

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672

5302 SJUD SB 32 (file 2)

84

- Kaplan, J. (1971) Marijuana--The New Prohibition. New York: World Publishing Co.
- Logan, F. (1979) Cannabis: Options for Control. London: Quartermaine House.
- Maccoby, N. (1979) Promoting Positive Health-Related Behavior in Adults. Paper presented at Fourth Vermont Conference on Primary Prevention of Psychopathology.
- Maloff, D.R., Becker, H.S., Fonaroff, A., and Rodin, J. (1980) Informal social controls and their influence on substance use. Pp. 5-35 in D.R. Maloff and P.K. Levison, eds., Issues in Controlled Substance Use. Committee on Substance Abuse and Habitual Behavior, National Research Council. Washington, D.C.: National Academy of Sciences.
- McGuire, W.J. (1969) The nature of attitudes and attitude change. In G. Lindzey and E. Aronson, eds., The Handbook of Social Psychology, Vol. 3. Menlo Park, Calif.: Addison-Wesley Publishing Co.
- Nahas, G. (1977) Biomedical aspects of cannabis usage. United Nations Bulletin on Narcotics 29(2):13-27.
- National Commission on Marijuana and Drug Abuse (1972) Marijuana: A Signal of Misunderstanding. Washington, D.C.: U.S. Government Printing Office. [Reprinted as a Signet Special. New York: New American Library]
- National Commission on Marijuana and Drug Abuse (1973) Drug Use in America: Problem in Perspective. Washington, D.C.: U.S. Government Printing Office.
- National Governors' Conference (1977) Marijuana: A Study of State Policies and Penalties. Washington, D.C.: Center for Policy Research and Analysis.
- National Institute on Drug Abuse (1975) Training the human. Resources Bulletin 1(3).
- National Institute on Drug Abuse (1975-1976) Nonmedical Use of Psychoactive Substances. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- National Institute on Drug Abuse (1979) Seventh Annual Report on Marijuana and Health. Available from the Superintendent of Documents, U.S. Government Printing Office. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- National Institute on Drug Abuse (1980) Eighth Annual Report on Marijuana and Health. Available from the Superintendent of Documents, U.S. Government Printing Office. Washington, D.C.: U.S. Department of Health, Education, and Welfare.

- National Organization for the Reform of Marijuana Laws and Center for the Study of Non-Medical Drug Use (1979) The Marijuana Laws; State and Federal Penalties. Washington, D.C.
- National Research Council (1981) Alcohol and Public Policy: Beyond the Shadow of Prohibition. M.H. Moore and D.R. Gerstein, eds. Panel on Alternative Policies Affecting the Prevention of Alcohol Abuse and Alcoholism, Committee on Substance Abuse and Habitual Behavior, National Research Council. Washington, D.C.: National Academy Press.
- O'Donnell, J.A., Voss, H.L., Clayton, R.R., Slatin, G.L., and Room, R.G.W. (1976) Young Men and Drugs--A Nationwide Survey. National Institute on Drug Abuse Monograph Series No. 5. Available from the Superintendent of Documents, U.S. Government Printing Office. Washington, D.C.: U.S. Department of Health, Education, and Welfare.
- Radosevich, M., Lanza-Kaduce, L., Akers, R.L., and Krohn, M.D. (1979) The sociology of adolescent drug and drinking behavior: a review of the state of the field; part 1. Deviant Behavior 1:15-35.
- Roffman, R. (1978) Marijuana and its control in the late 1970s. Contemporary Drug Problems 6(4):533-552.
- Rosenthal, M. (1979) Partial prohibition of nonmedical use of mind-altering drugs: proposal for change. Houston Law Review 16:603-665.
- Select Committee on Narcotics Abuse and Control (1977) Hearings: Decriminalization of Marijuana. House of Representatives, 95th Congress, March 14-16, 1977. Washington, D.C.: U.S. Government Printing Office.
- State of Maine Department of Human Services (1979) An Evaluation of the Decriminalization of Marijuana in Maine--1978. Office of Alcoholism and Drug Abuse Prevention, Augusta.
- State Office of Narcotics and Drug Abuse (1977) A First Report of the Impact of California's New Marijuana Law (SB95). Sacramento, Calif.
- Tashkin, D., et al. (1978) Cannabis, 1977. Annals of Internal Medicine 89:539-549.
- White House Strategy Council on Drug Abuse (1979) Federal Strategy for Drug Abuse and Drug Traffic Prevention, 1979. Washington, D.C.: U.S. Government Printing Office.

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).

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 PRIVATE PROBLEMS ARE TWO SEPARATE ISSUES. THE CITY DOES NOT ENFORCE THE STATE LAW TO NOT LEAVE UNATTENDED VEHICLES BURNING.

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†	over 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	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. & \$500
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. & \$500
	8 oz.-5 lbs.	0-1 yr. & \$500	see footnote * below	1-5 yrs. & \$5,000		5-2 oz.	0-3 yrs. & \$1,000	0-5 yrs. & \$5,000	0-5 yrs. & \$500
	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. & \$500
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	0-30 days & \$500	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					
Michigan†	any amount use	0-1 yr.* & \$1,000	0-4 yrs. & \$5,000	0-4 yrs. & \$5,000	America Samoa	any amount	0-1 yr.* & \$500	0-20 yrs. & \$20,000	0-20 yrs. & \$5,000
	up to 1.5 oz.	\$0-\$100	0-5 yrs. & \$30,000	0-5 yrs. & \$30,000	District of Columbia	any amount	0-1 yr.* & \$1,000	0-1 yr. & \$1,000	0-1 yr. & \$1,000
Minnesota†	over 1.5 oz	0-3 yrs. & \$3,000	0-5 yrs. & \$3,000	0-5 yrs. & \$3,000	Guam	any amount	0-3 mos.* & \$500	0-5 yrs. & \$5,000	0-5 yrs. & \$5,000
Mississippi	up to 1 oz. not in vehicle	\$100-\$250	0-3 yrs. & \$3,000	0-3 yrs. & \$3,000	Puerto Rico	any amount	1-5 yrs.* & \$5,000	5-20 yrs. & \$20,000	5-20 yrs. & \$5,000
	1 gm-1 oz. in vehicle	0-90 days & \$1,000	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 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 is counteracted 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.

Representative Hanley
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-

cans are marijuana 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.

Another use of narcotics allow physicians dictating drugs the way the ad street and would be diseases such a disease r

In examples er more rational individual drugs could test that dangers of some drugs prescription. T drugs are d used with c

ONE M which that t the drug pi abuse of dru

Lawyer of justice to help the justice by extre

between no (tween illegal reformed we rendering. U discourage di stop threaten

Lawyers w responsibility tice system t ment. It is tin a path of per on our society repeat old m

(1) 18 U.S.C. § 875
(2) 19 U.S.C. § 883
(3) 21 U.S.C. § 883
(4) Genego, W
Practices Compr
on (NACDL, May
(5) California v.
(6) Illinois v. C
(7) Ciruela, su
(8) U.S. v. Ros
(9) Oliver v. U
(10) Administr
tions for Orders
or Oral Commun
(11) President's
it: Drug Abuse, I
1986).

(12) National A
Policy, June 1982
(13) National C
nal of Misunder
(14) National I
(15) FBI, Unfe
(16) U.S. Depar
(1984) page 562.
(17) Id., page 5.
(18) Id., page 5.
(19) Id.
(20) President
(21) University
ing Study of Lifa
on Drug Abuse
The Use of Dru
Health and Cultu
(22) University
(23) Ref. Willia

ained privacy
nt, increasing
g data banks
gh-technology
Jr. noted in a
n expect to be
ce only when
homes."

in marijuana
earch warrant
t warrantless
locked brief
out a search
ty without a

about vastly
ated an atmo-
drug use can
drugs are the
is for; there is
cause and no
sonal, invasive

increase. The
ed to a 32 per-
1980, and more
drug cases." A
t further and
akened," even
ps were given

s effect of the
ne respect for
xtreme enforce-
als, but also
d claims about
s hypocritical.
war act. as if

legal
atives to
he least
e placing
ducation.

last year New
convicted of
gh-school stu-
tense, marijua-
ut under court
sing the rights
n New Jersey
udents will be
he justice sys-
of war; it was
uth and admin-
upon of war is

respect for the
ption of public
least 300 elect-
United States
drug offenses.
muggling, sell-

confidence in
ocritical. Mari-
ohol and much
while there are
on tobacco and
tallies), there
by marijuana.
ports of impar-
marijuana poli-
marijuana prohibi-
iana policy was
of Sciences. In
marijuana im-
he long run be
day, President
the marijuana

ecent to recom-
urprise, a com-
n did the same,
ilization."
vs result in loss
million Ameri-

ijuana 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."

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.¹⁴ 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.¹⁵

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.¹⁶ In 1972, 19 percent of federal prisoners were drug offenders, while now the figure is one-third of all federal prisoners.¹⁷

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.¹⁸ 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.¹⁹ 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 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. Ciruolo, 84-1513 (May 14, 1986).

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

(7) Ciruolo, 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

wasted 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.

Here in the village of Togiak, the kids pay \$10.00 for about \$.50 worth of marijuana in one tiny cigarette.

If the city here was selling the drug out of the clinic at the price of \$3.00 (\$1.00 cost, \$1.00 city tax, \$1.00 state tax) then the dope business could be taken out of the hands of the criminals and dope dealers who are ripping off all of us.

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.

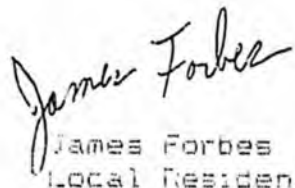
Another point which should be brought up is if the legislature is really concerned about peoples' rights is the quality of the marijuana. I think it should be tested for pesticides and other harmful pollutants. It should also be tested for impurities or more harmful drugs which may be mixed into the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



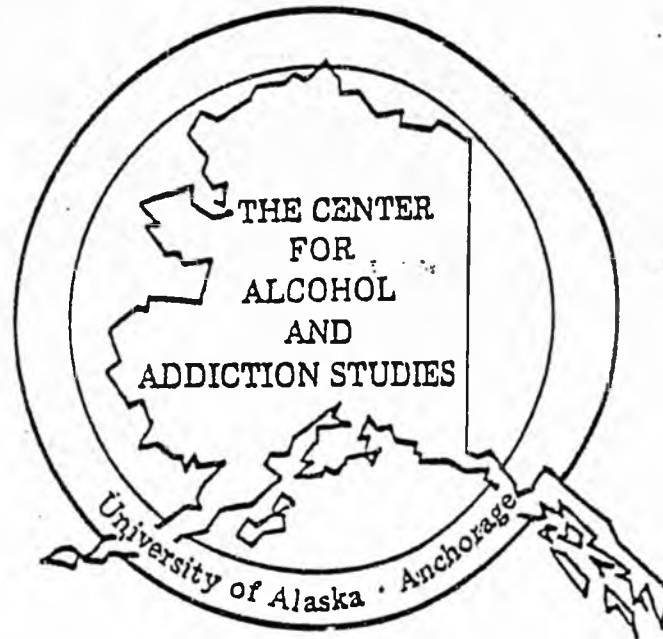
Moses Kritz
Mayor



James Forbes
Local Resident

EXECUTIVE SUMMARY

PATTERNS OF DRUG USE: SCHOOL SURVEY



Bernard Segal, Ph.D.

Jill McKelvy, Ph.D.

Dani Bowman, Ph.D.

Theodore A. Mala, MD, MPH

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.

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

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.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

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.
- 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.)

FIGURE 1

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
TOTAL SCHOOLS

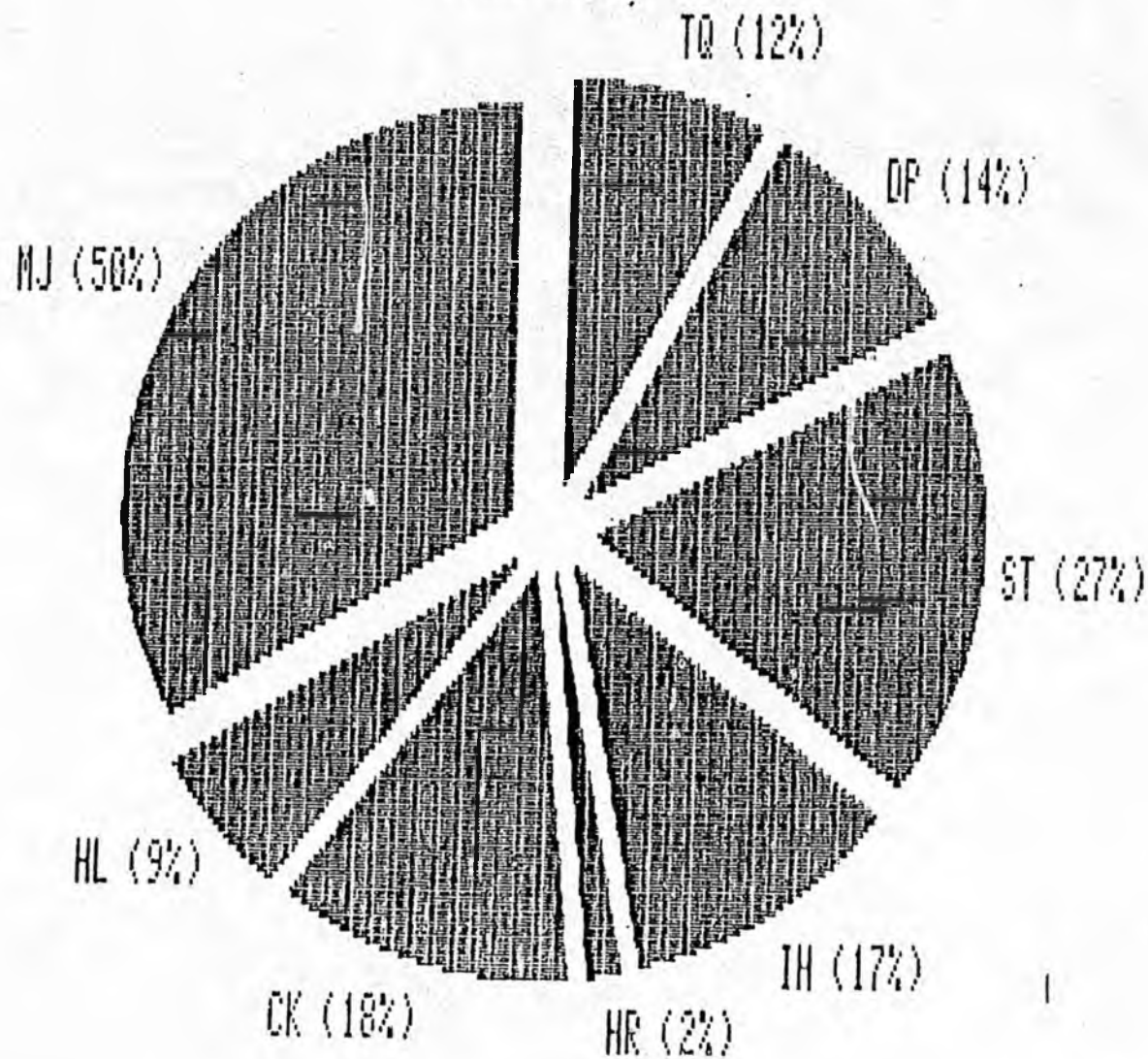
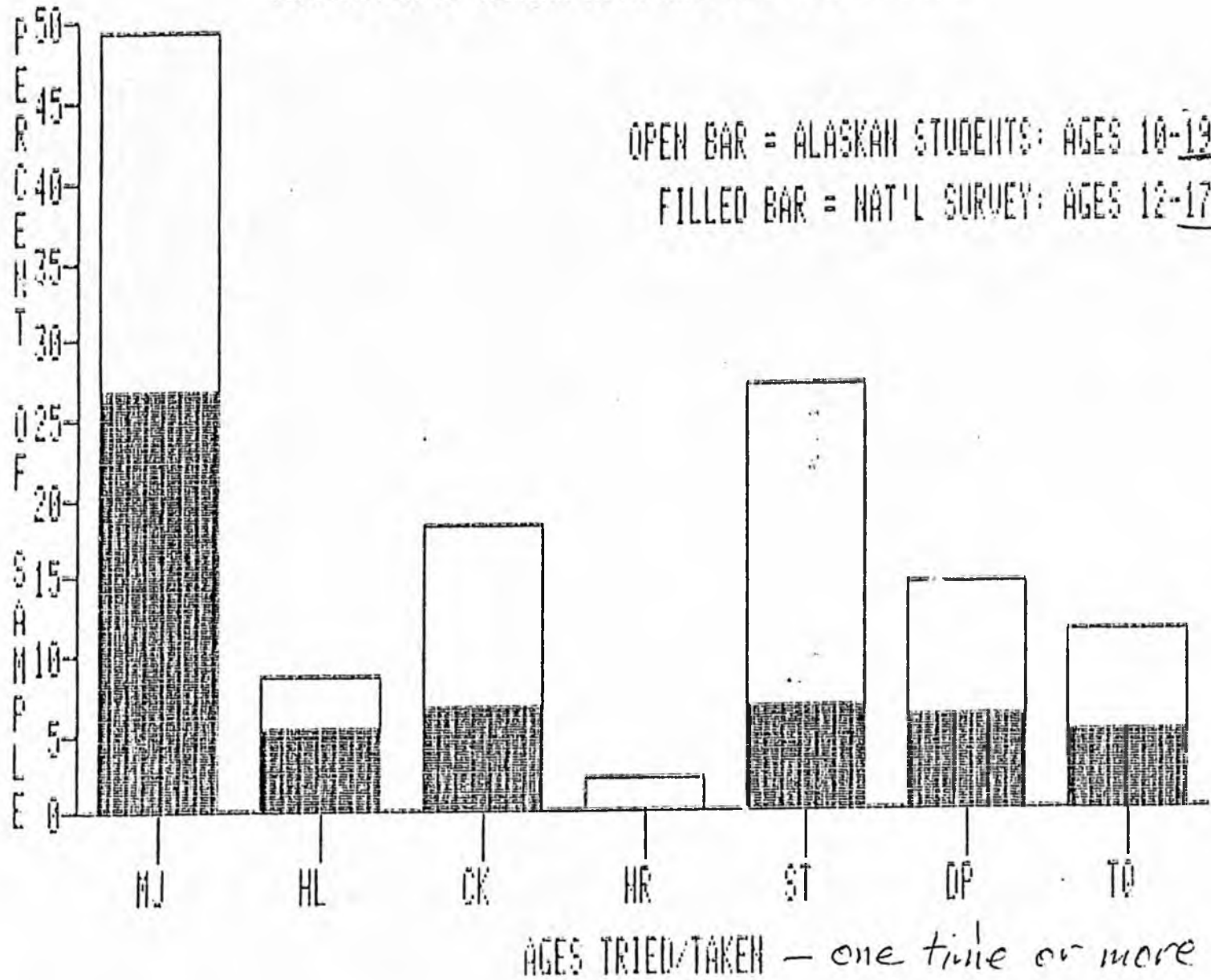


FIGURE 2

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

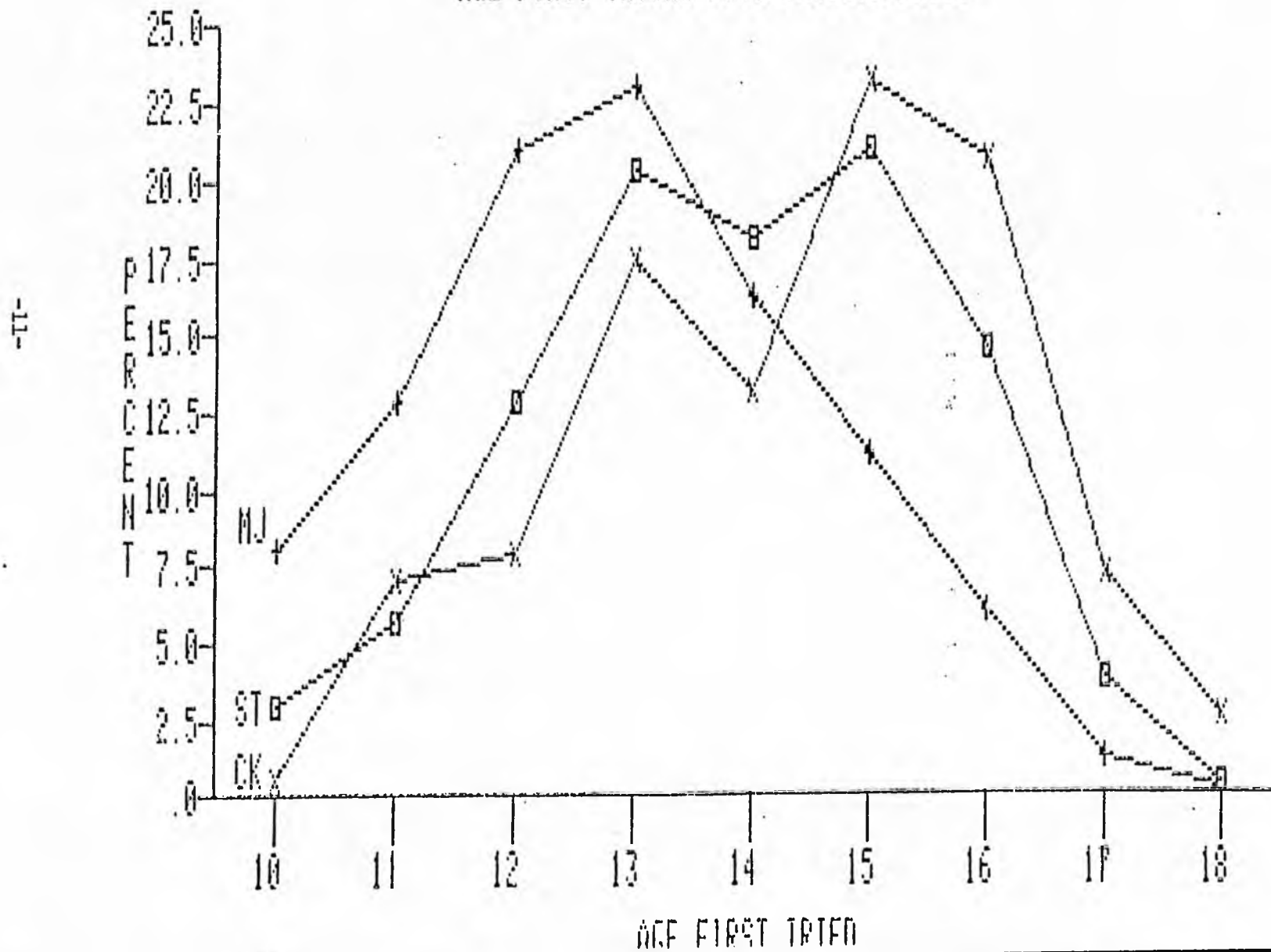
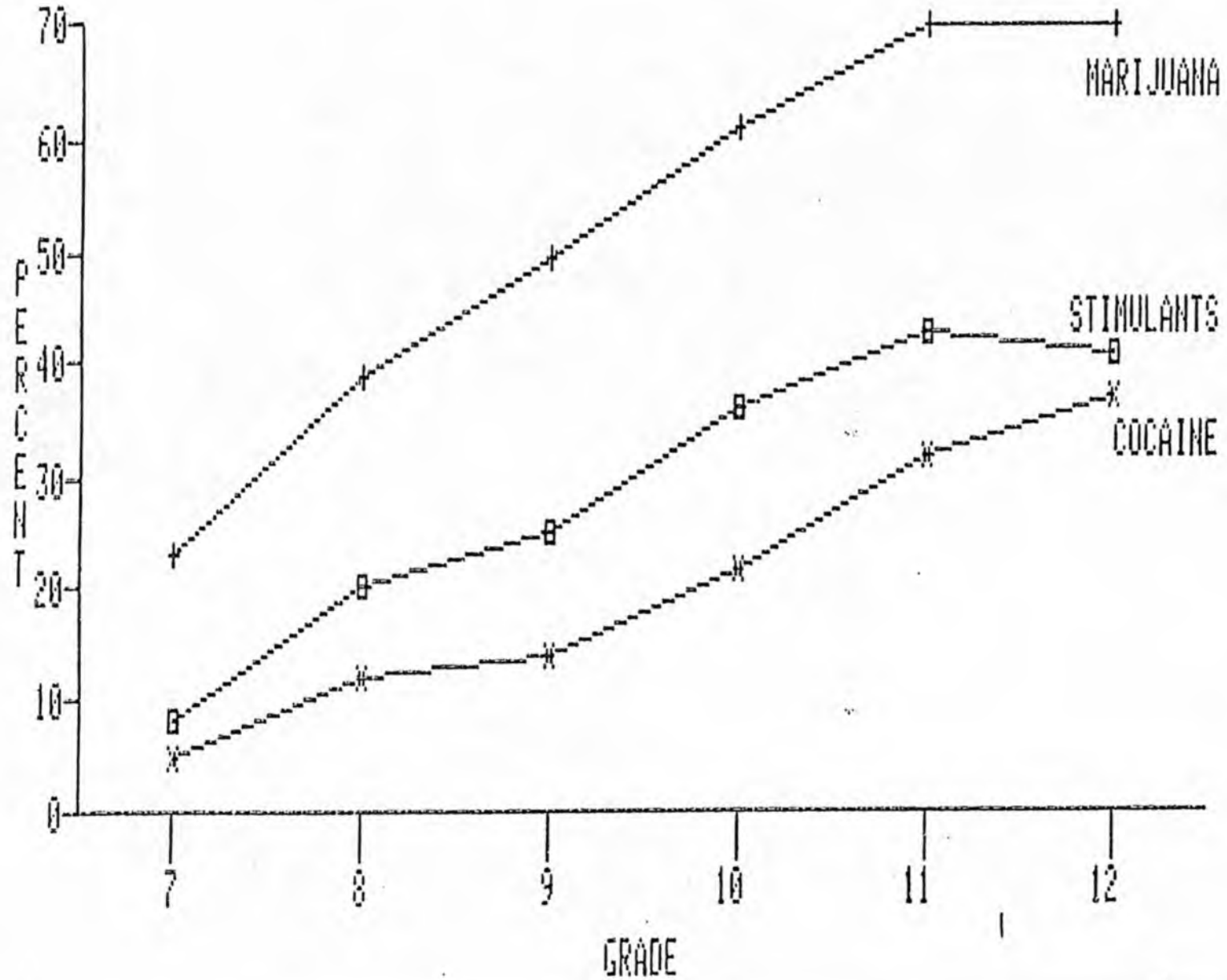


FIGURE 4

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

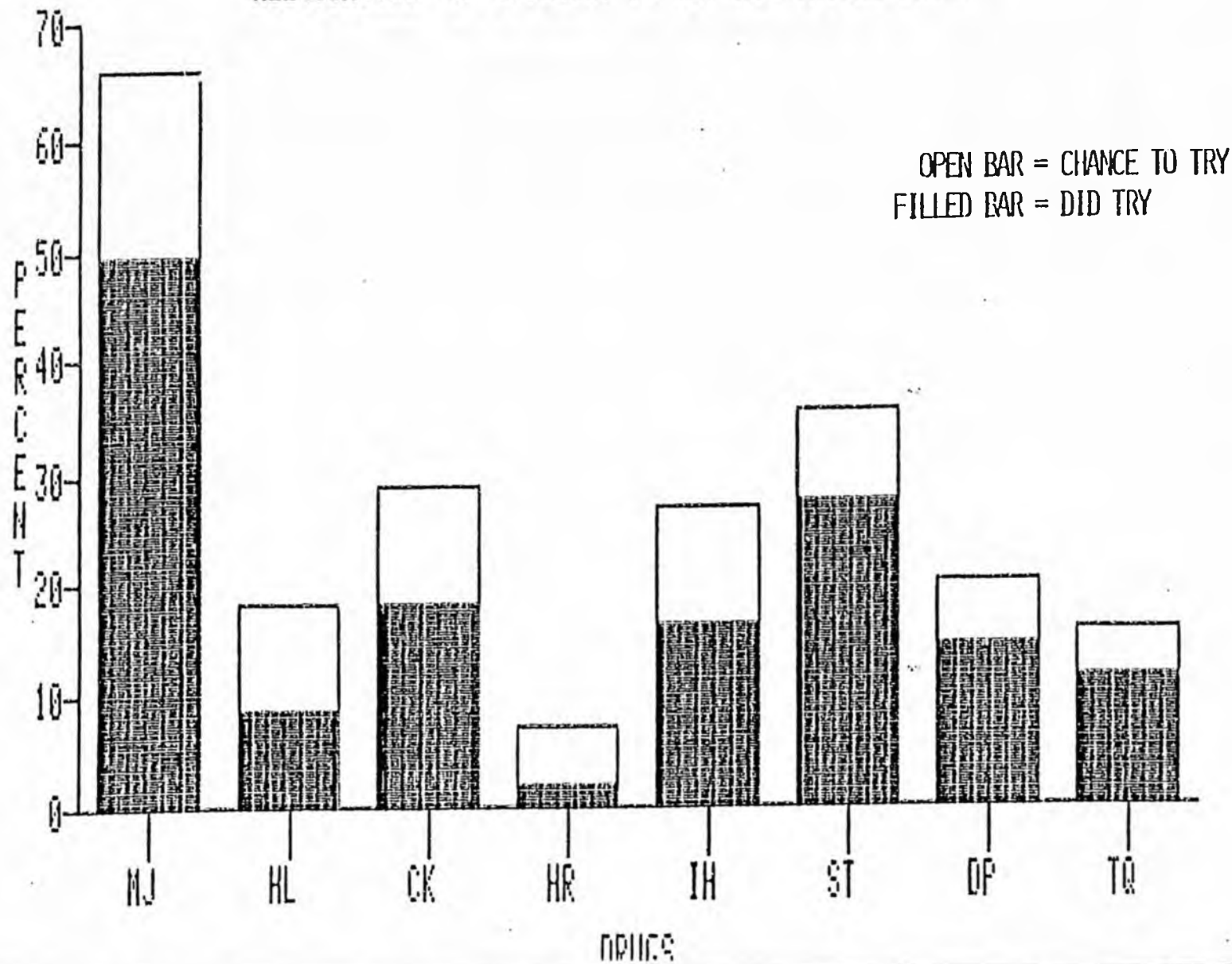


TABLE T-2

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

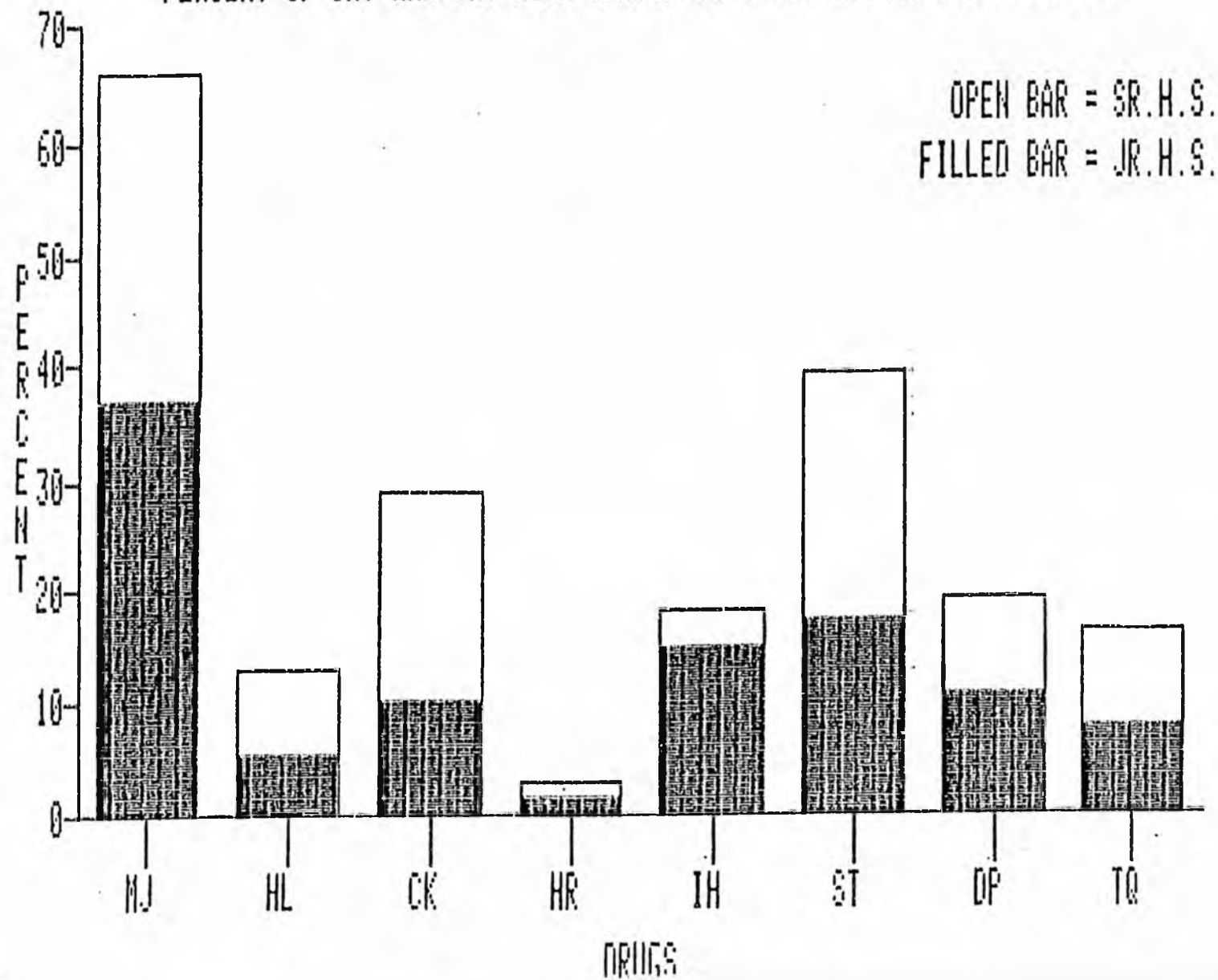


TABLE T-6A

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

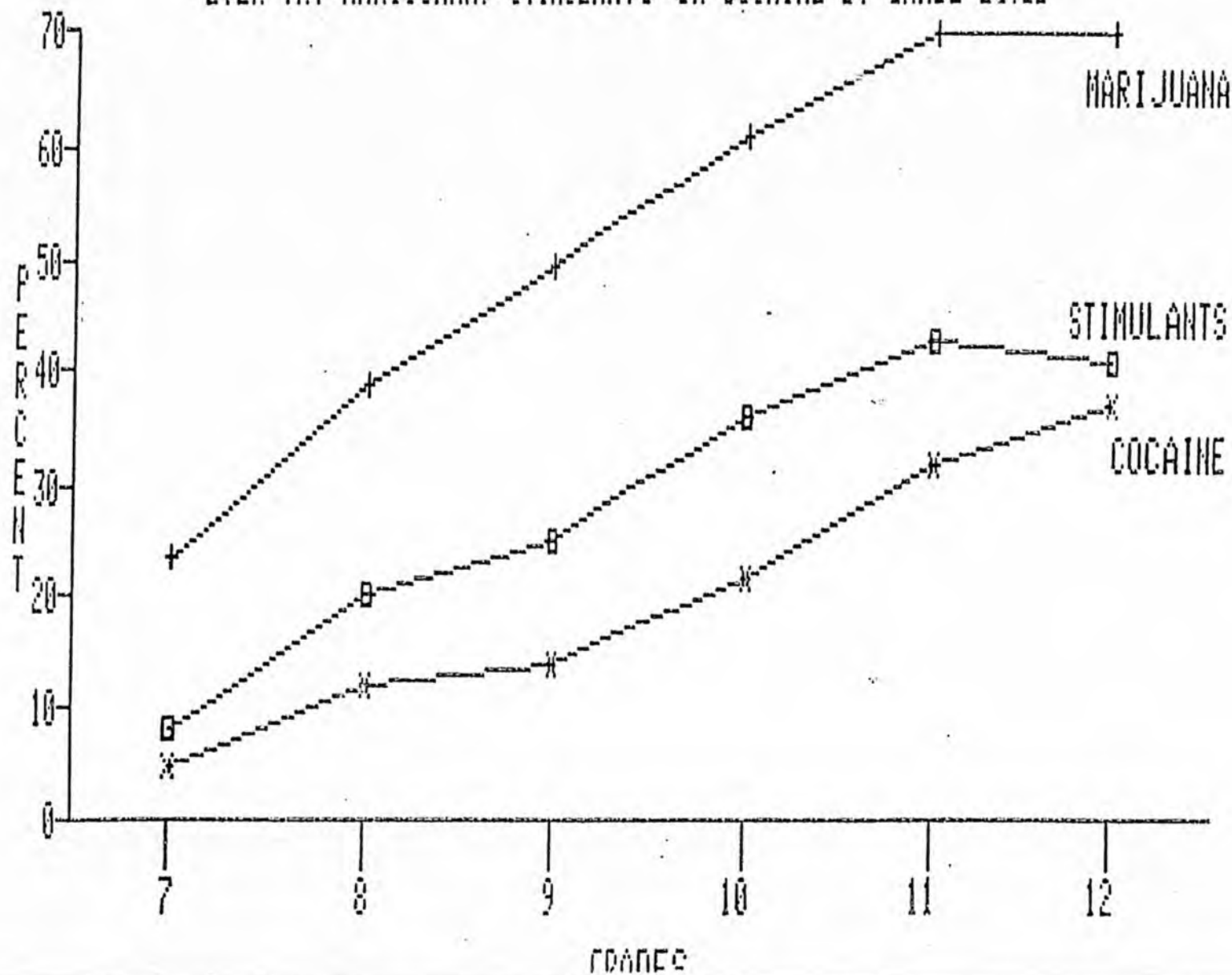


TABLE T-8

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

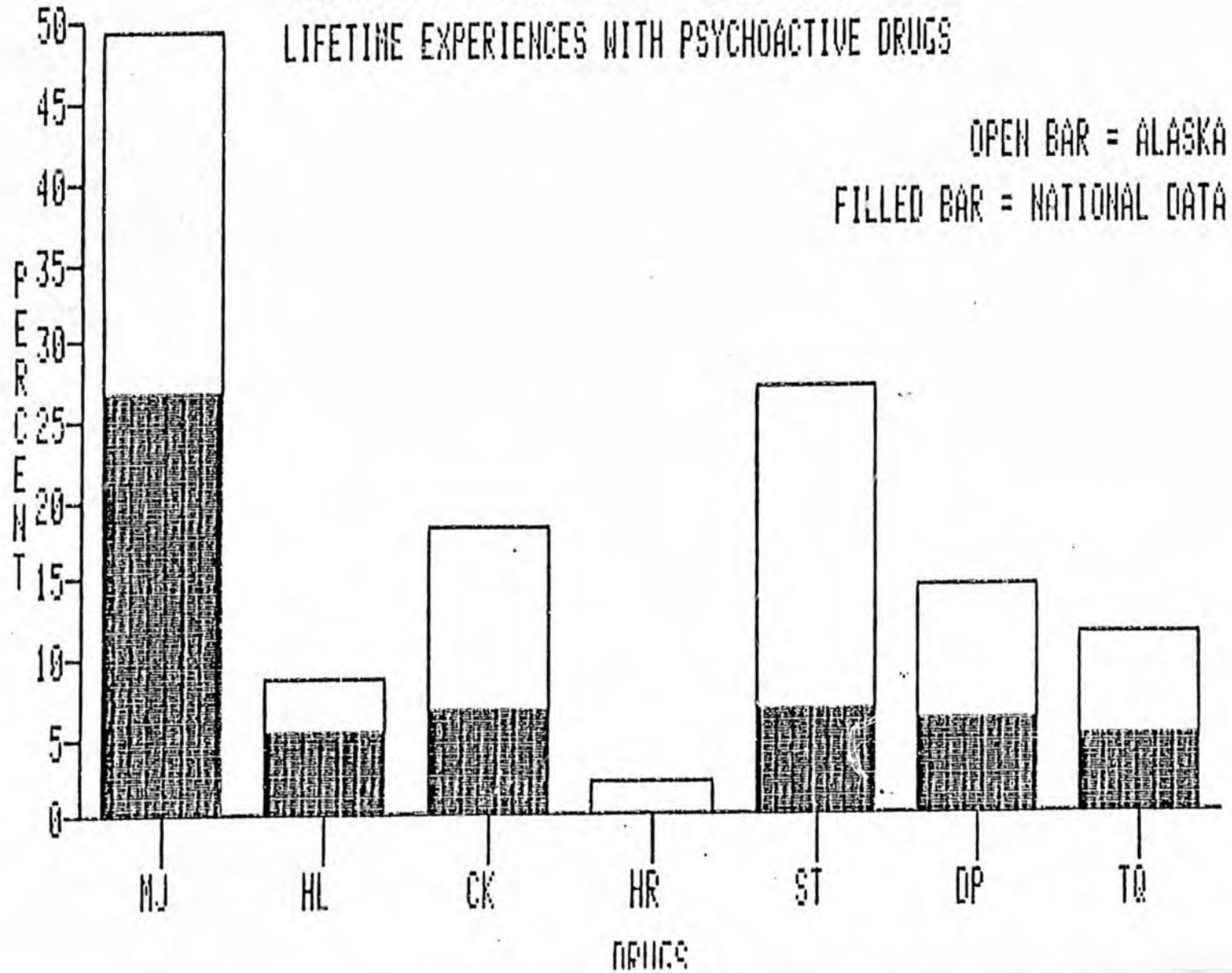


TABLE T-13

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.

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.

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

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

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.

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

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