* & \$500	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000
	2-1,000 lbs.	0-5 yrs. & \$2,500	0-5 yrs. & \$2,500	0-5 yrs. & \$2,500		Wyoming	any amount	0-6 mos.* & \$1,000	0-6 mos. & \$1,000
Maryland	any amount for personal use	0-1 yr.* & \$1,000	0-1 yr. & \$1,000	0-5 yrs. & \$15,000					
	any other amount import over 100 lbs. into state	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000					
Massachusetts	any amount	probation*	0-2 yrs. & \$5,000	0-2 yrs. & \$5,000	America Samoa	any amount	0-1 yr.* & \$500	0-20 yrs. & \$20,000	0-20 yrs. & \$20,000
Michigan†	any amount use	0-1 yr.* & \$1,000	0-4 yrs. & \$5,000	0-4 yrs. & \$5,000	District of Columbia	any amount	0-1 yr.* & \$1,000	0-1 yr. & \$1,000	0-1 yr. & \$1,000
	up to 1.5 oz.	\$0-\$100	0-5 yrs. & \$30,000	0-5 yrs. & \$30,000	Guam	any amount	0-3 mos.* & \$500	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
Minnesota†	over 1.5 oz	0-3 yrs. & \$3,000	0-5 yrs. & \$30,000	0-5 yrs. & \$30,000	Puerto Rico	any amount	1-5 yrs.* & \$5,000	5-20 yrs. & \$20,000	5-20 yrs. & \$20,000
Mississippi	up to 1 oz. not in vehicle	\$100-\$250	0-3 yrs. & \$3,000	0-3 yrs. & \$3,000	Trust Territory of Micronesia	up to 1 oz.	\$0-\$50	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
	1 gm-1 oz. in vehicle	0-90 days & \$1,000	0-3 yrs. & \$3,000	0-3 yrs. & \$3,000	1 oz.-2.2 lbs	0-3 mos. \$500	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	
	1 oz.-2.2 lbs.	0-2 yrs. & \$3,000	0-20 yrs. & \$30,000	0-20 yrs. & \$30,000	over 2.2 lbs.	0-1 yr. & \$1,000	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000	
	over 2.2 lbs.	0-20 yrs. & \$1 million	0-30 yrs. & \$1 million	0-30 yrs. & \$1 million	Virgin Islands	any amount	0-1 yr. & \$5,000	0-5 yrs. & \$15,000	0-5 yrs. & \$15,000

Note: This chart contains the penalties for first offense possession, sale, and cultivation of marijuana. The 11 states which have decriminalized possession are shaded and indicated as follows: Alaska.

Many states have increased penalties for subsequent offenses. A number of states also have separate penalties for offenses not included in this summary chart, including possession with intent to distribute.

The penalties set out above are the maximum authorized by law. When the penalty is a prison term and a fine, both can be imposed unless the chart specifically indicates otherwise. For example, the penalty for possession in Alabama can be up to 1 year in prison and/or a fine of up to \$1,000.

* Conditional discharge is authorized for first offense possession. This permits judges to release defendants, generally without an adjudication of guilt, on condition that they satisfy certain requirements, such as participation in a drug education program. If the conditions of the program are satisfied, the criminal case will then be dismissed.

† These states have enacted laws allowing for the medical use of marijuana, generally for patients being treated for glaucoma and cancer. Marijuana helps counteract the nausea associated with chemotherapy treatment.

‡ Many state laws have different penalties for possession or sale of different amounts of marijuana. Some of these statutes distinguish by ounce (oz.) weights, and others by gram (gm.) weights. For comparative purposes:

1 oz. = 28.35 gms.

1 lb. = 453.59 gms.

2.2 lbs. = 1 kilogram

‡ In 1975, the Supreme Court of Alaska held that the constitutional Right of Privacy protects the possession of marijuana for personal use in the home of adults.

‡ Cultivation of under 25 plants is punishable as possession; cultivation of 25 or more plants is punishable by 1-5 yrs. and a \$5000 fine.

‡ There is a rebuttable presumption that possession of more than 1.5 ozs. is with intent to distribute, which has the same penalty as sale.

Alaska Law

In Ravin v. State, the Supreme Court of Alaska held that the possession of marijuana for personal use in the home by adults is protected by the right to privacy clause in the Alaska Constitution.¹ 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 Horetski, 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

Recriminalization 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. Horetski 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).

¹The Ravin decision is unique among states. Of the nine states which have right to privacy clauses in their constitutions, California and Hawaii have also addressed the clause in regard to possession of marijuana. In both states, the courts found the claim to be untenable.

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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. Horetski, 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 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

NO MORE DRUG WAR

BY KEVIN ZEESE

Special to The National Law Journal

LAWYERS NOT involved in the defense of drug cases must start paying attention to the damage being done to our legal system by overzealous enforcement of the drug laws.

In the past few years the government has changed radically the rules in drug cases so that the traditional concepts of American justice no longer apply. The constitutional right to bail has been replaced by routine preventive detention.¹ The constitutional requirement of due process before seizure of property has been replaced with forfeiture laws that allow seizure of up to \$100,000 in property without a judge,² seizure of all property before conviction³ and even allow the government to keep seized property if a defendant is acquitted. Individual sentencing and pa-

role are being replaced by mandatory sentences, determinate sentencing and the abolition of parole. The dice have been so loaded that the results of drug cases are almost preordained.

As if that were not enough, tactics by the U.S. Justice Department are undermining effective assistance of counsel. According to a survey of 1,648 criminal defense attorneys, 24 percent of those who specialize in drug cases have been subpoenaed to testify against their own clients, 33 percent have faced attempts to disqualify them, 41 percent have had informants for the government invade the defense camp and 28 percent have had their legal fees questioned.⁴ Attorneys now must give their clients Miranda-like warnings because of the likelihood of being forced to provide the government with information about their clients.

The rules are changing so that it is no longer a fair, adversary system. It is becoming a system that presumes guilt, denies bail, denies counsel of choice, seizes property before conviction and avoids individualized sentencing.

Mr. Zeese is national director of the National Organization for the Reform of Marijuana Laws in Washington, D.C.

THE DRUG WAR also has undermined privacy by eroding the Fourth Amendment, increasing electronic surveillance, expanding data banks of personal information and using high-technology searches. As Justice Lewis F. Powell Jr. noted in a recent dissent: "After today, families can expect to be free of official government surveillance only when they retreat behind the wall of their homes."

Recent Supreme Court decisions in marijuana cases have held that police can get a search warrant based on an anonymous tip, conduct warrantless aerial searches of backyards, search a locked briefcase in a locked trunk of a car without a search warrant and search private property without a search warrant.

These decisions have helped bring about vastly expanded police powers and have created an atmosphere in which mass urine testing for drug use can flourish. Mass random searches for drugs are the opposite of what the Constitution stands for; there is no individual suspicion, no probable cause and no grounds for a search — yet a very personal, invasive search takes place.

Electronic surveillance also is on the increase. The 784 wiretaps approved in 1984 amounted to a 32 percent rise over the number approved in 1980, and more than 55 percent of wiretaps are used in drug cases.¹⁰ A presidential commission recently went further and recommended that such laws be weakened,¹¹ even though all but two requests for wiretaps were given judicial approval.

PERHAPS THE MOST dangerous effect of the drug laws is that they undermine respect for the rule of law — in part due to extreme enforcement tactics and corrupt public officials, but also because they are based on exaggerated claims about the effects of drugs and are viewed as hypocritical. Some of the soldiers in the drug war act as if

Even within the current legal scheme there are alternatives to extreme enforcement. The least radical of them would be placing a greater emphasis on education.

anything they do is acceptable. In the last year New York City police officers have been convicted of using an electric stun gun to burn a high-school student accused of a petty marijuana offense, marijuana raiders in California have been put under court supervision to prevent them from abusing the rights of local residents, and a township in New Jersey announced that elementary school students will be subject to strip searches for drugs. The justice system was not designed as a weapon of war; it was designed as a method of finding the truth and administering justice. Its misuse as a weapon of war is inefficient and destructive.

Another example of diminishing respect for the law is found in the widespread corruption of public officials. Over the past three years at least 300 elected or appointed public officials in the United States have been indicted or convicted of drug offenses. Charges include petty sales, major smuggling, selling information and murder.

All of this has done nothing to bolster confidence in laws that many citizens view as hypocritical. Marijuana is a milder intoxicant than alcohol and much less addicting than tobacco. Indeed, while there are more than 300,000 deaths each year from tobacco and alcohol use (not including accident fatalities), there has never been a single death caused by marijuana.

Anyone who reviews the various reports of impartial commissions that have analyzed marijuana policy also will note the hypocrisy of marijuana prohibition. The most recent review of marijuana policy was conducted by the National Academy of Sciences. In June 1982 the NAS recommended that marijuana immediately be decriminalized and in the long run be regulated and taxed.¹² On the same day, President Reagan announced his escalation of the marijuana war.

The NAS report was only the most recent to recommend reform. In 1972, much to his surprise, a commission appointed by President Nixon did the same, recommending marijuana decriminalization.¹³

The mass violations of the drug laws result in loss of respect for all laws. More than 30 million Ameri-

cannabis consumers than there are people over the age of 65. These people are criminals. In order for them to get marijuana they are often forced to deal with criminals and are introduced to other illegal drugs. Criminality becomes an accepted way of life and even if marijuana consumers do not become robbers or burglars, they have lost respect for the law and view the police as an enemy.

THE ADMINISTRATION of justice has become increasingly gridlocked, a breakdown in justice that has developed as the drug war has escalated.

The failure begins on the street. In 1984, 4,700 murders were unsolved, as were 53 percent of reported robberies or rapes. But at the same time police were busy arresting an average of 81 drug offenders per hour, 49 of whom were charged with offenses involving marijuana. Indeed, more than twice as many people were arrested on marijuana charges as for rape, robbery and murder combined. Even more shocking is the fact that 85 percent of marijuana arrests are for mere possession and not sale of marijuana.¹⁴

The courts also have become severely overworked with long backlogs in many jurisdictions. Indeed, 29 percent of the criminal cases in federal courts in 1983 involved drugs, and nearly 20 percent of drug cases involved marijuana charges.¹⁵ Drug offenses also made up 24 percent of pending cases in U.S. attorney's offices that year, with the next closest category being fraud, at 6 percent.¹⁶

The prison system is overcrowded not only because of preventive detention but also because misplaced priorities result in an average sentence for a drug offense of 40.8 months, while the average for first-degree murder is 36 months, second-degree murder is 24 months and assault is 30.3 months.¹⁷ In 1972, 19 percent of federal prisoners were drug offenders, while now the figure is one-third of all federal prisoners.¹⁸

RECENTLY, A presidential commission argued that the drug problem is caused by our "friends, relatives and colleagues — and other 'respectable people'" and went on to declare war against these "respectable" American citizens.¹⁹ This call for escalation in the drug war continues in the face of failure because the current administration refuses to examine alternatives. Ironically, the more that enforcement fails, the more power and money it is granted.

However, a variety of alternatives should be considered. Among them are decriminalization, legalization, regulation and medicalization.

The easiest drug with which to deal is marijuana. While no one claims marijuana is benign, the evidence clearly shows that it is in no way a devastatingly dangerous drug.

Prohibitionists argue that reform of the marijuana laws will result in massive increases in marijuana use, especially by adolescents. However, the empirical evidence does not support such an intuitive assertion. Since 1978, marijuana has been sold in youth centers and cafes in the Netherlands. That country actually has seen adolescent use go down and, in comparison with the United States, its problem is now insignificant.²⁰

There has been a somewhat similar experience in the United States. In the mid-1970's, marijuana charges often were reduced to misdemeanors. Since that time adolescent use has dropped from 37 percent in 1979 to 26 percent last year.²¹ I am not suggesting that the reforms caused the decrease (other factors have an impact) but it is obvious that criminal laws are not the key factor in controlling use.

We can see the same with tobacco. Since 1965, overall tobacco use has dropped 25 percent in the United States even though tobacco is legal, very addicting and heavily advertised. Over that same time, marijuana use tripled. It seems that information, education and discouragement in dealing with the tobacco work better than war, prisons and propaganda. If marijuana were legalized, a well-funded program could discourage its use.

Even if a middle-ground position on marijuana were taken — for example, allowing adults to grow their own marijuana would mean they would use the money they might have spent on marijuana in the black market to purchase items that would benefit the economy — we would still achieve many of the benefits of reform. In addition, the marketing of marijuana would be avoided. This type of approach has been in effect in Alaska since 1975 and is to be voted on this November in Oregon.

Reform of the marijuana laws would be helpful in dealing with harder drugs, whether or not they remain illegal. For example, legalization of marijuana will allow enforcement authorities to focus their efforts on harder drugs. Many of the negative impacts of the drug war on the justice system — such as

erosion of trust — with negative effects on children, foreign policy. Even with a variety of at least radical education federal government enforcement, education experts agree successful.

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(15) FBI, Unfer
(16) U.S. Depar
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(17) Id., page 5.
(18) Id., page 5.
(19) Id.
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Reform of the marijuana laws would be helpful in dealing with harder drugs, whether or not they remain illegal. For example, legalization of marijuana will allow enforcement authorities to focus their efforts on harder drugs. Many of the negative impacts of the drug war on the justice system — such as

erosion of civil liberties, gridlock, corruption and distrust — would be greatly diminished. Similarly the negative impact of the drug laws on our economy, children, families, schools, growth of organized crime, foreign policy and other areas would be diminished.

Even within the current legal scheme there are a variety of alternatives to extreme enforcement. The least radical of them is to place greater emphasis on education and less on enforcement. Currently the federal government spends \$50 per drug user on enforcement and less than 50 cents on each user for education and prevention programs.²² Yet all the experts agree that reducing demand is the key to a successful drug policy.

Another humane alternative is to allow doctors to use narcotics to treat narcotics addicts. We already allow physicians to treat addicts with the highly addicting drug methadone; why not let the doctors use the drugs preferred by the addicts? Certainly that way the addict would be encouraged to get off the street and under the care of a doctor. The result would be decreased crime, reduced spread of diseases such as AIDS and the treatment of addiction as a disease rather than as a crime.

In examining policy options we also should consider more radical alternatives. One idea is to treat the individual rather than the drug. People who want drugs could be required to take a course and pass a test that demonstrates their understanding of the dangers of various drugs. Then they can purchase some drugs, while others could be restricted to prescription. This approach would make it clear that drugs are dangerous and should be discouraged and used with caution.

ONE MATTER THAT should be kept in mind, which is confused by the "war" strategy, is that there is no final solution (or victory) to the drug problem. There always will be use and abuse of drugs whatever the laws. The choice is not

Lawyers who support our system of justice have a responsibility to help stop the destruction of the justice system being caused by extreme drug enforcement.

between no drugs or legal drugs; the choice is between illegal drugs or legal drugs. If the laws are reformed we will only be changing strategy, not surrendering. Ultimately, though, it will be easier to discourage drug abuse and treat drug users when we stop threatening to imprison them.

Lawyers who support our system of justice have a responsibility to help stop the destruction of the justice system being caused by extreme drug enforcement. It is time for America to stop blindly following a path of perpetual war, with its destructive effects on our society. It is time to seek new solutions, not to repeat old mistakes.

(1) 15 U.S.C. 3142(f)(1).

(2) 19 U.S.C. 1607.

(3) 21 U.S.C. 848; 15 U.S.C. 1983(b).

(4) Genego, William, "Reports From the Field: Prosecutorial Practices Compromising Effective Criminal Defense," The Champion (NACDL, May 1986).

(5) California v. Ciraulo, 84-1513 (May 14, 1986).

(6) Illinois v. Gates, 402 U.S. 213 (1983).

(7) Ciraulo, supra.

(8) U.S. v. Ross, 456 U.S. 708 (1982).

(9) Oliver v. U.S., U.S., 104 S. Ct. 1735 (1984).

(10) Administrative Office of the U.S. Courts, Report on Applications for Orders Authorizing or Approving the Interception of Wire or Oral Communications (Wiretap Report), (April 1986).

(11) President's Commission on Organized Crime, America's Habit: Drug Abuse, Drug Trafficking and Organized Crime (March 1985).

(12) National Academy of Sciences, "An Analysis of Marijuana Policy," June 1982.

(13) National Commission on Marijuana and Drug Abuse, A Signal of Misunderstanding (1972).

(14) National Institute on Drug Abuse, Household Survey, 1982.

(15) FBI, Uniform Crime Reports.

(16) U.S. Department of Justice, Sourcebook of Justice Statistics (1984) page 562.

(17) Id. page 558.

(18) Id. page 576.

(19) Id.

(20) Presidential Commission, supra.

(21) University of Michigan, "Monitoring the Future: A Continuing Study of Lifestyles and Values of Youth," the National Institute on Drug Abuse (1988); Scientific Study of Alcohol and Drug Use, "The Use of Drug, Alcohol and Tobacco," Ministry of Welfare, Health and Cultural Affairs (1983).

(22) University of Michigan, supra.

(23) Rep. William J. Hughes, D-N.J., Chairman House Subcommittee on Crime, 99th Congressional Record (Feb. 4, 1984).

“HOW DANGEROUS IS MARIJUANA . . . IN COMPARISON TO OTHER SUBSTANCES?”

According to World Almanacs, Life Insurance Actuarial (death) Rates, and the last 12 years of the U.S. Surgeon General's Reports, Americans DIE, directly or primarily, from the following (*selected*) causes per year Nationwide. (*Figures are for 1979 from the Federal Government's Bureau of Mortality Statistics, and NIDA, the last complete year at the time of this writing.*)

TOBACCO	200,000 to 300,000
ALCOHOL (<i>not including 50% of all highway deaths and 65% of all murders</i>)	18,951 to 130,000
ASPIRIN (<i>including deliberate overdose</i>)	180 to 1,000 plus
CAFFEINE (<i>from stress, ulcers, and triggering irregular heartbeats, etc.</i>)	1,000 to 10,000
OVERDOSE (<i>deliberate or accidental</i>) from prescribed legal or patent medicines and/or mixing with alcohol —e.g., Valium/alcohol	7,101 to 21,000
OVERDOSE (<i>deliberate or accidental</i>) from all illegal drugs	981 to 3,600
MARIJUANA (<i>including overdose</i>)	— 0 —

Marijuana users also have the same or lower incidence of murders and highway deaths and accidents than the general non-marijuana using population as a whole. *Cancer Study, UCLA; U.S. Funded (\$6 million), Jamaican Study(s) 1st and 2nd, 1968 to 1974; Costa Rican Studies, 1980 to 1982; et al.*

LOWEST TOXICITY

100% of the studies done at dozens of American universities and research facilities show pot toxicity does not exist. Medical history does not record anyone dying from an overdose of marijuana (*UCLA, Harvard, Temple, etc.*)

ALASKA HAS LEGAL PERSONAL USE OF MARIJUANA and it works

What the Alaska Supreme Court Said About Marijuana

In 1975 the Alaska Supreme Court legalized marijuana for personal possession and cultivation by adults in the home. The arguments that the Court considered in 1975 are the same arguments heard today in the debate over Measure Five.

In *Ravin v. State*, the Alaska Supreme Court unanimously:

- Rejected the notion that marijuana is physically addictive.
- Found no confirmed report of a human ever having died from an overdose of cannabis.
- Saw no statistical difference in academic performance or evidence of reduced motivation in a study comparing non-user and heavy-user college students.
- Observed that the "amotivation syndrome" was exhibited by large numbers of non-users as well as by some users.
- Found that among users "no significant physical, biochemical, or mental abnormalities could be attributed solely to their marijuana smoking."
- 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, barbituates, and amphetamines."

What Alaska Officials Say About Their Law

"Personal use legalization of marijuana has been a positive step for Alaska. The legalization of marijuana for personal use has caused no problems of note and there certainly have been no negative effects on Alaska as a whole. Alaska does not condone marijuana use any more than it condones the use of alcohol and tobacco. The Alaska law just saves a lot of resources for more serious law enforcement problems."

— Daniel Hickey
former chief of the Criminal Division
Alaska Attorney General's office

"Our marijuana law is reasonable and practical and has worked very well. Law enforcement officers seem to generally agree that it has been an improvement."

— Andre Marrou
Alaska State Representative

An Interesting Fact From Alaska

In Alaska, where marijuana use is legal, regular use of marijuana among high school students is lower than in Oregon.

Approximately 4% of Alaskan students use marijuana regularly — once or more a day — compared with 5.8% in Oregon.

Adolescent Marijuana Use Decreases in Netherlands Since Legalization

A report in the Netherlands which studied the effects of their liberal marijuana policy on adolescent drug use found that the use of cannabis has not increased since marijuana was "legalized." The report, entitled "The Use of Drugs, Alcohol, and Tobacco," surveyed 1300 people aged 15 to 24 years in the Netherlands about their use of various drugs.

While marijuana use by young people differed widely among varying age groups, regions and municipality size, use did not appreciably change when the categories are compared between 1976 and 1985. It was in 1976 that the Netherlands enacted a form of decriminalization of cannabis in the Amendment of the Opium Act. Cannabis has been sold in cafes and youth centers since 1978.

A study undertaken in 1976 in the city of Utrecht was compared with the current report. There has been no marked increase in the prevalence of cannabis use among those adolescents aged 15 to 18. In 1976, 3% of the 15 and 16 year olds and 10% of the 17 and 18 year olds had used cannabis at some time. The new figures are 2% and 6% respectively, showing a decline over the years since the liberal policy was placed in effect.

When the whole sample is combined, 12% of the people aged 15 to 24 had used marijuana at some point. Only 5% of the sample were current cannabis users, thus over half the users did not continue their use. Only 1.6% of the sample were regular users (once a week or more). The 88% of the people who had never used cannabis did not seem inclined to do so. Of this group, 83% did not think it wise to use it and 70% disapproved of the practice.

Comparing these figures to adolescent use in the U.S. results in the unarguable conclusion that American kids use more marijuana than young people in the Netherlands. According to the most recent report by the Federal government, in 1985 54% had tried marijuana, 25.7% are current users and 5% are daily users. This compares to 12%, 5% and 1.6% for similar categories in the Netherlands.

The report found that age made

ADOLESCENT USE

continued from page 3

parental attitudes about use, spontaneous knowledge of drugs, locations where cannabis is obtained, among others.

The survey was carried out by the Foundation for the Scientific Study of Alcohol and Drug Use at the request of the Netherlands' Ministry of Welfare, Health and Cultural Affairs. The Dutch government requested the research as a result of international disapproval of their liberal marijuana policy. This disapproval was reflected in the United Nations International Narcotics Control

Board's demand of the Dutch for an explanation of their policy.

Two countries that protested the Dutch policy the most were Norway and the Federal Republic of Germany, both with distinctly repressive drug policies. In Norway (1981), 7% of the 15 to 19 year olds used cannabis at some time compared with 4% in the Netherlands. In West Germany, 15% of the 18 to 24 age group had used cannabis, compared with the Netherlands 18%. These figures confirm that while a repressive policy does not deter young people from experimenting with cannabis, a liberal policy does not promote the desire to experiment

Adolescent Marijuana Use In the United States and the Netherlands

a difference in use. Only 2% of 15 and 16 year olds had used cannabis at some time, while 30% of 23 and 24 year olds had. The population of the municipality made a large difference in use rates. In towns with populations of five to ten thousand, only 4% of the young people had used cannabis at some time. This compares with 12% in towns of 50,000 to 100,000 and 30% in cities of 500,000 or more. Unlike alcohol and tobacco use rates, sex did not seem to play a factor in cannabis use.

Many interesting areas were explored in the study. It found that among current users, those who used it most frequently described their parental relationships as being less satisfactory than did those who used it less frequently. A higher incidence of parental divorce was also found among current users as compared with non-users. The report also found that 90% of cannabis users said heroin was the most harmful drug. Cannabis users also believe alcohol is far more harmful than marijuana. Interestingly, more users identified coffee, tea, and nicotine as drugs than the non-users.

The Survey found no relationship between the use of cannabis products and educational achievement, neither was there any difference between users and non-users in regards to the extent to which they enjoyed going to work or school. There is no detectable link between the number of involvements with the police in the course of the previous year and the use or non-use of cannabis; nor had the users been to the doctor more often than the other respondents during the past year.

97% of current users and 90% of past users agreed that "everyone must decide for himself or herself whether or not to use marijuana." 74% of the current users and 60% of the past users disagreed with the statement "If you use hashish or marijuana you will eventually lose interest in your job, your school work, or your career." 91% of the current users and 83% of the past users felt marijuana use will not lead to the use of hard drugs.

Other areas explored in the report are: cannabis use and leisure, reasons for using and not using cannabis, age of first use, peer and

continued on page 4

We Need to Refocus The War on Drugs

WASHINGTON POST HEALTH/OCTOBER 14, 1986

By Dr. William J. Kinnard Jr.

The drug-related deaths of young and promising athletes focuses attention on a major problem in the United States. To stem the tide of illicit drug use, people are calling for greater law enforcement, the use of drug testing and more educational programs. Yet none of those actions gets to the heart of the matter.

The real issue is the inappropriate use of all drugs by each of us. Our national drug problem is not just the free-basing of cocaine, excessive use of alcohol or the misuse of prescription drugs. It is our casual attitude toward all the drugs we take and our lack of appreciation of their potency and toxicity. It is our unwillingness to understand that many chemicals are actually drugs, and our willingness to put those chemicals into our bodies unnecessarily.

The tonnage of chemical compounds that this nation swallows, injects, inserts or inhales into its collective body each year is astronomical. We're so casual about the use of drugs that we don't even consider alcohol, nicotine, aspirin, caffeine and the theobromine in chocolate to be drugs.

The crucial factor in all of this is attitude. We must adopt a new national philosophy toward appropriate drug use. We must minimize usage, limit the effects of the so-called social or cultural drugs and use prescription drugs in a cost-conscious and therapeutically effective manner.

Making such changes in our heterogenous society will be difficult; cynics might say impossible. But I am not a cynic. The current antismoking campaigns have shown that massive change can happen.

Alcohol use can't be effectively banned; that was tried and failed 60 years ago. However, while each individual should continue to have the right to use alcohol (and tobacco), that use should not impact negatively on other persons.

While the sale of alcoholic beverages should continue, penalties for drunk driving should be severe. The efforts of Mothers Against Drunk Driving (MADD) and similar groups should be supported. The use of the breathalyzer test should be required when erratic behavior is seen. The effect of alcohol on job performance should be clearly identified and treatment programs made easily accessible and required for abusers. Repeat offenders should face disciplinary action.

Serious consideration should be given to the further decriminalization or even legalization of marijuana. Legal control of marijuana is almost impossible, and our limited resources should be directed to the control of the more toxic illicit substances. While there have been claims that the use of marijuana leads to the use of more potent substances, that has not been substantiated. Just as in the case of alcohol, the individual's right of use in private should be allowed, but drug-related public actions, such as impaired driving, severely penalized.

Increased taxes on social drugs—alcohol, tobacco and marijuana—would directly support an expanded National Institute of Drug Abuse (NIDA).

Over-the-counter drugs are generally considered by the public to be non-drugs, an idea reinforced by their relative safety and accessibility. Yet each drug does cause side effects, some serious. Many interact negatively with other drugs.

Intelligent self-medication should be the goal of each person taking OTCs. This is even more important as the Food and Drug Administration continues its efforts to release additional prescription drugs to the OTC market.

Prescription drugs are a major part of our lives. When we visit a physician, we expect to receive a magical piece of paper called a prescription. We must learn to accept that there are times when drug treatment is inappropriate.

As for illegal drugs, we cannot afford, either financially or philosophically, to create the kind of enforcement envelope around this country that would be required to block the flow. Therefore, if the supply can't be substantially reduced, we must work to reduce the demand.

Why do people take illegal drugs? The reasons are numerous and complex. Some include the

Serious consideration should be given to the further decriminalization or even legalization of marijuana. Our limited resources should be directed to the control of the more toxic illicit substances.

need to isolate oneself mentally from poor living conditions; the thrill of the risks involved; the affluence of American society and the great increase in leisure time; peer pressure; and the lack of knowledge of toxic effects.

One of the most obvious ways of combating illicit drug use among the poor is simple, albeit expensive and complicated: their environment must be changed. This means better housing, jobs, education and other activities that help build self-esteem, especially among our young people. There is no higher priority.

Stopping the use of cocaine and other illicit drugs by the affluent will require them to change their attitude. They must be educated to understand that these drugs are not without toxicity, and that each user contributes to the support of a terrifying underground drug distribution system that will ultimately, if unchecked, destroy the entire texture of American life.

Admittedly, change is difficult, but until we do, cocaine will continue to flow across our borders and up the noses of abusers; heroin, another "hound of hell" in the Rev. Jesse Jackson's memorable phrase, will murder our national spirit; drunk drivers will kill thousands of innocent persons; and the costs to society for the inappropriate and misuse of over-the-counter and prescription drugs will escalate.

Dr. William J. Kinnard Jr. is the dean of the School of Pharmacy at the University of Maryland at Baltimore.

Second Opinion is a forum for points of view on health-related topics. Send articles to Second Opinion, Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071.

APR 15 1987

Donna Jefferson
General Delivery
Talkeetna, AK
4/16/87 99676

Dear Mr. Sund and other Legislators,

I am aware that House Bill 55 and Senate Bill 37 have been introduced in the Alaskan legislature and that if approved, could mean the repeal of Alaska's current marijuana laws. This is great cause for worry; not only because recriminalization would be a mockery of our U.S. Constitution but because the arguments against me are embarrassing distortions and exaggerations, designed to manipulate people like mindless sheep. It is beyond me how "seemingly" intelligent people can spend so much time and money reacting to such a harmless drug as marijuana. Perhaps it is unfortunate that we humans are often fond of altering our senses (some to far greater degrees than ~~of~~ others), but that is an individual choice. Our personal vices are our own business in the privacy of our own home. I came to Alaska in particular, to experience a more untouched place and a mentality of independent thinking similar to the early Americans, who came here to escape the over-control of government. I'm both saddened and disgusted when my privacy is threatened and when precious time, money and energies are

wanted to fight marijuana offenders when there are so many important problems to deal with. It's also disappoints me that so many legislators 'go with the political flow' on this issue and become blind to their constituents and to the facts on marijuana. To balance your knowledge you should read (if you've not already) National Academy of Sciences publication, Marijuana & Health & Roger Roffman's, Marijuana as Medicine, and any of NORML's information.

Most importantly, listen to the people of Alaska that are intelligent, ambitious, hard working individuals that love their freedom and enjoy smoking a little MJ before dinner, just like some of you enjoy your martinis.

If it is young people you are worrying about - how can you feel good about trying to decide their lives. & make their choices for them?

I am in full support of age limitations for alcohol and MJ, but not total restriction. What parents should fear most is what makes their children abuse a substance - not the symptom of the real problem. People with pre-existing problems abuse drugs. Making MJ illegal only makes it more expensive, provides an tax-free market for those who grow it, and perhaps makes it more enticing. What's even more dirty is the actual case against it, most all of which are distortions of the facts about the drug. Ignorance and misinformation lead us nowhere. It is imperative that people

have the entire truth and then make their own decisions. Individuals who abuse a substance to the point of harming society should be punished accordingly.

I hope that wisdom and good judgement will dictate your decision on this issue, all based on your respects for constitutional rights of all Americans and upon the facts of the issue at hand.

I vote NO on recriminalization and urge you to.

Sincerely,

Denna Jefferson

TOGIAK CITY COUNCIL

P.O. Box 99
Togiak, Alaska 99678
(907) 493-5820

MAR 9 1987

February 25, 1987

Senator Jalmar M. Kerttula
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

*Balt
& fail on
recreation.*

Dear Mr. Kerttula:

So recriminalization 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.

Her 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.

Senator Jalmar M. Kerttula. Page 2

ies, 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.

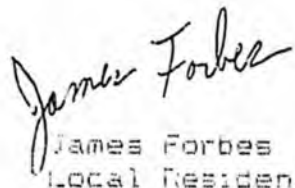
Another point which should be brought up is if the legislature is really concerned about peoples' rights is the quality of the marijuana. I think it should be tested for pesticides and other harmful pollutants. It should also be tested for impurities or more harmful drugs which may be mixed into the 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

EXECUTIVE SUMMARY

PATTERNS OF DRUG USE: SCHOOL SURVEY



Bernard Segal, Ph.D.

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Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
July 31, 1983

Funded by a grant from the State Office of Alcoholism and Drug Abuse

EXECUTIVE SUMMARY:
Highlights of the Study

A. Introduction

This report presents the findings from a study conducted by the Center for Alcohol and Addiction Studies (CAAS) of the University of Alaska, Anchorage. The research, sponsored by the State Office of Alcoholism and Drug Abuse (SOADA), surveyed students in grades 7-12 in school districts in eight locations in the state: Anchorage, Barrow, Bethel, Kotzebue, Fairbanks, Juneau, Nome and Sitka. The project was designed to obtain information on the use or nonuse of a broad spectrum of chemical substances, ranging from legal socially-sanctioned drugs for those of legal age, such as alcohol and tobacco, to illegal and unsanctioned drugs taken for nonmedical purposes, such as marijuana, cocaine, hallucinogens and stimulants, among others.

In recent years American society has experienced an increase in the frequency and intensity of substance use and abuse, particularly among college and secondary school age youth. In particular, the nonmedical use of illicit mood-altering drugs by youth of elementary, junior and senior high school age has become a problem of major concern. Although legal and social sanctions exist to preclude nonmedical use of psychoactive drugs for recreational or social purposes, they continue to be taken, and youngsters who take them are placing themselves at risk for potential legal, social, and health problems.

Recent research (c.f., Richards, 1981) has shown that the prevalence of drug use is generally fairly low among elementary school youth, but that the prevalence increases dramatically among junior and senior high school students. The

use of drugs among school age youth began to emerge slowly in the early 1960's, and increased dramatically during the mid to late 1970's. Although the prevalence of drug use is believed to be moderating (Miller, 1983; Johnston, Bachman, & O'Malley, 1982), the overall level of drug use by youth remains a significant concern.

Interest in learning about the nature and extent of drug use by school age youth has prompted a number of national surveys sponsored by the National Institute of Drug Abuse (NIDA), as well as a myriad of research studies directed at investigating adolescent drug use (c.f., Richards, 1981). Alaska has been isolated from participation in these studies, thereby leaving a void with respect to reliable information on the use and nonuse of drugs by Alaska's school age youth. Without this information state and local agencies are hampered in their planning for drug related services, education, and prevention programs.

The present research is directed at achieving information concerning experiences with mood-altering drugs by school age youth. It is the specific aim of the study to identify current trends and patterns of use by these youthful Alaskan residents, and to also obtain knowledge about students' perceptions and consequences of using drugs. In order to achieve these objectives, surveys were conducted in eight school districts (listed above) in diverse locations within the state. The major topics to be addressed from the results of the survey in this report are the current prevalence of drug use among the students and an analysis of some of the characteristics of those who have had experiences with psychoactive drugs. Also reported are data on use by grade, age of first use, intensity of drug use, and perceptions about taking drugs. Emphasis is also given to addressing the non-using student, and to explore why they did not experiment with chemical substances.

The results to be presented have been summarized in a series of tables, charts and graphs; a discussion of results follows the presentation of the tables. In the following section a glossary has been provided to help define terms and to provide a key to the interpretation of the graphic figures. When appropriate, comparisons of the Alaskan data have been made with comparable school age youth included in some of the national survey research.

It is envisioned that the findings of the drug survey will be useful to schools in their efforts to develop education programs designed to address the issue of drug-taking behavior. Additionally, the study is designed to assist SOADA with respect to its planning and policy development, as well as to be of value to local and state governments and governmental agencies in their efforts to understand and deal with the health, social and legal consequences of drug-taking behavior by school age youth.

In summary, the five sets of results share several critical characteristics which contribute to the integration of findings, and which also contribute to their utility to estimate drug use among the general population of school age youth in Alaska:

- data collection from students in grades 7-12, which consistently includes those in age from 12 to 18;
- adequate and consistent sampling methodology;
- comparability of drugs investigated;
- comparability of question formats; and
- accessibility of detailed tabular data.

Each of the five data sets are found in Chapter III, the section on results. Chapter IV contains a discussion of the results, followed by conclusions and recommendations (Chapter V).

B. Glossary

This section is provided to acquaint the reader with precise definitions of the terms and concepts used in this report. Included in this glossary are definitions of substances and frequently used terms, as well as information on reading tables, and clarification of the statistical terms used in the report. Phrases are listed in alphabetical order.

<u>Adults</u>	This category includes persons age 26 years and older. For other age groups see: Youth and Young Adults.
<u>Alcohol</u>	Alcoholic beverages - beer, wine, and whiskey, such as gin, and other hard liquors.
<u>Barbiturates</u>	See depressants.
<u>Cocaine</u> (see stimulants)	A behavioral stimulant drug taken to induce a "rush" which involves a feeling of intense euphoria and a sense of well-being.
<u>Confidence Level</u> (Interval)	A range of values within which the true statistic or value may be found, or where there is a probability of locating the true population value.
<u>Current Use</u>	Has used within past month.
<u>Depressants</u>	Chemical substances which act to exert a nonselective general depressant action upon the central nervous system, and which are taken to induce a mild state of euphoria similar to alcohol intoxication. Sedatives are divided into four subgroups: intermediate/long acting barbiturates, nonbarbiturate/nonbenzodiazepine sedatives, short acting barbiturates and Dalmane.
<u>Drug</u>	For purposes of the study, a drug is defined as any chemical substance that alters mood, perception, or consciousness.
<u>Frequency</u>	How often a drug was taken, e.g., once a week, weekly, etc.
<u>Ever Used</u>	Taking/trying a drug one or more times during one's lifetime.
<u>Hallucinogens</u>	Drugs classified as hallucinogens and/or psychedelics have the capacity to induce visual, auditory, and other hallucinatory experiences, and to separate the individual from reality. Such drugs as LSD, phencyclidine (PCP), mescaline, psyote, psilocybin, and DMT, among others, are included within general data on hallucinogens.
<u>Heroin</u>	A semisynthetic opiate produced by a chemical modification of morphine, taken to induce a subjective experience characterized by an extremely pleasant, euphoric state, feelings of warmth, well-being, peacefulness and contentment.

C. Major Findings

The major findings of the study are summarized in the tables, graphs and figures which follow, and in the summary statements listed below:

- Half the students sampled have reported experiences with one or more illicit mood-altering drugs. A substantial proportion of these experiences involved marijuana. The percentages of students who tried different illicit drugs is illustrated in Figure 1. After marijuana, the other drugs experienced reflect the following order of lifetime prevalence: stimulants, cocaine, inhalants, depressants, tranquilizers, hallucinogens and heroin.
- The level of lifetime experiences with psychoactive drugs among students is high. The extent to which drugs have been tried/taken among Alaska's students is illustrated vividly when the present findings are compared to results of a national survey of drug use among a sample of 12-17 year olds. Although the ages of the two samples are not exactly comparable, the national data nevertheless provides a "baseline" which helps to achieve a perspective on drug use by Alaska's youth. The comparison in Figure 2 shows clearly that Alaskan students are having more experiences with psychoactive drugs than their counterparts in the "lower 48."
- Although many students have tried drugs, the majority of such use has been chiefly experimental. Only a small percent of students have taken drugs with any consistency or regularity. Marijuana, however, is the exception, with about 4% of the sample using it once or more a day.

Inhalants

For the purpose of this report, substances currently being inhaled to alter subjective states are being defined as inhalants. Inhalants may be classified into three basic classes: commercial and related volatile solvents, aerosols, and anesthetics. The following substances have been defined as inhalants:

- 1) Gasoline or lighter fluids; 2) Spray paints;
- 3) Other aerosol sprays (PAM or deodorants);
- 4) Shoe shine, glue, or toluene; 5) Lacquer thinner, or other paint solvents; 6) Amyl nitrite, "poppers";
- 7) Halothane, ether, or other anesthetics; 8) Nitrous oxide, whippets; 9) Locker room odorizer; 10) Other substances used as inhalants.

Lifetime
Prevalence
(Ever Used)

Percent who ever used; i.e., has used the drug one or more times in lifetime.

Marijuana

A mixture of the crushed leaves, flowers, and small branches obtained from the hemp plant, and taken to induce feelings of well-being, relaxation, tranquility, and a heightened state of awareness.

Nonuse

A "No" answer to any of the questions which inquire whether one had ever taken a chemical substance.

Opiates

Any natural or synthetic drug that acts in the same way as morphine to relieve pain, such as codeine, demerol and other such drugs.

Past Month,
Past Year Use

See: Use in Past Month, Use in Past Year.

Percents/
Percentage

A given part or amount in every hundred, e.g., a 20% rate means 20 in every 100. Percents are shown to the nearest tenth for the data in this study.

Prevalence

The incident of drug taking, represented by the percent of respondents who tried a drug, such as 40% tried a drug 6 or more times.

Recency of
Use

The categories of recency are: past 30 days, past year, and lifetime use.

Relative
Percent

The amount or number of persons among those within a specific group, e.g., taking or not taking a specific drug, who have responded to questions which pertain only to use or non-use of the drug.

Rounding

The tables sometimes add to 99% or 101% when they should add to 100%. Similarly, tables shown to one decimal place sometimes add to 99.9% or 100.1% instead of 100%. These discrepancies are due to the rounding of percents.

Sedatives

See depressants.

Significance
(level of)

The reliability of finding or the dependability one can place on an obtained statistic as an indicator of the true population

value. Significance always refers to probability, or how much an obtained value can be explained as a chance occurrence. The significance value used in this research is $p = .05$, which means that we anticipate that 95 times out of 100 chances we have obtained reliable statistics.

Stimulants

Any drug that increases behavioral activity is defined as a stimulant drug. Stimulants are divided into amphetamines, nonamphetamine anorectics, Ritalin, and Cylert. These drugs are generally taken to feel more alert, to achieve a "rush," or to enhance the effects of other drugs.

Tranquilizers

Psychoactive drugs which are used principally to reduce anxiety, stress or tension and to treat neurotic disorders. The tranquilizers concerned in this survey are Librium, Valium, Equanil and other such types.

Use in Past
30 Days

Reports given which indicate have taken a drug one or more times during the past 30-day period.

Use in Past
Year

Respondent reports use one or more times during year prior to interview date.

Young Adults

This category includes persons age 18 to 25 years. For other age groups see: Youth and Older Adults.

Youth

This category includes persons who participated in Junior and Senior High School samples. Age of respondents will vary but will generally range from 12 to 18. For other groups see Adults and Young Adults.

Key to Graphs and Figures

MJ - Marijuana	ST - Stimulants
HL - Hallucinogens	DP - Depressants
CK - Cocaine	TQ - Tranquilizers
HR - Heroin	OP - Opiates
IH - Inhalants	TB - Tobacco
AL - Alcohol	

C. Major Findings

The major findings of the study are summarized in the tables, graphs and figures which follow, and in the summary statements listed below:

- Half the students sampled have reported experiences with one or more illicit mood-altering drugs. A substantial proportion of these experiences involved marijuana. The percentages of students who tried different illicit drugs is illustrated in Figure 1. After marijuana, the other drugs experienced reflect the following order of lifetime prevalence: stimulants, cocaine, inhalants, depressants, tranquilizers, hallucinogens and heroin.
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- Although many students have tried drugs, the majority of such use has been chiefly experimental. Only a small percent of students have taken drugs with any consistency or regularity. Marijuana, however, is the exception, with about 4% of the sample using it once or more a day.)

FIGURE 1

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
TOTAL SCHOOLS

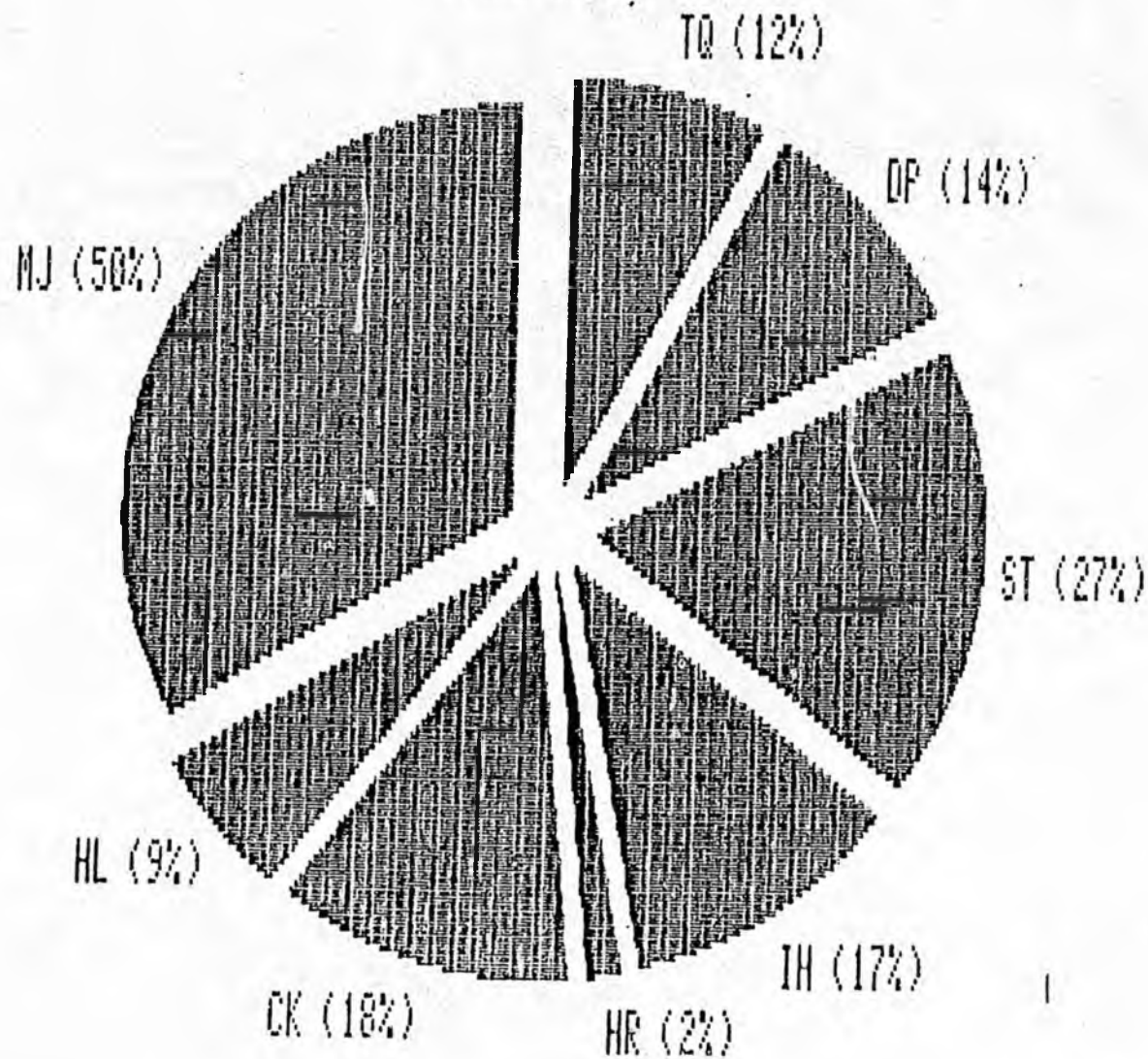
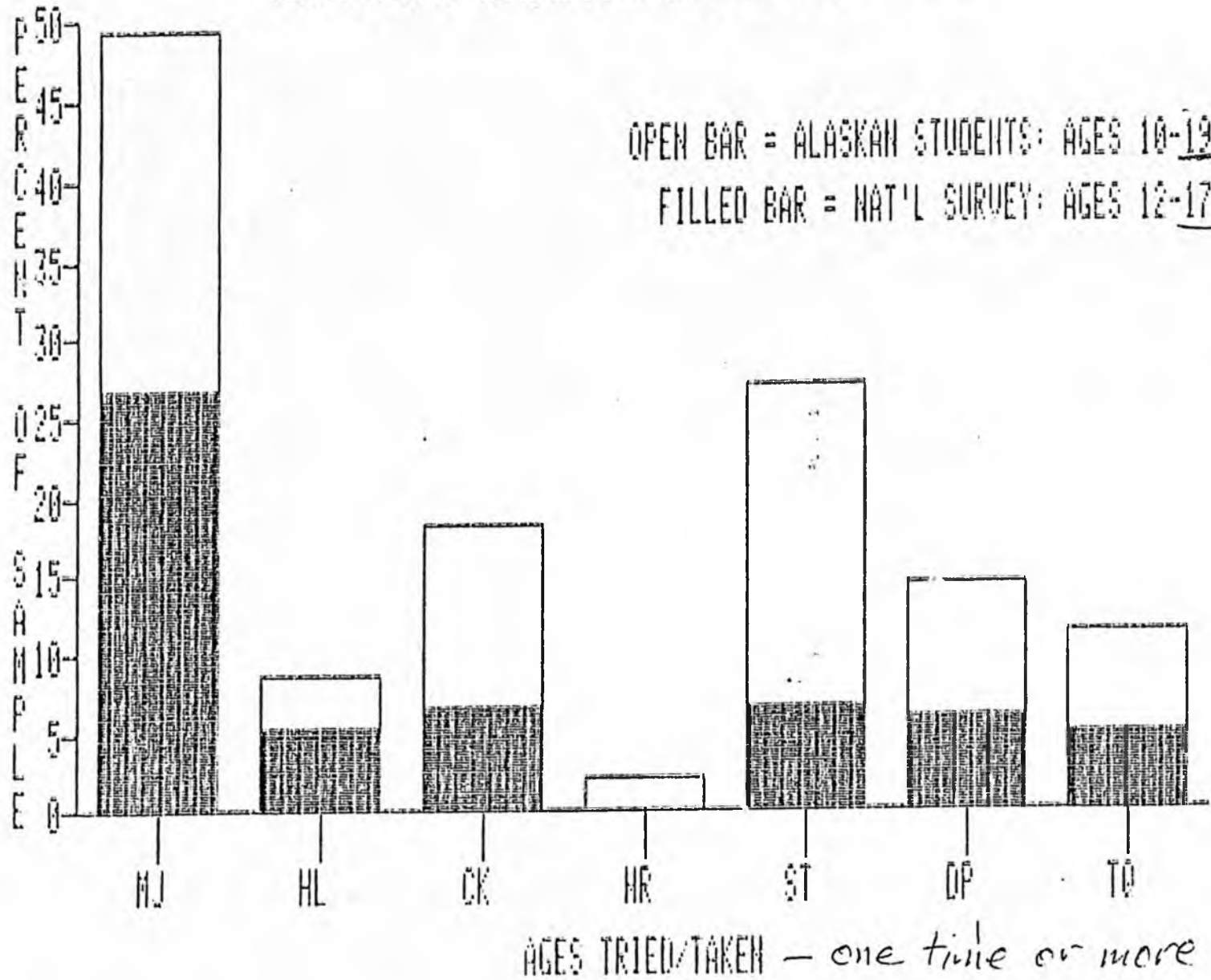


FIGURE 2

COMPARISON OF ALASKA WITH NATIONAL SURVEY DATA



- Slightly higher proportions of males than females are involved in taking/trying drugs.
- Distinct relationships exist between age, grade, and drug-taking behavior. These relationships are represented by the following results:

(1) Age and First Trying Psychoactive Drugs

As age increases, the proportion of students who try/take drugs increases correspondingly, but this relationship appears to be non-linear. That is, as age increases, the number of students who try different drugs varies at different age levels, thereby presenting distinct patterns for trying each drug. Figure 3 illustrates this process for the three most widely tried/taken drugs - marijuana, stimulants and cocaine - for all but the Anchorage school sample (where the question of age of first trying each drug was not asked).

(2) Grade and Drug-Taking Behavior

A direct, almost linear, relationship exists between grade level and the taking of drugs. As grade level increases, the percent of students who have tried/taken drugs increases correspondingly. The nature of this relationship is illustrated in Figure 4, for the three most tried drugs - marijuana, stimulants and cocaine.

(3) Junior-Senior High School Comparisons

The extent of drug-taking behavior differs significantly between junior high school (grades 7-9) and senior high school (grades 10-12) students. Senior high school students experiment with taking drugs more frequently than junior high school students.

- Most students who do not try drugs report that it is because of concern that drugs would "hurt" their minds, and because of fear that drugs would also cause physical harm.

FIGURE 3

AGE FIRST TRYING PSYCHOACTIVE DRUGS

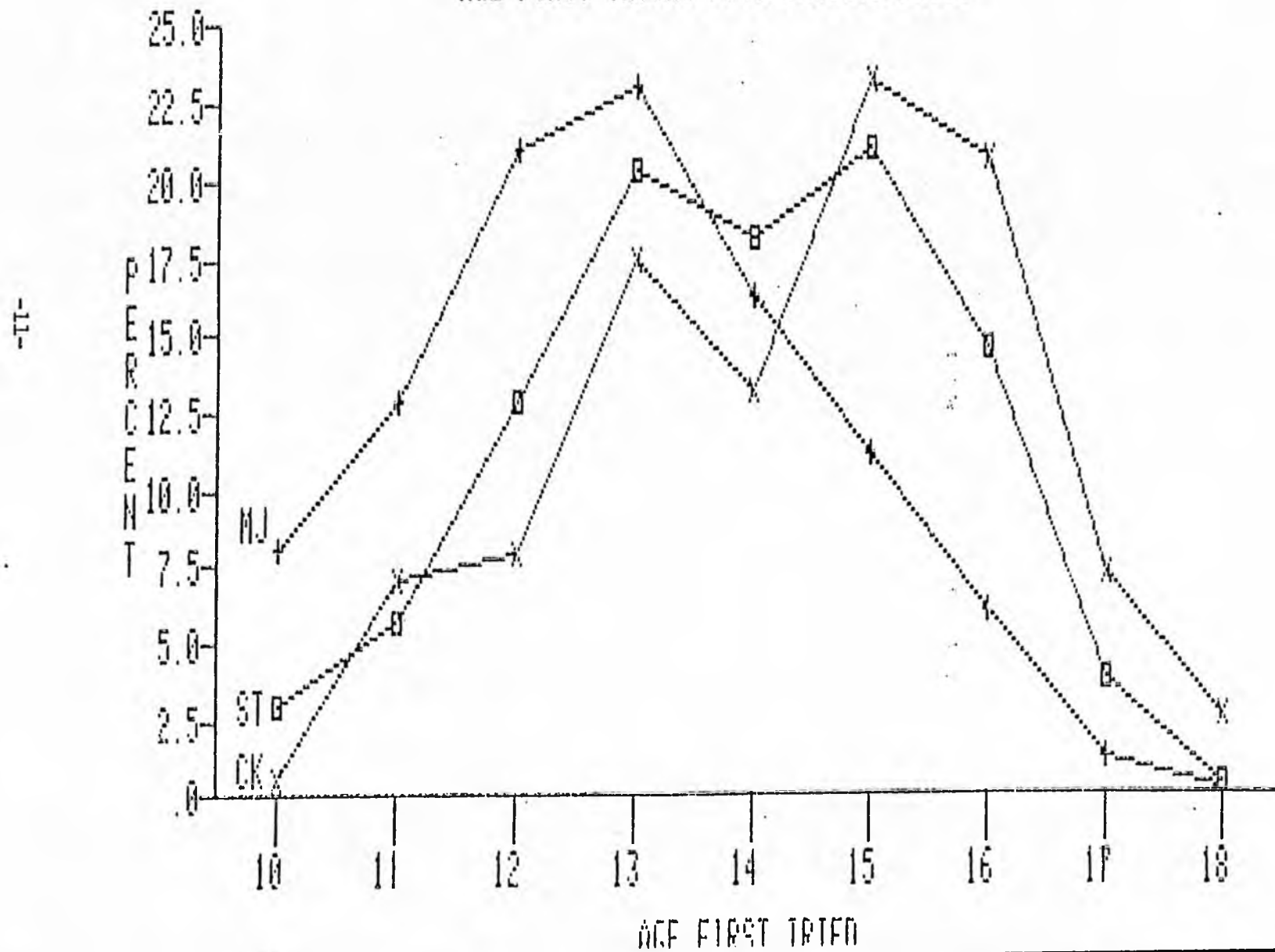
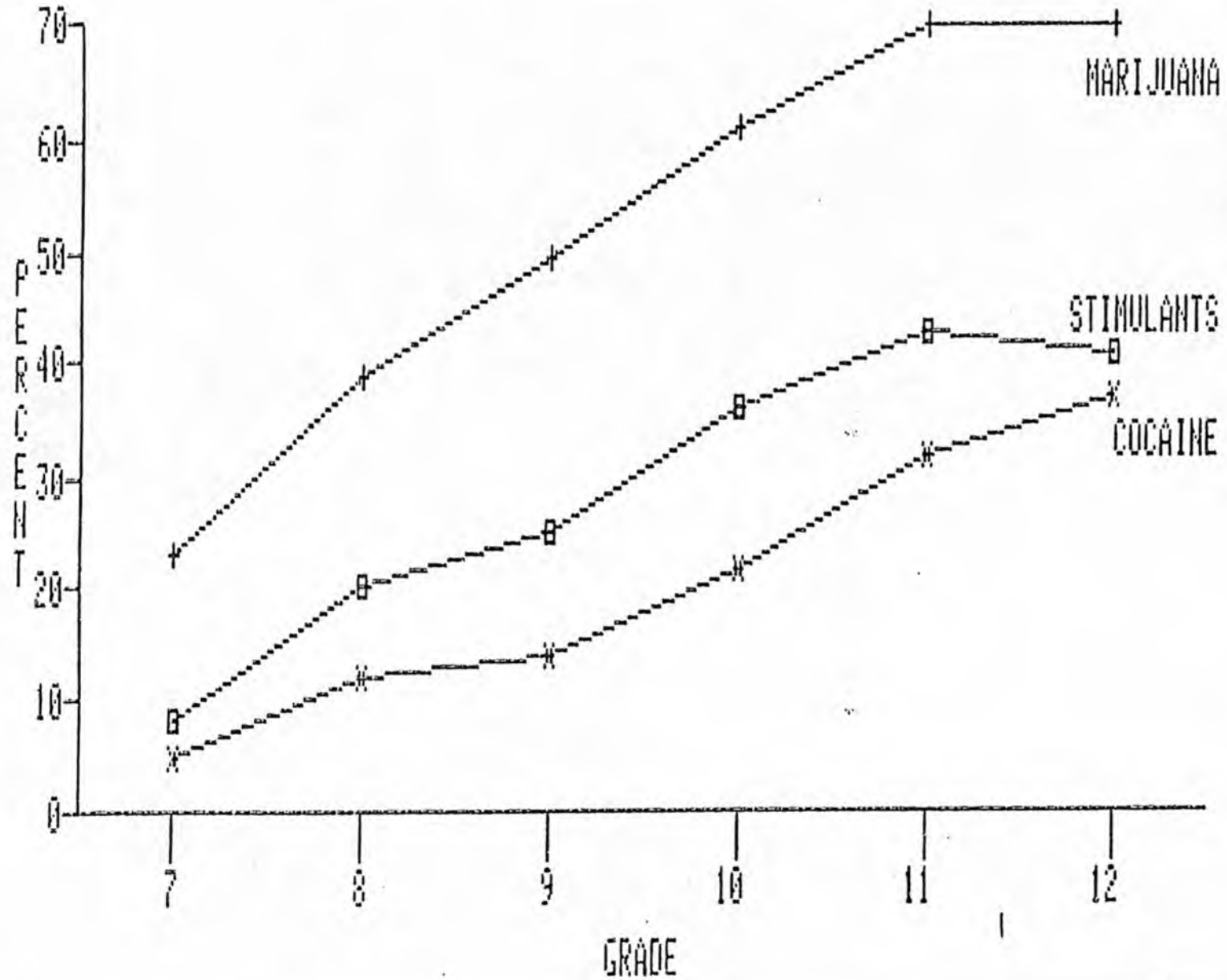


FIGURE 4

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL



- Of those who have tried/taken drugs, the reasons for stopping are also mainly because of concern over psychological and physical harm.
- More students who have tried drugs express a need for drug education than those who did not try drugs.
- Corresponding to the relationship between grade level and drug-taking behavior, problems related to drug-use increase as grade level increases, but there is much variation within and between grade levels.

D. Abstraction of Summary and Conclusions

In reviewing the overall findings from the statewide study, it is readily apparent that the opportunities to try mood-altering drugs are very high, and that the rate of trying drugs is also correspondingly high. Although it is not known whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical that students are taking/trying, the important fact is that students report that they are involved in drug-taking behavior. A question which arises is, Why is the opportunity to try drugs so very high?

The most apparent answer is that the drugs are available for them to try. It is clear that these youth are reflecting what is alleged about drug use in general in Alaska, especially in the larger communities - that it is high. The drugs that are available - albeit illegally - find their way down to adolescents and early teenagers in the school system. Also, a large percent of students are willing to try certain illicit drugs such as marijuana, cocaine and stimulants among those available.

Another question is, Why do so many students experiment with drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine have become incorporated into

the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. It thus appears that adolescent drug use may be related to the attitudes and behavior found in the larger adult society. Research by Segal (1983), which has shown that experimentation with drugs and even moderate drug taking by a significant percentage of youth is divorced from any particular pattern of deviant behavior or severe emotional distress, tends to support the above conclusion.

The implications from the study are clear. Efforts need to be directed toward reducing the high rate of experimentation with drugs by a large number of students, as well as reducing the on-going usage by the small percentage of students who are involved in such behavior. The data suggest that intervention strategies should be emphasized within grades 8 and 9, or at least prior to age 14, since experiences with drugs tend to peak by 14 years of age.

III

RESULTS

Overview

This section provides the report of the results of the school surveys with respect to nonmedical drug-taking behavior by students in eight different locations within the state in grades 7 through 12. Also included is data on alcohol consumption and cigarette smoking.

Information compiled from surveying over 3,000 students, utilizing a comprehensive questionnaire, can be very extensive. There are a multitude of different ways of reporting results, some may have either special or unique significance, and some may be too general to be of value. It was therefore necessary to place some limitations on the reporting of the survey findings with the aim of presenting data which would be best utilized by the schools, by the State Office of Alcoholism and Drug Abuse (SOADA), by health planners, and by governmental bodies. Thus, the primary emphasis of this section, in keeping with the study's research objectives, is to present information which describes the extent, type, patterns, frequency, and distribution of nonmedical drug use among a large sample of Alaska's junior and senior high school students. Additionally, the results also describe age and grade differences with respect to drug-taking behavior, as well as data on some of the motivations for trying or not trying drugs, and on some consequences of drug-taking.

The data to be reported are presented in tabular and graphic form. They illustrate the prevalence and frequency of drug use for eight major drug categories (marijuana, inhalants, hallucinogens, cocaine, heroin, stimulants, sedatives, and tranquilizers) listed by frequency of occurrence, by gender, and by

selected school-related characteristics such as grade and comparison of junior and senior high school. A table and graph illustrating the relationship between age and first experience with drugs is also included.

Contingency tables have been utilized to help describe the results. This procedure is a way of showing the relationship between two or more classificatory variables. The display of the distribution of cases by their positions on two or more variables is the chief component of contingency table analysis and is a commonly accepted and popular procedure used by social scientists. The joint frequency distributions can be systematically analyzed by certain tests of significance (e.g., the Chi Square statistic) to determine whether or not the variables are statistically independent; these distributions can also be summarized by a number of measures of association, such as the contingency coefficient, which describes the degree to which the values of one variable predict or vary with those of another.

Contingency tables or cross-tabulation tables also allow for a determination of whether the differences which occur with respect to selected variables (e.g., specific sample characteristics such as selected demographic variables) are significantly different.

Finally, the surveys from the eight school districts have been grouped together to form five sets of results. This procedure was followed for two basic reasons: (a) to account for the procedural differences which necessitated using revised forms of the school survey in different school districts, and (b) to facilitate regional comparisons. The classification of results is as follows:

1. Total Sample (Tables T-1 - T-14)

This section links together all similar items which were used in Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome and Sitka. It provides a

comprehensive summary of the responses of 3,609 students, giving an extensive overview of the nature and pattern of drug use by students in grades 7-12. The remaining four sets of tables represent subsets of the total results and, except for items not in the total sample, they essentially mirror the total findings, with some minor fluctuations.

2. Total Less Anchorage (Tables A-1 - A-14)

This data set contains the aggregated results from all the communities less Anchorage. Thus, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome, and Sitka are represented. Since the Anchorage sample constitutes such a large percent of the total (44%), and since Anchorage is the state's largest school district it was decided to compare the aggregated data from all other locations with the Anchorage sample.

3. Anchorage, Barrow, Kotzebue, Nome, and Sitka (Tables A1-1 - A1-13)

The results were aggregated because they were obtained from a total school district or were obtained from a random survey of students representative of the district. These compiled results not only link the findings from different sections of the state, but they are also used to contrast with schools where nonrandom samples were obtained.

4. Bethel, Fairbanks, and Juneau (Tables A2-1 - A2-13)

This aggregation represents those school districts in which a nonrandom sample was obtained. These districts required parental permission and only students with such authorization were surveyed.

5. Barrow, Kotzebue, and Nome (Tables A3-1 - A3-13)

This aggregated unit links the three northern communities into a single data set, and also provides a means of maintaining the anonymity of each location.

In summary, the five sets of results share several critical characteristics which contribute to the integration of findings, and which also contribute to their utility to estimate drug use among the general population of school age youth in Alaska:

- Data collection from students in grades 7-12, which includes those in age from 12 to 18;
- Adequate and consistent sampling methodology;
- comparability of drugs investigated;
- comparability of question formats; and
- accessibility of detailed tabular data.

Each of the five data sets are found in the following pages. The next chapter contains a discussion of the results.

TABLE T-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

Total Schools
Students Grades 7-12
(N = 3609)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	<u>Number of Students Having a Chance to Try a Drug</u>	<u>Percent of All Students Having a Chance to Try a Drug</u>	<u>Number of Students Reporting Having Tried a Drug</u>	<u>Percent of Students who Had a Chance to Try and Did Try a Drug</u>	<u>Percent of All Students Trying a Drug</u>
Marijuana	2384	66.1	1784	74.8	49.5
Hallucinogens	653	18.1	314	48.1	8.7
Cocaine	1046	29.0	662	63.3	18.3
Heroin	261	7.2	78	29.9	2.2
Inhalants	968	26.8	595	61.5	16.5
Stimulants	1288	35.7	982	76.2	27.2
Depressants	725	20.1	516	71.2	14.3
Tranquilizers	573	15.9	416	72.6	11.5

FIGURE T-1

ALL SCHOOLS: OPPORTUNITY TO TRY AND TRYING DRUGS

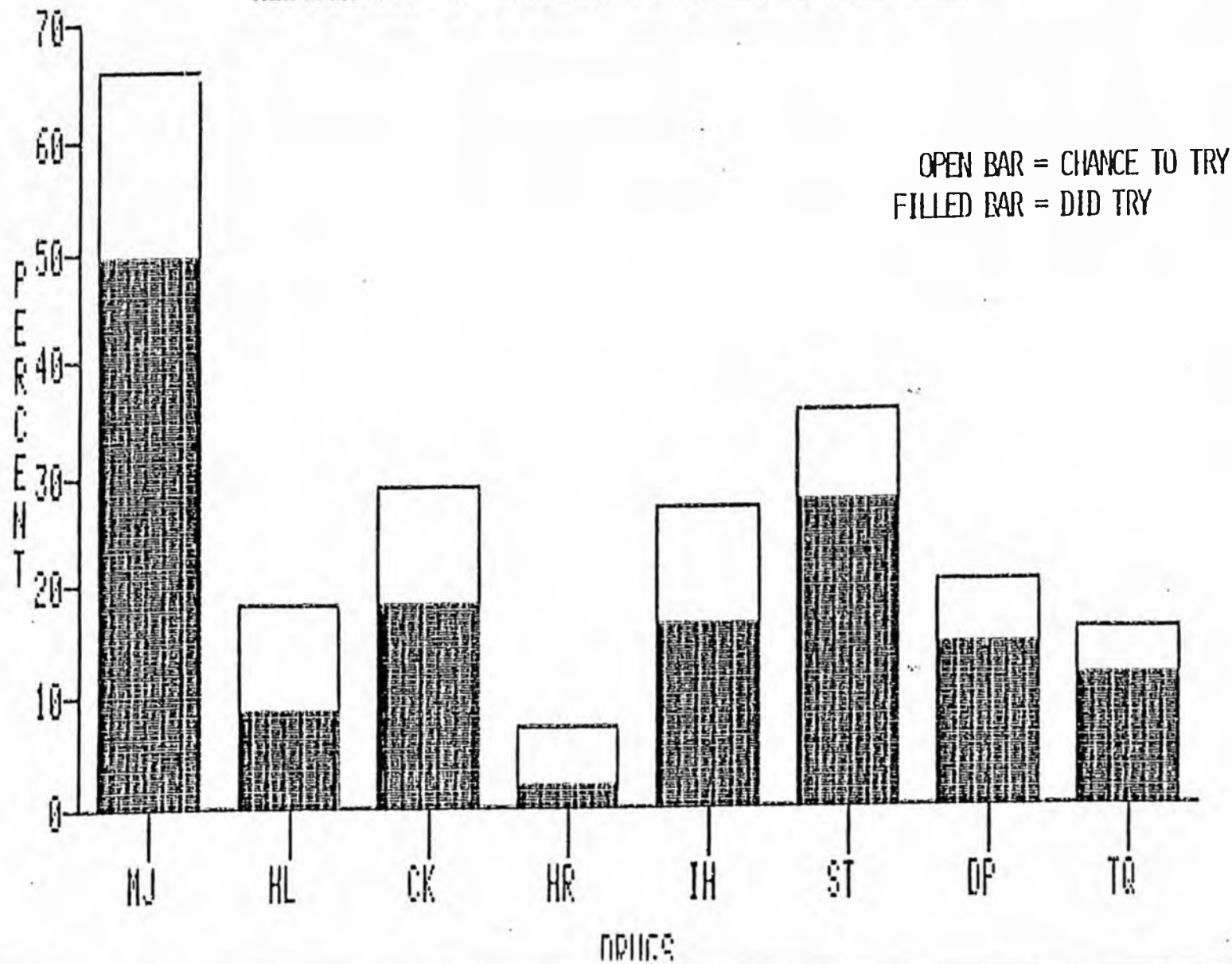


TABLE T-2

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Total Schools
Students Grades 7-12
(N = 3609)

<u>Drug</u>	<u>Number of Students Reporting Trying</u>	<u>Lower* Limit</u>	<u>Percent of Sample who Ever Tried</u>	<u>Upper* Limit</u>	<u>Percent of Sample who Tried Within Past Year</u>
Marijuana	1784	47.2	<u>49.5</u>	51.6	42.6
Hallucinogens	314	7.5	<u>8.7</u>	10.0	7.1
Cocaine	662	18.3	<u>18.3</u>	16.6	15.6
Heroin	78	1.9	<u>2.2</u>	2.7	1.7
Inhalants	595	15.1	<u>16.5</u>	18.0	11.9
Stimulants	982	25.4	<u>27.2</u>	29.2	22.0
Depressants	516	12.5	<u>14.3</u>	16.2	11.8
Tranquilizers	416	10.2	<u>11.5</u>	11.6	11.4
Alcohol	2589	69.7	<u>71.7</u>	73.8	-
Tobacco	1986	3.3	<u>55.0</u>	57.2	56.9

*Confidence Limits

TABLE T-3

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Total Schools
Students Grades 7-12
(N = 3609)

Drug	Percent of Sample Responding	Not Taken	Frequency*						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	88.0	46.6	19.0	7.1	4.0	6.0	2.6	2.8	41.5
Hallucinogens	82.0	75.5	4.9	0.7	0.2	0.2	0.2	0.0	6.4
Cocaine	83.0	67.7	11.0	2.5	0.6	0.7	0.3	0.4	15.5
Heroin	81.9	79.4	1.7	0.2	0.1	0.1	0.1	0.3	2.5
Inhalants	82.6	72.2	7.4	1.4	0.5	0.4	0.4	0.4	10.5
Stimulants	83.1	62.1	112.2	4.0	1.7	1.3	0.8	0.9	20.9
Depressants	82.2	70.9	7.3	2.1	0.6	0.6	0.2	0.5	11.3
Tranquilizers	81.7	72.3	6.5	1.4	0.6	0.3	0.2	0.4	9.4

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE T-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Total Schools
Students Grades 7-12
(N = 3609)

<u>Drugs</u>	<u>Males</u> (N=1770)			<u>Females</u> (N=1732)		
	<u>1</u> Number Having Tried	<u>2</u> Percent of Males who Tried a Drug	<u>3</u> Percent of All Students who Tried Drug	<u>1</u> Number Having Tried	<u>2</u> Percent of Females who Tried a Drug	<u>3</u> Percent of All Students who Tried Drug
Marijuana	904	51.1	51.9	837	48.3	48.1
Hallucinogens	185	10.5	60.5	121	87.0	39.5
Cocaine	351	19.8	54.4	294	17.0	45.6
Heroin	57	3.2	73.1	21	1.2	26.9
Inhalants	317	17.9	54.7	262	15.1	45.3
Stimulants	466	26.3	46.8	489	28.2	49.1
Depressants	272	15.4	53.5	236	13.6	46.5
Tranquilizers	219	12.4	53.8	188	10.9	46.2

*107 students did not report gender.

TABLE T-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School ComparisonsTotal Schools
Students Grades 7-12
(N = 3609)*

Drugs	F***	Junior High School** Grades 7-9 (N=1950)			Senior High School** Grades 10-12 (N=1567)			
		<u>1</u> Percent of Jr. H. S. Students who Ever Tried (N=479)	<u>2</u> Percent of All Students who Have Tried each Drug	<u>3</u> Percent of Total Sample (N=798)	<u>1</u> Percent of Sr. H. S. Students who Ever Tried (N=291)	<u>2</u> Percent of All Students who Have Tried each Drug	<u>3</u> Percent of Total Sample (N=798)	
Marijuana	716	36.7	40.9	19.8	1033	65.9	59.1	28.6
Hallucinogens	105	5.4	34.1	2.9	203	13.0	65.9	5.6
Cocaine	199	10.2	30.7	5.5	450	28.7	69.3	12.5
Heroin	32	1.6	41.0	0.9	46	2.9	59.0	1.3
Inhalants	290	14.8	50.0	8.0	290	18.5	50.0	8.0
Stimulants	343	17.6	35.7	9.5	618	39.4	64.3	17.1
Depressants	207	10.6	40.5	5.7	304	19.4	59.5	8.4
Tranquilizers	151	7.7	37.1	4.2	256	16.3	62.9	7.1

*89 students did not report grade level.

**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students reported having tried each drug.

FIGURE T-5

PERCENT OF JR. AND SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

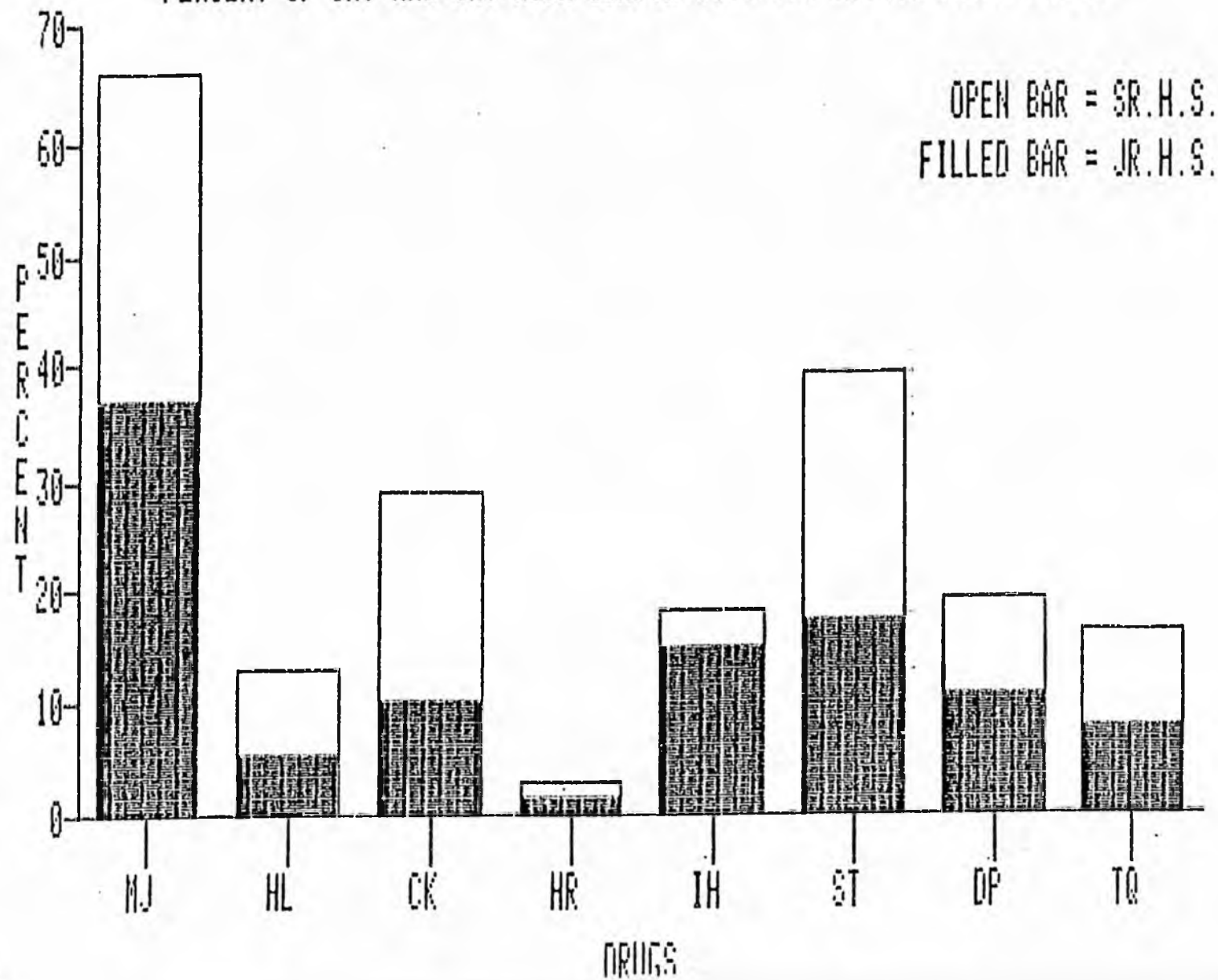


TABLE T-6A

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Total Schools
Junior H. S.*
(N = 1953)

Drug	Percent of Jr. H. S. Students Responding	Not Tried	Percent of Jr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Jr. H. S. Students who Have Taken Once a Week or More
Marijuana	86.4	63.6	24.5	11.9
Hallucinogens	80.9	94.8	4.5	0.7
Cocaine	81.9	88.0	10.6	1.4
Heroin	80.8	97.3	2.0	0.4
Inhalants	82.0	86.9	11.0	2.1
Stimulants	82.0	82.9	13.6	3.5
Depressants	81.4	89.3	8.9	1.8
Tranquilizers	80.5	91.7	6.9	1.4

*304 students did not report grade level.

TABLE T-6B

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Total Schools
Senior H. S.*
(N = 1567)

Drug	Percent of Sr. H. S. Students Responding	Not Tried	Percent of Sr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Sr. H. S. Students who Have Taken Once a Week or More
Marijuana	90.8	39.9	35.9	24.2
Hallucinogens	84.1	88.7	9.9	1.4
Cocaine	85.3	73.4	23.1	3.5
Heroin	83.9	96.6	2.3	1.1
Inhalants	84.1	88.2	9.9	1.8
Stimulants	85.3	64.7	26.8	8.5
Depressants	84.1	82.3	14.8	2.9
Tranquilizers	83.9	84.6	12.7	2.7

*304 students did not report grade level.

TABLE T-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a DrugTotal Schools
Students Grades 7-12
(N = 3609)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u> (N=665)	<u>8</u> (N=685)	<u>9</u> (N=603)	<u>10</u> (N=658)	<u>11</u> (N=564)	<u>12</u> (N=345)
Marijuana	23.3	38.7	49.1	60.6	69.9	69.6
Hallucinogens	2.9	5.5	8.0	10.9	13.8	15.4
Cocaine	4.8	12.1	13.9	21.9	31.6	37.1
Heroin	0.9	1.8	2.3	2.6	4.4	1.2
Inhalants	12.0	18.0	14.4	18.8	18.8	17.4
Stimulants	8.1	20.0	25.2	36.0	42.6	40.9
Depressants	6.2	12.4	13.4	18.7	21.1	18.0
Tranquilizers	3.8	9.6	10.0	15.7	18.3	14.5

*304 students did not report grade levels.

FIGURE T-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

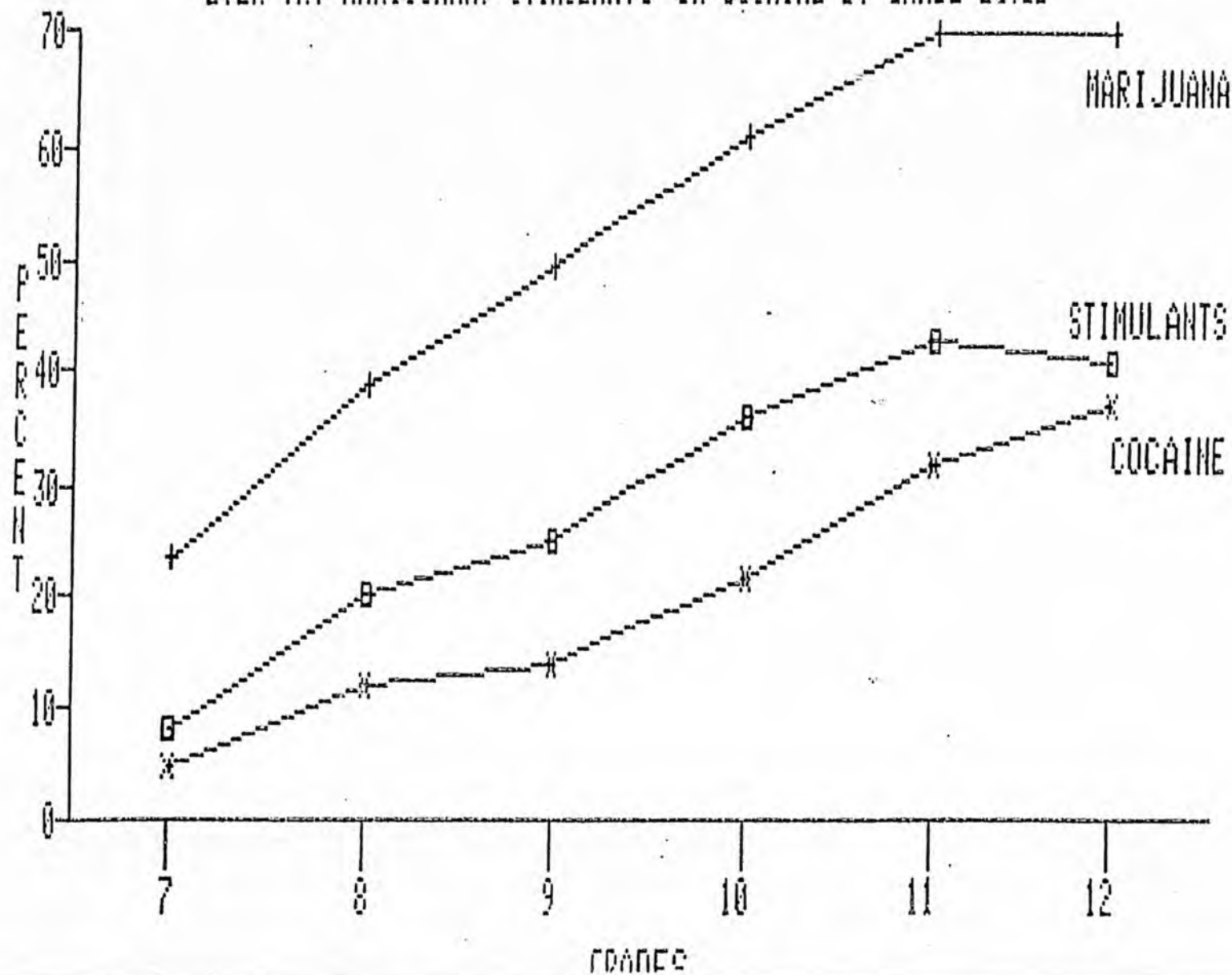


TABLE T-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Total Schools
Students Grades 7-12
(N = 3609)

<u>Reasons Given:</u>		<u>For Not Trying Drugs</u>	<u>For Having Stopped Experimenting with Drugs</u>
	<u>Total Number of Students Responding</u>	<u>Percent of Respondents Not Trying for each Reason</u>	<u>Percent of Respondents who Tried and Stopped for each Reason</u>
1. May hurt my body.	2779	18.3	41.9
2. May hurt my mind.	2780	15.8	44.6
3. May cause addiction.	2744	20.6	40.0
4. Friends disapprove.	1675	37.4	17.9

TABLE T-9

DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Total Schools
 Students Grades 7-12
 (N = 3609)

<u>Drug</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	72.2	28.6	18.3	34.2	18.9
Hallucinogens	45.2	7.9	38.0	9.9	44.2
Cocaine	50.5	13.5	31.8	20.1	34.6
Heroin	37.7	2.1	42.5	3.0	52.4
Inhalants	47.7	15.4	31.5	16.2	36.9
Stimulants	54.5	20.5	26.0	25.1	28.4
Depressants	42.9	13.0	32.0	17.2	37.8
Tranquilizers	40.2	10.8	33.9	16.0	39.3

TABLE T-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Total Schools
Students Grades 7-12
(N = 3080)

Students who:	Percent of Students who*		Total
	Expressed a need for drug education	Expressed no need for drug education	
Have Tried Drugs	43.2	12.8	56.0
Have Not Tried Drugs	37.1	6.9	44.0
Total	80.3	19.7	100.0

*The differences between classifications are not statistically significant:
 $\chi^2 = 14.1$, d.f. = 1, $p < .001$.

TABLE T-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Total Schools
By Grade Levels
(N = 3609)

Statement	Grades*						Total
	7	8	9	10	11	12	
1. I have missed school because of drug use.	2.1	5.8	8.2	11.7	14.8	17.3	9.2
2. I have had problems in school because of drug use.	4.3	5.6	8.5	11.1	11.4	12.9	8.6
3. I have had problems outside of school because of drug use.	6.3	10.0	11.6	16.0	15.8	15.0	12.1

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

TABLE T-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Total Schools
Students Grades 7-12

Drug	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	49.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983.

FIGURE T-12

COMPARISON OF ALASKA AND NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

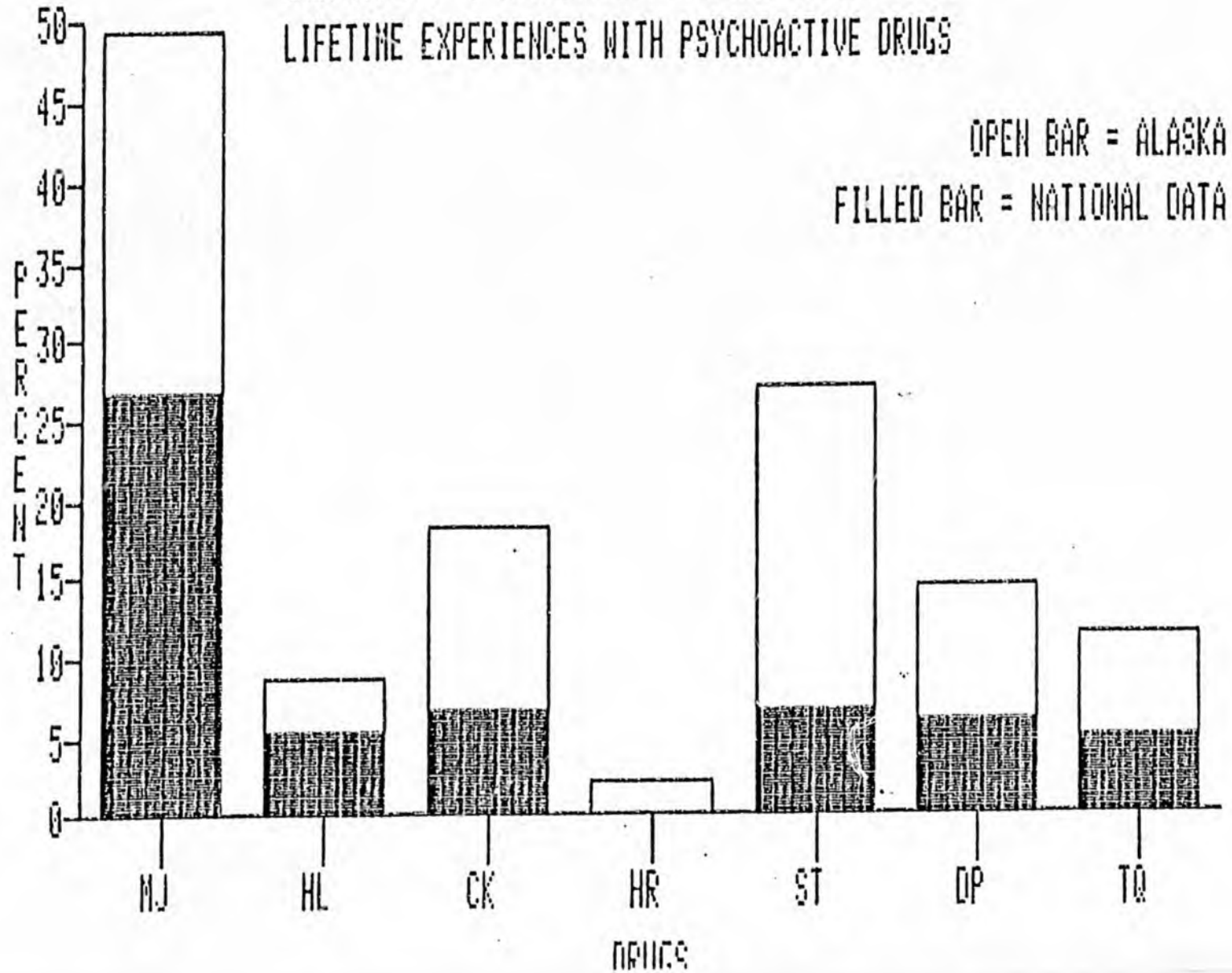


TABLE T-13

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Total Schools
Students Grades 7-12

Drug	Total Sample (N=345)	Anchorage		Bethel Juneau Fairbanks (N=68)	Barrow Kotzebue Nome (N=73)	Anchorage (N=123)	1982* National Survey of 12-17 Yr. Olds (N=17500)
		Sitka Nome Barrow Kotzebue (N=277)	Total Sample Less Anchorage (N=215)				
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

Prior to elaborating on these findings it should be restated that it is not known whether the students who report having tried a drug actually took the drug, that is, whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical. The important fact, however, is that students apparently believe that they took the reported drug. Also, students, whether taking real or substitute drugs, were involved in drug-taking behavior.

What is evident in the results is that when there is an opportunity to try a drug, particularly marijuana, large percentages of those students having the chance will try it. The question which arises is, Why is the opportunity to try drugs so very high among junior and senior high school students?

A factor which seemingly contributes to the high prevalence rates reported in our study is that drugs are generally available in the state, a phenomena which is supported by anecdotal evidence. The drugs which are available - albeit illegally - find their way down to adolescents and early teenagers who are willing to try them. Additionally, it also appears that these youngsters can afford to buy the available drugs.

Thus, with apparent opportunities to try, students are trying/taking drugs, and the number of students reporting such experiences is high. The pattern of drug use generally follows the pattern described for the "lower 48." Marijuana is the most frequently tried/taken drug, followed by experiences with stimulants and cocaine. While experiences with the other drugs vary, a consistency exists in that heroin is the least tried. In all the findings indicate that at least half of all students are likely to try marijuana and/or some other drug by the time of high school graduation. More than 75% of students will have also have tried/consumed alcohol prior to their graduation from high school. Most of the "hard" drug use, however, will be experimental.

The important question is, Why do so many students experiment with and/or

take drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine, have become incorporated into the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. It appears that adolescent drug use may, to a large extent, be related to the attitudes and behaviors found in the larger adult society. Simply put, the "kids" do what the adults are doing!

Related to this "imitation" phenomena is what may be called a "curiosity" motive for trying drugs. This motive is discussed in greater detail in the Anchorage School District Report (see Appendix 2), in which an analysis of students' motives for trying/taking drugs was completed. Briefly, a common reason for many youngsters to try mood-altering drugs is curiosity -- just to see what it is like. Many students try a drug once, or several times, with no intention to continue use in the future. However, this motive may not be totally applicable to use of alcohol, cigarettes, marijuana and, to a lesser extent, stimulants and cocaine.

Another reason for the trying/taking of drugs, interrelated with the "curiosity" motive, is a willingness to seek new and different experiences. This motive was found to prevail within the Anchorage School sample and has been reported in other research (Segal, 1982; 1983, in press). Drugs do provide a new and different experience; some students seem to find it rewarding or gratifying whereas others do not find it pleasurable.

Some youngsters may use mood-altering drugs to gain the ability to cope with personal problems and/or stress. Drugs may not only temporarily help one to

CONCLUSIONS AND RECOMMENDATIONS

The major objective of this project was to assess the extent, type of patterns, frequency and distribution of drug-taking behavior among school age youth in grades 7-12 in eight locations of the state: Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome and Sitka. The results of this undertaking found generally high rates of lifetime experiences with mood-altering drugs among students surveyed. This high level of drug-taking behavior contrasts dramatically with reports from surveys conducted in the "lower 48," which indicate that "American young people are continuing to moderate their use of illicit drugs..." (Johnston et al., 1982, p. 9). Reports from two recent national surveys (Johnston et al., 1982; Miller, 1983) indicate that there have been declines in use of marijuana and in other drugs and a leveling off of cocaine use by youth. Although there is no previous survey data of Alaskan youth to compare trends, a comparison of current findings of Alaskan youth with their counterparts in the "lower 48" shows considerably higher levels of drug use, except for heroin, which is just slightly higher.

One factor which may contribute to the extensive differences found between the National Survey of 12-17 year olds and Alaskan youth may be related to differences in methodology. The National Survey conducted face-to-face interviews while our procedure involved anonymous responses to questionnaires. It may be that when youth are selected from a general population and interviewed, the reports of prevalence of drug use may be more guarded than when responding anonymously to a survey.

Prior to elaborating on these findings it should be restated that it is not known whether the students who report having tried a drug actually took the drug, that is, whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical. The important fact, however, is that students apparently believe that they took the reported drug. Also, students, whether taking real or substitute drugs, were involved in drug-taking behavior.

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The important question is, Why do so many students experiment with and/or

take drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine, have become incorporated into the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. It appears that adolescent drug use may, to a large extent, be related to the attitudes and behaviors found in the larger adult society. Simply put, the "kids" do what the adults are doing!

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Some youngsters may use mood-altering drugs to gain the ability to cope with personal problems and/or stress. Drugs may not only temporarily help one to

escape from personal discomfort, but they also help to delay having to deal with conflict or stress. This motive for taking drugs has been found consistently in research investigating both adolescent and adult drug-taking behavior (Jessor & Jessor, 1977; Segal, Huba, & Singer, 1980). It is unlikely that the high level of drug use found in this study is attributable to this motive, but it is possible that a small percentage of students, particularly those who take a variety of drugs with some degree of frequency, may be using drugs to "feel better" as well as to feel "high."

An important finding in this study is that age, opportunity to try and first experiences with mood-altering drugs are significantly interrelated and also vary greatly for each drug. As experiences with some drugs, such as marijuana, begin to taper off, first experiences with other drugs, such as cocaine, tend to increase. The relationship between age and first experiences with drugs is revealing itself to be curvilinear, that is, a relationship which can change direction at any given age level for any given drug. The most frequent ages for trying drugs are 13 and 15, which are related to beginning junior and senior high school. It may be, as advocated within some recent research literature (Huba, Winegard and Bentler, 1979; Segal, 1983; Segal, Huba and Singer, 1980; Segal, Cromer, Hobfoll and Wasserman, 1982) that drug-taking behavior by adolescents is mainly experimental and is in large part "normative" and unrelated to any pattern of deviance or serious emotional distress.

Another interesting finding which characterizes the Alaskan findings (as discussed more fully in the Anchorage School District Report) is that peer pressure or influences do not appear to be as significant a factor as is reported in other studies (Jessor & Jessor, 1977; Kandell, Kessler, & Margulies,

1978). Why this is the case is not totally clear; it may be that drug-taking behavior has become so acceptable among all youth that the traditional schism between "users" and "nonusers" no longer exists, thereby making it unnecessary for those who take drugs to seek mutual support from others who take drugs. Additionally, the generally widespread use of drugs may offset any special status attributable to those who take drugs, thus reducing the peer influences to try or not try drugs.

In summary, it is evident that drug-taking behavior is attributable to many interrelated factors, some exerting greater influences than others at different points during one's secondary school career. Further research is needed to focus more specifically on students' perceptions of why they take drugs and the particular expectations that they have of what drugs will do for them.

The results of the present study have a number of implications concerning drug education/prevention programs. One important consideration is that the students perceive a need for such programs, particularly the ones who have had experiences with psychoactive drugs. This finding suggests that the students may be inferring that if other students are "educated," or if they themselves learned more about "drugs," the risks of taking drugs may be reduced. It is presumed that presentation of information regarding the "dangers" and risks of taking drugs, especially in light of the findings that most students fear the harmful psychological and physical effects of taking drugs, can help to lessen the curiosity to experience the anticipated sensations which drugs can engender. The issue becomes one of how to develop and implement an effective drug education/prevention program. This question is one which educators and researchers have been struggling with for over a decade. While the evidence supports the continued need for educational efforts (Wepner, 1979), it is apparent that such programs generally tend to restrain young persons who were

not inclined to try drugs in the first place. The major problem is how to identify those who are at greater risk of trying drugs. A variety of drug education/prevention programs have been implemented over the country, each to a large extent providing a uniform curriculum across age and grade level.

An important implication concerning drug education from the foregoing analysis of age/grade trends is that different prevention goals should be devised for different points in the incidence and prevalence curves. The most logical starting point is that age in the curve at which positive acceleration begins in the prevalence curve. Prior to this point prevention efforts should focus on delaying or preventing the onset of nonmedical taking of mood-altering drugs, and/or extrafamilial alcohol consumption. After this point intensive prevention efforts should concentrate on the reduction of prevalence, giving special emphasis to multiple substance use, frequency of drinking, regular use of marijuana, and on reducing the trying/taking of stimulants and cocaine. Emphasis should also be given to other types of mood-altering drugs, capitalizing on the apparent self-moderating factors that appear to already be "at work" with students to avoid taking drugs perceived as particularly harmful. What is needed is the involvement of a rational program of drug education/prevention - a program derived from an informational base which provides data on the prevalence and developmental trends of drug-taking behavior and on some of the psychosocial aspects related to use and nonuse of mood-altering drugs. This data base can serve as a conceptual basis for prevention strategies designed to prevent and reduce drug-taking behavior by school age youth.

Another important implication of the findings concerns the issue of availability of mood-altering drugs. It should be noted that if a reduction of experimentation with and continued use of drugs is to be achieved, the availabi-

lity of drugs needs to be reduced. There is, however, no easy solution to achieving such a reduction.

The recent history of attempts to address drug use in the United States has tended to deal with the problem through strong legislation aimed at reducing "drugs on the street" by increasing penalties for possession and use of drugs. Such an approach has led to a preoccupation with and elaboration of penalties associated with drug use which has not generally resulted in an overall reduction of "drug problems." Rather than focusing only on the elimination of drugs by legislation, efforts also have to be directed toward focusing on people and the circumstances which contribute to their use of drugs. It has been shown that the "legal" approach to drug misuse puts an unfair and sometimes overwhelming burden on the justice system, leading to the unrealistic expectation that this system will eliminate the problem.

Legal measures can only be effective if society perceives them to be reasonable and realistic. The experience of decades of having to confront drug use in this country makes it clear that without a comprehensive approach the likelihood of reducing drug use is low. This comprehensive approach, requires the joining together of legal, social, education and legislative bodies to pool resources, experiences and knowledge to develop an integrated, comprehensive and relevant approach to address problems of drug use in the community, as well as focusing on the drug-taking behavior of school age youth.

The accomplishment of the above goal requires that a price be paid. This price lies in the implications for policy decisions made by local and state governmental bodies regarding drug use. With respect to youth, in order to prevent the taking of drugs prior to the age at which most of the experimentation with and continued use of drugs occurs, and in order to reduce the incidence and prevalence thereafter, governmental bodies will have to appropriate program

funds. The level of funds will have to be sufficient to allow systematic research and comprehensive program development to be initiated, implemented, and evaluated over a period of time. Legislators and other governmental officials will also need to realize that the efforts of prevention programs are difficult to assess, especially since the effects may not be immediate. Efforts directed at fourth graders, for example, may not be realized until students reach junior high school, where exposure to drugs becomes more widespread and where influences to try drugs exert themselves. Additionally, the importance of drug education/prevention efforts directed at those students in the peak years of drug experimentation may not be fully realized until they reach young adulthood. What is important is the understanding that an investment in a rational educational/prevention program subject to ongoing evaluation, while costly at the point of initial undertaking, can save costs associated with health, social and legal consequences. Only through the acceptance and commitment to alter the attitudes and behaviors of the next generation can a reversal in the trend to take drugs be achieved.

List of References

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STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

M E M O R A N D U M

April 3, 1987

SUBJECT: Sectional analysis of CSSB 32(HESS),
relating to marijuana

TO: Senator Paul Fischer
Chairman, HESS Committee

FROM: Keith B. Levy *KBL*
Legislative Counsel

You have requested a sectional analysis of CSSB 32(HESS). As a preliminary matter, note that a sectional analysis or summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1 sets out legislative findings related to marijuana, including the finding that the state has a compelling interest in regulating even small amounts of marijuana.

Section 2 amends existing law to make the possession of up to one-half pound of a "schedule VIA controlled substance," i.e., marijuana, a class B misdemeanor (AS 11.71.060(a)).

Section 3 repeals AS 11.71.070, because that section applies to amounts of marijuana that would be covered by AS 11.71.060, as amended by section 2 of the bill.

Under current law, it is already a class B misdemeanor:

(1) to use or display any amount of marijuana in public (AS 11.71.060(a)(1));

(2) to possess any amount of marijuana in a propelled vehicle (AS 11.71.060(a)(2));

(3) for a person under 19 years of age to possess less than four ounces of marijuana (AS 11.71.060(a)(3)); cr

Senator Fischer
Page 2
April 3, 1987

(4) for anyone to possess four ounces of marijuana or more anywhere (AS 11.71.060(a)(4)).

It is a class A misdemeanor under current law to manufacture or deliver one-half ounce or more of marijuana (AS 11.71.050(a)(1)) or to possess a half-pound or more of marijuana (AS 11.71.050(a)(3)). It is a class C felony under current law to manufacture or deliver one ounce or more of marijuana (AS 11.71.040(a)(2)) or to possess any amount of marijuana on school grounds if the person is 18 years of age or older (AS 11.71.040(a)(4)). And it is a class B felony to deliver any amount of marijuana to a person under 19 years of age if the person is at least three years younger than the person delivering the marijuana. Thus, the use, possession, or sale of marijuana is already a crime under existing law except for the possession of under four ounces of marijuana by an adult in the home. The bill adds this narrow area to the criminal law. As discussed in the memorandum dated October 29, 1986, it is this narrow area of marijuana possession that presents constitutional problems under the ruling of the Alaska Supreme Court in Ravin v. State, 537 P.2d 494 (Alaska 1975).

If I may be of further assistance, please advise.

KBL:mkr
m10/100

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: Senate Bill 32

Publish Date: _____

Revision Date: _____

Agency Affected: Department of Corrections

Title: "An act relating to marijuana"

BRU: _____

Sponsor: Senator Paul Fischer

Components: _____

Requestor: Senator Paul Fischer

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Susie Riley, Budget Analyst

Phone: 465-3376

Division: Administrative Services

Date: 01/26/87

Approved by Commissioner: William W. Ladwig

Date: 01/26/87

Agency: Department of Corrections

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

BILL NO: SB 32

DATE: 1/21/87

TITLE: "An Act relating to marijuana; CONTACT: Maj. Walter J. Gilmour
and providing for an effective date. Acting Director

The Division of Alaska State Troopers is neutral on this legislation.

Many individuals and groups in Alaska feel that the use of marijuana is harmful to public health and welfare. The purpose of this legislation is to recriminalize the possession of any amount of marijuana.

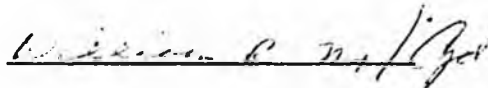
Presently the state law allows up to four ounces of marijuana for personal use. This is in direct conflict with the existing Federal law. This in effect encourages the violation of Federal law.

The existing conflict of Federal and State law is confusing in the mind of the public. The public expects consistency rather than diversity in the law. Such diversity tends to breed disrespect for the law in general, especially upon the impressionable minds of our youth.

Alaska's lenient attitude toward marijuana in effect creates a legal market for a substance that is illegally grown in other states.

Alaska's legalization of small amounts of marijuana directly contravenes the terms of the Single Narcotics Convention, the international treaty which outlaws marijuana and other controlled substances. The United States is one of numerous countries which are signators to the convention.

Recriminalizing marijuana would not, as some fear, result in wholesale arrest of individuals possessing small amounts of marijuana. The present drug enforcement philosophy of source interdiction recognizes the far greater cost-effectiveness of striking against high-level distributors, and sadly, there is no lack of high-level drug dealers in Alaska to occupy the enforcement efforts of narcotics officers.



William R. Nix
Acting Commissioner

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STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

Bill Version: SB 32
Publish Date: _____

REQUEST

Revision Date: _____
Title: "An Act relating to marijuana;
and providing for an effective date."
Sponsor: Sen. Fischer
Requestor: Senate HESS

Agency Affected: Public Safety
BRU: Alaska State Troopers
Components: Detachments & C.I.B.
Narcotics

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
OPERATING						
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUNDS						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

No additional enforcement activities are anticipated and thus no fiscal impact is anticipated.

Prepared by: Francis C. Allan *F.C.A.*
Division: Alaska State Troopers

Phone: 269-5691
Date: 1/21/87

Approved by Commissioner: [Signature]
Agency: Public Safety
Distribution (by preparer):

Date: 1/26/87

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

POSITION PAPER
SB 32

For an Act entitled: "An Act Relating to Marijuana;
providing for an effective date."

The Department of Health and Social Services is neutral regarding this legislation. The department, through the State Office of Drug and Alcohol Abuse, discourages the use of drugs of all kinds, including marijuana, and promotes this position through its support of community education and treatment of individuals who use drugs or alcohol. The criminalization of the use of marijuana by adults will not affect these programs.

The use of marijuana by youth is already a violation of law. These laws are enforced by local law enforcement agencies with the support of the Division of Family and Youth Services through its juvenile intake functions and delinquency programs. Discouraging the use of drugs and alcohol by youth is accomplished, again, through the work of the Division of Family and Youth Services in its direct contact with youth who may be using drugs or alcohol, and through the community education and treatment programs sponsored through the State Office of Drug and Alcohol Abuse.

Myra M. Munson
Myra M. Munson, Commissioner
Department of Health
and Social Services

DATE: March 4, 1987

POSITION PAPER

SB 32

The Alaska Public Defender Agency and the Office of Public Advocacy are totally reactive agencies which provide representation to indigent persons when appointed by the court. These agencies do not make policy nor do they initiate litigation. Only proposed legislation with fiscal or program ramifications for these agencies can be said to have a direct agency impact. Thus, the Public Defender Agency and Office of Public Advocacy submit position papers for legislation which will affect these agencies fiscally or programatically or will require these agencies to litigate constitutional issues raised by the legislation.

Fiscal impact: _____ None See attached fiscal note X

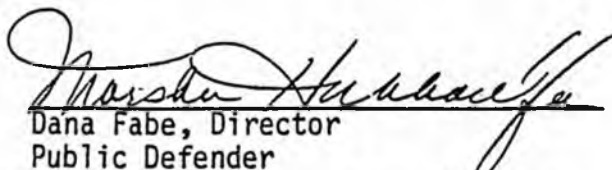
Program impact: _____ None See analysis below X

Constitutional impact: _____ None See analysis below X

This bill recriminalizes the use of marijuana in the home.

This bill appears to be violative of the Alaska Supreme Court's holding in Ravin v. State and will certainly lead to extensive trial and appellate court hearings on the issue of its constitutionality.

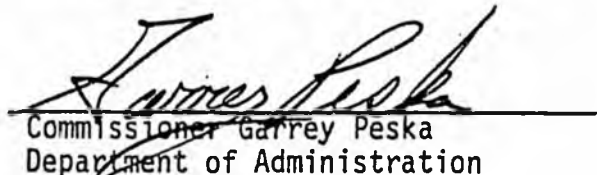
Furthermore, in a time of declining revenues, this bill may divert costly law enforcement, prosecution, defense and court resources from more serious cases.


Dana Fabe, Director
Public Defender

3/5/87
Date


Brant McGee, Director
Office of Public Advocacy

3/5/87
Date


Commissioner Garrey Peska
Department of Administration

3/6/87
Date

SB 32
HESS
M 550 421

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 32
Publish Date: _____

Revision Date: _____
Title: "An Act relating to
marijuana..."
Sponsor: Fischer, Faiks
Requestor: Senate Judiciary

Agency Affected: Administration
BRU: Office of Public Advocacy
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	--0--	93.4	97.1	101.0	105.0	109.2
TRAVEL		0	0	0	0	0
CONTRACTUAL		60.0	62.4	64.9	67.5	70.2
SUPPLIES		2.0	2.1	2.2	2.3	2.4
EQUIPMENT		9.3	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	164.7	161.6	168.1	174.8	181.8

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	164.7	161.6	168.1	174.8	181.8
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	164.7	161.6	168.1	174.8	181.8

POSITIONS:

FULL-TIME		2.0	2.0	2.0	2.0	2.0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Brant McGee, Public Advocate Phone: 274-1684
Division: Office of Public Advocacy Date: 2/23/87

Approved by Commissioner: Garrey Peska Date: 3/6/87
Agency: Department of Administration

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

RECEIVED
MAR 09 1987

LEGISLATIVE FINANCE

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB32

This bill will recriminalize the use or possession of marijuana at any location and would result in a significant increase in the number of prosecutions for such offenses.

The Department of Law has requested 2.5 attorney in Anchorage and Fairbanks in order to enforce this statute. The constitutionality of the statute, which appears to directly conflict with the Supreme Court's 1975 holding in Raven v. State, will undoubtedly be tested in extensive trial and appellate court proceedings.

The Office of Public Advocacy requests one new Attorney III position for Anchorage -- where the greatest number of prosecutions is likely to arise -- and \$60,000 in contractual funds to pay for representation in other areas and for expert witness fees necessary for trial proceedings.

Personal Services

Anchorage

Attorney III
Salary & Benefits = 63,198 63.2

Legal Secretary I
Salary & Benefits = 30,184 30.2

Subtotal Personal Services 93.4

Contractual

Contract attorneys in rural areas
and expert witnesses = 60,000 60.0

Supplies

Stationary & library supplies
for two new positions at
1,000 per position = 2.0

Equipment

Office furniture & equipment for
one professional position at 2,429
and one secretary at 6,838 9.3

Total: 164.7

Position Title Attorney III		No. of Positions 1	Range/Step 22/A	Barg. Unit X
Time Status PFT	Staff Months 12	Location EBA-Anchorage		Election District 8
Type of Expenditure		Amount		
1	2	3		
Salary	49,140			
Benefits	14,058			
Premium Pay				
Other				
Total Personal Services		63,198		
Travel				
Contractual				
Commodities				
Equipment				
Other				
Total Cost		63,198		
Funding Source for Total Cost				
Federal Receipts	1002			
G. F. Match	1003			
General Fund	1004	63,198		
I-A Receipts	1006			
CIP Receipts	1061			
Other				
Justification				
<p>The Anchorage OPA office presently has 3 attorney positions devoted to criminal defense. These attorneys are also handling several major cases outside the Anchorage area as staff coverage and travel is more cost effective than contracting major cases to private attorneys in rural areas. Current caseloads indicate that these three attorneys cannot absorb the additional cases which would result from this legislation. It is necessary that an additional attorney be added to the Anchorage staff to cover the resultant increased caseload.</p>				

**Request For
New Position**

Agency Administration
 BRU Office of Public Advocacy
 Component _____

Page 3 of 4
 Revised Date _____

FY 88

Position Title Legal Secretary I		No. of Positions 1	Range/Step 10/A	Barg. Unit G
Time Status PFT	Staff Months 12	Location EBA-Anchorage		Election District 8
Justification				
The Anchorage CPA office presently has 3 legal secretary positions providing clerical support to 12 professional positions, 2 vista volunteers, and the VGAL program. The addition of an attorney with a full caseload necessitates the addition of a legal secretary. The present ratio of 4 professionals to each secretary is the maximum that each secretary can handle. The additional workload created by an additional attorney carrying a full caseload cannot be absorbed by the present secretarial staff.				
Type of Expenditure		Amount		
1	2	3		
Salary	22,020			
Benefit's	8,164			
Premium Pay				
Other				
Total Personal Services		30,184		
Travel				
Contractual				
Commodities				
Equipment				
Other				
Total Cost		30,184		
Funding Source for Total Cost				
Federal Receipts	1002			
G. F. Match	1003			
General Fund	1004	30,184		
I-A Receipts	1006			
CIP Receipts	1061			
Other				

**Request For
New Position**

Agency Administration
 BRU Office of Public Advocacy
 Component _____

Page 4 of 4
 Revised Date _____

FY 88

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JOE JOSEPHSON, Vice Chairman
SENATOR LLOYD JONES
SENATOR JAY KERTULLA
SENATOR RICK HALFORD



P. O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

Date: April 9, 1987
To: Members Senate Judiciary & Finance Committees
From: Senator Paul Fischer
Subject: Resolutions Supporting SB 32, Recriminalizing Marijuana

Following please find resolutions of support for SB 32 from:

Anchorage Municipal Assembly
Anchorage Crime Commission
Anchorage Police Department
Kiwanis Club of Anchorage
Anchorage School District
Alaska Association of Chiefs of Police
FBI National Academy Associates
Alaska ASSociations of School Governments
Alaskans for Drug-Free Youth
Cook Inlet Council on Alchol & Drug Abuse
Galena Police Department
Galena City School District
Valdez Rotary Club
City of Valdez
Juneau Police Department
Central Council of Tlingit & Haida Indian Tribes
City & Borough of Sitka
City & Borough of Sitka Police Department
Kenai Peninsula Borough School District
City of Wrangell
Wrangell Police Department
Petersburg General Hospital
City of Ketchikan
Ketchikan Gateway Borough School District
City of Saxman
Boys & Girls Clubs of Alaska

AMENDED AND APPROVED

Date: 12-9-86

Submitted by: Assemblyman
Brad Bradley

Prepared by: Assemblyman
Brad Bradley

For Reading: November 25, 1986

AR No. 86-284

A RESOLUTION OF THE MUNICIPALITY OF ANCHORAGE SUPPORTING REPEAL
OF AS 11.71.070 AND AMENDMENT OF AS 11.71.060(a) TO MAKE
MARIJUANA ILLEGAL

WHEREAS, Alaska is the only state in the union with a permissive statute for personal possession of marijuana, and

WHEREAS, findings of local, state and federal authorities conclude that marijuana is detrimental to the health, welfare and public safety of all people, 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, the conflict between federal and state law pertaining to marijuana causes unnecessary barriers for local police and Alaska State Troopers in protecting the public from drug abusers, and

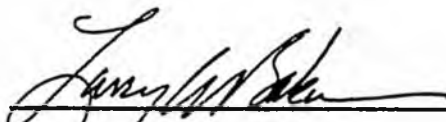
WHEREAS, the Anchorage Crime Commission has for the past three years concluded that Alaska's permissive laws on marijuana should be repealed, and

WHEREAS, representatives of 60 Alaskan high schools at the Alaska Association of School Governments' Annual Fall Conference on October 18 of this year unanimously passed a resolution to repeal the current marijuana law and make the drug in all its forms illegal in Alaska.

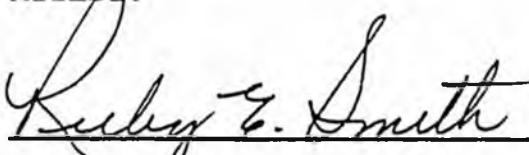
NOW THEREFORE, the Anchorage Assembly resolves:

That the Governor of the State of Alaska, the Alaska State Legislature and the Alaska Supreme Court ^{are} ~~is~~ petitioned to take immediate steps to repeal / ~~AS 11.71.070~~ ^{statutory and constitutional protections} ~~and~~ ^{for the} ~~amend~~ ~~AS 11.71.060~~ ^{in order} to make use and possession of marijuana illegal in the State of Alaska/to promote the general health, welfare and public safety of the citizens of Anchorage and the State of Alaska.

PASSED AND APPROVED by the Anchorage Assembly this 9th day of December, 1986.



Chairman

ATTEST:


Municipal Clerk

Anchorage Chamber of Commerce

Crime Commission

February 25, 1987



Representative Terry Martin
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Terry:

The Anchorage Crime Commission has endorsed the recriminalization of marijuana as one of its 1987 goals. The Commission enthusiastically supports your previously stated position on this issue.

The Commission's Public Opinion survey, conducted in the Anchorage area, indicated that there was a strong desire by the general public to change the present law.

This correspondence is to reiterate our strong support of this issue and request your continued support and endorsement of HB 55. We believe the passage of this legislation will be beneficial to Alaska and its citizenry.

We further request your support in enlisting other members of the State Legislature to help assure passage of this bill into law.

If the Anchorage Crime Commission can be of further assistance in this matter please contact me.

Thank you for your support.

Sincerely,

A handwritten signature in cursive script that reads "Harold C. Heinze".

Harold C. Heinze
Chairman

A Committee of the
Anchorage Chamber
of Commerce

415 F Street
Anchorage AK 99501
(907) 272-2401



TONY KNOWLES
MAYOR

ANCHORAGE POLICE DEPARTMENT

4501 SOUTH BRAGAW STREET • ANCHORAGE, ALASKA 99507-1599
TELEPHONE (907) 786-8500



RONALD L. OTTE
CHIEF

March 13, 1987

MAR 18 1987

Senator Paul Fischer
Chairman, H.E.S.S. Committee
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Senator Fischer,

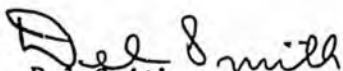
The purpose of this letter is to inform you of our support for Senate Bill 32 addressing the recriminalization of marijuana.

We believe that recent research may indicate that marijuana is more of a health hazard than originally thought. We believe that the legislature of the State of Alaska should take a serious look at recriminalization and hold hearings regarding its potential medical effects upon the populace. In addition, we believe that the youth of Alaska receive a mixed signal regarding the appropriateness of drug usage when marijuana is essentially legal in this state. In addition to that, we feel that the populace develops a scoff law attitude when the possession of marijuana is legal, but the purchase of and transportation of is illegal.

We urge that the recriminalization of marijuana be brought from the committee and addressed on the floor of the State Legislature.

If we can be of any further assistance regarding this issue or any other law enforcement related issue that you wish to call upon us for, feel free to do so.

Sincerely,

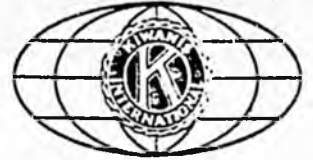

Del Smith

Deputy Chief of Operations

DS:d1



KIWANIS CLUB OF ANCHORAGE
P.O. BOX 101404
ANCHORAGE, ALASKA 99510



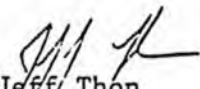
Anchorage Assembly

Whereas, it is a major emphasis of Kiwanis International to enrich the lives of our youth, and

Whereas, the Kiwanis Club Of Anchorage is currently participating in a nationally promoted activity of drug abuse prevention and education through the Just Say No Foundation, and

Whereas, the current laws in Alaska do not consider it a crime to possess certain combinations of controlled substances in certain amounts, which is counterproductive to our efforts in the Just Say No [to drugs] Program,

Now therefore, be it resolved that the Kiwanis Club of Anchorage hereby encourages the Anchorage Municipal Assembly to adopt a resolution in support of changing our statutes to make possession of a controlled substance, other than by prescription, a crime.


Jeff Thon
President

KIWANIS RESOLUTION



ANCHORAGE
SCHOOL DISTRICT

4600 DeBarr Avenue - Anchorage, Alaska

93504

AREA CODE 907-333-9561

2508 Blueberry Phone #276-1992

October 23, 1986

Ms. Alyce Hanley
Representative
1024 E. 6th Ave., Suite 200 A
Anchorage, Ak 99501

Dear Rep. Hanley:

I have enclosed for your information the names of the schools that were in attendance at the Alaska Association of School Governments fall conference held at Dimond High school. The list also contains the name of the student that was designated by their school to serve as the spokesperson on business items.

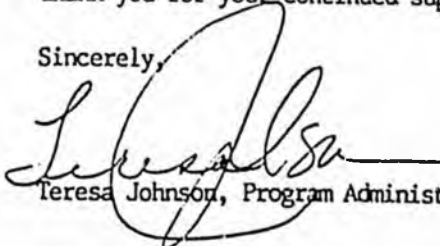
The students did finish the just say no flag and have made arrangements for the flag to be sent to Juneau and presented to the governor. The students also passed a resolution during their business meeting to support the establishment of Just say No clubs in schools, support for additional Drug Education Programs and unanimous support for repealing the current marijuana statute for the state of Alaska. I have taken the liberty of enclosing a copy of the resolution for you. I think it would be wonderful if you would present this resolution to the house for the students. Likewise, if you could recommend a senator, perhaps Jan Faiks, that would like to do the same in the senate, I would be interested in your recommendation.

Please let me know if it is possible for you to present the resolution on behalf of the students. If I can be of any further assistance to you, please let me know.

Also for your information, the Alaska Association of Secondary School Principals passed a resolution for repeal of the marijuana statute. Larry Graham would be the contact person for information about that resolution.

Thank you for your continued support of students & education.

Sincerely,



Teresa Johnson, Program Administrator

TJ:svr
cc: Dermis Johnson
St. Dir. AASG

ANCHORAGE SCHOOL DISTRICT

Alaska Association Chiefs of Police

625 C Street • Anchorage, Alaska 99501

March 26, 1985

Mr. George N. Nelson
Anchorage Crime Commission
415 F Street
Anchorage, Alaska 99501



Dear Mr. Nelson,

Our Association conducted its annual meeting on March 22, 1985 in Anchorage.

Legislation pending before the Alaska State Legislature was extensively discussed. The Association has identified several pieces of legislation that it feels merit support. Among those bills we will be commenting on to the Governor and individual legislators are four that we understand have been identified as priority legislation by your Commission.

These bills are as follows:

HB 178	Conspiracy
HB 179	Hearsay
HB 205	Juvenile Waiver
SB 165 32	Recriminalization of Marijuana

As stated previously, these bills were thoroughly discussed by the Association membership. The consensus was a directive to relay our strong support for passage of the legislation.

I understand that members of your Commission will be going to Juneau shortly to meet with legislators. Please feel free to make those legislators aware of our support for your legislative priorities.

If we can be of any additional assistance please do not hesitate to contact us.

Sincerely,

Del Smith

Del Smith
Secretary-Treasurer, ACOP

**FBI National Academy Associates
Alaska Chapter**



FEB 12 1987

February 9, 1987

Representative Terry Martin
Alaska State Legislature
P.O. Box V, State Capitol
Juneau, AK 99811

Dear Terry:

I received your letter of February 5, 1987, concerning the teleconference hearing on Senator Paul Fischer's bill to recriminalize marijuana and to be held on February 18, 1987.

Unfortunately, I will be out of the state, attending an Energy Security Conference and will be unable to personally testify. I have been very interested in this particular subject for a number of years and, as you are aware, I served as Vice Chairman of the Anchorage Crime Commission in 1984-85. This subject was one of our priorities then and it is still a current priority of the present Crime Commission members.

In 1985, we prepared an extensive review of information developed since 1976, when the existing law was passed. I was rather taken back that the Director of the State Office of Drug and Alcohol Abuse stated that there had been no new scientific information gathered since 1976 which would support the changing of the law. Obviously, this particular individual has not done the research that I have and I'm confident that there is substantial scientific evidence to support the health problem created by the use of marijuana.

One of the major arguments used to state that the law should remain the same is the amount of manpower and commitment that would be necessary in order to enforce any changes in the law. In my opinion, this is not an issue—the issue is the health problem created by the continuous use of marijuana and, equally important if not more so, the illusion it gives to our young people that marijuana in Alaska is legal and, therefore, its usage must not be harmful.

FBINA
1986 Officers
Executive Board

Pat Wellington, 75th. President

President
1835 South Bragaw Street, MS 540 S
Anchorage, Alaska 99512

Secretary
PO Box 53
Willow, Alaska 99688
(907) 495-6413

Dean Bivins, 90th. Vice President, South Central
Dale Florian, 98th. Vice President, Northern
Ben Neff, 94th. Vice President, Southeast
Turk Mayfield, 4th. Secretary-Treasurer



Alaska Association of School Governments

RESOLUTION: ALASKA ASSOCIATION OF SCHOOL GOVERNMENTS
FALL CONFERENCE
DIMOND HIGH SCHOOL
October 18, 1986

Whereas the student leaders of Alaska recognize that there is a severe Drug and Alcohol problem in Alaska,

Whereas the student leaders of Alaska recognize this problem exists in the Alaskan elementary, junior and senior high schools,

Whereas the students believe it is necessary for them to take a united stand against Drugs and Alcohol,

Therefore, be it resolved that the students representing the Alaska Association of School Governments (AASG), endorse the nationally known "Just Say No" Drug Prevention Program

Be it further resolved the AASG students will present a flag to Governor Sheffield to be flown over the capitol building that states: "Alaska Students/Just Say No" and

Be it further resolved the AASG students request the Governor and the Alaska Legislature to repeal the current marijuana law and make marijuana illegal in this state.

Resolution passed unanimously by 60 alaskan high schools in attendance at the AASG fall conference.

ALASKA ASSOCIATION OF STUDENT GOV'TS.



Alaskans for Drug-Free Youth

7756 Glacier Highway

Juneau, AK. 99801

February 18, 1987

Dear Members of the Juneau Board of Education:

Alaska is the only state in the U.S.A. that allows a person to possess 4 ounces of marijuana. At the time the Alaska law was changed to allow this, marijuana was not considered harmful. Since then research has shown that it has many adverse effects. These effects are very detrimental to youth and their development and growth.

Some of the effects that are now known are:

1. Marijuana affects sexual development, fertility and sexual functioning.
2. Marijuana affects the immune system, causing increased susceptibility to infection.
3. It impairs memory, concentration, coordination and results in symptoms called anxiotational syndrome.
4. It is psychologically addicting as well as physically addicting, builds tolerance and results in the need to continue to use.

We are very concerned about the social acceptability of marijuana and its prevalent use in Alaska by adults and school age children. We ask that you pass the following resolution urging our public officials to make the possession of any amount of marijuana illegal - by all appropriate and lawful means.

Thank you most sincerely,

Bebi Irani, Chairperson
Safe Schools/ Parents Against Drugs

Marijuana Resolution

Whereas- We, the citizens of the state of Alaska are concerned about the prevalent use and abuse of the drug Marijuana.

Whereas- Adults may now possess 4 oz. of Marijuana for their own personal use in their home, even though in these homes may reside children.

Whereas- Research has demonstrated that Marijuana usage is occurring more frequently in earlier age groups.

Whereas- Marijuana has been found to be harmful both mentally and physically, to be addictive, to build tolerance and may be 10 times more potent than 10 years ago, significantly increasing health risks.

Whereas- Marijuana has been found to impede motor skills, making it dangerous to operate any mechanical equipment.

Whereas Marijuana remains in the body up to 30 days, being stored in the body's fat cells.

Whereas- Marijuana is considered a "gateway drug" the use of it introduces the "high" experience and may lead to users seeking stronger drugs.

Whereas- The state of Alaska statutes pertaining to Marijuana are not in conformity with National and International laws.

Whereas- The Supreme Court of Alaska has stated that "no one has the right to do things in their own home which will affect others adversely." *

Whereas- The Supreme Court of Alaska further stated "when there is a substantial doubt as to the safety of a substance or situation of Public Health, controls to obviate the danger will usually be upheld." *

Therefore be it resolved that We the citizens of Alaska respectfully urge our public officials in the State Government including the legislature to make the possession of any amount of Marijuana illegal- by all appropriate and lawful means.

* Reference- Raven Case 1975.

Cook Inlet Council On Alcohol And Drug Abuse

"A PRIVATE NON-PROFIT CORPORATION"

MAIN OFFICE
255 Willow Street, Rm. 203
KENAI PROFESSIONAL BUILDING

P.O. Box 882
Kenai, Alaska 99611

PHONE:
283-3858

LAKE STREET CENTER
P.O. Box 2382
Homer, Alaska 99603

PHONE:
235-8001

MAR 24 1987

A RESOLUTION OF THE COOK INLET COUNCIL ON ALCOHOL AND DRUG ABUSE OF KENAI, ALASKA, URGING THE ALASKA LEGISLATURE TO REPEAL LAWS ALLOWING FOR THE PERSONAL POSSESSION AND USE OF MARIJUANA.

WHEREAS, the Cook Inlet Council on Alcohol and Drug Abuse is committed to the education, the prevention and treatment of drug abuse; and

WHEREAS, we believe countless lives are distorted through the availability and use of drugs, most particularly the lives of our young people; and

WHEREAS, socially responsible states are recognizing the need for limited access to dangerous drugs; and

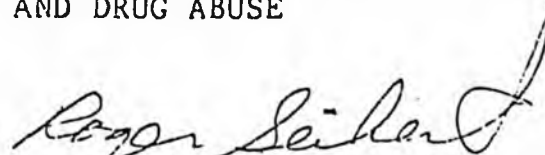
WHEREAS, Federal law mandates criminal penalties for possession and use of marijuana; and

WHEREAS, current Alaska statutes threaten the State of Alaska's eligibility for federal funds for control of narcotics:

BE IT THEREFORE RESOLVED that laws shall be enacted in the State of Alaska to establish criminal penalties for the use and possession of marijuana.


DATED at Kenai, Alaska, this sixteenth day of March, 1987.

COOK INLET COUNCIL ON ALCOHOL
AND DRUG ABUSE



Roger Seibert, President
Board of Directors

ATTEST:



Kay Mayes, Secretary
Board of Directors



Galena Police Department

P.O. Box 208 • Galena, Alaska 99741 • Telephone (907) 656-1303

February 24, 1987

The Honorable Terry Martin
Hess Committee
Pouch V
Juneau, Alaska 99811

Re: Recriminalization of Marijuana, Senate Bill 32

Dear Mr. Martin:

I am writing this letter to formally advise you that this Department thoroughly supports the above-captioned Senate bill pertaining to the decriminalization of marijuana; and to also solicit your support of the same, for the following reasons:

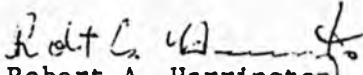
First, let me begin by stating that proper drug abuse education is probably one of our most effective overall means of combating the abuse of controlled substances. Our Youth and others are being taught that marijuana is a controlled substance which can produce harmful effects. To confuse this issue, the State of Alaska, first defines marijuana as a controlled substance, pursuant to Title 11 of the Alaska Statutes (Criminal Code); and then, within the same breath of the law, condones the possession of up to four (4) ounces of marijuana by a person within their own residence for their own consumption. How are our youth and others suppose to respond to what they are being taught, when they see others using marijuana in what is supposedly a lawful manner. This is not only contradictive, but also counterproductive.

Secondly, Law Enforcement has a difficult enough job attempting to deal with controlled substance abuse which involves those drugs that are strictly illicit. To interject a decriminalization law into the Controlled Substance Act, only serves to make their work that much more difficult and confusing. After attempting to deal with the same, certain Law Enforcement factions may begin to develop a disinterested attitude toward the enforcement of marijuana abuse, thinking if the State of Alaska doesn't care, why should we. Additionally, State Prosecutors are justifiably less than enthusiastic about prosecuting cases involving marijuana.

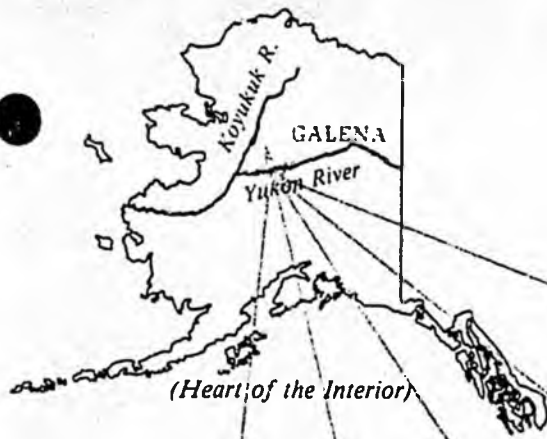
Finally, the State of Alaska has been receiving nationwide recognition through television talk shows where marijuana is the topic of discussion. On one such show, a guest emphasized several times that marijuana has been "LEGALIZED" in Alaska. The word: DECriminalIZATION" was never mentioned. That little advertisement should give our tourist industry quite a boost.

In closing, this Department will appreciate any effort you may put forth in guiding Senate Bill 32 out of committee and to the floor of both the Senate and House for a vote.

Respectfully Submitted,


Robert A. Harrington
Chief of Police

san/RAH



GALENA CITY SCHOOL DISTRICT

GALENA, ALASKA 99741
PHONE (907) 656-1205

SUPERINTENDENT'S
OFFICE

January 7, 1987

Representative Terry Martin
P.O. Box V
Mail Stop 3100
Juneau, Alaska 99811

Dear Representative Martin:

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

GALENA SCHOOL DIST

ROTARY CLUB



MAR 9 1987

February 26, 1987

Senator Paul Fisher
Pouch V (Mail Stop 3100)
Juneau, AK 99811

Dear Senator Fisher:

The Rotary Club of Valdez supports the City of Valdez Resolution No.8711 which urges the repeal of laws allowing for the personal use of marijuana.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patrick M. Shely".

Patrick M. Shely
President
P.O. Box 307
Valdez, AK 99686

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

BILL NO: HB 55
TITLE: "An Act relating to marijuana; and providing for
an effective date"
DATE: 3/4/87

The Juneau Police Department is supportive of this legislation.

The purpose of HB 55 is to recriminalize the possession of any amount of marijuana. By achieving this end a number of purposes will be served.

Increasingly it has been shown that the long term consumption of marijuana poses a health hazard of serious consequence. A number of medical studies substantiate this fact. It is necessary to reflect that the possession of any amount of marijuana will not be tolerated so as to reinforce the concept that health hazards do exist when marijuana is used. Marijuana has been targeted as the single best predicator of other future illegal drug use.

The present conflict that exists between current state and federal law tends to create confusion in the mind of the public. This conflict creates apathy on the part of the public and flies in the face of the need for consistency in the law. Disregard and apathy are most readily apparent in the minds of the young people of the community. This conflict also creates impediments in the discharge of local police responsibilities in addressing the problem of drug traffickers.

The relaxed attitude toward marijuana in Alaska creates in the minds of people that this is a state that condones this and other types of drug usage. It creates a marked placed for a substance that is legal here but illegal in all other states.

The recriminalization of marijuana would not, as some sources are concerned, create a large scale impact on the criminal justice system. The primary focus is and will continue to be on interception, interdiction and prosecution of drug sources. This is a demonstrated philosophy that provides cost effective results for resources expended.

Michael S. Gelston
Chief of Police
Juneau Police Department

MSG/ps6



CENTRAL COUNCIL
Tlingit and haida INDIAN TRIBES of alaska
320 West Willoughby Avenue • Suite 300
Juneau, Alaska 99801

February 23, 1987

Senator Paul Fisher
Chairman, Hess Committee
Pouch V - M/S 3100
Juneau, Alaska 99811

FEB 24 1987

Dear Senator Fisher:

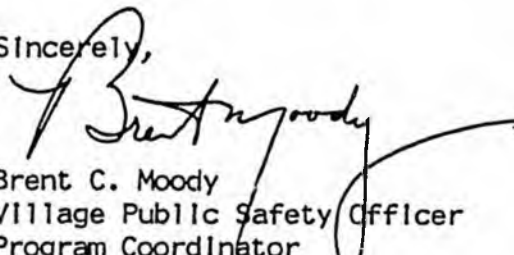
I am writing this letter in support of Senate Bill Number 32 on the recriminalization of marijuana.

I believe this Bill will help stop some of the hypocrisy involved around the issues of substance/controlled substance use, whether it be in or out of a person's residence.

With all the problems our society suffers with the legal and socially accepted use of alcohol I cannot in any way accept or support the use of any other mind altering substance. Your support for passage of Senate Bill 32 is needed and will be greatly appreciated.

If there is anything I can personally do to assist the Hess Committee on this matter please do not hesitate to contact me.

Sincerely,



Brent C. Moody
Village Public Safety Officer
Program Coordinator

cc: Evelyn E. Myers, Executive Director
Representative Terry Martin

BCM:wb



City and Borough of Sitka

304 LAKE STREET . SITKA, ALASKA . 99835

March 26, 1987

Senator Paul Fischer, Chairman
Health, Education, & Social Services Comm.
Box V
Juneau, Alaska 99811

Dear Senator Fischer:

Enclosed is our Resolution No. 87-341 which urges the enactment of Senate Bill 32. Thank you for considering our comments on this very important legislation.

Sincerely yours,

Richard Anderson
Administrator

enclosure

cc: Senator Lloyd Jones/encl.

CITY AND BOROUGH OF SITKA

RESOLUTION NO. 87-341

A RESOLUTION OF THE ASSEMBLY OF THE
CITY AND BOROUGH OF SITKA
URGING THE ALASKA LEGISLATURE
TO ENACT SENATE BILL 32

WHEREAS, the use of marijuana is damaging to the human mind and body; and

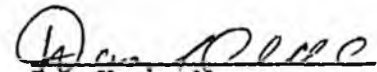
WHEREAS, marijuana represents a special danger to our children, our most important asset; and

WHEREAS, our society needs to express its abhorrence for the possession and use of this drug; and

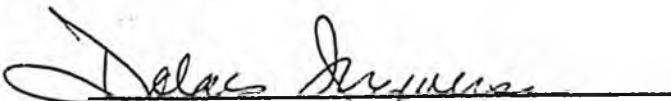
WHEREAS, our authorities need the means to combat the possession and use of marijuana,

NOW, THEREFORE, BE IT RESOLVED by the Assembly of the City and Borough of Sitka that the Legislature of the State of Alaska is urged to enact Senate Bill 32.

PASSED, APPROVED, AND ADOPTED by the Assembly of the City and Borough of Sitka, Alaska this 24th day of MARCH, 1987.


Dan Keck, Mayor

A T T E S T:


Dolores Ingwersen,
Municipal Clerk

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

RESOLUTION 86-87-9


WHEREAS, the physiological, psychological and sociological effects of marijuana use are well documented; and

WHEREAS, the use of this substance by some elements of the school age population continues to be a disruptive force; and

WHEREAS, current state statute permits possession of marijuana for private use which makes this substance more accessible to the school age population;

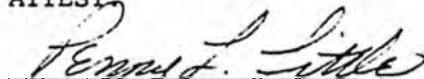
NOW THEREFORE BE IT RESOLVED, that the Kenai Peninsula Borough School District Board of Education supports the recriminalization of marijuana and the provisions for enforcement as set forth in Senate Bill 32.

ADOPTED THIS 16th DAY OF MARCH, 1987.



Debra Mullins, President
Kenai Peninsula Borough School Dist.
Board of Education

ATTEST:



Penny Little
Notary Public



ADOPTED AUGUST 1972

CITY of WRANGELL, ALASKA

INCORPORATED JUNE 15, 1903

BOX 531, 99929 (907) 874-2381

February 11, 1987

The Honorable Steve Cowper
Governor of Alaska
Pouch A
Juneau, Alaska 99801

Dear Governor Cowper:

Attached hereto is a copy of the City of Wrangell Resolution No. 02-87-263 urging the Alaska Legislature to criminalize the act of possession of marijuana in any amount.

The Wrangell City Council respectfully request your support in this matter.

Sincerely,

Joyce Rasler
City Manager

Attachment:

cc: Representative Taylor
Representative Sund
Senator Jones

CITY OF WRANGELL, ALASKA

RESOLUTION NO. 02-87-263

A RESOLUTION OF THE COUNCIL OF THE CITY OF WRANGELL, ALASKA, URGING THE ALASKA LEGISLATURE TO CRIMINALIZE THE ACT OF POSSESSION OF MARIJUANA IN ANY AMOUNT.

WHEREAS, THC is the ingredient in marijuana that goes into the fatty tissues of the brain and other internal organs and takes thirty days to be eliminated from the body; and

WHEREAS, THC is reported to cause effects to a person that may result in the birth of deformed or undersized offspring; and

WHEREAS, the THC content of a marijuana cigarette is as high as ten percent today as compared to one percent ten years ago; and

WHEREAS, numerous psychological and physical reactions result from the use of marijuana which impair the health and well being of the public; and

WHEREAS, Alaska's law which allows the possession of certain amounts of marijuana is contrary to the Federal Government's laws and the "war on drugs" being waged across the nation by Cities and States.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE CITY OF WRANGELL, ALASKA, that the Alaska Legislature is urged to amend the law to criminalize the act of possession of marijuana in any amount in the best interests of the public, except as authorized in AS 17.301. Be it further resolved that copies of this Resolution be forwarded to Governor Steve Cowper, Senator Lloyd Jones, Representative Robin Taylor and Representative John Sund.

PASSED AND APPROVED February 10, 1987


MAYOR

ATTEST:


CITY CLERK



WRANGELL POLICE DEPARTMENT



WILLIAM G. KLEIN
CHIEF OF POLICE
106TH SESSION

CITY OF WRANGELL, ALASKA
POST OFFICE BOX 531 • WRANGELL, ALASKA 99929
(907) 874-3304

March 4, 1987

MAR 5 1987

Senator Paul Fisher
Hess Committee Chairman
P.O. Box V
Juneau, Alaska 99811 (Mail Stop 3100)

Dear Senator Fisher:

On behalf of this department and the concerned members of this community, I sincerely urge that all possible efforts and support be afforded to Senate Bill 32, Recriminalization of Marijuana, in order that said bill be brought to the floor of the Senate and House for a vote.

As an Alaska law enforcement officer for the past 21 years I can state without reservation that one of the greatest errors consummated by a legislative body was the decriminalization of marijuana. Not only is it in violation of Federal Law, its usage among the youth of this state has escalated like a malignant growth.

In all frankness, I must state that the time is long overdue for positive action on behalf of our elected officials to combat and control this statewide problem. Give law enforcement in the State of Alaska the weapons, in the form of realistic and effective laws, and we will do our part.

Respectfully submitted,

William G. Klein
Chief of Police

WGK:rrk

cc: Representative Terry Martin
Senator Lloyd Jones
Representative Robin Taylor
Representative John Sund

PETERSBURG GENERAL HOSPITAL
and Long Term Care Facility

Phone: (907) 772-4291
P.O. Box 589
Petersburg, Alaska 99833

MAR 11 1987

March 5, 1987

Representative John Sund
Representative Robin Taylor
Senator Lloyd Jones
State of Alaska
Pouch V
Juneau, Alaska 99811

Gentlemen:

I appreciated the opportunity of sharing dinner with you and your spouses and talking about various legislative matters.

However, I did not feel inclined that evening to fully express myself on SB 32 "Recriminalization of Marijuana" but wish to do so at this time.

To me, this issue goes beyond right to privacy vs. harm to society. I look at it as a health issue also. For this reason I support Senate Bill #32. I listened to two hours of testimony on the matter on February 25, 1987.

I add some points that were not made in those hearings. First, people do have a right to privacy in their own homes, to a point. However, we cannot do certain things there such as child abuse or assault of our spouse or criminal acts such as murder, rape, incest, and other moral crimes without being arrested. I put marijuana in that category.

Second, I have a hard time seeing marijuana allowed in Alaska if there are federal laws on the books making it a violation to possess marijuana in any form in the United States. Along with this, how can an Alaskan citizen have marijuana in their homes without first breaking a State law in getting it into the home and that includes seeds to grow the plants? Marijuana in any form has to first pass thru the streets, highways, or airways of the State, which is against the law.

Third, you might want to talk to some newborn care nurses in hospitals such as Ketchikan or Juneau who will tell you that babies whose mothers have been smoking marijuana are more restless, cry more, and have drug withdrawal symptoms to varying degrees. On the other hand, they will testify that any mother who does not drink alcohol, smoke cigarettes, do drugs, or smoke marijuana have the most healthy and best behaved babies.

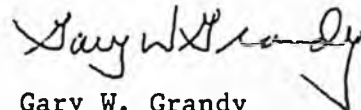
Representative John Sund, Robin Taylor
Senator Lloyd Jones
Juneau, Alaska

Page 2.

I believe these innocent newborns have a God-given right to start life without being in subjection to problems created by their mother's marijuana habits.

I will not repeat the many comments made in the hearings but I did hear a majority of testimony in favor of SB #32. I also believe that the majority of citizens in Petersburg and Alaska support SB #32. You will receive or the Hess Committee will receive a petition from people in Petersburg who support SB #32. Therefore, I solicit your vote in favor of SB #32 when it reaches the floor of the legislature.

Sincerely,



Gary W. Grandy
Administrator

cc: Hess Committee - Recriminilization of Marijuana
Ben Grussendorf, Senator
Ed Malewski - Sitka Community Hospital
Frank Sutton - Mt. Edgecume Hospital

Incidentally, I have just learned that Senator Ben Grussendorf may attempt to retain SB #32 in Committee. Bluntly, that stinks and I resent any important legislation being retained in Committee. Politically, those actions can hurt legislators as the majority of people in a democratic society want those issues debated and voted upon.

CITY OF KETCHIKAN

RESOLUTION NO. 87-1498

A RESOLUTION OF THE CITY OF KETCHIKAN, ALASKA, SUPPORTING REPEAL OF A.S. 11.71.070 AND AMENDMENT OF A.S. 11.71.060(a) TO MAKE MARIJUANA ILLEGAL AND ESTABLISHING AN EFFECTIVE DATE

WHEREAS, Alaska is the only state in the union with a permissive statute for personal possession of marijuana, and

WHEREAS, findings of local, state and federal authorities conclude that marijuana is detrimental to the health, welfare and public safety of all people and of all ages, 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, the conflict between federal and state law pertaining to marijuana causes unnecessary barriers for local police and Alaska State Troopers in protecting the public from drug abusers, and

WHEREAS, Ketchikan Youth Services, Families in Action and other concerned local citizens have expressed concern over the drug abuse problem in the community, and

WHEREAS, representatives of sixty (60) Alaskan high schools at the Alaska Association of School Governments' Annual Fall Conference held 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.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF KETCHIKAN, ALASKA as follows:

Section 1. The City Council of the City of Ketchikan, Alaska hereby petitions the Governor of the State of Alaska, the Alaska State Legislature and the Alaska Supreme Court to take immediate steps to repeal statutory and constitutional protections for use and possession of marijuana in the State of Alaska in order to promote the general health, welfare and public safety of the citizens of Ketchikan and the State of Alaska.

Section 2. The City Clerk is hereby directed to send copies of this resolution to Governor Cowper, Senator Jones, Representative Taylor, Representative Sund, the Attorney General and the Alaska Municipal League.

Section 3. This resolution shall become effective immediately upon passage.

PASSED AND APPROVED this _____ day of _____, 1987.

Ted Ferry, Mayor

ATTEST:

Karen Miles, CMC
City Clerk



KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT

Darroll Hargraves
SUPERINTENDENT

Resolution No. 210
Ketchikan Gateway Borough School District

A REQUEST FOR CHANGING THE STATE STATUTES TO MAKE THE POSSESSION AND USE OF MARIJUANA ILLEGAL

WHEREAS, the State of Alaska allows legal private possession and use of marijuana,

WHEREAS, Alaska's present statutes regarding possession and use of marijuana appear to be in conflict with the laws of the United States, and

WHEREAS, the problem of drug and alcohol abuse in our schools and our society appears to be on the rise, and

WHEREAS, the President of the United States initiated a national crusade to counter the current drug problem, and

WHEREAS, many students find easy access to illegal drugs, particularly marijuana, and

WHEREAS, Alaska statutes present a mixed message by currently allowing the use and possession of marijuana in the home, and

WHEREAS, current research and medical opinion concerning marijuana indicates that marijuana is harmful and does present a serious health problem, and

WHEREAS, the utilization of marijuana possession in Alaska sends the message to outside suppliers that Alaska is an open state which condones the "personal use" of marijuana, and

WHEREAS, a show of community resolve against the legal possession and use of marijuana sends a message to the state legislature and the governor's office,

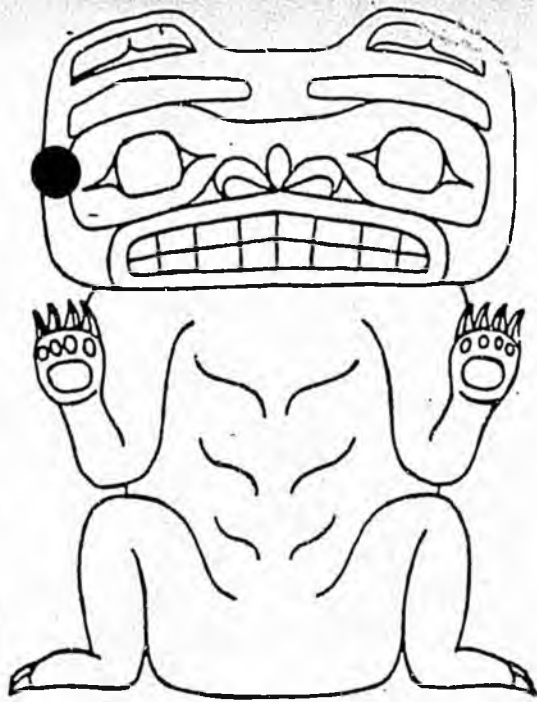
THEREFORE BE IT RESOLVED by the Ketchikan Gateway Borough School District that:

1. The School District encourages and supports the reenactment of statutes which will recriminalize the possession of marijuana.
2. The School District makes this position one of public record so that all in the community, in other school districts, and across the state will understand our position that the present statutes in Alaska governing marijuana are not in the best interest of its citizens.
3. The School District requests our legislators, locally and across the state, to give the recriminalization of marijuana immediate attention during the 1st session of the 15th legislature so that effective July 1, 1987 the possession and use of marijuana will be illegal and carry consequences.

PASSED, APPROVED, AND ADOPTED BY THE BOARD OF EDUCATION OF THE KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT OF KETCHIKAN, ALASKA THIS _____ DAY OF _____, 1987.

President of the Board

Clerk-Treasurer of the Board



City of Saxman

Rt. 2, Box 1
Saxman, Alaska 99901
907-225-4166

CITY OF SAXMAN

RESOLUTION NO. 87-01-030

A RESOLUTION OF THE CITY OF SAXMAN, ALASKA, SUPPORTING REPEAL OF A.S. 11.71.070 AND AMENDMENT OF A.S. 11.71.060(a) TO MAKE MARIJUANA ILLEGAL AND ESTABLISHING AN EFFECTIVE DATE.

- WHEREAS, Alaska is the only state in the union with a permissive statute for personal possession of marijuana; and
- WHEREAS, findings of local, state and federal authorities conclude that marijuana is detrimental to the health, welfare and public safety of all people and of all ages; 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, the conflict between federal and state law pertaining to marijuana causes unnecessary barriers for local police and Alaska State Troopers in protecting the public from drug abusers; and
- WHEREAS, Ketchikan Youth Service, Families in Action and other concerned local citizens have expressed concern over the drug abuse problem in the community; and
- WHEREAS, representatives of sixty (60) Alaska high schools at the Alaska Association of School Governments' Annual Fall Conference held 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.



**BOYS & GIRLS CLUBS
OF ALASKA**

Administrative Offices
2300 W. 36th Avenue
Anchorage, Alaska 99517
(907) 248-0086

Officers
David G. Kolesky
President

Caroline Dowling
President-Elect

Michael P. Chudecke
V.P. - Property Management

Mary Beth Finley
V.P. - Programs

Bill Woodland
V.P. - Athletics

Cynthia Miles
Treasurer

LaJuana Strallf
Secretary

March 27, 1987

Representative Terry Martin
P.O. Box V
Juneau, AK 99811

Dear Terry:

On behalf of Boys & Girls Clubs of Alaska and its Board of Directors, I urge your continued support for House Bill 55. As you are aware, substance abuse among Alaska's young continues to prevail in alarming numbers. The recriminalization of marijuana is an important step the State must take to bring those numbers down.

Boys & Girls Clubs have addressed the drug and alcohol problem with today's youth and are developing programs aimed at education and service of needs related to substance abuse. The State or Alaska's recriminalization of marijuana will not only boost our efforts, but also the work of many other agencies, schools and private businesses throughout Alaska. Your participation is appreciated.

Sincerely,

David Choquette ^{PH.}

David Choquette
Board Member

cc: David G. Kolesky, President

Board of Directors

Peter S. Aadland	George Kallas
Elaine Andrews	Hans Kruger
Bob Baer	Dave Kula
Dave Baumeister	Fritz Ledoeller
Karer, L. Beck	Eline Lorance
Tom Behan	Ken Lythgoe
*Carl Brady, Jr.	Jay Dee Martin
David Choquette	Kathy Moores
William Doss	Fred Moseley
Bobbi Enloe	Murphy O'Brien
Mickael A. Flaa	Ski Olsonoski
Mike Gordon	Bill Parks
Jack Good	*Don Patterson
Carroll Grant	Andrew A. Reimer
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Carolyn Guess	Paul K. Skogland
Rick Hagen	Barbara Steckel
William J. Holer	Gene Zerke
Robert D. Jaclison	

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Alaska Heritage Club
Standard Alaska Production Co.
Anchorage Daily News

Executive Director
Richard L. Hanlin

*Past Presidents



Alaska State Legislature

Senator Paul A. Fischer
Senate District D
Box 784
Soldotna, Alaska 99669
(907) 262-9420 W
262-9269 H



While in Juneau
Pouch V
Juneau, Alaska 99811
(907) 465-3791

State Senate

STUDIES & MATERIALS AVAILABLE IN SENATOR FISCHER'S OFFICE

<u>Study/Article/Publicatio</u>	<u>Date</u>	<u>Author</u>
1) Gateway Drugs	1984	Robert L. DuPont Jr. M.D.
2) Presidential Newsconference Transcripts	Aug, '86	Ronald Reagan
3) Ravin Decision	1975	Judge Rabinowitz
4) Marijuana & Health	1982	New England Journal of Medicine
5) Clinical Toxicology of Cannabis	1983	Forest S. Tennant M.D.
6) Clinical Syndrome of Marijuana Dependence	Apr, '86	Forest S. Tennant M.D.
7) Attorney General Opinion State of Pennsylvania	Nov, '86	Roy Zimmerman
8) Legislator's Survey on Recriminalization	Oct, '85	Anchorage Times
9) ACLU Position Paper	Feb, '87	Alaska Chapter ACLU
10) Marijuana Study compilation of 19 different studies	nov, '85	Anchorage Crime Commission
10a) Aircraft Accident Report	Apr, '85	National Transportation Safety Board
b) Marijuana; A Headmaster's Perspective	Jun, '80	Various Canadian School Principals
c) A Whole New Ball Game	Mar, '82	Robert Dupont, M.D.
d) Death On the Highways	1981	Peggy Mann, from the Saturday Evening Post
e) Health Consequences of Marijuana	Mar, '80	William Pollin, M.D.

<u>Study/Article/Publication</u>	<u>Date</u>	<u>Author</u>
Anchorage Crime Commision Report cont.		
f) Retarding Reproduction	Feb., '83	Dr. Carol Smith An interview
g) Biological Effects of Marijuana	Mar, '84	Connie & Otto Moulton Drug Abuse Newsletter
h) Why I changed My Mind About Marijuna	?	Robert DuPont, M.D. Listen magazine
i) Marijuana Reconsidered	Feb, '84	Helen C. Jones
j) Our Most Dangerous Drug	1980 ?	Dr. Harvey Powelson
k) FDA's Marijuana Recommendations	Jun, '82	Food & Drug Admistration Docket # 82N-0182
l) Cannabis: Adverse Effects on Health	Jan, '80	John B. McDonald Addiction Research Foundatio Toronto, Canada
m) Respiratory Status of 74 Habitual Marijuana Smokers	Nov, '80	Donald Tashkin, M.D. & Bertrand J. Shapiro, M.D.
n) Narcotic Information Bulletin #1-80	1980	Many
o) Marijuana & the Brain	1980+	Robert J. Heath, M.D.
p) Marijuana & Reproduction	1982	Smith & Asch, Ph.D. & M.D. The American Council On Marijuana
q) The Marijuana Controversy	1981	Carlton E. Turner, Ph.D. The American Council On Marijuana
r) Marijuana: The Myth of Harmlessness Goes up in Smoke	?	Peggy Mann, Saturday Evening Post
11) Drug Report	Mar, '85	Ak. Dept of Public Safety
12) 10 Startling Facts About Marijuana & Brain Damage	1983	David Goodman, Ph.D.
13) Marijuana Update	Mar, '87	Donna J. Hymes, R.N.
14) Minutes of Anchorage Municipal Assembly on Marijuana Resolution	Dec.9, '86	Municipal Clerk

<u>Study/Article/Publication</u>	<u>Date</u>	<u>Author</u>
15) Accomplishments of the National Campaign Against Drug Abuse	Sept, '84	The White House
16) Bibliography of Adverse Effects of Marijuana, over 100 articles	Apr, '85	Alaskanet/Dialog Computer Search, File= "Medline"
17) Marijuana & Health, 8th Annual Report to Congress	1980	National Institute on Drug Abuse
18) The Purpose of Pleasure	1983	Robert A. Hawley
19) Marijuana Alert	1985	Peggy Mann
20) Marijuana & Public Health An Analysis of 4 Major	Dec, '82	Sidney Cohen, M.D. Drug Abuse Newsletter
21) Various Marijuana Articles	1980+	Peggy Mann, Saturday Evening Post & Readers Digest
22) Marijuana: A Crude Drug with a Spectrum of Under-appreciated Toxicity	Apr, '84	Richard H. Schwartz
23) PharmAlert - Marijuana Effects on Sperm and Testosterone	1982	University of Maryland School of Pharmacy
24) Levels of Processing and Acute Effects of Marijuana on Memory	1980	Susan M. Bellmore Lorren L. Miller
25) Health Questions about Marijuana	1983	U.S. House Select Committee Narcotics Abuse and Control
26) Marijuana Warnings: New Evidence Against the Soft Drug	Sept, '80	Milan Korcok Canadian Medical Association
27) Miscellaneous Copies of Various Drug Abuse Newsletters and phamplets.		

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JOE JOSEPHSON, Vice Chairman
SENATOR LLOYD JONES
SENATOR JAY KERTULLA
SENATOR RICK HALFORD



P. O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

April 9, 1987

To: Senator Jay Kerttula, Chairman &
Members of Senate Judiciary Committee

From: Senator Paul Fischer

Subject: SB 32, Recriminalizing Marijuana

The Senate Health Education and Social Services Committee has held extensive hearings on the marijuana issue. The Committee held 4 public hearings including 2 statewide teleconferences. A total of 85 people testified of which 50 testified for recriminalization and 29 against. Six people gave us their undecided philosophical reflections. The written testimony and POMs have been overwhelming in favor of recriminalization.

Throughout the course of our hearings, it became apparent that the first section of the bill, "Legislative Findings", was going to be the emphasis and heart of the bill. We must draft a law that is capable of persuading the Courts that the detrimental effects of marijuana override the Constitutional questions to the right to privacy laid out in the *Ravin* decision. We do not have a right to privacy with respect to cocaine, LSD, or heroin for obvious reasons. The Senate HESS Committee found, that some of these same reasons now apply to marijuana based upon new scientific evidence that was not previously available during the *Ravin* decision. The conclusions of this new evidence is listed in the first section of the bill entitled "Legislative Findings". Further information substantiating these findings can be found in an accompanying memo and reference materials in my office.

The CS offered by the Senate HESS Committee incorporates these new findings in a convincing and compelling format that will both aid in the bill's passage and State's defense in court if the new law should be challenged.

Attached please find the minutes of our Committee hearings.

STATE OF ALASKA
THE LEGISLATURE

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

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

J. HESS	Feb. 18, 1987	7:10pm
J. HESS	Feb. 25, 1987	7:07 pm
J. HESS	Feb. 27, 1987	3:30pm

LIST OF DOCUMENTS

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2. State Troopers and Public Health Department. Annual Drug Report to the Alaska Legislature. 1984.

3. Anchorage Crime Commission. Marijuana Study. 1985.

Harold Heinze, Chairman of the Anchorage Crime Commission. Letter dated 2/25/87.

4. Robert A. Harrington, Chief of Galena Police Department. Letter dated 2/24/87.

Brent C. Moody, Village Public Safety Officer. Letter to Senator Paul Fischer.

Central Council, Tlingit and Haida Indian Tribes of Alaska. Letter dated 2/23/87.

D. A. Anslinger, III, Chief of Ketchikan Police Department. Letter dated 2/24/87.

5. Municipality of Anchorage, Anchorage Assembly. Resolu-
tion.
6. Dalterio, Dr. Susan L. "Marijuana and the Unborn."
Listen, a Journal of Better Living. 1984.
7. Spence, W.R., M.D. Marijuana and Its Effects. March,
1985.
8. Secretary of the Department of Health and Human Servic-
es. Drug Abuse and Drug Abuse Research: The First in a
Series of Triennial Reports to Congress. 1984.
9. McCoy, Kathleen. "Scared Straight." We Alaskans.
February, 1987.
10. Secretary of Health and Human Services. Marijuana and
Health: Eighth Annual Report to the U.S. Congress. 1980.
11. Secretary of Health and Human Services. Marijuana and
Health: Ninth Annual Report to the U.S. Congress. 1982.
12. National Institute on Drug Abuse, Department of Health
and Human Services. For Parents Only: What you need to
know about marijuana. 1981.

13. National Institute on Drug Abuse, Department of Health and Human Services. Marijuana: Just Say No.

14. National Institute on Drug Abuse, Department of Health and Human Services. For Kids Only: What you should know about marijuana.

15. Mann, Peggy. "Marijuana Alert III: The Devastation of Personality." Readers Digest. December, 1981.

16. Eromwell, Susan. "How I got my Daughter to Stop Smoking Pot." Good Housekeeping. March, 1979.

17. "Drugs: Use and Abuse in the Southern Panhandle." New Alaskan. September, 1983.

"Drugs: Use and Abuse in the Southern Panhandle." New Alaskan. January and February, 1982.

18. Editorial from Ketchikan Daily News. Anchorage Times.

Konet, Bob. Letter to the Editor. Ketchikan Daily News. 2/6/84.

19. Kiwanis Club of Anchorage. Resolution.

20. Reagan, President. The White House, Office of the Press Secretary, Remarks by the President. 8/4/86.
21. The War on Drug Abuse
22. Continuation of Fiscal Note Analysis for HB 55.
23. Alaska Court of Appeals. Marijuana is a controlled substance: State v. Resek.
24. Jennings, Mary. Effects of the Decriminalization of Marijuana. March, 1986.
25. FBI National Academy Associates, Alaska Chapter. Letter to Representative Martin from Pat Wellington, President. 2/9/87.
26. Congressional Delegation Request.
27. City of Saxon. City of Wrangell. City of Ketchikan. City of Valdez. Ketchikan Gateway Borough School District. Galena City School District. Alaska Association of School Governments.
28. National Institute on Drug Abuse, Department of Health and Human Services. Research 31: Marijuana Research Findings. June, 1980.

Others:

National Institute of Justice, U.S. Department of Justice.
Drug Use and Pretrial Crime in the District of Columbia.
October, 1984.

Konet, Bob. Letter to Walt Furnace. Ward Cove. 2/18/85.

Smith, Carol, Dr. "Retarding Reproduction: How marijuana users impair their sexuality and fertility." Listen. February, 1983.

Committees of Correspondence. "Nipping marijuana in the bud: A comparison of paraquat, the herbicide, with Cannabis, nature's toxic plant." Drug Abuse Newsletter.

Adams, Robert. Letter to all House members. 4/30/84.

Burrell, Sharon. Letter to Joe Hayes. 4/16/84.

Committees of Correspondence. "A Straight Pitch about Marijuana." Junior League of Dallas. 1982.

Committees of Correspondence. "What Parents Must Learn about Marijuana."

Mann, Peggy. "Death on the Highways: Driving on Drink and Pot." Published in Families, a Reader's Digest Publication condensed from The Saturday Evening Post. 1981.

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JOE JOSEPHSON, Vice Chairman
SENATOR LLOYD JONES
SENATOR JAY KERTULLA
SENATOR RICK HALFORD



P. O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

REFERENCES FOR LEGISLATIVE FINDINGS TO CS SB 32 (HESS)

Subsection (a)

1. Marijuana and Health, Institute of Medicine, National Academy Press, 1982. Page 10
2. Institute, page 20.
3. Institute, page 26
4. original (*original bill finding, see House Research Report #87.158*)
5. original
6. Institute, page 16. Also, conversation with officials at state crime lab.
7. Conversation with crime lab officials.
8. original
9. original
10. original
11. original
12. original
13. original
14. 21 U.S.C. 812.

Subsection (b)

1. Essentially a conclusion
2. "Patterns of Drug Use: Community Survey", Center for Alcohol and Addiction Studies, UAA; Benard Segal, Ph.D., editor; 1983. Also "Patterns of Drug Use: School Survey", same publisher and editor.

3. Same as 2.

4. Conversation with Teresa Johnson, Anchorage School District, March 1987. Includes elements of a legislative conclusion and finding.

5. Conclusion.

6. A conclusion

Consult the attached House Research Agency report dated February 27, 1987 for those items marked as being from the original bill.



ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

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February 27, 1987

MEMORANDUM

TO: Representative Terry Martin

ATTN: John Manley

FROM: Penelope Weyhrauch *PW*
Legislative Analyst

RE: Findings on Marijuana (House Bill 55)
Research Request 87.158

You asked us to substantiate the findings on marijuana included in House Bill 55. I have addressed each of the findings included in the bill with the most applicable research available to me. Wherever possible, I have presented the research without paraphrasing it. For this reason, the memorandum may not read smoothly. As you requested, I have not included any research which disputes the findings set out in the bill.

1. Delta-9-tetrahydrocannabinol (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.

According to Dr. W.D.M. Paton, Professor of Pharmacology at Oxford University, "the various cannabinoid substances are highly soluble in fat, but have a low solubility in water".¹ Other research shows that "THC--the principal psychoactive ingredient of marijuana...tends to accumulate in the brain and gonads and other fatty tissues.."²

¹George K. Russell, "Marihuana Today--A Compilation of Medical Findings for the Layman," p. 45.

²Senator Eastland, Chairman of the Internal Security Subcommittee of the United States Senate, May 1974, summarizing testimony given before the Subcommittee. Quoted in "Marihuana Today", p. 14.

Research completed by the National Institute on Drug Abuse shows that THC tends to remain for long periods of time in fatty tissues. Five days after a single injection of THC, 20 percent of the THC remains stored in body fats. Complete elimination of a single dose can take 30 days.³

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, initiative, as well as moodiness and depression.

Studies indicate that a tolerance to THC can develop, when increasing doses of a drug are required to produce the same effect.⁴ "It appears now, both in animals and in humans, that tolerance develops quite rapidly to many of the effects of THC. The more frequent the administration and the higher the dose the more rapidly it develops, but even subjects smoking as little as one marijuana cigarette per day in a laboratory experiment demonstrate tolerance on some behavioral and physiologic dimensions."⁵

To maintain constant blood levels of THC, healthy subjects were given doses of the oral equivalent of several marijuana cigarettes a day. Within hours after the last dose of THC, subjects showed "irritability, restlessness, decreased appetite, sleep disturbances, sweating, tremor, nausea, vomiting and diarrhea."⁶

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.

"We have found that...behaviors are linked behaviors, so that the consumption of any substance, licit or illicit, is positively correlated with an increased consumption of all other substances."⁷ "Taking the total of animal and human research, simultaneous use of both alcohol and marijuana

³"Marijuana Research Findings: 1980," Research Monograph Series 31, National Institute on Drug Abuse, U.S. Department of Health and Human Services, p. 57.

⁴"Marijuana Today," pp. 73 - 74.

⁵"Marijuana Research Findings: 1980," p. 74.

⁶"Marijuana Research Findings: 1980," p. 75. See also "Marijuana and Health," Report of a Study by a Committee of the Institute of Medicine, Division of Health Sciences Policy, 1982, p. 27.

⁷R.L. DuPont, testimony before the Senate Subcommittee on Internal Security, May 1975, ref. 90, pp. 461-471. Quoted in "Marijuana Today," p. 16.

typically has more profound effect than the use of either alone."⁸ "From the evidence it can be said that these two psychochemicals add to the effects of each other. This is common 'street' knowledge, and it is confirmed in the laboratory. The degree of intoxication is increased, and it lasts longer. This means that behavior and psychomotor functioning are more impaired."⁹

4. The THC content of a marijuana cigarette 10 years ago was one percent, but it is as high as 10 percent per cigarette today.

"The marijuana used today is many times--five to ten times--stronger than in the 60s. At the beginning of the drug movement, marijuana with THC content as low as .02 to .5 percent was commonly available and marijuana with two percent THC was considered 'real good grass.' Now confiscated marijuana analyzed in government laboratories has been found to have THC content as high as 14 percent."¹⁰

"'Street' marijuana has increased markedly in potency over the past five years. Confiscated materials in 1975 rarely exceeded one percent THC content. By 1979, samples as high as five percent THC content were common. 'Hash oil,' a marijuana extract unavailable a decade ago, has been found to have a THC content as high as 28 percent, with more typical samples analyzed by University of Mississippi chemists ranging from 15 to 20 percent THC."¹¹

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.

"The acute anxiety reaction that may occur during marijuana intoxication can include paranoid delusions,... a full blown acute toxic psychosis with loss of contact with reality, delusions, hallucinations... These acute reactions seem to occur most frequently in individuals who are under stress, depressed, or have a history of schizophrenia."¹²

⁸"Marijuana Research Findings: 1980," pp. 38, and 170.

⁹Sidney Cohen, M.D., and Phyllis J. Lessin, "Marijuana and Alcohol," American Council for Drug Education, 1982, p. 21.

¹⁰Helen C. Jones, "On Marijuana Reconsidered," Executive Health, Volume 10, Number 5, February, 1984.

¹¹"Marijuana Research Findings: 1980," p. 2.

¹²"Marijuana Research Findings: 1980," pp. 71-72. See also "Marijuana and Health," p. 126.

One researcher described a higher dose-related phase of cannabis intoxication as "...the appearance of delusions, labile emotions, particularly anxiety, decreased impulse control and, at the highest doses, profound sensory illusions and hallucinations."¹³ Dr. Harris Isbell, with the University of Kentucky Medical Center, confirmed these findings, stating that "...the data in our experiments definitely indicate that the psychotomimetic (capable of inducing altered states of consciousness) effects of THC are dependent on dosage and that sufficiently high doses can cause psychotic reactions in any individual." Dr. Isbell classified cannabis among the hallucinogens.¹⁴

One report stated that "...acute psychotic behavior resembling schizophrenic psychosis..." had been reported.¹⁵ Another said that "Sufficient clinical information is available to recommend abstinence for schizophrenics in remission, because of the danger of relapse."¹⁶

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.

"Recent clinical evidence and findings from several research laboratories demonstrate that cannabis inhalation may have seriously damaging effects on human lung tissue... The damage is described as 'pre-cancerous.' The caustic and irritating effects of cannabis smoke are well known to users, and recent work has shown that 'like tar from tobacco cigarettes, reefer tar is carcinogenic when painted onto mouse skin.' Benzopyrene, a potent carcinogenic agent, is 50 percent more concentrated in the smoke of marijuana than smoke from varieties of high tar Kentucky tobacco."¹⁷

Dr. Cecile Leuchtenberger of the Swiss Institute for Experimental Cancer Research exposed small portions of excised mouse lung tissue to standardized puffs of marijuana. She summarized her work by stating: "The observations that marijuana cigarette smoke stimulates irregular growth in the respiratory system which resembles closely precancerous lesions would indicate that long-term inhalation of marijuana cigarette smoke may either directly evoke lung cancer or may at least contribute to the development of lung cancer."¹⁸

¹³"Marijuana Research Findings: 1980," p. 62.

¹⁴"Marijuana Today," p. 24.

¹⁵Robert G. Heath, M.D., "Marijuana and the Brain," The American Council on Marijuana and Other Psychoactive Drugs, 1981, p. 6.

¹⁶"Drug Abuse and Drug Abuse Research," The first in a Series of Triennial Reports to Congress, Department of Health and Human Services, 1984, p. 77.

¹⁷"Marijuana Today," pp. 54 - 55.

¹⁸"Marijuana Today," pp. 55 - 56.

"According to researchers at the American Health Foundation, marijuana smoke contains 50 percent more cancer-producing hydrocarbons than tobacco smoke."¹⁹ Further, "...abnormalities suggestive of cancerous lesions have been recorded."²⁰

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

"Studies have shown that THC accumulates in the ovaries of the female, where it will kill and injure eggs" and that a "...significant decrease in sperm concentration and total sperm count occurs."²¹ "This effect is apparently accompanied by a decline in sperm motility and an increase in abnormal sperm forms."²²

"Studies with laboratory animals clearly show that the crude drug marijuana and THC...inhibit secretion of the pituitary hormones, luteinizing hormone and follicle stimulating hormone as well as prolactin. These changes in pituitary hormone levels produce decreases in sex steroid hormones and cause disruption of ovulation and spermatogenesis. With chronic drug use, disruption of sex accessory organs (e.g., uterus and vagina in the female; prostate gland and seminal vesicles in the male) has also been observed."²³

Other studies show that "...the risks of pregnancy loss and other adverse effects on the fetus are increased by marijuana use...significant changes consistent with retardation of fetal growth and development have been observed."²⁴

"Low maternal weight gain during pregnancy, maternal illnesses during pregnancy, and cigarette and marijuana smoking during pregnancy were consistently related to adverse fetal development. Women who used marijuana during pregnancy delivered infants with significantly smaller

¹⁹"On Marijuana Reconsidered," p. 2.

²⁰"Marijuana and Health," p. 63. See also "Effects of Long Term Marijuana Use", p. 156, and, "Marijuana and Health," pp. 3, and 62.

²¹"Marijuana," Narcotic Information Bulletin, No.1-80, p. 2.

²²Carol Grace Smith, Ph.D. and Ricardo H. Asch, M.D., "Marijuana and Reproduction," the American Council for Drug Education, 1982, pp. 16, 17.

²³"Marijuana and Reproduction," p. 7.

²⁴ "Marijuana and Reproduction", p. 8.

birth weight, body length and head circumference, as well as infants who were five times more likely to have features compatible with the fetal alcohol syndrome."²⁵

"In males, marijuana has been found temporarily to lower testosterone, the principal male sex hormone, decrease sperm count, cause abnormalities in the sperm...In women, a study of marijuana users done at the Masters and Johnson Institute found that the drug disrupted the menstrual cycle...At the University of California, Davis, Dr. Ethel Sassenrath, on exposing pregnant rhesus monkeys (who have a reproductive system similar to humans), to THC in doses equal to one or two marijuana cigarettes a day for humans, found significantly lower weight gains during pregnancy and 40 percent of the conceptions ending in miscarriages, fetal deaths, stillbirths, or infant deaths shortly after birth."

8. Other physical reactions to marijuana include irreversible changes in the brain, sinusitis, pharyngitis, bronchitis, emphysema, increased heart rate, and decreased blood circulation.

One study stated that "The findings reported here indicate that exposure to ...THC...at doses commensurate with those used by human marijuana smokers, produces permanent changes in brain function and structure of monkeys, a subhuman primate close to man."²⁶

Testimony on this subject before the Senate Subcommittee on Internal Security was summarized by finding that: "1) Chronic cannabis smoking can produce sinusitis, pharyngitis, bronchitis, emphysema and other respiratory difficulties in a year or less, as opposed to ten or twenty years of cigarette smoking to produce similar complications; and 2) Cannabis smoke, or cannabis smoke mixed with (tobacco) cigarette smoke, is far more damaging to lung tissue than tobacco smoke alone."²⁷

"There is good evidence to show that marijuana increases the work of the heart, usually by raising heart rate and in some persons, by raising blood pressure."²⁸

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²⁵"Marijuana and Reproduction," p. 16, 17.

²⁶Robert G. Heath, M.D., "Marijuana and the Brain," The American Council on Marijuana and Other Psychoactive Drugs, Inc., 1981, p. 10.

²⁷"Marijuana Today," p. 14. See also "Marijuana and Health," p. 60.

²⁸"Marijuana and Health," p. 3.

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.

Dr. Ronald C. Bloodworth, Clinical Director at the Psychiatric Institute of Atlanta, reported that "...Many heavy users suffer from distorted emotional responses, disordered thinking, and loss of memory and motivation." Dr. Bloodworth also reported that there is enough evidence to confirm that psychologic dependence is common among marijuana users and that physical dependence can also occur.²⁹

Other studies concur with Dr. Bloodworth's findings: "...cannabis intoxication...impairs judgments of distance and time, memory for recent events, ability to learn new information, and physical coordination,"³⁰ and, "...several studies have shown that marijuana intoxication impairs driving, flying and other complex skilled activities. Many elements of effective psychomotor performance are worsened by the drug because of decrements in recent memory, tracking performance, glare recovery, motor coordination, depth perception, time sense, and peripheral vision."³¹

"Under the influence of moderate doses of the drug, most investigators report that subjects consistently overestimate the amount of time that has elapsed. Thus, under the influence of marijuana, a given event is reported to last longer than it actually does last."³²

"Marijuana's popularity notwithstanding, a surprisingly high proportion of users report reactions that they regard as unpleasant or undesirable. For example, 33 percent of regular users reported that while intoxicated they occasionally experienced such symptoms as acute panic, paranoid reaction, hallucinations, and unpleasant distortions in body image."³³

Another study reported that "16 percent of regular users reported anxiety, fearfulness, confusion, dependency, or aggressive urges as a usual occurrence. Acute paranoid reactions under controlled conditions has also been reported."³⁴

²⁹"On Marijuana Reconsidered," p. 4.

³⁰"Marijuana Research Findings: 1980," page 67.

³¹"Marijuana Research Findings: 1980," p.71.

³²"Marijuana and Health," p. 116.

³³"Marijuana and Health," p. 121.

³⁴"Marijuana and Health," pp. 122 to 123.

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"Cannabis psychosis refers to a chronic psychotic condition (out of contact with reality) reportedly seen in heavy marijuana users, but extending beyond the period of acute intoxication. Some authors have described a schizophrenia-like picture with delusions and hallucinations."³⁶

"Although infrequent..psychiatric problems can emerge. Acute anxiety and panic states from use of the drug are known, especially in persons who have never used marijuana before. Acute paranoid states will occur at times in experienced smokers who have previously used the drug without untoward reaction."³⁷

* * *

I hope this information is useful to you. If you would like excerpts from the articles cited in this memorandum, please contact our agency.

³⁶"Marijuana and Health," p. 124.

³⁷"Effects of Long Term Marijuana Use," p. 158.